

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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Monthly Staffing Report of Nursing and Midwifery Levels January 2025

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The data generated from the e-Rostering system shows that in January 2025 (for the combined inpatient wards) the Trust had rostered 322,535 expected nursing hours, against the number of actual hours worked of 349,658 giving an overall fill rate of 108%.

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

322,535

Actual Nursing hours Worked

349,658



In Patient Ward Division	% RN fill rate - day	% HCSW fill rate - day	% RN fill rate - night	% HCSW fill rate - night	% Fill rate
Medicine	101 (101)	131 (130)	109 (108)	140 (143)	118 (119)
Specialised Services	94 (93)	115 (120)	95 (97)	159 (149)	104 (104)
Surgery	107 (105)	110 (109)	110 (108)	130 (118)	111 (109)
Children's	95 (98)	104 (97)	96 (100)	90 (89)	95 (98)
Women's	103 (98)	92 (95)	98 (92)	96 (92)	100 (95)
Weston	101 (96)	119 (119)	107 (102)	144 (142)	116 (113)
UHBW – overall	100 (99)	117 (117)	102 (102)	134 (131)	108 (107)

Nurse Fill Rate

The overall Trust fill rate has increased to 108% this month.

108%

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 wardbased staff.



Key Factors

- There remain no band 5 vacancies overall 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 Registered Nurse (RN) surplus of 89.90 Whole Time Equivalent or -4.8% of the establishment.
- The band 5 turnover rate for January remains at 9.9%. The band 2 & 3 turnover rate decreased to 14.7% from 15.2% in December.
- The level of substantive fill compared to Bank and Agency continues to exceed 80%, this month overall it is at 85%. Bank usage is now around 13 14% each month with agency remaining at 1%.
- Overall the bed occupancy for both the Bristol and Weston sites was in excess of 100% highlighting the pressure the hospital was under in January.
- Supporting the front door and escalation areas remains a significant driver for additional staffing. In total 39 whole time equivalent bank staff were required to cover the main escalation areas and Emergency Department queues in January.
- The increased demand to fill Enhanced Therapeutic Observation and Care shifts has seen a steady rise in fill rates for Health Care Support Workers (HCSW) since September 2024. A large proportion of these are patients have 'No criteria to reside'. The Enhanced Therapeutic Observation and Care project that commenced in the Trust in 2024 has now identified some key objectives to implement to reduce the number of shifts required.

Vacancy

This month the band 5 vacancy rate increased to -4.78% compared to -5.9% the previous month.

The HCSW band 2 and 3 combined vacancy rate decreased to 7.62% compared to 13.8% the previous month.

Go to Breakdown by Division - Nurse Vacancy & Turnover



Turnover

The band 5 turnover rate for January has stayed the same since October 9.9%.

The HCSW band 2 & 3 combined turnover rate for January has decreased to 14.70% compared to 15.10% in December.

Go to Breakdown by Division - Nurse Vacancy & Turnover

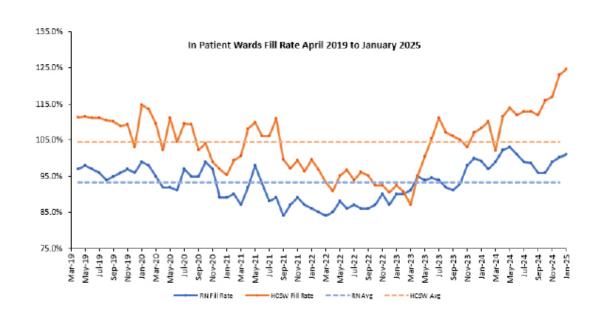


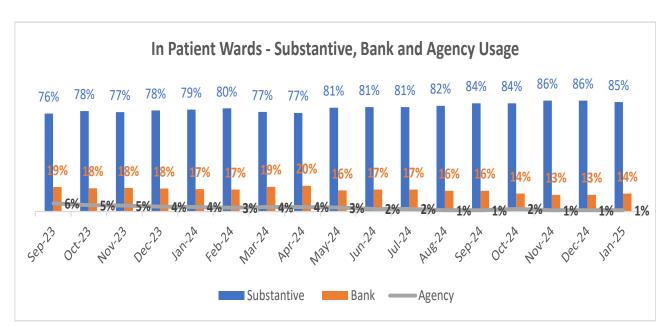
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Trust Position



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.



