



Monthly Staffing Report of Nursing and Midwifery Levels

October 2024

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.

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[Go to Next
Page](#)

The data generated from the e-Rostering system shows that in October 2024 (for the combined inpatient wards) the Trust had rostered 322,073 expected nursing hours, against the number of actual hours worked of 330,250 giving an overall fill rate of 103%.

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 [division pages](#).

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

Expected Nursing hours

322,073



Actual Nursing hours Worked

330,250



Nurse Fill Rate

103%

The overall Trust fill rate has increased to 103% 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.

In Patient Ward Division	% RN fill rate - day	% HCSW fill rate - day	% RN fill rate - night	% HCSW fill rate - night	% Fill rate
Medicine	93 (89)	118 (100)	102 (99)	129 (103)	109 (97)
Specialised Services	93 (95)	105 (110)	96 (94)	128 (137)	99 (101)
Surgery	99 (100)	103 (109)	100 (98)	128 (130)	104 (105)
Children's	100 (99)	93 (101)	100 (102)	92 (90)	98 (100)
Women's	91 (93)	91 (102)	86 (88)	84 (100)	88 (91)
Weston	94 (96)	115 (119)	97 (97)	138 (139)	109 (111)
UHBW – overall	95 (96)	109 (108)	97 (97)	124 (118)	103 (102)



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. Currently there is an overall surplus of 109.6 WTE band 5's or -5.8% of the establishment.
- The band 5 turnover rate for October decreased to 9.9% from 10.1% in September. The band 2 and 3 turnover rate also decreased to 15.4%.
- The level of substantive fill compared to Bank and Agency continues to exceed 80% again, this month it is up to 86%. Agency use has been minimal in most Divisions except Children's mainly driven by specialist requirements of the Theatre department.
- The ward level education and learning review, to understand the statutory, mandatory and local specialist training requirements of staff working on our wards continues. The findings from this in-depth review will be published in the New Year.
- There was a continued elevated level of red flag incidents reported under the category less than 2 RNs on shift. These incidents have been reviewed and where indicated downgraded. All ward areas have been staffed with 2 RNs each shift.
- The collaborative bank project continues to support cross site working where needed and scoping to include the HCSW group has now commenced.

Vacancy

This month the band 5 vacancy rate decreased to -5.8% compared to -2.4% the previous month.

The HCSW band 2 and 3 combined vacancy rate decreased to 15.2% compared to 23.3% the previous month.

[Go to Breakdown by Division - Nurse Vacancy & Turnover](#)

Band
5
Vacancy
Rate

-5.8%

15.2%

Band
2 & 3
Vacancy
Rate

Turnover

The band 5 turnover rate for September has decreased to 9.9% from September at 10.1%.

The HCSW band 2 & 3 combined turnover rate for September has decreased to 15.4% from 16.7% in August.

