

The aim of this paper is to provide assurance to the Quality and Outcomes Committee on how the Trust has discharged its responsibility for ensuring safe staffing.

Go to Next Page

Monthly Staffing Report of Nursing and Midwifery Levels May 2025

Author:

Andy Landon, Lead Nurse Safe Staffing & E-Rostering Sarah Dodds, Deputy Chief Nurse

1

Trust Position

The data generated from the e-Rostering system shows that in May 2025 (for the combined inpatient wards) the Trust had rostered 324,230 expected nursing hours, against the number of actual hours worked of 344,310 giving an overall fill rate of 106%.

This month's fill rates are presented below colour coded as improved - green, lower - red (figures in black are equal to the previous month). The key nurse sensitive indicators for inpatient wards are now shown in the <u>division pages</u>.

A further breakdown by ward is included as supplementary data on the Variances tab together with other Key Performance Metrics.

Expected Nursing hours

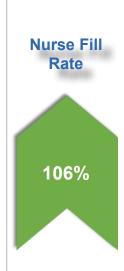
324,230

Actual Nursing hours Worked

344,310



In Patient Ward Division	% RN fill rate - day	% HCSW fill rate - day	% RN fill rate - night	% HCSW fill rate - night	% Fill rate
Medicine	95 (92)	136 (133)	101 (100)	149 (147)	117 (115)
Specialised Services	93 (94)	126 (123)	94 (97)	156 (158)	104 (105)
Surgery	97 (94)	111 (109)	100 (95)	124 (134)	104 (102)
Children's	95 (95)	112 (108)	94 (95)	99 (101)	96 (96)
Women's	105 (101)	107 (99)	<mark>96</mark> (98)	105 (99)	101 (100)
Weston	93 (91)	123 (122)	98 (99)	135 (141)	111 (111)
UHBW – overall	96 (94)	123 (120)	97 (97)	134 (137)	106 (106)



The overall Trust fill rate has not changed at 106% this month.

The nurse fill rates are based on the funded bed base and do not include any of the boarding patients cared for, this is an additional workload for the ward-based staff.

Trust Position



Key Factors

- Overall, there are no band 5 vacancies for the trust as two Divisions are over recruited, however two divisions do still have some Band 5 vacancies. The trust currently has an overall surplus of 64.54 WTE or -3.4% of the establishment.
- The band 5 turnover rate for May has decreased slightly at 8.1%. The band 2 & 3 turnover rate decreased to 11.54%.
- The level of substantive fill compared to Bank and Agency continues to exceed 80% this month overall it is at 87%. This has reduced the demand for Bank and Agency shifts as the ward establishments are now recruited to turnover.
- The fourth audit using the Safer Nursing Care Tool (SNCT) for adult Inpatient wards will commence at the end of June. This coupled with the results of the previous three audits will form the baseline for the annual Nurse Establishment reviews due to be held in September and October.
- The front door and escalation areas remain in demand and staffing
 of these areas remains a challenge. The twice daily staffing meeting
 continue to dynamically assess these areas in partnership with the
 Operations matrons responsible for patient flow.

Vacancy

This month the band 5 vacancy rate increased to -3.4% compared to -5.7% the previous month.

The HCSW band 2 and 3 combined vacancy rate decreased to 6.9% compared to 21.3% the previous month.

Go to Breakdown by Division - Nurse Vacancy & Turnover



Turnover

The band 5 turnover rate for May has decreased slightly to 8.1% compared to 8.4% the previous month.

The HCSW band 2 & 3 combined turnover rate for May has decreased to 11.54% compared to 12.3% the previous month.

