

## Nursing and Midwifery Safer Staffing Report February 2025 – September 2025

### Safer staffing report update

Date: October 2025

From:

Annette Gericke – Deputy Chief Nurse for Workforce and Professional Standards  
Aoife Donoghue - Head of Nursing for Workforce

### 1. Purpose

This report's purpose is to give the Trust Board and People and Culture Committee a review of ward staffing levels across University Hospitals Sussex, as directed by the National Quality Board (NQB). The NQB has emphasized that Boards must take full responsibility for the quality of care provided to patients, with nursing, midwifery, and care staffing capacity and capability being key determinants of this quality. As part of these recommendations, the Board of Directors is required to receive and discuss a biannual report on staffing capacity and capability in a public board meeting, as stipulated by the NHS England 'Hard Truths' report (2013).

This ongoing review process ensures that staffing levels are regularly assessed and adjusted to meet the evolving needs of patients and staff. The Developing Workforce Safeguards Report, published by NHS Improvement in 2018, builds on the National Quality Board publications (2018) and the Lord Carter of Coles review (February 2016). It provides guidance and recommendations for reporting safe staffing levels to Trust Boards.

Please note the purpose of this paper is to provide assurance that ward staffing levels remain safe and that robust mechanisms for mitigation and escalation are in place for times of reduced optimal staffing levels. It also highlights any shortfalls or requirements for investment / regularising staffing.

### 2. Introduction and National Context

Extensive evidence demonstrates that nurse staffing levels have a significant impact on patient outcomes, experience, quality of care, and overall efficiency in care delivery (RCN, 2011; Griffiths & Ball, 2021). In May 2025, the Royal College of Nursing published the revised Nursing Workforce Standards, which set out 14 key standards for safe and effective staffing, these standards were originally published in 2021.

It is imperative that trusts ensure the right staff, with the right skills, is in the right place at the right time (DOH, 2016; National Quality Board, Fig 1.1). Safe staffing levels and an appropriate skill mix are fundamental to delivering high-quality care (Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013).

The NICE Safe Staffing Guidelines (2014) provide recommendations based on the best available evidence for nursing levels in adult inpatient wards within acute hospitals. These guidelines emphasise that safe staffing cannot be solely defined by fixed ratios but requires professional judgment. While there is no universal nurse-to-patient ratio that guarantees safety across all wards, research indicates an increased risk to patient care when a registered nurse is responsible for more than eight patients during a day shift. This highlights the importance of continuous monitoring and adjustment of staffing levels to maintain safe and effective care.

The Safer Nursing Care Tool (SNCT) is a system designed to guide decisions about nurse staffing requirements on hospital wards, in particular the number of nurses to employ (establishment). NHSE/NHS Improvement supported the development of these staffing tools which are now used widely across NHS organisations in England, private health providers and overseas healthcare organisations. This is a licenced tool primarily used by the nursing workforce. The development of these tools has been led by a core group of experienced professional leaders and leading academics.



Model Hospital data is also used to benchmark safer staffing in line with our peers.

### 3. Review of Scope

The scope of this review covered all inpatient areas in Worthing/ St Richards/ RSCH / PRH and the Royal Alexander Children’s Hospital. In addition, the peripheral unit at Newhaven was also reviewed. In total 69 wards/clinical areas were covered across the Trust. Those not included within the SNCT audit were neonatal, theatres, and critical care. The breakdown consisted of:

- Worthing 19
- St Richards 18
- RSCH (including Newhaven & RACH) 24
- Princess Royal hospital sites 8

The data collection took place in Nov 2024 across all inpatient wards for 30 days and all Emergency departments completed their data collection over 12 days but twice daily – this is the guidance from the tool. We also collected data related to the patients that stayed over 12 hours in the department to fully demonstrate the overall acuity and dependency of the department. The NER took place between Dec and Feb 2025.

## 4. Methodology of the Review

All inpatient areas were given education about how to score the acuity and dependency of their patients. To ensure validity of the tool in all inpatient areas, each area was peer-reviewed by a Matron once a week to ensure the scoring was consistent. Data collection was also limited to staff who had completed the inter-reliability assessment to ensure consistency in the scoring. The inpatient areas scored all patients at 3pm every day and they were looking back at the patients that were present the longest in those 24 hours. Data was checked daily by the workforce team to ensure full 30 days compliance was achieved.