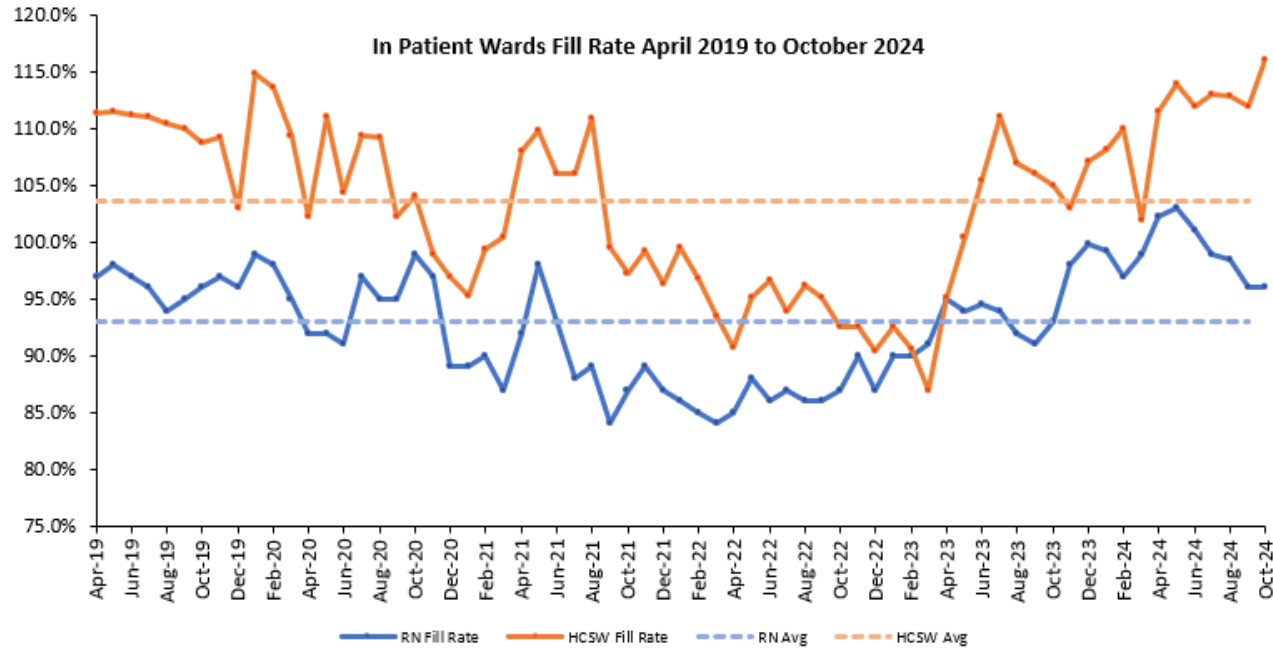
[Go to Breakdown by Division - Nurse Vacancy & Turnover](#)