Go to Breakdown by Division - Nurse Vacancy & Turnover





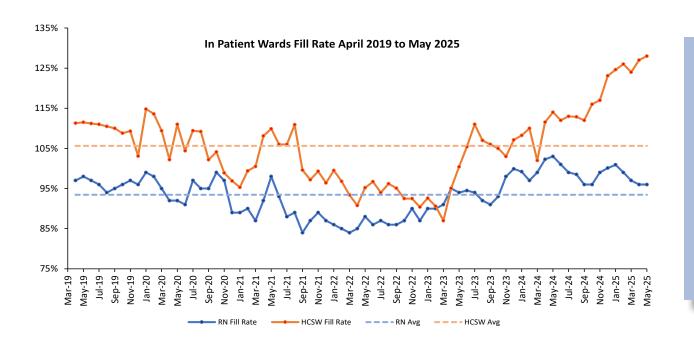
Band 2 & 3 Turnover Rate

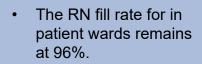
3

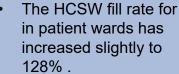
Trust Position



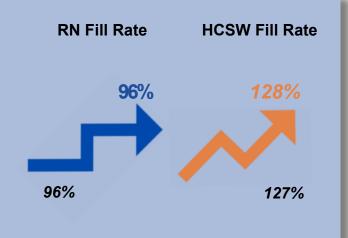
Overall Trend Fill Rate



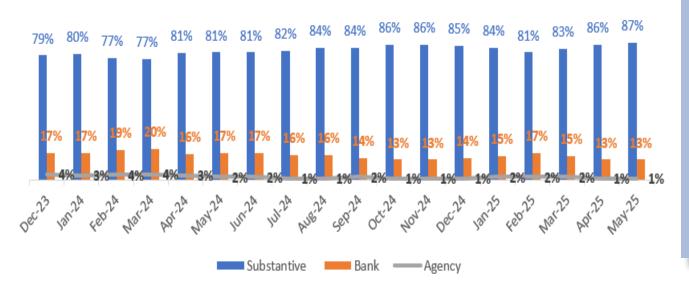




Go to Breakdown by <u>Division - Nurse Fill</u> Rates



In Patient Wards - Substantive, Bank and Agency Usage



Bank and Agency Usage

- The graph shows the percentage of staffing of ward substantive, bank and agency for in-patient wards based on actual hours worked.
- The level of usage for substantive staff has increased, whilst the percentage of bank staff has remained the same as April 2025.
- A breakdown by division for this chart can be found in the supplementary documentation.
- This report is based on hours recorded in and generated directly from the e-Rostering system, Optima.



Trust Position

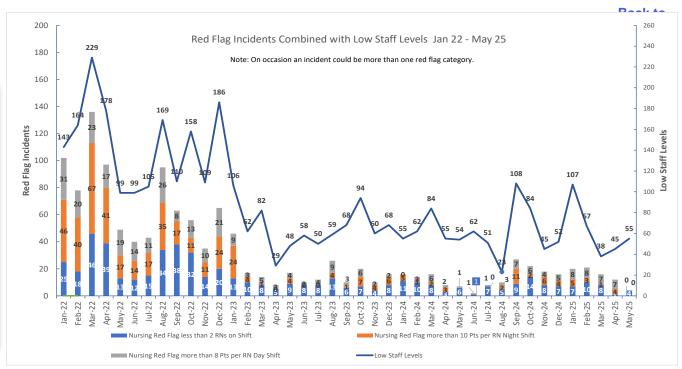
Red Flag Incidents & Lower than Expected Nursing Levels

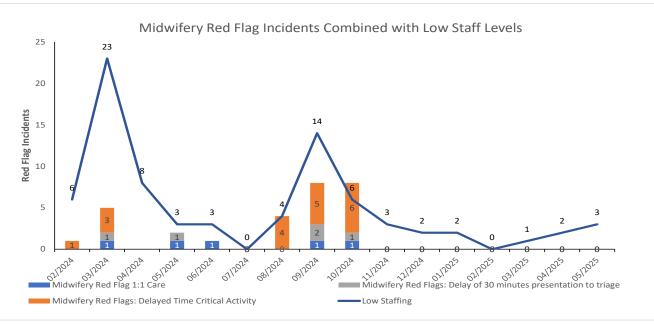
- All low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for May and the previous months.
- The level of reported red flags decreased this month with all the incidents being reported in the 'less than 2 RNs on shift' category.
- Go to Breakdown by Division Low Staffing/Red Flags Incidents

Midwifery Red Flag Incidents & Lower than Expected Nursing Levels

- All maternity low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for May and previous months.
- There were no Red Flags reported for Maternity for May.
- Go to Breakdown by Division Low Staffing/Red Flags Incidents



