Oxford University Hospitals
NHS Foundation Trust

# Cover Sheet

## Confidential Trust Board Meeting: Wednesday 25 November 2026

## TB2026.98

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| **Title:** | **Birthrate Plus Review and Recommendations** |

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|---|---|
| **Status:** | **For Decision** |
| **History:** | **Business Planning Group- 5th November 2026** |
| | **Trust Management Executive Meeting- 12th November 2026** |

| | |
|---|---|
| **Board Lead:** | **Chief Nursing Officer** |
| **Author:** | **Celina Eves, Interim Director of Midwifery** |
| **Confidential:** | **Yes** |
| **Key Purpose:** | **Decision, Strategy, Assurance** |

## Executive Summary

1. OUH Maternity Services has undertaken a Birthrate Plus workforce review between September 2025 and June 2026, which identifies a total required clinical, specialist and management midwifery establishment of 417.41 WTE against a current funded establishment of 406.80 WTE, resulting in an overall gap of 10.61 WTE.
2. Although total births have reduced since the previous review in 2022, acuity and demand have not reduced. More than 80% of Delivery Suite births remain in the highest dependency categories, and there has been sustained growth in Maternity Assessment Unit, outpatient, specialist, safeguarding and community activity.
3. The preferred option is Option 2: a funded increase of 10.61 WTE, as identified in the Birthrate Plus review.
4. The preferred option requires recurrent investment of £697,948 and supports compliance with Maternity (Perinatal) Incentive Scheme Year 8 workforce expectations, the national maternity ten-point plan response, and local risk mitigation for maternity staffing, induction delays, staff wellbeing and reputational risk.

## Recommendations

5. The Trust Board is asked to:
    - Approve Option 2: fund the Birthrate Plus recommendations, an increase of 10.61 WTE requiring recurrent investment of £697,948.
    - Note that the Chief Nursing Officer and the Chief Finance Officer will work through the financial governance for this investment, including the funding source and phasing, and will confirm the arrangements to the Trust Board.

## Contents

Cover Sheet ..... 1
Executive Summary ..... 2
1. Purpose ..... 4
2. Background ..... 4
3. 2026 Birthrate Plus review ..... 5
About Birthrate Plus ..... 5
Birthrate Plus findings for future model ..... 6
4. Current Position and reasons for proposed change ..... 6
Current activity and acuity ..... 6
Addressing and supporting items on the risk register ..... 7
Addressing unavailability of staff (in particular, high maternity leave rates) ..... 8
Addressing turnover of staff ..... 8
Response to the independent National Maternity and Neonatal Investigation ..... 8
Adherence to the Maternity (Perinatal) Incentive Scheme Year 8 ..... 9
Staff experience ..... 9
Service user experience ..... 10
5. Options appraisal, including finances ..... 10
Option 1: Business as usual (do nothing) ..... 10
Option 2 (preferred): fund the Birthrate Plus recommendations ..... 10
6. Other financial assumptions ..... 11
Addressing the gap in workforce and funding ..... 11
Maternity (Perinatal) Incentive Scheme ..... 11
7. Risks to implementation ..... 12
8. Conclusion ..... 13
9. Recommendations ..... 13
10. Appendices ..... 13
Appendix 1: Birthrate Plus report, June 2026 ..... 13
Appendix 2: Evidence base and assumptions ..... 13
Appendix 3: Financial calculation for options presented ..... 14
Appendix 4: MIS Year 8 guidance ..... 14

# Birthrate Plus Review and Recommendations

## 1. Purpose

1.1. This paper asks the Trust Board to approve Option 2, the preferred option: to fund the Birthrate Plus recommendations, an establishment increase of 10.61 WTE requiring recurrent investment of £697,948.

1.2. This paper will inform OUH's national submission against the NHS England Ten-Point Plan following the Baroness Amos investigation, providing evidence of the Birthrate Plus workforce review, the proposed funding response and professional judgement underpinning the establishment.

## 2. Background

2.1. Current funded Birthrate Plus establishment is 406.80 WTE: inclusive of clinical staff band 3-7, specialist and management establishment.

2.2. This is based on Birthrate Plus modelling from December 2022 which recognised the service acuity at that time. These Birthrate Plus safe staffing recommendations were approved by the Trust in 2023.

2.3. Funding for that increase establishment has been incorporated within the departmental budgets as of July 2025.

2.4. Current staffing figures include 23% uplift for registered staff and maternity support workers to cover annual leave, sickness, and study leave; and an average of 15.0% to cover community travel time.

