



## **Monthly Staffing Report of Nursing and Midwifery Levels**

**October 2025**

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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**Author:**

Andy Landon, Lead Nurse Safe Staffing & E-Rostering

Sarah Dodds, Interim Trust Director of Nursing

Sarah Chalkley, Interim Deputy Trust Director of Nursing

Alana Dean & Jacqueline Woods, E-Rostering Support

The data generated from the e-Rostering system shows that in September 2025 (for the combined inpatient wards) the Trust had rostered 322,950 expected nursing hours, against the number of actual hours worked of 337,032 giving an overall fill rate of 104%.

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

322,950



### Actual Nursing hours Worked

337,032



In Patient Ward Division	% RN fill rate - day	% HCSW fill rate - day	% RN fill rate - night	% HCSW fill rate - night	% Fill rate
Medicine	92 (91)	129 (133)	103 (98)	150 (158)	115 (116)
Specialised Services	93 (92)	114 (112)	96 (93)	139 (135)	102 (99)
Surgery	94 (92)	113 (114)	97 (94)	139 (139)	104 (102)
Children's	89 (90)	119 (120)	89 (90)	119 (108)	93 (93)
Women's	101 (102)	92 (93)	100 (100)	107 (104)	100 (99)
Weston	92 (93)	114 (113)	99 (98)	137 (129)	109 (107)
UHBW – overall	93 (93)	117 (118)	96 (95)	138 (137)	104 (104)

### Nurse Fill Rate



The overall Trust fill rate has remained the same at 104% 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.

## Key Factors

- Overall, there are no band 5 vacancies for the trust as three Divisions are over recruited, however two divisions do still have some Band 5 vacancies. The trust currently has an overall surplus of 1.12WTE or -0.2% of the establishment.
- The band 5 turnover rate for October has decreased slightly to 7.9%. The band 2 & 3 turnover rate increased slightly to 11%.
- The level of substantive fill compared to Bank and Agency for October has remained the same as September at 85%. This has reduced the demand for Bank and Agency shifts as the increase in ward establishments are now recruited to turnover.
- There is still a requirement to staff escalation areas, ED queues and boarding beds at short notice, this is dynamically assessed through the twice daily staffing meetings and overnight by the site teams in each hospital.
- October saw an increase in lower-than-expected staffing incidents and red flag reports. Short notice requirement to cover the escalation areas and covering enhanced therapy observation care shifts were the main themes.
- In October 5962 RN and 1325.92 hours were required to cover just the escalation areas over and above the staffing for the wards. This equates to an additional 39.88 WTE RN and 8.83 HCSW per month.
- The Trust has been advised that from 1st February 2026 all agency Health Care Support Worker must cease, this includes Mental Health Support Workers. There is currently a high level of usage of these staff in UHBW particularly in the Children's' Division. Plans are in place to mitigate this risk and reduce the dependence on agency in a similar way to reducing agency staff in Theatres.

### Vacancy

This month the band 5 vacancy has decreased to -0.2% for October.

The HCSW band 2 and 3 combined vacancy rate increased to 40% compared to 34.4% the previous month.