The emergency departments used the ED SNCT tool. The data collection was over 12 days and two separate times within that 24 hours i.e. 1am and 1pm. The data collection was restricted to 3-4 persons within the ED department again to ensure consistency of scoring and validity of the tool. The tool also suggests having two audit cycles completed before any changes are made to the establishments as there is seasonal variation in the acuity and dependence of the patients. As a result, two audit cycles were completed for ED - December and February, however it is recognized both reviews were in winter months, and a summer review will be completed in June 25.

Once all data was received the workforce team analyzed the findings and produced a summary pack for each ward, which included SNCT findings, budgeted position, roster template and a summary of all the findings. These summary packs were distributed to the wards in advance for review and open sessions were put in place for staff to further their understanding or ask questions. All meetings were conducted over Microsoft teams and were approx. 1 hour per area. The establishment reviews entailed a collaborative approach with the following:

- Ward managers
- Matron
- Heads of nursing
- Divisional heads of Nursing
- Deputy chief nurse for Workforce
- Rostering team
- Safer care lead
- Head of Nursing for workforce
- HR Business Partners
- Finance business partners

The keys areas for review were:

1. Budgeted versus actual position. This also included an update on recruitment plans, supernumerary status of the nurse in charge and practice development.
2. Alignment of actual roster versus budgeted establishment and any proposed changed being made.
3. SNCT findings – skill mix, analysis of the acuity and dependency of the patients during audit, CHPPD, temporary staffing use and review of Quality metrics.

## 5. SNCT findings

### 5.1 Areas Reviewed as part of the SNCT

69 areas were reviewed as part of the NER, 46 indicated that changes needed to be made due to the data demonstrating increase in acuity and dependency, this was triangulated with other WF data and quality and safety metrics. Professional judgement played a vital component in differentiating elements such as layout of ward ie side rooms and speciality of patient. It was vital

that we acknowledge that some areas had appropriate staffing levels and the output of their quality data was evident to see. The use of additional shifts across the organisation was also overlaid and demonstrated the workforce need to address the acuity and dependency of patients was often being met through additional shifts.

The overall change to the substantive established workforce from such use of additional temporary work force as indicated by the SNCT indicated a required increase of RNs by 83.35 WTE and HCA by 147.77 WTE. Most of this increase was be funded within 'out-turn' funding with cover having been provided through temporary staff. However, for Worthing and SRH an additional 13.2 Band 5 and 22.26 band 3 was an increase in establishment above out-turn and therefore a cost pressure.

Escalation areas and boarding (pre-emptively placing/corridor care) patients have been included in the establishment review recommendations, even though they are not planned within establishment and are above agreed substantive bed numbers. In the previous year this has been true on most wards for prolonged periods. Most wards typically have one extra and at times two extra patients depending on ward layout and fire requirements.

## **5.2 Specialist Areas Reviewed as part of the SNCT**

### **a. Paediatric wards**

- The Royal Alexander Children's hospital was templated to one additional RN per shift in the winter months, the template reduced over summer. Acknowledging there is little fluctuation between summer and winter template in terms of acuity and dependency, establishing the template to winter workforce numbers will be substantiated from 25/26 budget setting as part of outturn funding.
- Children's services have seen an increase in CAMHS patients across all sites including children's ED. Enhanced Care Support Workers (ECSW) have been introduced to provide one-to-one care to mental health patients on the children's wards in Worthing and Chichester. An evaluation of the impact was completed and a business case including benefits realisation was recently presented proposing to substantiate the role in existing areas and expand the role to the Royal Alexander Children's hospital. Substantiating the existing workforce has been agreed and more work is being completed to explore the benefits of further expansion of the model.

### **b. Children's Emergency Department Royal Alex Children's Hospital**

- Recruitment to establishment has been completed in the children's emergency department in response sustained increase in the activity the department and the business case approved. The SNCT demonstrated that this gap still remains and that the peak in attendance to ED was between 11.00-23.00. It is not possible to reduce the skill mix at night.

