

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 February 2025

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### **Trust Position**

The data generated from the e-Rostering system shows that in February 2025 (for the combined inpatient wards) the Trust had rostered 292,704 expected nursing hours, against the number of actual hours worked of 314,075 giving an overall fill rate of 107%.

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** 

292,704

**Actual Nursing hours Worked** 

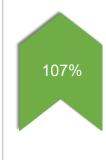
314,075



In Patient Ward Division	% RN fill rate - day	% HCSW fill rate - day	% RN fill rate - night	% HCSW fill rate - night	% Fill rate
Medicine	99 (101)	<b>131</b> (131)	<b>107</b> (109)	<b>151</b> (140)	119 (118)
Specialised Services	94 (94)	114 (115)	98 (95)	<b>153</b> (159)	104 (104)
Surgery	99 (107)	<b>110</b> (110)	100 (110)	136 (130)	106 (111)
Children's	<b>95</b> (95)	108 (104)	97 (96)	109 (90)	98 (95)
Women's	106 (103)	97 (92)	98 (98)	102 (96)	102 (100)
Weston	96 (101)	114 (119)	<b>101</b> (107)	138 (144)	110 (116)
UHBW – overall	98 (100)	<b>117</b> (117)	100 (102)	138 (134)	<b>107</b> (108)

Nurse Fill Rate The overall Trust fill rate has increased to 107% 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 remain no band 5 vacancies for the trust as two Divisions are over recruited, however two divisions do still have some Band 5 vacancies. Therefore, the trust currently has an overall surplus of 79.66 WTE or -4.2% of the establishment. For HCSW the combined vacancies for band 2 and band 3 is 91.85 WTE and this has increased from 87.79 WTE last month,
- The band 5 turnover rate for February has decreased slightly at 9.63% and the band 2 & 3 turnover rate decreased to 13.61%.
- The front door and escalation areas have remained open in both hospitals for most of the month. Some has been covered by the over recruitment but there remains a requirement for bank and agency to support this.
- The level of substantive fill compared to Bank and Agency continues to exceed 80% this month and overall, it is at 81% down from 84%.
- The third Safer Nursing Care Tool audit review has been completed in February to give a Winter picture of acuity and dependency on the inpatient wards.
- The use of break glass bank incentives (short notice) for some Registered Nurse shifts has been required to ensure patient safety is maintained where there is a critical shortfall of staff.
- Overall, the bed occupancy for both the Bristol and Weston remains elevated highlighting the pressure the hospitals were under in February.

#### Vacancy

This month the band 5 vacancy rate increased slightly to -4.23% compared to -4.78% the previous month.

The HCSW band 2 and 3 combined vacancy rate increased slightly to 7.97% compared to 7.62% the previous month.

Go to Breakdown by Division - Nurse Vacancy & Turnover





Band 2 & 3 Vacancy Rate

#### **Turnover**

The band 5 turnover rate for February has decreased slightly 9.63% compared to 9.90% the previous month.

The HCSW band 2 & 3 combined turnover rate for February has decreased to 13.61% compared to 14.70% the previous month.

Go to Breakdown by Division - Nurse Vacancy & Turnover





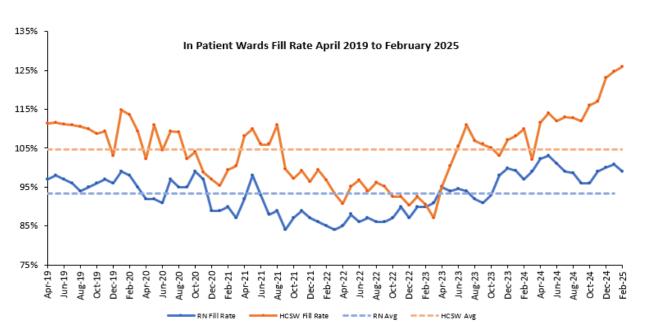


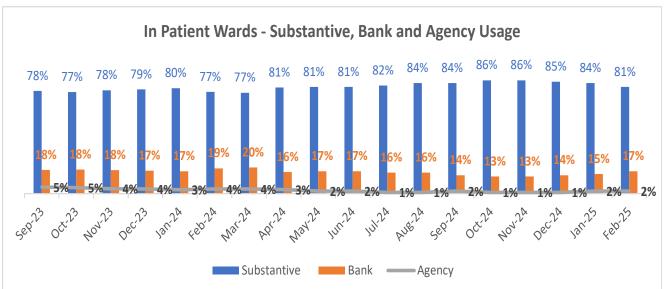
# 3

## **Trust Position**

## Back to Main Page

#### Overall Trend Fill Rate







#### 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 decreased, whilst the percentage of bank staff has increased.
- 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**