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



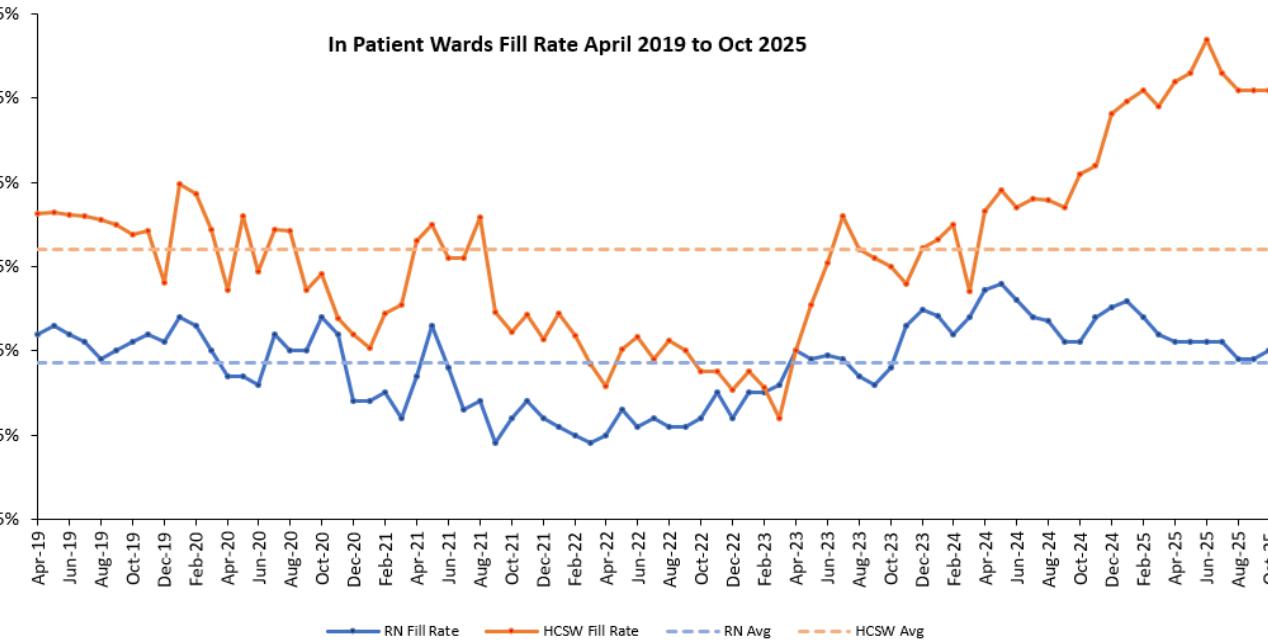
### Turnover

The band 5 turnover rate for September has decreased to 7.9% compared to 8.2% the previous month.

The HCSW band 2 & 3 combined turnover rate for October has increased to 11% compared to 10.8% the previous month.

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

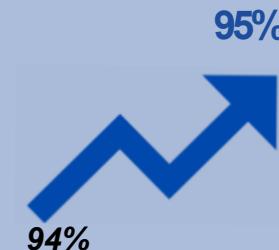




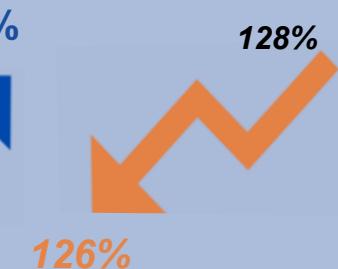
### Overall Trend Fill Rate

- The RN fill rate for inpatient wards for October has increased to 95%.
- The HCSW fill rate for inpatient wards in October has remained the same as in August and September at 126% compared to 128% in July.
- [Go to Breakdown by Division - Nurse Fill Rates](#)