2.5. Board papers have reported the midwifery establishment on different bases, depending on which staff groups and uplifts are included. Table 1 reconciles these figures with the 406.80 WTE baseline used in this paper.

| WTE | Where reported to the Board | What the figure includes |
|---|---|---|
| 332.06 | Biannual Maternity Safe Staffing report, Trust Board, January 2026 | Registered midwife establishment recommended by the previous Birthrate Plus assessment, described in that report as the 2021 assessment. |
| 332.45 | Perinatal Quality Oversight Model report (October data), Trust Board, November 2026 | Registered midwife establishment aligned to Birthrate Plus: inpatient 166.33 WTE, community 94.20 WTE, and management and specialist midwives 71.92 WTE. |
| 355.45 | Perinatal Quality Oversight Model report (October data), Trust Board, November 2026 | 332.45 WTE plus the agreed additional 23 WTE to recruit to maternity leave. |

| WTE | Where reported to the Board | What the figure includes |
|---|---|---|
| 406.80 | This paper | Current funded clinical (Bands 3 to 7), specialist and management establishment, including maternity support workers. |
| 417.41 | This paper | Requirement identified by the June 2026 Birthrate Plus report, on the same basis as the 406.80 WTE figure, giving a gap of 10.61 WTE. |

*Table 1: Reconciliation of maternity establishment figures reported to the Trust Board*

## 3. 2026 Birthrate Plus review

### About Birthrate Plus

3.1. Birthrate Plus is an evidence-based workforce planning and real time staffing acuity tool that uses validated methodology to support the delivery of safer maternity care as required by the Maternity (Perinatal) Incentive Scheme.

3.2. The tool calculates staffing based on case mix categories I–V, reflecting complexity and dependency levels. Allowances are made for leave, travel, and management roles.

3.3. It is the only recognised national tool from the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG) and aligns with the 'Safe Staffing for Maternity Settings' (NICE 2015).

3.4. The timeline of the current modelling exercise undertaken by the OUH Maternity service, has been displayed in the table below:

| Birth Rate Plus review - key dates | |
|---|---|
| **Date** | **Milestone and/or metrics desc** |
| Jan-Dec 2025 | Activity period used for the Birthrate Plus review data collection and workforce modelling. |
| September-November 2025 | Three-month casemix sample extracted from the maternity EPR and scrutinised by the Birthrate Plus consultant. |
| Jan-26 | Completion of data collection and review work. Internal presentations referenced a draft report expected in January 2026. |
| 17-Mar-26 | Draft Birthrate Plus report produced |
| 10-Apr-26 | Deadline for feedback/next steps on the draft report. |
| April-June 2026 | Validation period, discussions with Birthrate Plus reviewers, data validation and refinement of recommendations. Establishment reviews wikth CNO. |
| 30-Jun-26 | Final report issued |
| July 2026 onwards | Agreed next steps: gap analysis against funded establishment, implementation planning with Workforce and Finance, governance reporting through Perinatal Assurance Group and Trust structures, and development of a phased workforce plan. |
| September | Finance review |

*Figure 1: Birthrate Plus review - key dates*

### Birthrate Plus findings for future model

3.5. The report explicitly states that workforce planning should consider the entire maternity pathway, including community, outpatient, specialist, governance and leadership functions.

3.6. The report recognises specialist roles as an essential element of safe maternity care and not surplus clinical capacity. These roles support safeguarding, diabetes, mental health, public health, bereavement, screening, quality improvement, education and training, governance and risk management, and continuity and complex pathway development.

3.7. One of the most significant workload pressures identified by the latest review is linked to the increase in annual MAU episodes, which have increased considerably recent years (18555 attendances in 2025 vs 14412 in 2023).

3.8. With that in mind, the future workforce model needs sufficient staffing in the Maternity Assessment Unit, telephone triage, unscheduled care and rapid assessment pathways, to manage safely the rising volume of women accessing urgent maternity advice and assessment and to support achievement of BSOTS standards.

3.9. Finally, the modelling and activity review acknowledges the importance of senior midwifery leadership and management roles in delivering clinical governance, professional leadership, workforce management, service development, regulatory compliance and patient safety oversight.

3.10. The future model therefore includes dedicated leadership capacity rather than expecting these functions to be absorbed into operational clinical shifts.