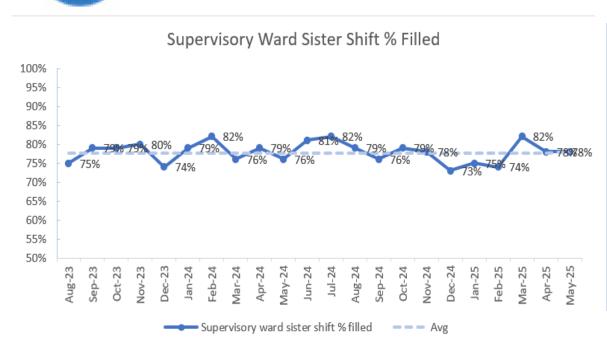


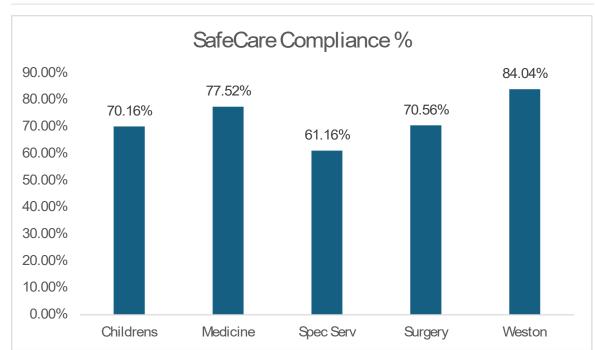


Trust Position Page 4 of 6

Trust Position







Supervisory Ward Sister Shift Impact

- The impact on the supervisory ward sister role is demonstrated in the graph as Ward Sisters have joined the numbers to support the clinical workload.
- The Trust's usual expectation is that this role is provided 100% of the time. Ensuring that the Ward Sister role is supervisory in providing clinical support and guidance on the wards is part of the ongoing retention work. This includes covering the Supervisory role when the ward sister is on leave.
- The graph shows no change in the percentage of supervisory shifts filled in May at 78% compared to 78% in April.
- Go to Breakdown by Division Supervisor Impact

SafeCare Compliance

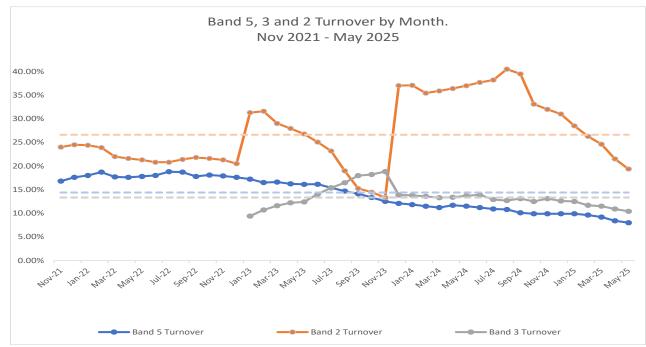
- SafeCare is used shift by shift to manage the nursing resource in adults and children. It is completed 3 times a day to indicate the level of acuity and dependency on in patient wards. This allows matrons to direct additional resources to areas of highest need to ensure patient safety is always maintained.
- The compliance level does vary but is expected to be over 75%.
- Midwifery use a different tool called Birthrate Plus on CDS and the post natal wards, this will be included in a future report.