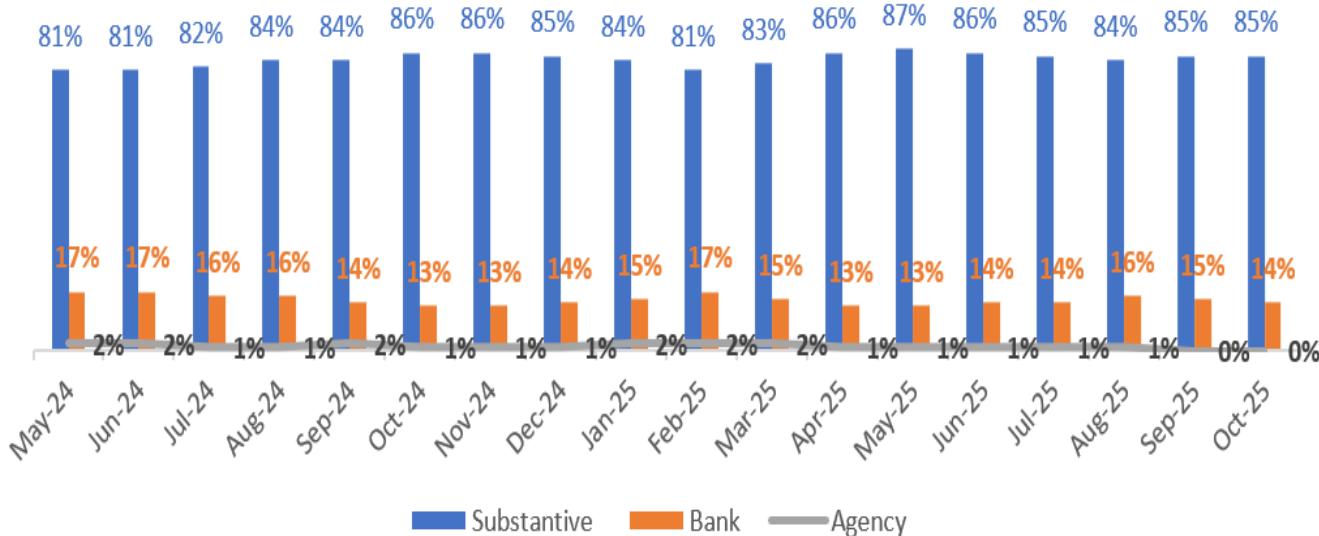
#### RN Fill Rate



#### HCSW Fill Rate



### In Patient Wards - Substantive, Bank and Agency Usage



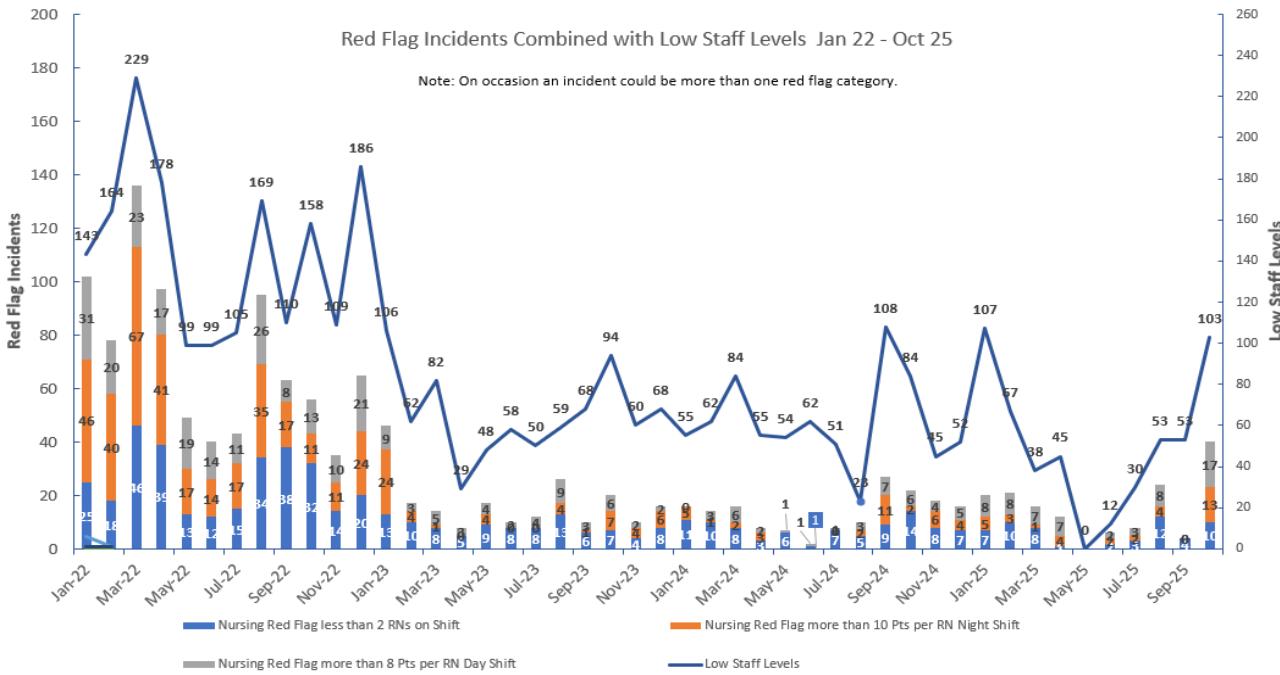
### Bank and Agency Usage

- 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 remained the same, whilst the percentage of bank staff has decreased slightly. Agency has remained less than 0.5% of the fulfilment similar to last month.
- 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.



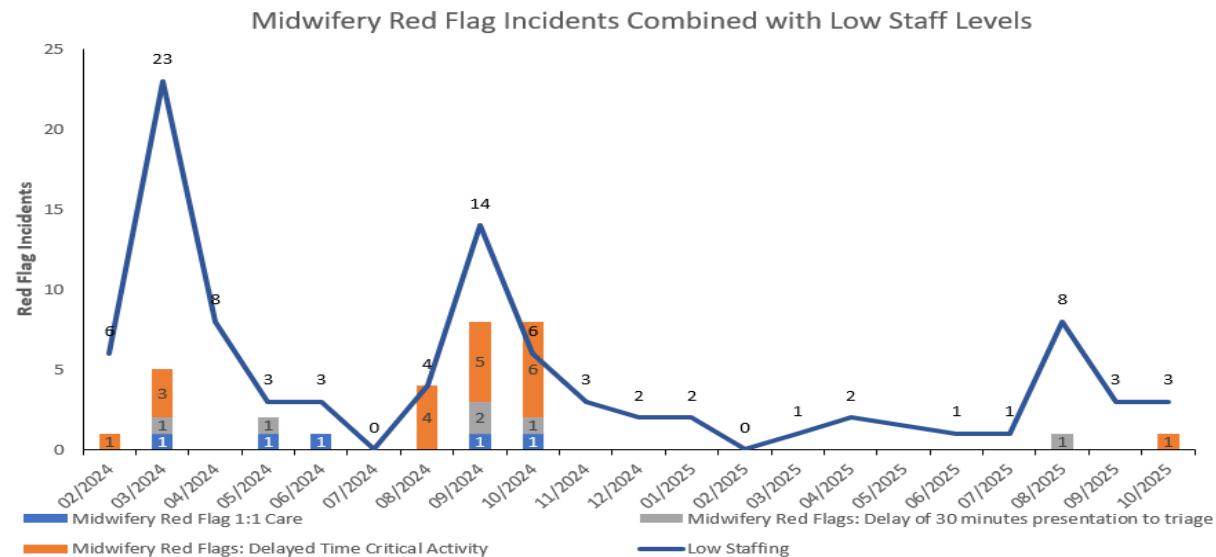
### Red Flag Incidents & Lower than Expected Nursing Levels

- All low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported low staffing incidents for October and the previous months.
- This month showed a spike in reporting in line with a difficult month covering all staffing gaps in October.
- [Go to Breakdown by Division - Low Staffing/Red Flags Incidents](#)