3.11. The Birthrate Plus report states the total required for clinical, specialist and management to meet the midwifery function of the service is 417.41 WTE with a deficit of 10.61 WTE.

| Current Funded Clinical, Specialist, Management wte | Birthrate Plus wte | WTE Variance |
|---|---|---|
| 406.80wte | 417.41wte | -10.61wte |

## 4. Current Position and reasons for proposed change

### Current activity and acuity

4.1. Fewer births have not reduced obstetric workload: Delivery Suite births increased while birth-centre and homebirth activity fell.

4.2. In 2025, 81.6% of Delivery Suite births were in Categories IV and V, attracting higher staffing weightings for greater maternal and neonatal care needs.

4.3. Additional intrapartum work includes antenatal 1:1 care, postnatal readmissions, escorted transfers and non-viable pregnancies.

4.4. MAU provides face-to-face assessment and telephone triage. Rising activity and implementation of BSOTS (Birmingham Symptom-Specific Obstetric Triage System) standards have increased staffing requirements.

4.5. Spires Birth Centre births fell from 818 to 417.

4.6. Level 6 manages antenatal admissions and inductions of labour.

4.7. Level 5 provides postnatal care, routine and transitional baby care, readmissions and ward attendances: more than 7,600 episodes annually.

4.8. Outpatients covers obstetric and specialist midwife clinics, maternal and fetal medicine, screening, vaccinations, EDI and TDA. Activity has risen since 2022 with greater complexity and changes to clinical guidelines and maternity policies.

4.9. Community work includes home births, imported cases, safeguarding and attrition through pregnancy loss or relocation. All four Birth Centres provide midwife-led births and GTT clinics; Horton also provides obstetric clinics and assessment. Birth-centre activity has fallen since 2022 as greater complexity requires birth at JRH.

**Addressing and supporting items on the risk register**

4.10. Risk 180 – Maternity Staffing Levels (Safer Childbirth): current rating 8, Moderate (Amber); target rating 4, Low (Yellow). Aligning funded staffing with Birthrate Plus and strengthening flexible deployment addresses capacity shortfalls during high activity and acuity.

4.11. Risk 2428 – Increased volume and delays in the induction of labour process: current rating 12, Moderate (Amber); target rating 4, Low (Yellow). Greater frontline capacity and resilience support safer flow and fewer staffing-related delays amid competing pressures.

4.12. Risk 3181 – Impact on staff of ongoing national maternity investigations: current rating 6, Low (Yellow); target rating 3, Very Low (Green). The proposal reduces sustained staffing pressure, reactive redeployment and effects on wellbeing.

4.13. Risk 3245 – Media coverage of OUH maternity: current rating 6, Low (Yellow); target rating 3, Very Low (Green). The proposal evidences workforce planning, safe staffing investment and oversight of maternity capacity.

### Addressing unavailability of staff (in particular, high maternity leave rates)

4.14. The proposal addresses persistent staff unavailability through maternity leave, sickness and vacancies.

4.15. Monitoring shows substantial funded staff are unavailable for deployment, increasing clinical teams' workloads.

4.16. The unavailability data below evidences recurring workforce losses from combined vacancies, maternity leave and sickness.

