

**Trust Board**  
**Report Summary**

<b>Date of meeting:</b> 7 May 2026	
<b>Title of Document:</b> Nursing and Midwifery Skill Mix Review	
<b>To be presented by:</b> Catherine Morgan Chief Nurse  James Rowe Chief Finance Officer	<b>Author:</b> Tessa Guthrie Lead Nurse for Safer Staffing & Lead PNA  Catherine Morgan Chief Nurse
<b>1. Status:</b> For Approval	
<b>2. Purpose:</b> This report provides the annual comprehensive review of nursing and midwifery staffing. The Quality and Patient Safety Committee received this report at their meeting on 23 April and recommended it for Board approval.	
Relates to:	
Strategic Objective	<ul style="list-style-type: none"> <li>• <b>Joined up care:</b> integration and community-based delivery.</li> <li>• <b>Excellent care:</b> improved outcomes, increasing personalisation and co-production.</li> <li>• <b>Developing staff:</b> supporting our teams and building for the future.</li> </ul>
Operational performance	The appropriate skilled staff will be required to achieve operational performance priorities
Quality and equality impact	Safe staffing is a fundamental part of good quality care. Ensuring appropriately skilled staff are available will be essential to achieve the Trusts commitment to improve the quality of care for our patients and deliver the ambition to offer the best care and experience and to increase equity in health outcomes.
Legal, Regulatory, Audit	Following the publication of the Francis Report 2013 and Safe Staffing in Adult inpatient wards in acute hospital (NICE, 2014), the National Quality Board (NQB July 2016) defined a framework and set of expectations (July 2018) to achieve the “right staff, with the right skills, in the right place at the right time”, including the responsibilities of Trust Boards.  NHS organisations have a responsibility to undertake an annual comprehensive nursing and midwifery skill mix review, to ensure that there are safe and appropriate staffing levels and skill mix to provide assurance to the Board and our stakeholders that the organisation is safe and to provide high quality care.
Finance	The final outcome of the acuity review has recommended an investment of £4m in 26/27 this has been undertaken in line with the business planning process.  A further £5.822m investment is proposed for 27/28 however acuity review data will be collated and the evidence base will be reviewed ahead of any additional financial commitment.

	<p>It is noted that some investment will replace spend on temporary staffing.</p> <p>There is commitment to maximise opportunities for roster optimisation and fill rates for funded establishment minimising reliance on temporary staffing</p>
Governance	<p>The annual comprehensive nursing and midwifery skill mix review has been carried out in line with organisational guidance and governance arrangements.</p> <p>The outcome of the reviews have been through divisional and corporate governance structures.</p>
NHS policy/public consultation	<p>This review complies with the National Quality Board requirements to use evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach set out.</p>
Accreditation/Inspection	<p>CQC regulation</p>
Anchor institutions	<p>It is acknowledged through the review process that opportunities for development of roles to support local recruitment and career development will be maintained and strengthened.</p>
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	<p>BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services.</p> <p>BAF5 - Workforce – recruitment and retention.</p>
Other	

**Summary:**

This annual comprehensive review of nursing and midwifery staffing has been carried out in line with both national and organisational guidelines. A triangulated method has been used to inform any recommendations which considers patient acuity and dependency, nurse sensitive indicators, roster data and professional judgement.

This review has indicated that there are a significant number of clinical areas that require adjustment to the funded establishment. The Divisional Management Teams reviewed opportunities to meet these requests within their current funding allocation, where this has not been possible these have been put forward as part of the business planning process and are outlined in the slide pack.

The recommended establishment revisions in 26/27 include 101.23.75 WTE (of note some of this includes skill mix changes rather than additionality) at a cost of £4m in 26/27. Whilst the acuity data demonstrated the need for a greater uplift to some establishments, a phased approach has been recommended which has been informed by risk stratification to prioritise clinical areas and roles. Quality metrics, information from regulatory reviews, workforce data and patient and staff experience were utilised to inform the risk stratification process. The phased implementation of the acuity review recommendations also ensures there is sufficient onboarding support for new recruits, enables NQN's to take up roles on qualification in the autumn 26/27 and manages affordability concerns.

The Bures ward pilot at Colchester site demonstrated significant benefits and is the most efficient and cost-effective way to support variable needs for enhanced therapeutic observations of care (ETOC). It is therefore recommended that the ward establishment is scaled up at Colchester and implemented at the Ipswich site. The proposal is to centrally fund the HCSW component of Bures ward ensuring appropriate deployment of resource to areas of need with financial impact to the ward/department. RN's will also be recruited to Bures ward to support backfill of funded establishments to achieve target fill rates. This will be a recharge model to the ward/department utilising headroom/sickness budget. The ambition of the RN team is to support short notice gaps

in establishments, improve fill rates and significantly reduce the requirement for redeployment of nurses.

The midwifery report is also appended, a full comprehensive Birth Rate+ review is required every 3 years and was completed in 2023 and is therefore due this year and will be completed through Autumn to inform business planning. The attached report shows the annual review, the detail of which has previously been presented to the Board of Directors as part of CNST reporting. The plan is to continue to over recruit midwives in Q1 to ensure roles are available for NQMW's and a pipeline is in place to cover maternity leave and sickness gaps. One of the significant challenges faced in maternity services is the high requirement for role specific training. The BR+ review this year will include consideration of the required headroom to meet this need in funded establishments.

In a significant proportion of clinical areas it was reported that funded establishments were sufficient to meet patient care needs however there were challenges in consistently achieving these. The most frequently raised concerns continue to relate to staff being redeployed on the day to mitigate staffing pressures elsewhere and the impact of supporting additional capacity.

The ability to consistently meet enhanced care needs, provide sufficient support to junior staff and learners, and the impact of short notice sickness were also raised as concerns.

The report also provides an update on progress made against recommended actions in the 25/26 review. Fill rates have improved and establishment changes recommended in the 6 monthly review have also been actioned.

It will be essential that we continue to drive effectiveness of roster planning and reduce the redeployment of nurses by tackling the root cause issues and continue to drive recruitment to establishment. The scale up of the Bures ward model will be critical in achieving a reduction in redeployment as well as meeting ETOC needs appropriately.

Throughout 26/27 workforce metrics will be monitored and triangulated with quality outcome data to understand impact. This will be reported through the Board's assurance committees.

We will continue to seek learning from other organisations, utilise updated national guidance and tools (for example the new specialist safer nursing care tools) and seek innovative ways (Bures ward model) to achieve our strategic ambitions.

#### **4. Recommendations / Actions**

The Board is invited to approve the outcome of the acuity review and support the recommended actions to optimise achievement of the right staff with the right skills in the right place.