### **c. Emergency Departments**

- The organisation has invested significantly in the current emergency departments. Like many other trusts, UHSussex does not meet Royal College Emergency Medicine (RCEM) standards, and this is an area for future workforce discussion. The RCEM standard identifies the % of registered staff in ED departments per head count, including educator to staff ratio, leadership rolls and specialist roles per headcount. In addition, an uplift of 27% which is not being met in any of the sites currently. The SNCT suggests a minimum 25% uplift for ED areas which has been included in the calculations.
- The SNCT collected data on the patients staying over 12 hours (excludes RACH) which demonstrated the acuity and dependency and more importantly the complexity length of stay it is bringing to ED departments. It also highlighted the impact patient flow has across the site especially Worthing on patients being boarded within the departments.
- the ED SNCT Matrix was used to score patient twice daily during the audit.

- Changes are recommended to ED Worthing their SNCT data demonstrated current template does not meet the acuity and dependency identified, this is consistent both audit periods. The proposed staffing increase would be 5.28 RN and 5.28 HCA as a cost pressure, as per the table below.

			<b>WTE</b>	<b>Total cost</b>
RN	Worthing Medical Ward (C)	Nurse: Band 5	7.92	£383,382
RN	A&E Nursing (W)	Nurse: Band 5	5.28	£253,458
		<b>Total B5</b>	<b>13.2</b>	<b>£636,840</b>
HCA	Worthing Medical Ward (C)	Nurse: Band 3	5.28	£194,658
HCA	A&E Nursing (W)	Nurse: Band 3	5.28	£194,658
HCA	SRH Medical Ward (C)	Nurse: Band 3	11.7	£477,398
		<b>Total B3</b>	<b>22.26</b>	<b>£866,714</b>
				<b>£1,503,554</b>

- Outturn funding was be used to increase the establishment at PRH to staff the unfunded cubicles that were introduced in 2021. 6.44 RN and 12.88 HCA's was added to the establishment as part of budget setting for 25/26. The gap was previously filled using additional staffing reflected in out-turn.
- Outturn funding was also used in ED RSCH to transfer an additional RN and 2 HCA's per day to the template from additional temporary staffing to staff ACDU as part of budget setting for 25/26.
- ED SRH was reviewed as part of the ongoing SNCT cycle planned for June 25 and NERs.
- Establishment for all ED's will be reviewed annually as part of the SNCT and NER cycle.

### 5.3 Recommendations from the NER

- The paper recommended establishment changes were made where these can be funded through outturn funding - where the costs were already being incurred through temporary staffing to meet the gap to 'right sizing' the departments/ wards to the levels suggested by this SCNT analysis. This will have the benefit of confirming an agreed establishment (and roster) for the areas sufficient for the acuity and patient needs and numbers identified.
- In areas where additionally was funded and establishment transferred from temporary to substantive positions, there is a commitment to exit agency.
- Acknowledge the variation from national benchmarking in key acute areas.
- Note the establishment changes funded through out-turn funding that 'right size' the departments / wards that have been using additional duties to mitigate the gap identified by the SCNT and will reduce the variation in templates that were not previously fully funded.
- Note that there is a cost pressure of £1.5 million over and above out-turn funding that was reviewed as part of financial planning, affecting wards at SRH and WH. £1 million was initially approved to fund identified gaps on the wards at Worthing and SRH, however a repeat audit of ED Worthing requested.
- Support the on-going recruitment and retention workforce initiatives.
- Acknowledge the variation across UHSussex regarding budgeted uplift, ward managers supervisory time and practice educator roles and that there are plans in place to address this.
- Note that the SCNT will be repeated twice in 2025-26 to review and monitor safer staffing.

## 5.4 Ongoing SNCT cycle 25/26

SNCT has been repeated for all inpatient areas in June 25 and the second cycle is currently underway due to concluded in October 25. Once completed the workforce team will analyze the findings and produce a summary pack for each ward, including SNCT findings, budgeted position, roster template and quality metrics. These summary packs will be distributed to the wards in advance for review. The establishment reviews will be completed in November and early December ahead of planning for the new financial year. These finding will be reported on in the staffing paper due in March 2025.