| Staff Group | Date | Budgeted Establishment (wte) Br+ & M/L Uplift | SIP (wte) | Vacancy (wte) | Maternity Leave Actual-uplift (wte) | Total Vacancy (wte) | Short term sickness (wte +%) | Long term sickness (wte +%) | Non medical (wte+%) | Sick and non-medical (wte+%) | SN Midwives (wte) | Combined unavailability (wte+%) | Actual Maternity Leave (wte) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Midwives | | 355.45 | | | | | -13.42 | -4 | 0 | -17.42 | -0.8 | -41.6 | 15.4 |
| | 7.9.2026 | | 324.47 | -30.98 | 7.6 | -23.38 | -3.78 | -1.13 | 0.00 | -4.90 | | -11.70 | |
| | 14.9.2026 | | 324.47 | -30.98 | 7.6 | -23.38 | -13.14 | -5.21 | 0 | -18.35 | -7.72 | -49.45 | |
| | | | | | | | -3.70 | -1.47 | 0.00 | -5.16 | | -13.91 | |
| | 21.9.2026 | | 324.47 | -30.98 | 7.6 | -23.38 | -16.31 | -5.29 | 0 | -21.6 | -6.92 | -51.9 | |
| | | | | | | | -4.59 | -1.49 | 0.00 | -6.08 | | -14.60 | |
| | 28.9.2026 | | 324.47 | -30.98 | 7.6 | -23.38 | -18.36 | -8.41 | -0.61 | -27.38 | -7.84 | -58.6 | |
| | | | | | | | -5.17 | -2.37 | -0.17 | -7.70 | | -16.49 | |
| | | | | | | 0 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| | | % | 91.28% | -8.72% | 2.14% | -6.58% | | | | | | | 4.74% |
| Staff Group | Date | Budgeted Establishment (wte) | SIP (wte) | Vacancy (wte) | Maternity Leave (wte) | Total Vacancy (wte) | Short term sickness (wte +%) | Long term sickness (wte +%) | Non medical (wte+%) | Sick and non-medical (wte+%) | SN MSW's (wte) | Combined unavailability (wte+%) | |
| MSW | | 100.75 | | | | | -1.69 | -1.4 | 0 | -3.09 | -1 | -21.13 | |
| | 7.9.2026 | | 89.15 | -11.6 | -5.44 | -17.04 | -1.68% | -1.39% | 0.00% | -3.07 | | -20.97 | |
| | 14.9.2026 | | 89.15 | -11.6 | -5.44 | -17.04 | -2.77 | -1.4 | 0 | -4.17 | -1 | -22.21 | |
| | | | | | | | -2.75 | -1.39 | 0.00 | -4.14 | | -22% | |
| | 21.9.2026 | | 89.15 | -11.6 | -5.44 | -17.04 | -3.6 | -0.4 | 0 | -4 | 0 | -21.04 | |
| | | | | | | | -3.57 | -0.40 | 0.00 | -3.97% | | -20.88 | |
| | 28.9.2026 | | 89.15 | -11.6 | -5.44 | -17.04 | -6.41 | -0.83 | 0 | -7.24 | 0 | -24.28 | |
| | | | | | | | -6.36 | -0.82 | 0.00 | -7.19% | | -24.10 | |
| | | | | | | | | | | 0 | 0 | 0 | |
| | | | | | | 0 | 0.00 | 0.00 | 0.00 | 0.00% | | 0.00 | |
| | | % | 88.49% | -11.51% | -5.40% | -16.91% | | | | | | | |

### Addressing turnover of staff

4.17. Reported turnover was 6.84 WTE in August 2026 and 4.64 WTE in September 2026.

4.18. The proposal is expected to improve retention by addressing workload pressure from vacancies, maternity leave, sickness, high acuity and repeated redeployment—a key driver of attrition.

4.19. Funding the latest Birthrate Plus requirement will strengthen rosters, reduce short-term mitigations and support sustainable working for midwives and maternity support staff.

### Response to the independent National Maternity and Neonatal Investigation

4.20. The independent National Maternity and Neonatal Investigation, chaired by Baroness Amos, examines women's and families' experiences to identify lessons and improve safety.

4.21. OUH's local investigation identified six connected themes: antenatal scanning; midwifery staffing; listening to service users and communities; equity; estates; and culture, leadership and staff voice.

4.22. NHS England's subsequent Ten-Point Plan prioritises 24/7 safety and responsiveness, with the workforce expectations below:

| Requirement | Expected action | Status |
|---|---|---|
| **Funded establishment** | Fully fund the midwifery establishment against a Birthrate Plus review completed within the previous three years. | Review completed, funding of the revised establishment subject to approval |
| **Professional judgement** | Adjust the Birthrate Plus baseline through Director and Head of Midwifery professional judgement. | Completed through OUH Birthrate Plus and establishment discussions. |
| **Board oversight** | Board oversight of acuity, service pressures, escalation and changing clinical risk. | Ongoing through Perinatal Assurance Programme, MNIST, Clinical Governance, PQOM and MIS Year 8 Safety Action A. |
| **Resource deployment** | Review deployment and whether roles outside direct frontline delivery can be redirected to strengthen clinical provision. | Ongoing daily and through CNO establishment reviews. |
| **Redeployment impact** | Assess the effects of redeployment across the maternity service. | Ongoing daily and through CNO establishment reviews. |

4.23. Safe staffing also requires effective deployment, multidisciplinary working, escalation, staff development, one-to-one care in established labour and consistent responses to changing demand.

**Adherence to the Maternity (Perinatal) Incentive Scheme Year 8**

4.24. MIS Year 8 Safety Action A: Workforce and Capacity requires a fully funded establishment aligned to a Birthrate Plus review within three years, with further adjustments through Director and Head of Midwifery professional judgement.

4.25. Birthrate Plus is a minimum baseline, not a ceiling or substitute for local judgement. Deployment must reflect activity, acuity, risk and service configuration, with capacity released through redesign demonstrably redirected to frontline care.