### Midwifery Red Flag Incidents & Lower than Expected Nursing Levels

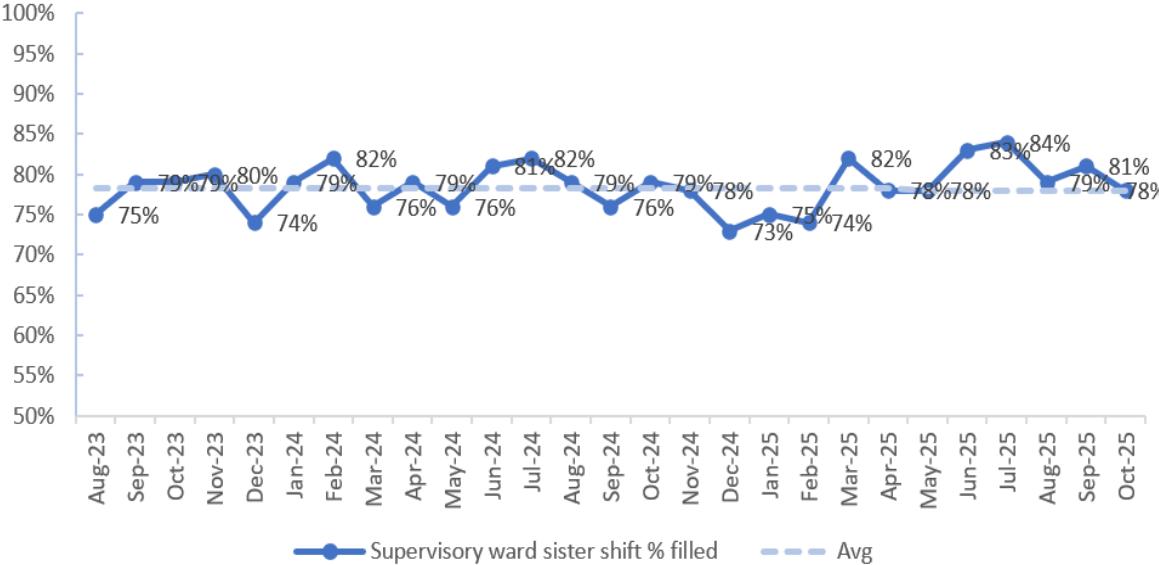
- All maternity low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for October.
- There was one red flag reported for Maternity in the 'Delayed Time Critical Activity' category in October and three low staffing incidents reported.
- [Go to Breakdown by Division - Low Staffing/Red Flags Incidents](#)