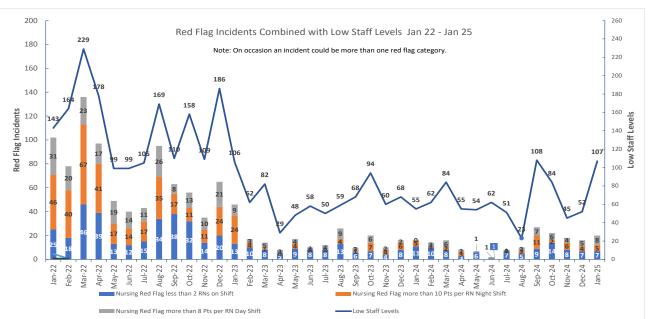
Red Flag Incidents & Lower than Expected Nursing Levels

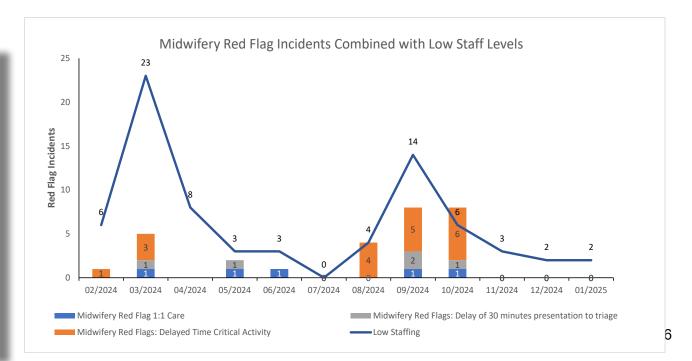
- All low staffing and red flag incidents have been reviewed by the Divisional Governance teams and relevant mitigation action taken.
- The graph shows the trend of reported incidents for January and the previous months. A high proportion of these incidents were around unfilled HCSW shifts particularly in Medicine.
- The level of reported red flags increased this month with a slightly higher level reported in the 'more than 8 patients per RN' category.
- Go to Breakdown by Division Low Staffing/Red Flags Incidents

Midwifery Red Flag Incidents & Lower than Expected Nursing Levels

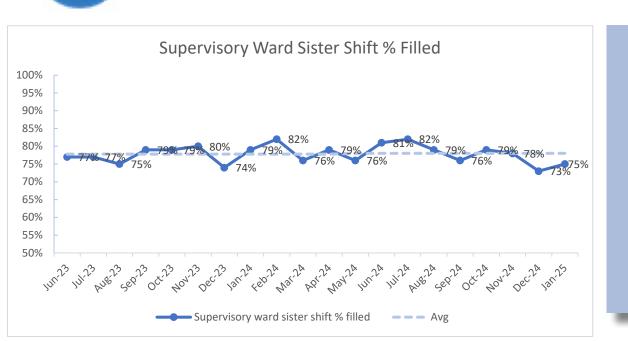
- All maternity low staffing and red flag incidents have been reviewed by the Divisional Governance teams.
- The graph shows the trend of reported incidents for January and previous months.
- There were no Red Flags for Maternity for January.
- Go to Breakdown by Division Low Staffing/Red Flags Incidents

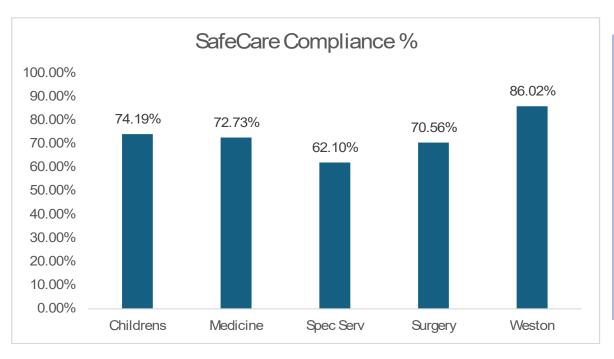












Supervisory Ward Sister Shift Impact

- 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 January at 75% compared to 73% in December.
- 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%.