Band
5
Turnover
Rate

9.9%

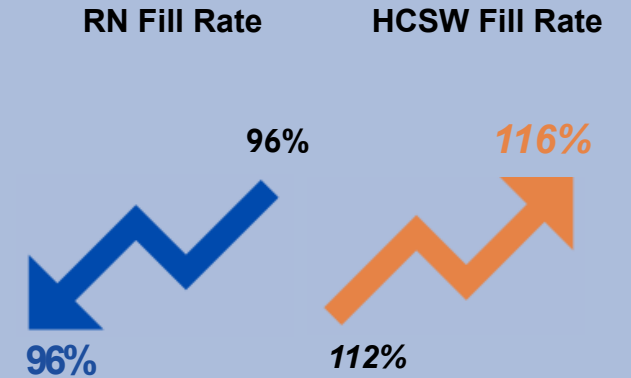
15.4%

Band
2 & 3
Turnover
Rate



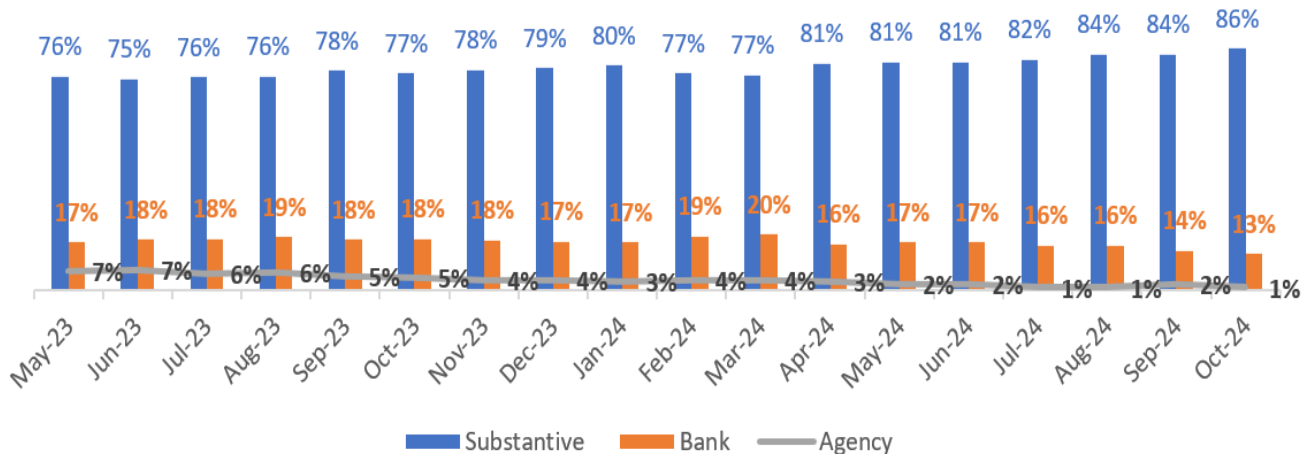
Overall Trend Fill Rate

- The RN fill rate for in patient wards has remained the same at 96%.
- The HCSW fill rate for in patient wards has increased to 116%.
- [Go to Breakdown by Division - Nurse Fill](#)



Bank and Agency Usage

In Patient Wards - Substantive, Bank and Agency Usage

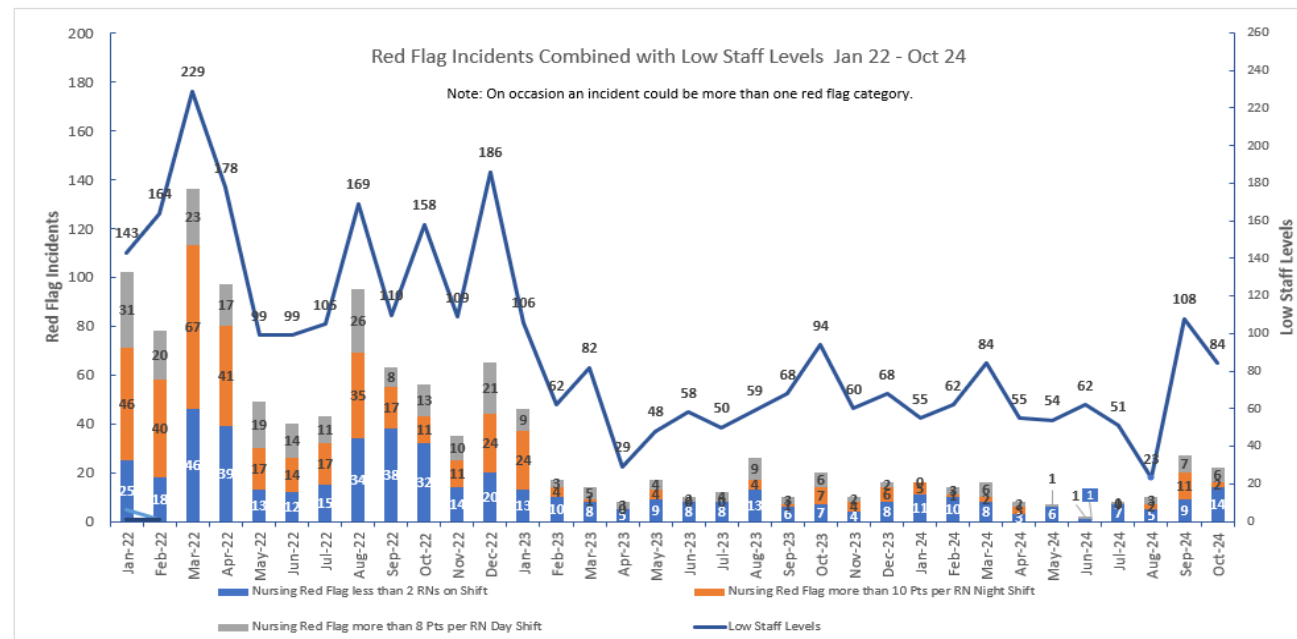


- The graph shows the percentage of staffing of ward substantive, bank and agency for in-patient wards based on actual hours worked.
- The level of usage for substantive staff has increased, whilst the percentage of bank and agency staff has decreased.
- A breakdown by division for this chart can be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