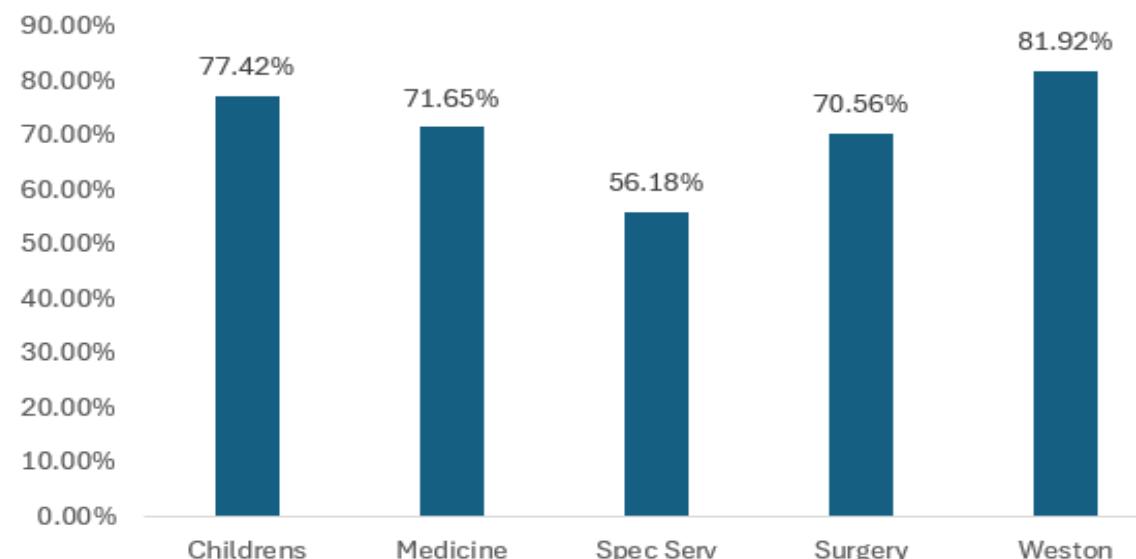


### Supervisory Ward Sister Shift Impact

#### Supervisory Ward Sister Shift % Filled



#### SafeCare Compliance %



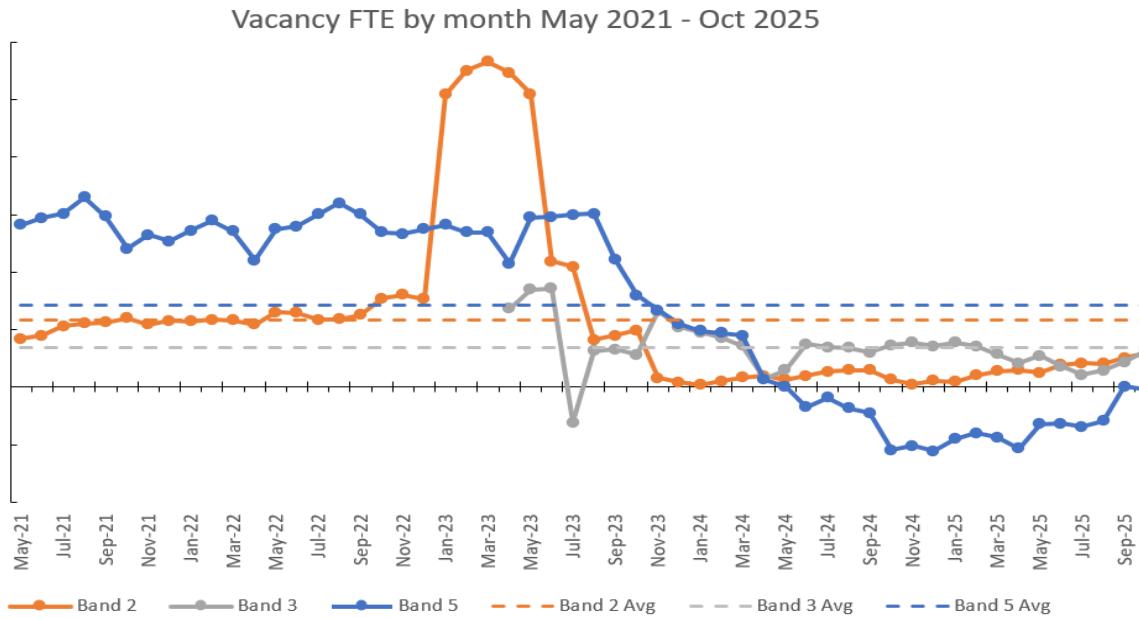
- The impact on the supervisory ward sister role is demonstrated in the graph as Ward Sisters have joined the numbers to support the clinical workload.
- The Trust's usual expectation is that this role is provided 100% of the time. Ensuring that the Ward Sister role is supervisory in providing clinical 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 a decrease in the percentage of supervisory shifts filled in October at 78% compared to 81% in September.
- [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-please see data below (pages 7&8).

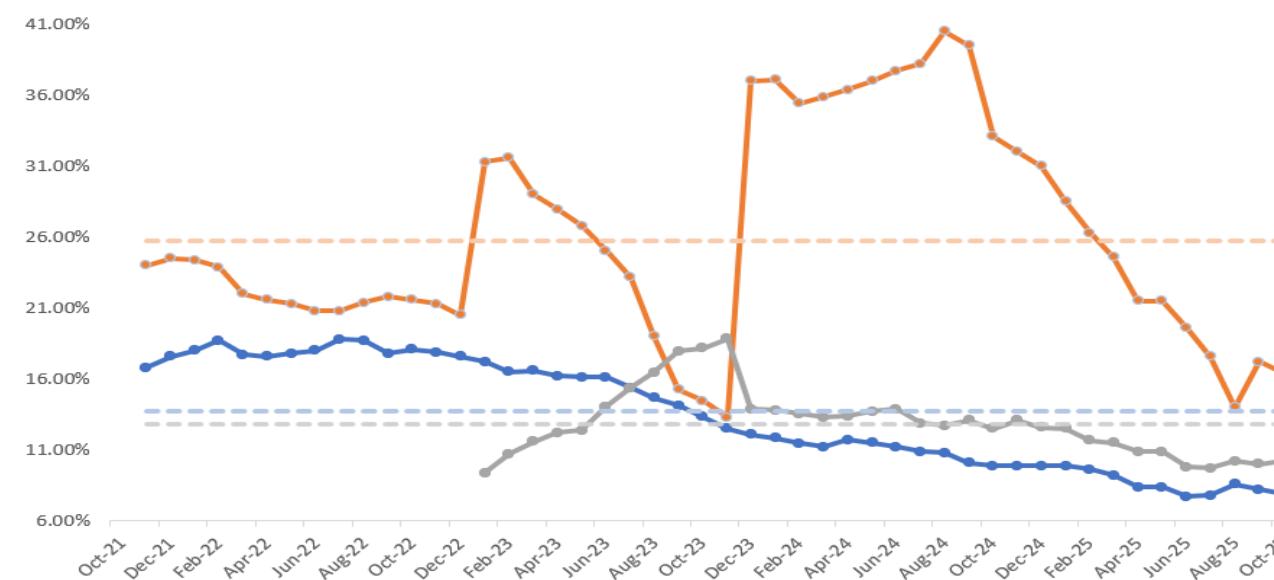


### Nurse Vacancy



- 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 1.12 WTE to -4.08 WTE.
- The band 2 vacancies show an increase from 41.23 WTE to 50.84 WTE..
- The band 3 vacancies show an increase from 29.16 WTE to 44.06 WTE.
- The combined vacancies for band 2 and band 3 of 94.90 WTE has increased from 70.39 WTE in September.