**Staff experience**

4.26. The proposal aligns staffing with OUH's current activity, acuity and complexity rather than historic labour ward demand, improving staff experience.

4.27. Birthrate Plus recognises growing antenatal, postnatal, community, specialist and unscheduled workloads, particularly maternity assessment and telephone triage.

4.28. Improved staffing is expected to support wellbeing, morale and retention. Lower workload pressure is associated with reduced sickness, better work-life balance and access to annual leave, study leave and development.

**Service user experience**

4.29. Appropriate staffing for a tertiary service supports timely, responsive, personalised and consistently safe care throughout pregnancy, birth and the postnatal period.

4.30. The proposal targets growing demand, including MAU, where service users regularly suggest improvements.

4.31. Less reliance on short-term mitigations supports consistent staffing across settings, continuity, better communication and fewer care delays.

## 5. Options appraisal, including finances

5.1. There are two possible options that have been considered, with option 2 costed as a result of this review.

5.2. The costings for option 2 include the proposed uplift from Band 5 to Band 6 for midwifery staff, as requested during the establishment reviews with the Chief Nursing Officer in August 2026.

**Option 1: Business as usual (do nothing)**

5.3. Option 1 would maintain current arrangements without service redesign, additional workforce investment or a new deployment model, avoiding immediate disruption and consultation while preserving public understanding of the service.

5.4. However, it would leave the 10.61 WTE gap, increased acuity, concentrated demand and frontline capacity pressures unresolved, without demonstrating a proactive response to the Amos staffing themes.

5.5. Failure to demonstrate a fully funded establishment aligned to the latest Birthrate Plus review as the minimum evidence-based baseline would risk non-compliance with MIS Year 8 Safety Action A – Workforce and Capacity, reputational damage and loss of MIS income.

**Option 2 (preferred): fund the Birthrate Plus recommendations**

5.6. Funding an additional 10.61 WTE would close the identified gap in the clinical, specialist and management establishment, bringing the funded total from 406.80 WTE to the Birthrate Plus requirement of 417.41 WTE.

5.7. This would better align staffing with current activity, acuity and complexity across the maternity pathway, strengthen frontline capacity and roster

resilience, and support more timely assessment, care and induction of labour. It is expected to reduce reliance on reactive redeployment and short-term staffing mitigations, ease sustained workload pressures and support staff wellbeing and retention.

5.8. The investment would also strengthen Board assurance that the Trust is responding to the latest workforce review and support delivery of the workforce funding expectations described in MIS Year 8 and the national Ten-Point Plan.

5.9. However, funding only the 10.61 WTE gap would not address the additional support staffing requirements identified separately in the establishment review.

5.10. Benefits would depend on recruitment and effective deployment to areas of greatest demand. Residual risks would therefore require continued monitoring through staffing, safety, performance and experience measures.

## 6. Other financial assumptions

### Addressing the gap in workforce and funding

6.1. There is no alternative workforce model, that can be deployed to bridge the gap highlighted by this workforce review. Due to no additional funding being available within the directorate and the SUWON division, the service is requesting additional recurrent funding above the current budgets, as described in further parts of this document.

6.2. The service recognises that some income generated by the service could support with offsetting some of this funding requirement.

6.3. For 2026/2027 the service received £230k for recruitment of newly qualified midwives (for a total of 23.00 WTE). Although this incentive cannot be classed as recurrent funding, this is the second year that NHSE has provided that payment.

### Maternity (Perinatal) Incentive Scheme

6.4. The Trust has received Maternity (Perinatal) Incentive Scheme (MIS) rebates in recent years.

6.5. This non-recurrent income currently supports the current funded establishment in the department as per the previous Birthrate Plus paper.

6.6. The service reports full compliance with previous scheme requirements and is working towards MIS Year 8 compliance. The latest midwifery workforce review, alongside several other requirements, is needed to support the Year 8 submission.

**Financial governance**

6.7. The Chief Nursing Officer and the Chief Finance Officer will work through the financial governance for this investment together. This will confirm the funding source for the recurrent cost, the phasing of the budget in line with the recruitment trajectory, the treatment of non-recurrent income, and how the investment is reflected in the Trust's 2027/28 financial plan.

6.8. The agreed arrangements will be confirmed to the Trust Board through the Trust's established financial governance route before the additional budget is released.