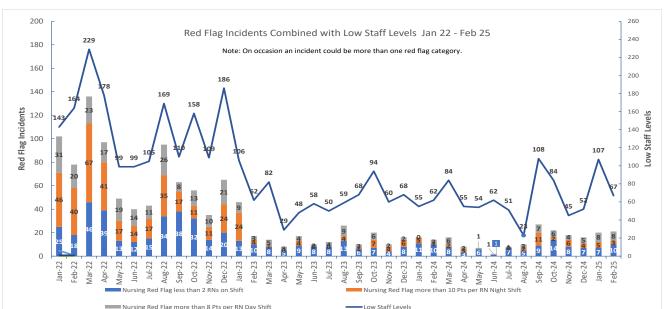
#### Red Flag Incidents & Lower than Expected Nursing Levels

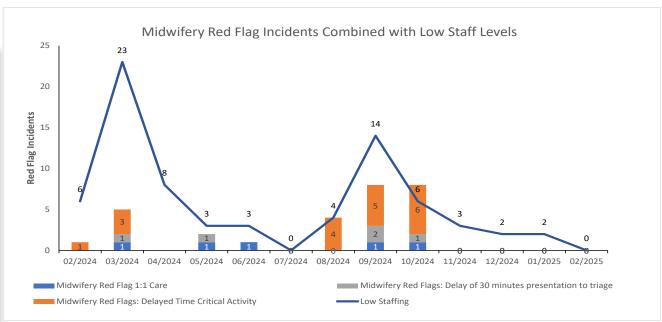
- All low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for February and the previous months.
- The level of reported red flags increased this month with the majority being reported in the 'less than 2 RN's on shift' category. These have all been reviewed by the Divisions to ensure appropriate mitigation was enacted and patient and staff safety maintained.,
- 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 are reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents over the previous months.
- There were no lower than expected staffing or Red Flags reported for Maternity in February.
- Go to Breakdown by Division Low Staffing/Red Flags Incidents



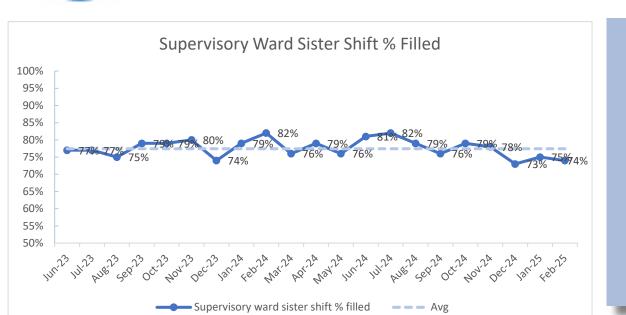


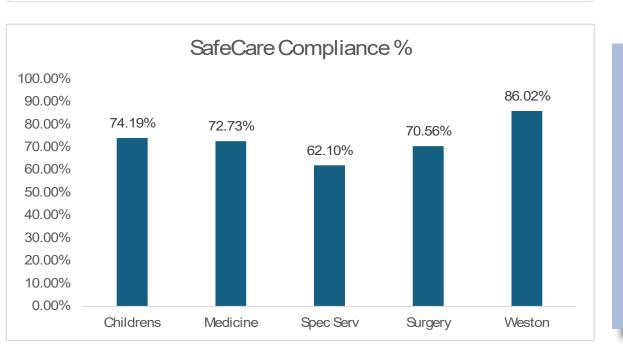


## 5

### **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 a slight decrease in the percentage of supervisory shifts filled in February at 74% compared to 75% in January.
- Go to Breakdown by Division Supervisor Impact