### Band 5, 3 and 2 Turnover by Month. Nov 2021 - Oct 2025



### 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 8.2% compared to 8.6% the previous month.
- Band 3 turnover has decreased to 10% compared to 10.2% the previous month.
- Band 2 turnover has increased to 17.2% in October compared to 10.2% in September.
- The combined turnover for band 2 & 3 has increased slightly to 10.8% compared to 10.7% in September.



## Ward 77

Compliance – 87.78%

- Does not meet acuity – 26%
- Meets Acuity – 74

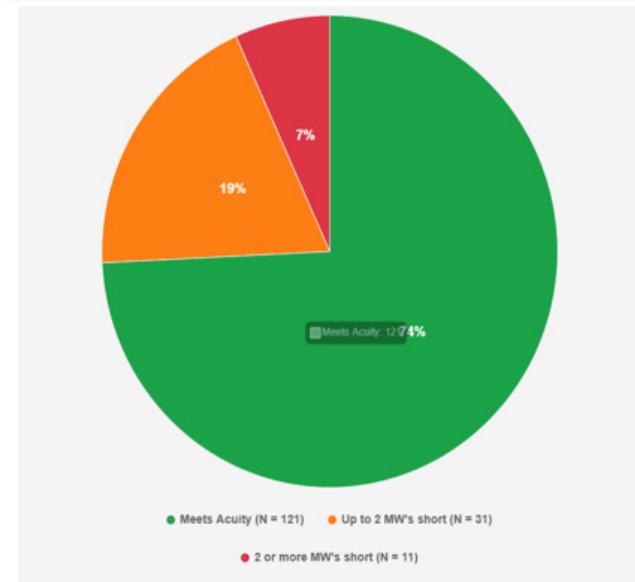
## Historic Compliance

Jul 25 – 86.56%

Aug 25 - 90.86%

Sept 25 - 87.78%

## CDS - Birthrate Plus Stats October 2025



## Actions:

- Reminder at Band 7 meeting to try and improve reporting to 90%
- Patient safety walk arounds by the senior teams continue and no staffing issues have been raised.