A repeat of SNCT for all of the 4 adult ED's was completed in May 25, the finding of the audit further indicated that there was a short fall in ED Worthing and establishment increase of 5.28 RN and 5.28 HCA is recommended.

## 6. Care Hours per Patient Day (CHPPH) and Fill Rates

Since May 1, 2016, Trusts have been required to submit monthly CHPPD data to NHS Improvement (NHSi) to support a national overview of nursing staff deployment. CHPPD serves as the principal measure of workforce deployment in ward-based settings and can be used at the ward, service, and trust levels. It provides a comprehensive view of all care-delivering professions in a ward-based setting, distinguishing registered clinical staff from non-registered clinical staff to ensure an appropriate skill mix and accurate nurse-to-patient ratios.

This data allows for informed staff allocation, ensuring the right teams are in place to meet patient care needs effectively. It enables service leaders and managers to compare workforce deployment trends over time, both within their Trust and against peer organisations. When used alongside clinical quality and safety outcome measures, CHPPD helps identify and reduce unwarranted variations, ultimately supporting the delivery of high-quality, efficient patient care.

The overall CHPPD for UHSussex in M6 was 8.2 improved from 7.6 during the NER. Areas with a CHPPD was below 7 across UHSussex during the NER, it is important to note that all these areas are at Worthing and SRH. As a result of investment in establishment there has been an improvement in 13 areas. Although, the establishment has increased many of the registered staff recruited are newly qualified nurse (NQN's) therefore joining the establishment between September and December. The fill rate for HCA's although an improving picture, remains a challenge. In Worthing and SRH, the wards were historically funded to 95% with a 5% budget allocated to bank. These bank shifts have been difficult to fill, therefore negatively affects fill rate and CHPPD, having more substantive staff will reduce the number of unfilled shifts. Historically in RSCH and PRH, the ward budgets were set to 100% establishment. During the last 6 months the process has been standardised to reflect 100% budget and move away from the 5% bank budget. This move supports the trust ambition to reduce bank and agency

## 7. Safer Staffing and Fill Rates

There has been an increase in the overall fill rate for Registered Nurses between February 25 and September 25. Day time fill rate increased from 88.7 to 90.9 and night fill rate from 91.7 to 94.4. There has been a slight increase in the overall fill rate for Care Staff in the same period day fill rate in February 25 was 79.1 and September 25 is 83.6, overall, the fill rate at night for care staff is better with 91.3 in Jan and 93.3 in September 25.

“SafeCare” has been embedded across UHSussex within all in patient adult and paediatric areas. It is a tool that triangulates actual vs required staffing levels, patient acuity, red flags and professional judgement on a shift-by-shift basis. The impact of this is that the staffing levels and acuity of the patient population for each site can be visualised and where necessary staff redeployed to ensure safe staffing levels. Patient census data is being submitted twice daily as a minimum. The overall data entry compliance Trustwide was at 84% (February 2025) and has been consistently over 90% since March with current compliance is 94% in September 2024.

Under reporting of red flags was picked up as a theme as part of the NER. A key action as a result has been a focus on training to increase reporting and for the red flags to be resolved on SafeCare once mitigated. Local red flags have been reduced to focus on the 6 NICE recommended red flags, between February and September 25 5526 red flags have been raised in comparison to 2369 from January 24 to January 25. 918 red flags have been reviewed, with 293 of them resolved. Reviewing and resolving red flag will be a continued focus for the next 6 months.

Currently in response to fluctuations in staffing levels, staffing huddles are held at least twice a day to ensure that areas with challenged staffing levels are supported. SafeCare is used on all sites to monitor staffing and inform staff moves to maintain safety as part of the staffing huddles and by the site team. Unmitigated staffing shortfalls are escalated as per the safer staffing policy.