6

Trust Position







Nurse Vacancy

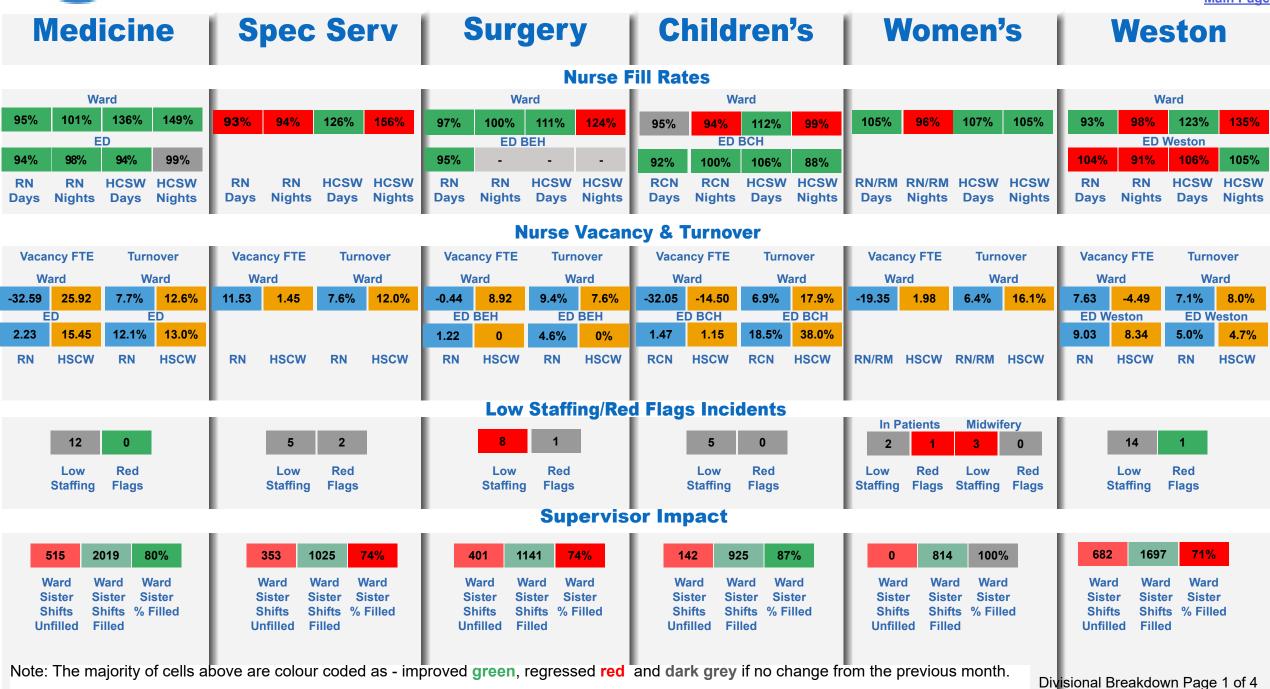
- The vacancy levels for band 5, band 3 and band 2 are shown in the graph.
- There was a increase in Band 5 vacancies compared to last month changing from -106.98 WTE to -64.54 WTE.
- The band 2 vacancies show a decrease from 29.69 WTE to 25.02 WTE.
- The band 3 vacancies show an increase from 41.71 WTE to 54.60 WTE.
- The combined vacancies for band 2 and band 3 of 79.62 WTE has increased from 71.40 WTE last month.

Nurse Turnover

- This graph shows the trend for Band 5 and HCSW turnover, this now includes the Band 3 staff group.
- Band 5 turnover has decreased slightly to 8.01% compared to 8.4% the previous month.
- Band 3 turnover has decreased slightly to 10.41% compared to 10.9% the previous month.
- Band 2 turnover has decreased to 19.37% compared to 21.5% in April.
- The combined turnover for band 2 & 3 has decreased to 11.54% compared to 12.3% in April.