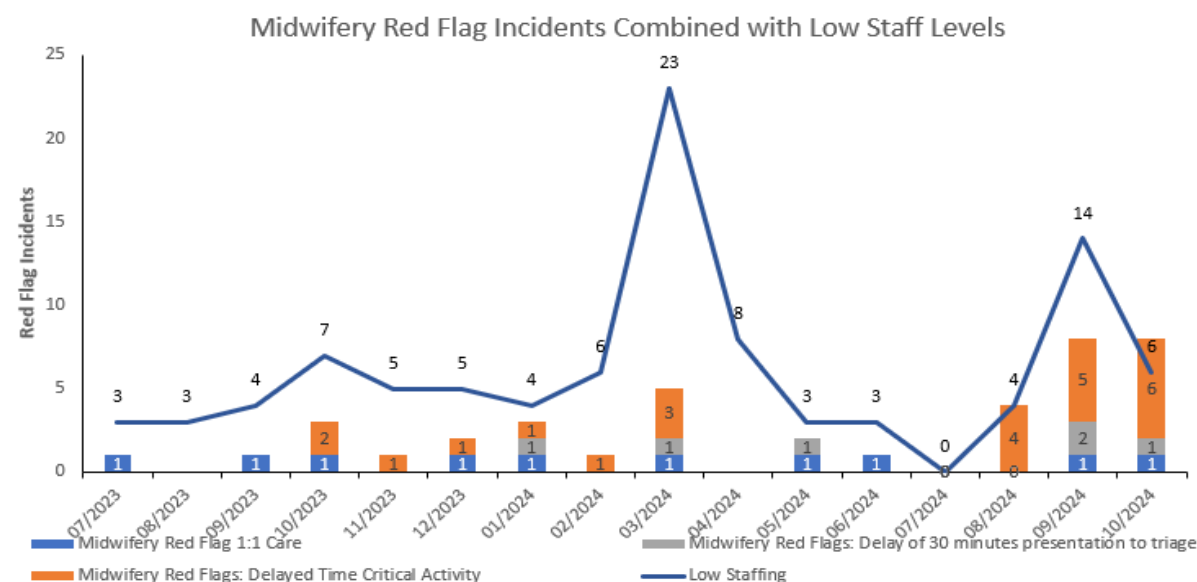
Red Flag Incidents & Lower than Expected Nursing Levels

- All low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for October and the previous months.
- The level of reported red flags increased this month with the majority being reported in the 'less than 2 RN's on shift' category. These have been reviewed and some subsequently downgraded.
- [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 October and previous months.
- The level of reported red flags has increased over the previous three month with the majority of them being categorised as 'Delayed Time Critical Activity'.
- [Go to Breakdown by Division - Low Staffing/Red Flags Incidents](#)