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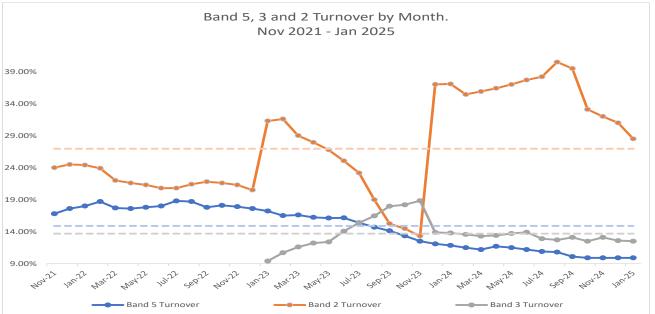
Trust Position







- The vacancy levels for band 5, band 3 and band 2 are shown in the graph.
- There was a change in Band 5 surplus compared to last month reducing from 111.51 WTE down to 89.9 WTE
- The Band 2 vacancies show a decrease from 11.41 WTE to 9.85 WTE.
- The band 3 vacancies show an increase from 71.02 WTE to 77.94 WTE.
- The combined vacancies for band 2 and band 3 of 87.79 WTE has increased from 82.43 WTE last month.

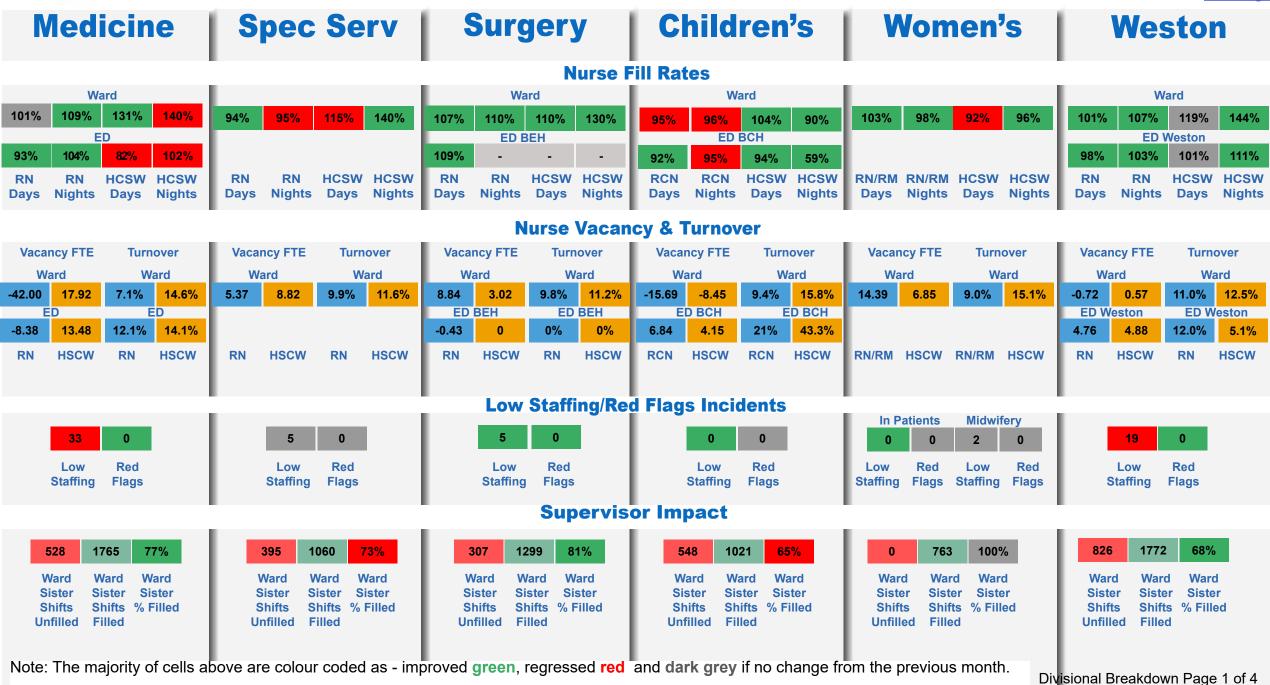


Nurse Turnover

- This graph shows the trend for Band 5 and HCSW turnover, this now includes the Band 3 staff group.
- Band 5 turnover has stayed the same at 9.9%.
- Band 3 turnover has decreased slightly to 12.5% in January compared to 12.6% in December.
- Band 2 turnover has decreased to 28.5% in January compared to 31.0% in December.
- The combined turnover for band 2 & 3 in January has decreased slightly from December to 14.7% from 15.1%