## Ward 76

Compliance: 80.65%

- Does not meet acuity 80%

- Meets Acuity: 20%

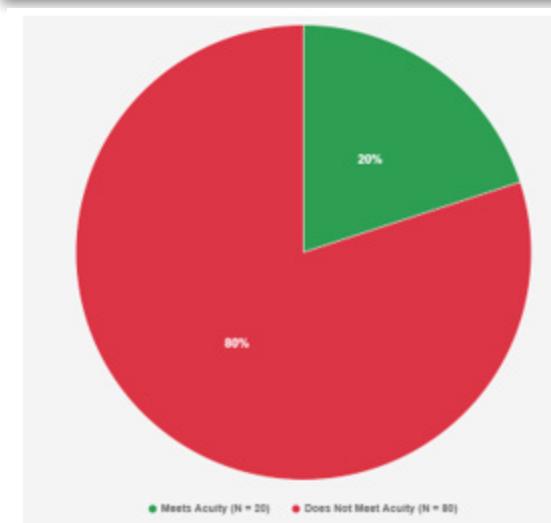
## Historic Compliance

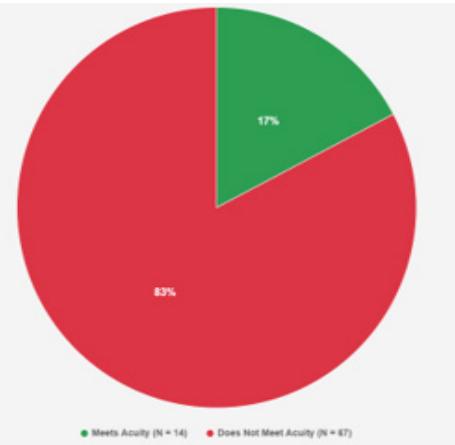
Jul 25 – 87.10%

Aug 25 – 86.29%

Sept 25 - 74.17%

## Birthrate Plus Stats October 2025





#### Ward 73 Oak

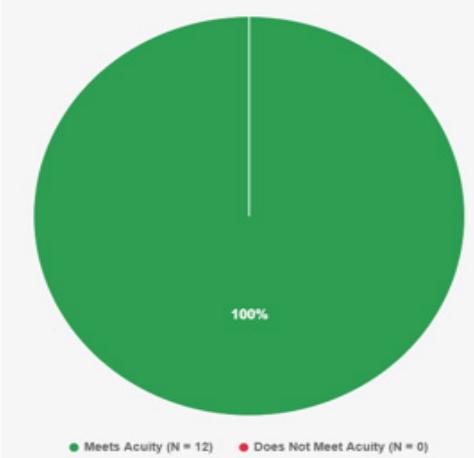
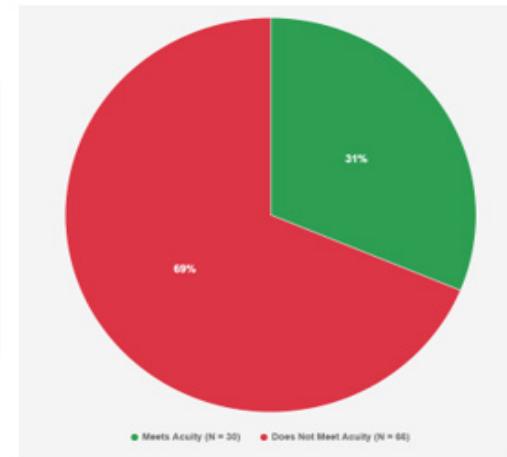
Compliance: 63.71%  
● Does not meet acuity: 83%  
● Meets Acuity: 17%

#### Ward 73 Oak/Willow Overall

Compliance: 70.57%  
● Does not meet acuity: 76%  
● Meets Acuity: 24%

#### Ward 73 Willow

Compliance: 77.42%  
● Does not meet acuity: 69%  
● Meets Acuity: 31%



#### Ward 73 Induction Suite

Compliance: 45.97%  
● Does not meet acuity: 0%  
● Meets Acuity: 100%

#### Ward 73 Historic Compliance

Jul 25 – 69.36%  
Aug 25 – 58.57%  
Sept 25 – 55%

#### Actions:

- Create a Birthrate plus information board sharing data and actions with the Level E team to promote awareness of the audit - awaiting Estates to fit the board
- A monthly email reminder/update is now being sent out to staff to show compliance and progress.
- Ward 76 have increased the overnight staffing to support the acuity since September, this remains under review due to the short notice changes in acuity for when infants are discharged from NICU to Ward 76 and still require an ongoing level of transitional care.



## Medicine

## Spec Serv

## Surgery

## Children's

## Women's

## Weston

## Nurse Fill Rates

Ward				Ward				Ward				Ward			
92%	103%	129%	150%	93%	96%	114%	139%	94%	97%	113%	139%	89%	89%	119%	119%
76%	86%	104%	120%	90%	-	-	-	95%	95%	87%	87%	101%	100%	92%	107%
RN Days	RN Nights	HCSW Days	HCSW Nights	RN Days	RN Nights	HCSW Days	HCSW Nights	RN Days	RN Nights	HCSW Days	HCSW Nights	RN/RM Days	RN/RM Nights	HCSW Days	HCSW Nights
ED	ED	ED	ED	ED BEH	ED BEH	ED BEH	ED BEH	ED BCH	ED BCH	ED BCH	ED BCH	ED Weston	ED Weston	ED Weston	ED Weston
2.04	15.66	12.4%	13.8%	10.63	1.57	7.8%	12.6%	-0.88	8.77	8.9%	7.6%	-34.95	-16.25	8.2%	17.4%
RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN/RM	HSCW	RN/RM	HSCW

## Nurse Vacancy &amp; Turnover

Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover		Vacancy FTE		Turnover	
Ward		Ward		Ward		Ward		Ward		Ward		Ward		Ward	
-34.6	25.82	7.6%	13.1%	10.63	1.57	7.8%	12.6%	-0.88	8.77	8.9%	7.6%	-34.95	-16.25	8.2%	17.4%
ED	ED	ED	ED	ED BEH	ED BEH	ED BEH	ED BEH	ED BCH	ED BCH	ED BCH	ED BCH	ED Weston	ED Weston	ED Weston	ED Weston
2.04	15.66	12.4%	13.8%	1.29	0	4.7%	0%	1.49	1.16	18.6%	38.2%	-18.21	1.77	6.9%	17.3%
RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN	HSCW	RN/RM	HSCW	RN/RM	HSCW

## Low Staffing/Red Flags Incidents

35	9	9	3	16	7	1	0	18	1	3	1	24	13	Low Staffing	Red Flags
Low Staffing	Red Flags	In Patients	Midwifery												

## Supervisor Impact

524	2017	79%	303	1119	79%	363	1207	77%	341	903	73%	0	600	100%	674	1929	74%
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

102% 103%

This Month Last Month

95% 94%

This Month Last Month

107% 110%

This Month Last Month

87% 85%

This Month Last 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.