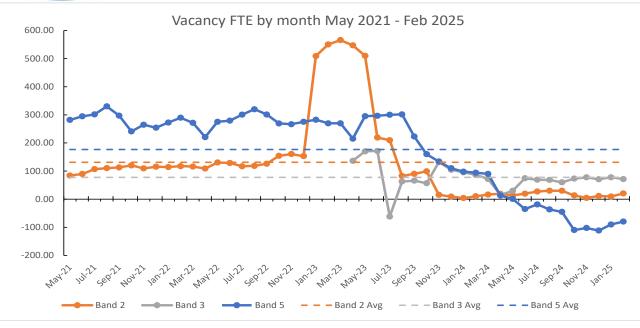
#### SafeCare Compliance

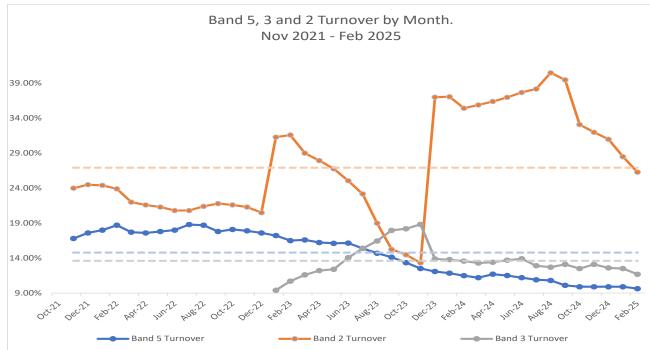
- SafeCare is used shift by shift to manage the nursing resource in adults and children. It is completed 3 times a day to indicate the level of acuity and dependency on in patient wards. This allows matrons to direct additional resources to areas of highest need to ensure patient safety is always maintained.
- 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**







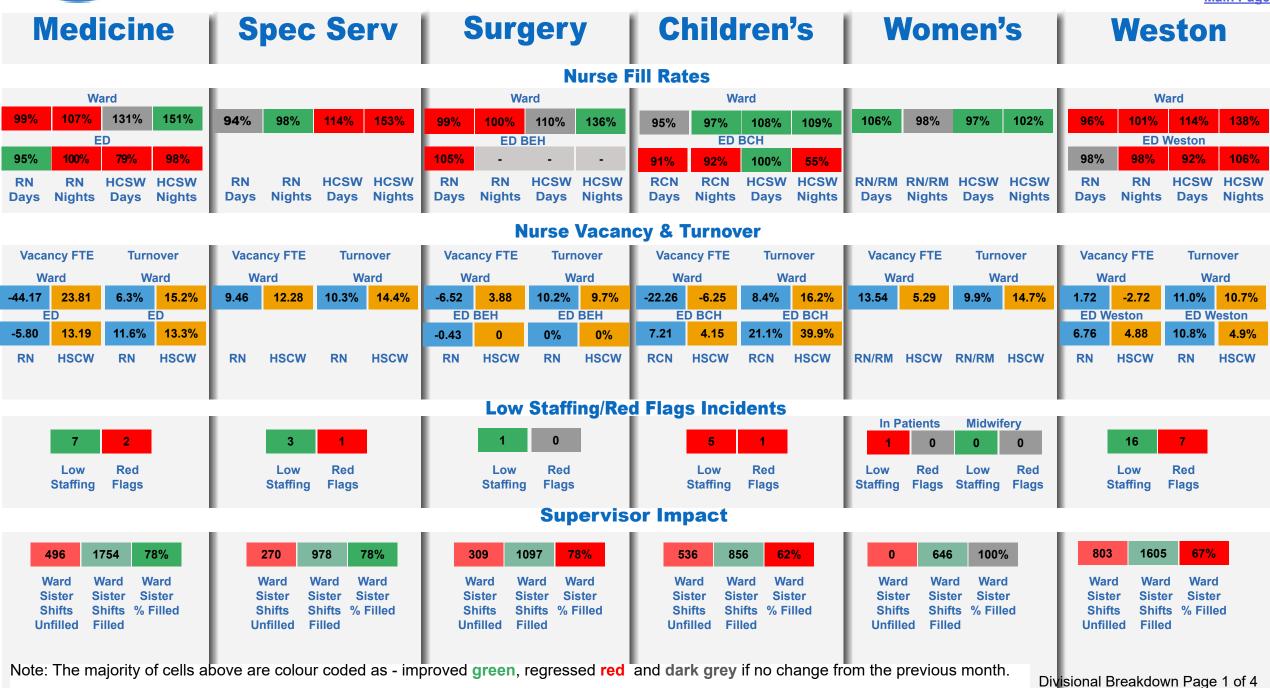
- The vacancy levels for band 5, band 3 and band 2 are shown in the graph.
- There was an decrease in Band 5 surplus compared to last month changing from -89.9 WTE to -79.66
- The Band 2 vacancies show an increase from 9.85 WTE to 20.52 WTE.
- The band 3 vacancies show a decrease from 77.94 WTE to 71.33 WTE.
- The combined vacancies for band 2 and band 3 of 91.85 WTE has increased from 87.79 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 9.63% compared to 9.90% the previous month.
- Band 3 turnover has decreased to 11.7% compared to 12.60% the previous month.
- Band 2 turnover has decreased to 26.29% compared to 28.50% in January.
- The combined turnover for band 2 & 3 has decreased to 13.61% compared to 14.80% in January.