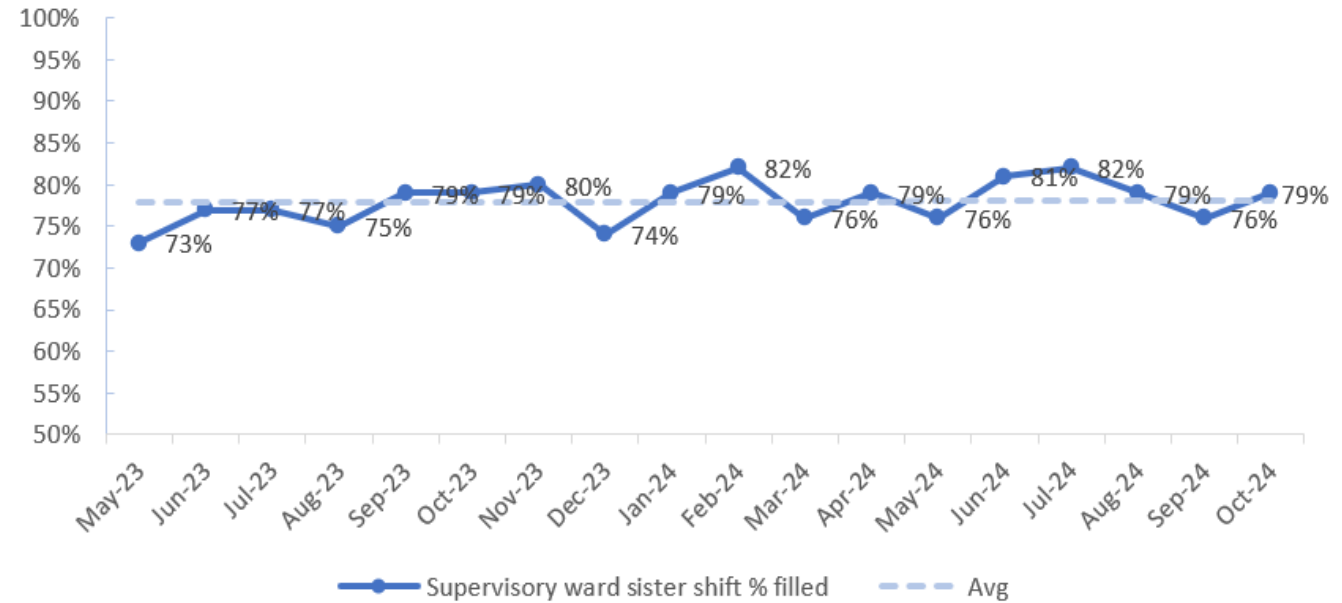




Supervisory Ward Sister shift impact

- 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 an increase in the percentage of supervisory shifts filled in October at 79% compared to 76% in September.
- [Go to Breakdown by Division - Supervisor Impact](#)