## 8. Clinical Areas not included in SNCT

As an organisation, we routinely undertake establishment reviews across, theatres, maternity, neonatal and critical Care. Building on this, the Workforce Team has extended the process to include other services such as CNS teams, outpatients, endoscopy, home dialysis, and the cardiac catheterisation laboratory to name a few.

The approach mirrored that used in inpatient settings and was undertaken in collaboration with colleagues from HR, Finance, and divisional nursing management teams. This ensured that both workforce and financial perspectives were considered alongside clinical requirements.

The review process also enabled closer analysis of financial and contracting arrangements. In services such as Maxillofacial and ENT, there has been a clear increase in both new and follow-up attendances. Finance and contracting teams are reviewing this to ensure the Trust to explore if they can access additional funding where appropriate. Having established a baseline dataset across all surgical areas, the Workforce team will now be able to undertake annual reviews to track trends, assess the impact of interventions, and plan future workforce requirements more effectively.

### a) Theatres

- An overview was undertaken as part of the establishment cycle - The Association for Perioperative Practitioners (AfPP) standards for nursing and theatre staff was considered as part of this review. A benchmarking review of the supernumerary and QiS training for theatres across all UHSussex sites has concluded as part of the theatre's subgroup of the Work Force Steering group and a pathway for new staff including cross site standardisation have been agreed.

## b) Neonatal Unit

- Annual cot and establishment reviews of all the neonatal units in our organisation are coordinated by the Neonatal network using the national neonatal nursing workforce calculator. St Richard's Hospital in Chichester is part of Thames Valley and Wessex ODN. Our 3 other neonatal units are part of Kent Surrey and Sussex ODN. All of our neonatal units have a funded template that meets BAPM standards.
- Recruitment to the neonatal specialty remains challenging and work is ongoing to reduce the vacancy rates. Including those in the recruitment pipeline, current vacancy rates are:
  - RSCH (TMBU) = 13.1% RN this will decrease to 7.6% by February 25.
  - PRH = 14.1% for RN and will decrease to 8.7% by December.
  - SRH = 9.5%
  - WGH = 6.9%
- There is a workforce development plan in place to recruit to the establishment and achieve the required 70% qualification in specialism (QIS). Band 6 QIS coverage at TMBU remains static at 42% with 7-8 WTE beginning QIS course in September.
- The overall staffing trajectory plan remains on track the overall neonatal vacancy is expected to reduce significantly by January 2026.

## c) Maternity Services

- The new Birth rate plus review is underway for all sites across the trust and will conclude in November. The last time the Birth-Rate reported was in April 2023 and was approved by Board in May 2023. Midwifery was not covered in the scope of the NER.
- There are currently no vacancies in midwifery for band 5 or band 6 midwives, the trust has been able to offer employment to all our newly qualified midwives who trained at UHSussex.
- During 24/25 it has been necessary to use agency midwives to fill gaps and maintain safety which recruiting to substantive posts. Maternity has committed to exit agency from November 25.
- Maternity Support Worker vacancies are currently 6.2%. Maternity have adopted the same approach for recruitment for MSW as they do with HCSW and created a waiting list to fill gaps in a timelier manner. There is an advert currently live and a trajectory to fill all vacancies by January 2026.
- The introduction of two maternity recruitment and retention matrons under the management of the Head of Nursing for Workforce has allowed a joined up strategic vision for Nursing and Midwifery. These roles are funded through LMNS until from March 26.
- Parental leave remains high at RSCH & SRH but has significantly reduced at PRH and WH. This will be mitigated in the over recruitment from October 2025.
- Parental leave represents a unique challenge in a service with an almost exclusively female workforce. The removal of the bursary for student midwives has resulted in a younger newly qualified midwifery workforce and higher maternity leave rates as a result.

## d) Critical Care

- An overview of Critical Care units was undertaken as part of the NER- The national guidance recommendations for level 2 and level 3 care. A benchmarking review of the supernumerary, uplift for training and QIS training for critical across all UHSussex sites is underway as part of the Work Force Steering group. An additional 8 WTE was added to the establishment at RSCH funded with outturn funding, recruitment to these posts is underway and there is a commitment to exit agency at RSCH by the end of the year.