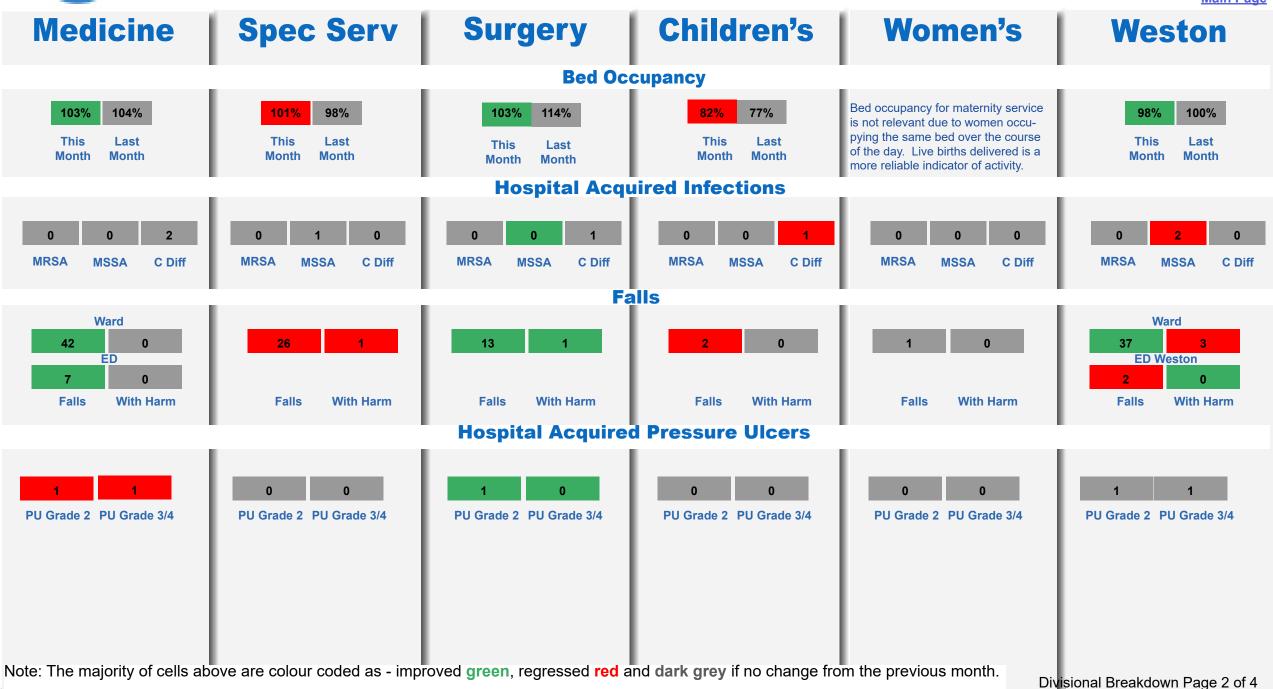












## **Divisional Breakdown**



## **Divisional Key Factors**

#### Medicine

**Key Factors:** 

Continued front door pressure and staffing escalation areas has required additional staffing commitments.