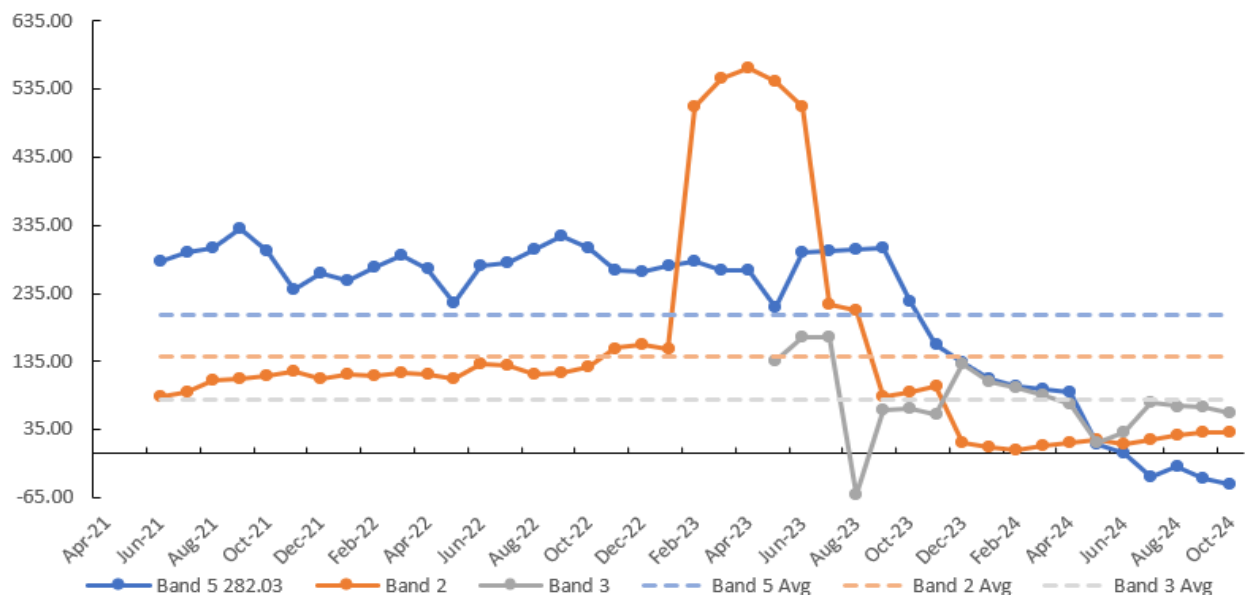
Supervisory Ward Sister Shift % Filled





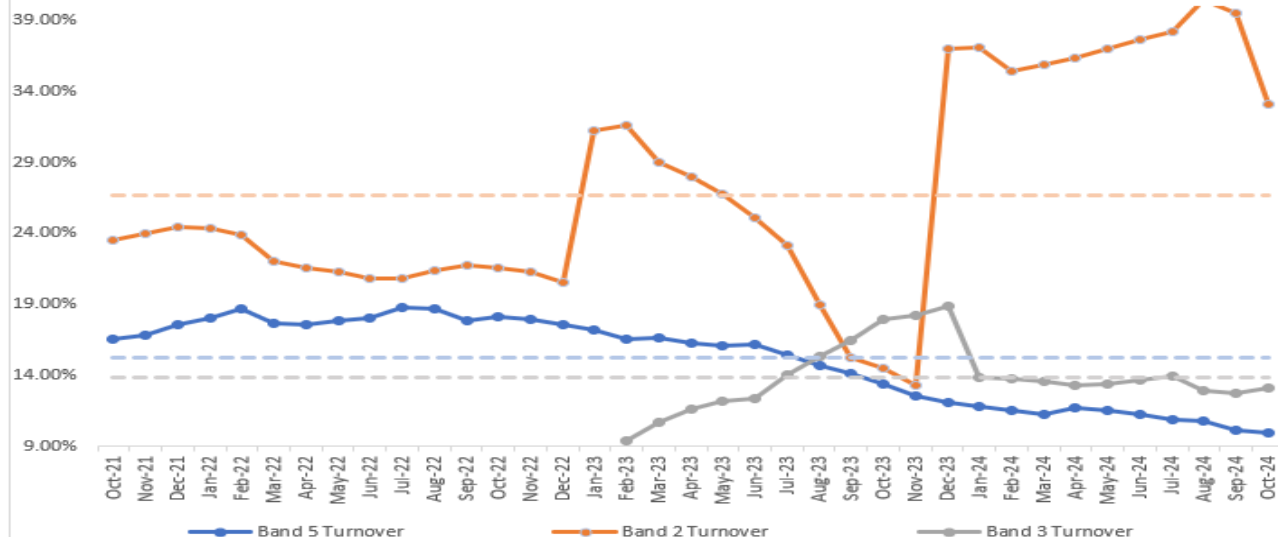
Nurse Vacancy

Vacancy FTE by month May 2021 - Oct 2024



- The vacancy levels for band 5, band 3 and band 2 are shown in the graph.
- There was a decrease in Band 5 vacancies compared to last month changing from -45.10 WTE to -109.60 WTE.
- The Band 2 vacancies show a decrease from 30 WTE to 13.67 WTE.
- The band 3 vacancies show an increase from 60.05 WTE to 73.11 WTE.
- The combined vacancies for band 2 and band 3 of 86.78 WTE has decreased from 90.05 WTE last month

Nurse Turnover

Band 5, 3 and 2 Turnover by Month.
Oct 2021 -Oct 2024

- This graph shows the trend for Band 5 and HCSW turnover, this now includes the Band 3 staff group.
- Band 5 turnover has decreased to 9.9% in October compared to 10.1% in September.
- Band 3 turnover has decreased to 12.5% in October compared to 13.1% in September.
- Band 2 turnover has decreased to 33.1% in October compared to 39.5% in September.
- The combined turnover for band 2 & 3 in October has decreased from September to 15.4% from 16.7%.