## e) Other Services

- Within the specialist and surgical divisions, the overriding theme was the challenge of recruiting staff with the specialist skills required to deliver the service, particularly in cardiac theatres and catheterisation labs.
- This review also highlighted significant workforce risks within some CNS teams, where a large proportion of staff are approaching retirement within the next decade. Succession planning in these areas is difficult as it requires investment into Band 6 development posts.

- An example of this risk was seen within the Cardiac Rehabilitation team, where all four nurses have retired and returned. While this has enabled continuity in the short term, it poses a substantial risk to the service if all were to leave at the same time.
- The review also revealed that a lack of headroom within teams frequently results in cancelled clinics during periods of annual leave or sickness. This has a direct impact on patient experience, increasing waiting times and decreasing satisfaction. To mitigate short-term sickness, cover is typically arranged through bank or overtime, since the skill set required is not available via the general staff bank.
- The review of surgical areas included outpatients, Sussex eye Hospital ED, endoscopies highlighted continued year-on-year increases in attendances, without any corresponding uplift in nursing establishment. As a result, nursing teams are required to flex their staffing around consultants' leave to manage capacity, though pressures remain significant.
- A particular area of concern identified by the DDON and HoN for workforce was the Emergency Department at Sussex Eye Hospital. Attendances at this service have increased considerably in recent years, though figures are still being finalised. The department operates seven days per week and is supported by Pickford Ward at night. The team is predominantly staffed by Band 6 nurses, supported by a single Band 7 who is a retired and returned nurse working 30 hours. The Band 6 workforce possesses significant ophthalmology expertise, and the service is very much nurse-led.
- The extended programme of establishment reviews has provided the organisation with a detailed and comprehensive overview of the nursing and support workforce across inpatient, specialist, and outpatient services. The process has highlighted key risks, particularly around succession planning and the availability of specialist skills, as well as opportunities to strengthen recruitment, improve compliance with safer staffing systems, and build resilience through education and development pathways.
- By repeating these reviews on an annual basis and continuing to monitor SafeCare data, CHPPD, and workforce trends, the Trust will be well positioned to plan proactively, invest wisely, and ensure that it has a skilled, sustainable, and resilient workforce to meet the needs of patients now and in the future.

## 9. Vacancies and Recruitment

As an organisation we continue to focus on HCA recruitment, in partnership with the Department of Work and Pensions (DWP) we have introduced over 600 HCAs to the workforce since the start of our collaboration. HCA vacancies initially increase following the establishment reviews and changes in following the reviews and budget setting. In M12 the establishment increased from 8.0 % to 16.5% in M1. The current position is 13.7%. Turnover for HCA's is continuously improving and has reduced from 8.0% at M1 to 7.1 % in M6.

UHSx registered band 5 Nurse (RN) vacancies initially increase following the establishment changes introduced following the establishment reviews and budget setting. In M12 the establishment increased from 8.5 % to 11.6% in M1 and peaked at 14.1% in M4. The current position is 13.2% this will continue to improve as the newly qualified nurses are onboarded in October/November. Turnover for registered nurses and midwives remains below the national average and is currently 3.7%

Domestic recruitment has been a major focus throughout 2024/25. In the first two quarters of 2025, the Trust made 217 offers, of which 163 were to prospective students who are expected to join the organisation by October 2025. Healthcare Support Worker recruitment remains a priority, with all Band 2 posts rebanded to Band 3 to provide clearer career progression pathways. Midwifery is expected to be in a fully recruited position by October 2025, supported by an ongoing campaign to attract and develop Band 3 maternity support workers.