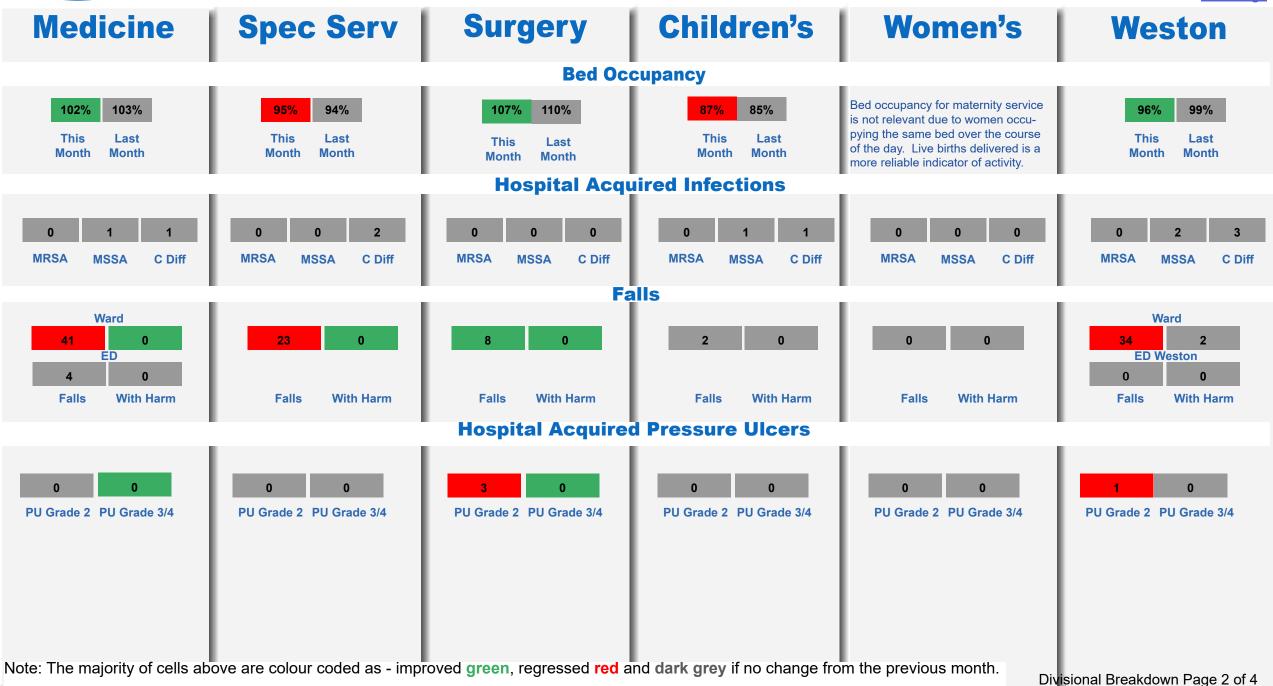












Divisional Breakdown



Divisional Key Factors

Medicine

Key Factors:

Top 3 nursing hotspots for sickness:

Central Health Clinic, A605 and AMU, all are managed in line with policy.

Top 3 nursing hotspots for vacancies:

C808, the Enhanced Care Team and A515. Appropriate recruitment in progress.

Surgery

Key Factors:

Top 3 nursing hotspots for sickness:

H304, Bristol Eye Hospital Emergency Department and A602 - all managed as per policy.

Top 3 nursing hotspots for vacancies:

Theatres (Heygroves and St Michael's), A609 and the Endoscopy service.

Specialised Services

Key Factors:

Main issues are ongoing sickness the level of vacancies in the Chemotherapy Day Unit.

Top 3 nursing hotspots for sickness:

D703 and D601 the highest sickness and this has impacted on Bristol Haematology and Oncology Centre (BHOC) staffing, as staffing is shared across the building when there are short term gaps. C805 had increased sickness concerns this month, but all managed within policy and no theme identified

Top 3 nursing hotspots for vacancies:

The Chemotherapy Day Unit unit is the only area with outstanding vacancies of concern at present 3 WTE). Ongoing external advertising continues to fill these outstanding posts.

Divisional Breakdown



Divisional Key Factors cont.

Children's

Key Factors:

Increase in acuity of burns - impact on PICU, theatres and Daisy ward (Daisy ward have requirement for enhanced care for acuity and dependency of burns patients). Ongoing skill mix gap in theatres and reliance of bank/agency to mitigate risk.

Top 3 nursing hotspots for sickness:

Hotspots discussed at monthly nursing quality/staffing/performance meetings with DON, People Services, Finance - sickness managed appropriately in line with wellness at work policy. Slight increase in short term sickness this month. Long term sickness managed appropriately with support.

Top 3 nursing hotspots for vacancies:

The over recruited areas are supporting those wards with vacancies by sending staff on secondments.

Women's

Key Factors:

Midwifery vacancy levels remain very low with the highest number continuing to be Midwifery Support Workers on ward 73.

Top 3 nursing hotspots for sickness:

Gynaecology Outpatients, Ward 73, Early Pregnancy Clinic and Ward 78, all managed as per policy.

Top 3 nursing hotspots for vacancies:

Ward 73, Gynaecology Outpatients and the Antenatal Clinic

Weston

Key Factors:

Top 3 nursing hotspots for sickness:

This month Uphill, Draycott and Steepholm, all managed as per policy.

Top 3 nursing hotspots for vacancies:

Main area is the Emergency Department (ED) in the ED Observational Unit and Rapid Assessment and Triage Team that are now part of establishment. These are awaiting new the new recruits to commence