96% 99%

This Month Last Month

## Hospital Acquired Infections

0 1 1

MRSA MSSA C Diff

0 0 2

MRSA MSSA C Diff

0 0 0

MRSA MSSA C Diff

0 1 1

MRSA MSSA C Diff

0 0 0

MRSA MSSA C Diff

0 2 3

MRSA MSSA C Diff

## Falls

Ward

41 0

ED 5 0

Falls With Harm

23 0

Falls With Harm

22 0

Falls With Harm

2 0

Falls With Harm

0 0

Falls With Harm

Ward

28 0

ED Weston 2 0

Falls With Harm

## Hospital Acquired Pressure Ulcers

2 0

PU Grade 2 PU Grade 3/4

0 0

PU Grade 2 PU Grade 3/4

2 1

PU Grade 2 PU Grade 3/4



## Divisional Key Factors

### Medicine

#### Key Factors:

There was an increase in low staffing incidents and red flags reported in the division in October. These centred around either the demand for ETOC patients that are a challenge to cover or the requirement to support escalation areas. Following a dynamic risk assessment staff are moved to support areas of higher clinical need.

A605 staffing has been adjusted down to 2 RN's overnight due to lower acuity to help support the front door.

#### Top 3 nursing hotspots for sickness:

A900 12.0 % mainly musculoskeletal, anxiety and depression.

Central Health Clinic 8.7% mainly mental health and seasonal flu.

SDEC 8.3% seasonal flu and mental health.

#### Top 3 nursing hotspots for vacancies:

ED 14 wte RN vacancies - reducing to 4 wte by January 2026.

C808 4 wte HCSW vacancies

A528 3 wte HCSW vacancies.

### Specialised Services

#### Key Factors:

There are a number of vacancies in BHOC, although there are staff in pipeline exacerbated by sickness levels driven by flu type illnesses.

Of the three red flag incidents reported and reviewed two were reported in error. The other incident occurred to a very late sick call that couldn't be filled. Support provided by the neighbouring ward as required. The increase in lower-than-expected staffing levels seen in the division were centred around recruiting into newly funded posts.

#### Top 3 nursing hotspots for sickness:

D703, C708 and C705.

#### Top 3 nursing hotspots for vacancies:

Chemotherapy Day Unit, D603 and D703

### Women's

#### Key Factors:

High sickness levels across all areas - coughs, colds and flu like symptoms (short term, last minute) has been challenging in maternity. The skill mix is low across the hospital with a more junior workforce and in times of high sickness on CDS it has been a struggle to ensure a senior co-ordinator is available to support the team.

Sickness (long term and short term), maternity leave cover and increased acuity has created shortages in NICU especially when the unit has gone above the commissioned 15 ITU cots (reaching 18 on several occasions). In addition, Infection Control challenges have also caused an unanticipated increase in 1:1 nursing requirements. This has led to an increase in lower-than-expected staffing incidents submitted by NICU due to not achieving the BAPM standard on that shift.

There was one midwifery red flag reported this month, the unit maintained minimum safe staffing throughout the month by the redeployment of midwives and temporarily removing the offer of MLU.

#### Top 3 nursing hotspots for sickness:

NICU CDS Ward 76

**Top 3 nursing hotspots for vacancies:** NICU - not recruited to turn over. About to go out to advert with 6 RN (b5) posts. CDS requires exploration - as so many teams rotate onto CDS there may be vacancy rates for other areas than shown here, the midwifery matron is exploring this further.



## Divisional Key Factors cont.

### Surgery

#### **Key Factors:**

The submitted red flags and low staffing incidents have all been reviewed by the Division. All have been downgraded as they either applied to Health Care Support Worker gaps where mitigation was provided during the course of the shift or in the case of A600 due to staff having to be supervised rather than be fully supernumerary. Learning from these incidents has been implemented and all areas reminded to escalate staffing gaps as soon as possible to support improved cover.

Due to sickness and vacancies across A609, ITU, theatres and supporting staffing in escalation shifts uncovered across the trust many wards have been working with reduced staffing levels (rated amber on the Safe Staffing Standard Operating Procedure).

#### **Top 3 nursing hotspots for sickness:**

H304 10.7%, BEH theatres 16.9%, A700 9.7%

#### **Top 3 nursing hotspots for vacancies:**

ITU, theatres, HCSW x 40 in division

### Weston

#### **Key Factors:**

In October there was an increase in the number of lower-than-expected staffing incidents reported in the Division. The majority of these were due to the challenge in covering ETOC assignments. Of the red flag incidents 50% were reported in error as they referred to HCSW shortages. Of the agreed red flag incidents they centred around the requirement to staff the escalation areas due to having a higher patient safety risk.

#### **Top 3 nursing hotspots for sickness:**

Theatres 9.0% 3 x RN LTS Cheddar 8.5%- No themes Waterside 8.0%- no themes

#### **Top 3 nursing hotspots for vacancies:**

### Children's

#### **Key Factors:**

Highlighting the current reliance on agency Mental Health Support Workers and the plans being actioned to mitigate the risk come February 2026.

#### **Top 3 nursing hotspots for sickness:**

Lighthouse, Apollo and Children's Emergency Department have highest percentages of sickness absence this month. All managed as per policy.

#### **Top 3 nursing hotspots for vacancies:**

No significant vacancy hot spots to report however the position is being monitored closely by the lead nurse for recruitment, retention and well-being.