At the time of writing the report the UHSussex % vacancy rate for Nursing and Midwifery is listed below:

Total WTE vacancies across Unregistered and Registered Nurses

- Band 2 Unregistered vacancies
- **September 25 13.7% (15.8%)**
- Turnover = **7.1%**
- Band 5 Registered Nurse & Registered Midwives vacancies
- **September 25 13.2%**
- Turnover = **3.7%**

**Recruitment and Retention Initiatives projects include:**

- Focus on retention of learners on programmes, high quality student and learner support including simulation and clinical teaching, pastoral support and offer of diverse range of placements.
- UHSussex is working closely with Health Education Institutes and the Integrated Care System to increase placement capacity.
- Open days at all local universities to promote roles within UHSussex.
- Trust engagement with all students now start at year 1 of their training. We also include the option of working on bank within the trust.
- Focus on the smooth transition into an NA or RN post on qualification.
- Rotation programmes for RNs
- The education teams support retention by providing structured programmes for new staff. The Trust has now seen the first cohort of Healthcare Support Workers complete the foundation programme. At present, 530 new-to-register nurses are enrolled in the preceptorship programme, alongside midwives and allied health professionals. These programmes are designed to support professionalism, facilitate the transition into practice, and encourage long-term career development within the Trust.
- Focus on educator roles and implementation of the NHSE educator strategy
- The Nursing, Midwifery, and Allied Health Professional Education Teams continue to provide comprehensive pathways from Healthcare Support Worker through to Registered Nurse, Midwife, or Allied Health Professional, and onwards into advanced practice roles. This includes apprenticeships, continuing professional development, and bespoke education tailored to practice needs and learning from incidents. In-house academic and non-academic modules are also offered to ensure that staff are equipped with the skills and knowledge required to deliver high-quality care.

## **10. Strategic Workforce initiatives in progress**

### **10.1 Enhanced Care Support Workers**

- The Enhanced Care Support Worker (ECSW) is a new unregistered care role which has been piloted successfully at UHSussex, 28wte recruited (13wte @ RSCH ED) (5wte each at SRH/WOR ED) (5wte Total W&C Bluefin/Howard Wards cross cover) to provide 121 care for mental health patients in line with the enhanced observation policy.
- The staff were introduced to the workforce in February/ March 2024 and following a robust induction programme the pilot commenced in April. The induction programme included the care certificate, corporate induction; 3 days bespoke Mental Health training and 2 weeks supernumerary. As part of the pilot an 8b mental health nurse was recruited on fixed term contract to provide supervision to the ECSW's and oversee the pilot.
- An evaluation of the impact was completed and business case including benefits realisation was recently presented proposing to substantiate the role in existing areas and expand the role to the Royal Alexander Children's hospital, ED Princess Royal and a bank pool for the 4 main hospital sites. Substantiating the existing workforce has been agreed and more work is being completed to explore the benefits expansion to other areas.

- Agreement was given to recruit to all vacancies in the existing establishment and expand the pilot to include the Royal Alexandra Children's hospital and ED PRH.
- Recruitment to these posts has been difficult due to the recent changes to the Health and Care Visa which is a subtype of the skilled worker visa, nationally the salary threshold for visa has increased to £25k. Therefore, this group has been recognised as an at risk role and agreement has been made by the CPO and CNO pay top of band 3 to this contained group of our workforce. Therefore, enabling sponsorship for this specific role.

## 10.2 Band 2-3 Alignment

- The Trust has negotiated with staff side the terms and conditions for HCAs to transition from Band 2 to Band 3 Trust wide this included back pay to October 2021. The successful transition was completed in the March pay date. UH Sussex has aligned with other Trusts within the ICS who have completed the process.
- This is in response to changes made by NHS Staff Job Evaluation Group who updated national role profiles for band 2 and band 3 health care support worker roles to provide clarification on the important differences. The changes came in response to concerns that staff at band 2 were being trained and then expected to do work above their pay band.
- The increased salary threshold for visa sponsorship has created challenge recruiting directly to band 3 posts with approx. 45% of applications requiring sponsorship. As a result, there has been extensive recruitment to band 2 HCA's who transition to band 3 at 6 months. This has resulted in challenge in the ward due to the higher leave skill restrictions in place for band 2 staff. Shorting the transition period is being reviewed to ease this pressure and support the ward teams transition staff in a timely manner.