Medicine

Spec Serv

Surgery

Children's

Women's

Weston

Nurse Fill Rates

Ward				Ward				Ward				Ward				Ward				Ward			
93%	102%	118%	129%	93%	96%	105%	128%	99%	100%	103%	128%	100%	100%	93%	92%	91%	86%	91%	84%	94%	97%	115%	138%
ED				ED BEH				ED BCH				ED BCH				ED BCH				ED Weston			
92%	100%	85%	100%	115%	-	-	-	92%	91%	88%	55%	92%	91%	88%	55%	92%	91%	88%	55%	98%	97%	109%	100%
RN Days	RN Nights	HCSW Days	HCSW Nights	RN Days	RN Nights	HCSW Days	HCSW Nights	RN Days	RN Nights	HCSW Days	HCSW Nights	RCN Days	RCN Nights	HCSW Days	HCSW Nights	RN/RM Days	RN/RM Nights	HCSW Days	HCSW Nights	RN Days	RN Nights	HCSW Days	HCSW Nights

Nurse Vacancy & Turnover

Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover	
Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward	
-36.37	20.41	4.8%	16.2%	8.27	6.84	11.5%	12.2%	-10.11	19.92	9.5%	14%	-6.23	-6.01	10.2%	14.8%	-1.49	8.16	9.7%	17.8%	-8.55	-0.14	11.5%	14.7%
ED		ED		ED		ED		ED BEH		ED BEH		ED BCH		ED BCH		ED BCH		ED BCH		ED Weston		ED Weston	
-12.75	10.50	6.6%	21.6%	-	-	-	-	-1.26	0%	7.8%	-%	10.12	2.62	9.5%	1%	-	-	-	-	4.63	5.39	19.5%	3.3%
RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RCN	HSCW	RCN	HSCW	RN/RM	HSCW	RN/RM	HSCW	RN	HSCW	RN	HSCW

Low Staffing/Red Flags Incidents

Low Staffing		Red Flags		Low Staffing		Red Flags		Low Staffing		Red Flags		Low Staffing		Red Flags		Low Staffing		Red Flags		Low Staffing		Red Flags	
11	1	0	0	5	2	1	0	6	8	6	8	5	5	5	5	6	8	6	8	5	5	5	5
Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags	Low Staffing	Red Flags

Supervisor Impact

Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled			Ward Sister Shifts Unfilled		
343	1611	82%	375	1120	75%	334	1277	79%	340	1086	76%	0	889	100%	737	1898	72%	343	1611	82%	375	1120	75%
Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled	Ward Sister Shifts Unfilled	Ward Sister Shifts Filled	Ward Sister % Filled

Note: The majority of cells above are colour coded as - improved **green**, regressed **red** and **dark grey** if no change from the previous month.



Medicine

Spec Serv

Surgery

Children's

Women's

Weston

Bed Occupancy

106%

100%

This
MonthLast
Month

92%

95%

This
MonthLast
Month

106%

103%

This
MonthLast
Month

83%

81%

This
MonthLast
Month

Bed occupancy for maternity service is not relevant due to women occupying the same bed over the course of the day. Live births delivered is a more reliable indicator of activity.