## 7. Risks to implementation

7.1. Implementation risks include securing sufficient recurrent funding and recruitment delays.

7.2. Mitigations include phased recruitment, confirmed funding, staff engagement and targeted communications.

7.3. Recruitment lead times: newly qualified midwives join in cohorts through the year and are supernumerary during preceptorship, so additional funded posts will not become deployable capacity straight away. A quarterly recruitment trajectory will be reported through the biannual maternity safe staffing report.

7.4. Non-recurrent funding: the current funded establishment is partly supported by non-recurrent MIS income, and the NHS England payment for newly qualified midwives (£230k in 2026/27) is not recurrent. If either ends, the recurrent pressure would be greater than the £697,948 requested in this paper.

7.5. Costing assumptions: the cost of Option 2 includes the Band 5 to Band 6 uplift described in section 5. If the uplift is not supported, the cost of Option 2 will need to be restated.

7.6. Trust financial position: the investment needs to be considered alongside the Trust's financial plan and current recruitment controls. The financial governance arrangements are set out in section 6.

7.7. Benefits realisation: benefits depend on the additional capacity being deployed to the areas of greatest demand, particularly the Maternity Assessment Unit and Delivery Suite. Turnover, temporary staffing use, induction of labour delays and MAU triage performance will be reported through the Perinatal Quality Oversight Model report and the biannual maternity safe staffing report.

## 8. Conclusion

8.1. Option 2, outlined in this paper, funds the Birthrate Plus recommendations in full, addressing the 10.61 WTE workforce gap with recurrent investment of £697,948.

8.2. Approval would support delivery of MIS Year 8 workforce requirements and OUH's response to the national Ten-Point Plan following the Baroness Amos investigation. Implementation remains subject to recruitment and the required Trust approvals.

8.3. Ongoing workforce, safety and experience monitoring will be required to demonstrate that the model delivers its intended benefits.

## 9. Recommendations

9.1. The Trust Board is asked to:

- Approve Option 2: fund the Birthrate Plus recommendations, an increase of 10.61 WTE requiring £697,948 recurrent investment.
- Note that the Chief Nursing Officer and the Chief Finance Officer will work through the financial governance for this investment, including the funding source and phasing, and will confirm the arrangements to the Trust Board.

## 10. Appendices

**Appendix 1: Birthrate Plus report, June 2026 – Reading Room**

**Appendix 2: Evidence base and assumptions**

| Source | Use in this business case |
|---|---|
| Oxford University Hospitals Birthrate Plus Final Report, 30 June 2026 | Workforce establishment, activity, acuity, birth-centre and Horton data. |
| NHS England system letter following publication of the Baroness Amos investigation, 30 June 2026 | National urgency, Ten-Point Plan and support for frontline capacity. |
| OUH National Maternity and Neonatal Investigation Ten-Point Plan papers and evidence | Local themes, Board assurance and workforce deployment requirements. |
| Professional judgement and CNO establishment reviews | Local conclusion that frontline clinical capacity is the predominant priority. |
| OUH staff feedback and operational intelligence | Need to strengthen staffing and capacity in the areas of highest demand. |

**Key assumptions requiring validation**
The annual Horton activity included in Birthrate Plus is representative of current demand.

## Appendix 3: Financial calculation for options presented

| Option 2 Full Proposal | | | Option 3 - excluding 24/7 cover at the Horton | | |
|---|---|---|---|---|---|
| **Broken down as :-** | | | **Broken down as :-** | | |
| Br+ output (Increase) | 10.61 | £697,948 | Br+ output (Increase) | 10.61 | £697,948 |
| Bleep Holder (Increase) | 5.28 | £393,025 | Safegurading | 1.60 | £103,820 |
| Digital Midwife | 1.00 | £74,437 | Florence Park A&C | 1.70 | £57,655 |
| | | | Nursery Nurse (TCU) | 3.14 | £126,115 |
| Safeguarding | 2.60 | £139,427 | Consultant Midwive | 0.20 | £18,158 |
| Florence Park A&C | 1.70 | £57,655 | Other adjustments releasing savings ie MSW reduction, excl 24/7 HH cover | (0.25) | £55,356 |
| Nursery Nurse - B4 (TCU) | 3.14 | £126,115 | | | |
| Consultant MW | 0.20 | £18,158 | HH excl 24/7 | (10.56) | (£558,348) |
| Other adjustments releasing savings | (0.25) | | | | |
| Other adjustments | | £22,639 | B5 to B6 uplift | | £1,108,683 |
| B5 to B6 uplift | | £1,060,862 | | | |
| | **24.28** | **£2,590,268** | | **6.44** | **£1,498,675** |

## Appendix 4: MIS Year 8 guidance – Reading Room