## 11. Key Themes identified regarding differences across UHSussex

### 11.1 Uplift

- A 20.5% uplift (headroom) in the budgets at the Royal Sussex County and Princess Royal sites and 23.16 % on the Worthing and St Richards sites. Work is underway to align uplift cross site at 22%, careful consideration needs to be taken to not further reduce fill rate at Worthing and Chichester. 22% is the minimum headroom accepted by the national SNCT tool.
- National best practice uplift recommendations vary from 25%-27%. ESHT is currently at 21% uplift but recognising this is below those recommendations.
- The RCN have updated their standard on the calculation of headroom in a nursing establishment to stipulate it must be a minimum of 27% in the Nursing Workforce Standards revised in May 25.

### 11.2 Supervisory Time

- Allocated to the ward leaders, this varied across the two legacy organisations: Royal Sussex County and Princess Royal sites - 33% Clinical 67% supervisory, Worthing and St Richards site is -67% clinical 33% Supervisory. This disparity is recognised, and further work is required to the align supervisory requirement across all sites.
- Supervisory time is being benchmarked with other organisations to identify best practice, the RCN recommends ward leaders are 100% supervisory/ supernumerary in the recently updated Nursing Workforce standard 2025. The senior nursing team at UHSussex are working through a standardised approach to supervisory time across all sites and an update will be provided in the next board report.

### 11.3 Practice Education

- It is acknowledged that there is a variance within practice development provision across UHSussex, with a significant difference of funded ward educator roles on the different sites. Lead educator roles have now been embedded into paediatrics and maternity services, and work continues to identify funding to support a lead educator for surgery.

- We are working through implementation of the NHSE educator strategy which will identify innovative ways of working to support education better in practice. A successful NMAHP educator conference was held to launch the education strategy and implementation plan and bring educators together to share good practice and standardise working practices. Education link roles in clinical practice have also been identified, these links champion education within practice and link the practice area to the education team.

## 12. Conclusion and Key Recommendations

### a) Conclusion

This paper reinforces that the Wards have predominantly been safely staffed but that this has been done through the use of additional temporary bank staffing or agency, above ward template/budgets. With Divisional budgets being set on an 'out-turn' basis for 25-26 this does recognize the staffing need that has been reflected in Divisional spend and which the SCNT has identified as justified by acuity and dependency with the opportunity to substantiate that additionality into budgets and rosters.

The benefits of substantiating a staffing budget and ward template based on patient acuity and need is that there is then a transparent link between the two, and staffing can be organized accordingly. The effect of substantiation has in the short term increased vacancy rates, but, as now, temporary bank workers may be used to cover. This is an improving picture with vacancies on a downward trend as staff recruited and in the pipeline are onboarded. Substantiation will also support a 'bank to perm' transition. Importantly a 'right sized' establishment and template means that Ward Managers and others can be more clearly held to account for managing within their budget given the SCNT has been used as a basis to set that budget and any additional staffing and the reasons for it should therefore be exceptional. The tool also took account of continuous flow and, where appropriate, up to two additional patients being in Ward areas.

However, at WH and SRH there is an additional need identified requiring an investment of £1.5 million into RN and HCA roles. This cost pressure has been noted in the Trust's financial planning and cost pressure list and is under review.

### b) Key actions agreed at P&CC

- The P&CC endorsed the establishment changes funded through out-turn funding to *right-size* departments and wards that have been relying on additional duties to mitigate gaps identified by the SCNT. These changes will reduce variation in unfunded templates and confirm an agreed establishment and roster aligned to patient acuity, needs, and numbers.
- The committee noted a cost pressure of £1.5 million above out-turn funding that was reviewed as part of financial planning, affecting wards at SRH and WH. Of this, £1 million was initially approved to fund identified gaps on the wards at Worthing and SRH, however a repeat audit of ED Worthing has been completed as requested.
- It was acknowledgement that a business case will be required to release the funding for the establishment in ED Worthing.
- The committee endorsed that areas where additionally was funded and establishment transferred from temporary to substantive positions, there is a commitment to exit agency.
- To committee supported on-going recruitment and retention workforce initiatives.
- The committee acknowledged of the variation across UHSussex in budgeted uplift, ward managers supervisory time and practice educator roles, and noted that there are plans in place to address this.

- It was agreed that the SCNT will be repeated twice in 2025-26 to review and monitor safer staffing.