98%

97%

This
MonthLast
Month

Hospital Acquired Infections

0

3

3

MRSA

MSSA

C Diff

1

1

1

MRSA

MSSA

C Diff

0

2

3

MRSA

MSSA

C Diff

0

1

0

MRSA

MSSA

C Diff

0

0

0

MRSA

MSSA

C Diff

0

1

1

MRSA

MSSA

C Diff

Falls

Ward

40

1

ED

4

0

Falls

With Harm

25

1

Falls

With Harm

21

0

Falls

With Harm

0

0

Falls

With Harm

0

0

Falls

With Harm

Ward

44

1

ED Weston

1

0

Falls

With Harm

Hospital Acquired Pressure Ulcers

1

0

PU Grade 2

PU Grade 3/4

1

0

PU Grade 2

PU Grade 3/4

0

0

PU Grade 2

PU Grade 3/4

1

0

PU Grade 2

PU Grade 3/4

0

0

PU Grade 2

PU Grade 3/4

1

2

PU Grade 2

PU Grade 3/4



Divisional Key Factors

Medicine

Key Factors:

In areas of high sickness and because of staff concerns a deep dive in to staffing and support offered to teams was undertaken. This included holding listening events around the need to move staff (for over-establishment) to other areas.

Top 3 nursing hotspots for sickness:

SDEC/A522/A518 - mainly winter colds.

Top 3 nursing hotspots for vacancies:

There are no RN vacancies across medicine.

HCSW vacancy - no hotspots generally although there are 1-2 across most areas. An active recruitment programme is in place.

Specialised Services

Key Factors:

Sickness elevated in the division causing last minute gaps in rotas. Continuing to on-board NQN in the division.

Skill mix remains a relatively junior team in some areas.

Top 3 nursing hotspots for sickness:

D601 -TYA D603 CICU

Top 3 nursing hotspots for vacancies:

CICU C708 D502

Surgery

Key Factors:

On review of the red flag incidents none of the reported short staffed incidents met the red flag criteria. They relate mainly to A414 and QDU being used as escalation area and the requirement for additional staff to support these patients not always being available.

Top 3 nursing hotspots for sickness:

A609 , A414 QDU endoscopy A414 QDU theatres

Top 3 nursing hotspots for vacancies:

SMH Theatres, SDCU and A413 - using agency and bank for theatres , bank for SDCU and A413 plus redeployed staff from medicine supporting A413



Divisional Key Factors cont.

Children's'

Key Factors:

High numbers of NQN across the hospital requiring supernumerary time, they will be joining the numbers in the near future.

The Division has witnessed higher number of Mental health patients this month compared to previous months.

Top 3 nursing hotspots for sickness:

Apollo Lighthouse Penguin

Top 3 nursing hotspots for vacancies:

Bluebell -3.5 ED -4.26 - mainly due to natural turn over.

Theatres -0.74 but supernumerary high for longer periods due to the complex training requirements.

Weston

Key Factors:

Escalation and Queue areas open and high levels of sickness, every area red except 3. Red flag reporting on staffing reviewed with some being downgraded. Most incidents referred to HCSW staffing gaps rather than RN gaps.

Top 3 nursing hotspots for sickness:

Berrow 12.2% - 3 LTS, no themes SDEC 12% - Small team only 3 staff sickness (1 which is LTS) ED 9.5% - 5 LTS, 2 pregnancy related

Top 3 nursing hotspots for vacancies:

Looking at pro-actively moving staff from over established areas to under established areas

Women's

Key Factors:

Vacancies in both band 6 and 7 (some recruited into since M6 but still have vacancies and plan to advertise again). Maternity leave to cover in our band 7 team. Band 5's are recruited to turnover. Our NQM's slowly starting to join us.

The level of red flag reporting remains elevated this month due to covering the midwifery Triage Service that has staffing gaps. This requires a midwife to cover from CDS. When required the on call midwife is called in to support if CDS has no capacity to support the triage service.

NICU are still waiting for some NQM's to start due to not yet having their PIN (later NMC board due to retrieval). There is some positive movement on the QIS qualified staffing levels.

Increased level of compliance for Birthrate plus noted in the Division. The level of Compliance will be reported in next months report.

Top 3 nursing hotspots for sickness:

NICU CDS

Top 3 nursing hotspots for vacancies:

NICU Community