Top 3 nursing hotspots for sickness: Central Health Clinic 13% due to stress A605- 10.5% seasonal coughs colds A400 7.5% seasonal cough colds.

Top 3 nursing hotspots for vacancies:
No RN vacancy and improving picture for HCSW.
A524 HCSW vacancy 2.4 WTE
A515 HCSW 2.4 WTE
C808 HCSW 3.5 WTE

#### Surgery

**Key Factors:** 

Continuing with agency use mainly in Heygroves Theatres due to vacancy and supernumerary staff learning the speciality.

Top 3 nursing hotspots for sickness:

A413, A800, A414 Queens Day Unit - mix of long and short term sickness all being managed by ward managers.

Top 3 nursing hotspots for vacancies:

A312 and A800 for HCSW vacancy, theatres remain the hotspot for registered staff but there is a pipeline in place to fill these vacancies.

#### **Specialised Services**

**Key Factors:** 

Sickness remains an issue in some areas coupled with some additional pressure due to annual leave commitments.

Top 3 nursing hotspots for sickness:

CCU, D603 and D703 are the areas of highest reporting. All discussed and managed appropriately in the Division.

Top 3 nursing hotspots for vacancies:

The Chemotherapy Day Unit and the wards in the Bristol Haematology and Oncology Centre are the only areas with unfilled RN vacancies.

## **Divisional Breakdown**



## **Divisional Key Factors cont.**

#### Children's

**Key Factors:** 

There are now minimal vacancies in registered nursing workforce on the wards. However, Theatres remains a key hotspot for vacancies and continued requirement for enhanced rates for temporary staff to maintain the surgical programme of both the emergency and elective work.

Top 3 nursing hotspots for sickness:

Starlight, Seahorse ICU and Penguin ward - top 3 hotspots for sickness this month. All discussed at monthly staffing and quality meetings with Directors of Nursing, Human Resources and finance - short term sickness managed well (mostly seasonal viruses) and long term sickness managed in line with health and wellness at work policy.

Top 3 nursing hotspots for vacancies:

Penguin, Dolphin and Children's' Emergency Department have the highest vacancies for February - strong pipelines in place and rotational posts/internal secondments being proposed. Mitigated by using SafeCare as an overall tool at bed meetings, assessing risk and moving staff from other ward areas to maintain safety where required.

#### Women's

Key Factors:

Vacancy levels in NICU combined with fluctuating acuity have required moving staff and where it hasn't been possible to fill gaps by moving staff Break Glass shifts have been required to maintain safety.

Top 3 nursing hotspots for sickness: Nil of Note

Top 3 nursing hotspots for vacancies: NICU and Maternity Assistants on ward 73

#### Weston

**Key Factors:** 

The unfunded escalation areas in Weston particularly the Emergency Day Observation Unit and Rapid Assessment and Treatment continue to require covering these using Bank or moving staff from in patient Wards.

The In-patient escalation areas have been in constant use also requiring using bank or moving staff from wards to ensure safe staffing is maintained.

There remain some vacancy gaps (both RN and HCSW) across Division with a good pipeline.

Top 3 nursing hotspots for sickness:

Harptree 13.1% due to a mixture of long term sickness (managed as per policy) and short term sickness with no clear themes

SDCU 11.7% - mixture of long term and short term sickness managed appropriately. Sandford 10.6%- 1 long term sick and multiple short term sickness with no clear themes.

Top 3 nursing hotspots for vacancies:

ED 3.11 WTE with 4x RNs in the recruitment pipeline for March.

Sandford 2.92 with 2x RN's returning from Mat Leave in March, this will reduce their vacancy to 0.92.

Harptree 1.15 WTE with 1x RN returning from Mat Leave in March, this will reduce their vacancy to 0.53.