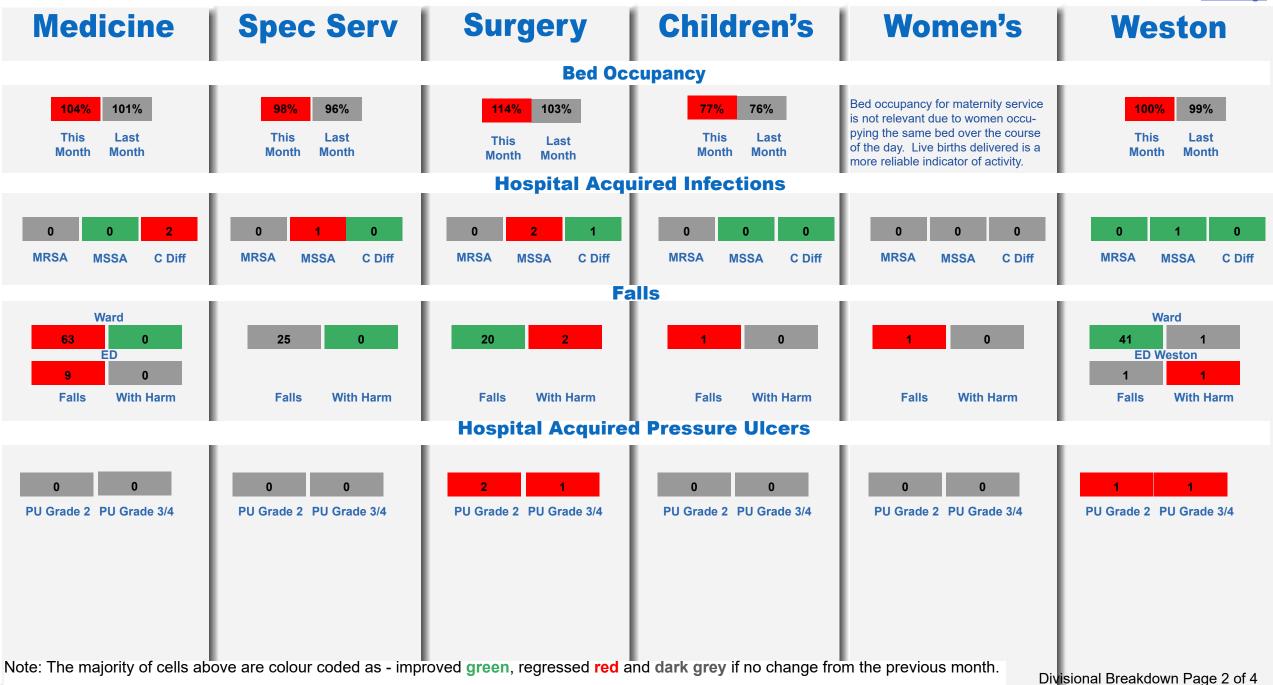












Divisional Breakdown



Divisional Key Factors

Medicine

Key Factors:

A400 Acute Medical Unit (AMU) reported 20 low staffing incidents last month, these were predominantly due to shortages of HCSW due to vacancy and sickness/absence. Not all staffing gaps could be covered by temporary staffing. Staff have expressed concern about how difficult it has been to fill the HCSW staffing gaps. The Division is undertaking listening events and senior staff making visits to ward areas to support mitigating actions when the Trust is unable to fill the HCSW gaps.

Top 3 nursing hotspots for sickness:

A515, A524 and A605.

The Division has also had a lot of wards in the division affected by Infection concerns and closure due to Influenza, Covid or Norovirus

Top 3 nursing hotspots for vacancies:

No particular hotspots but HCSW vacancy (B2/B3) is approximately 30WTE across all inpatient areas

RN's - remains over-recruited

Surgery

Key Factors:

Escalation beds open in both Intensive Care Units and in Day surgery areas - some activity displaced to South Bristol Community Hospital to compensate for inpatients in beds. Continue to see high levels of short term sickness across all areas.

Top 3 nursing hotspots for sickness:

A700, A414 Queens Day Unit - endoscopy and A414 Queens Day Unit - theatres

Top 3 nursing hotspots for vacancies:

RN vacancies - A414 Queens Day Unit, St Michaels day unit and St Michaels theatres HCSW - A800, A312 and A413

Specialised Services

Key Factors:

Sickness has been particularly high in the division in January, along with continued use of escalation areas adding to demand, resulting in the use of Bank Band 5 RN breakglass shifts.

Top 3 nursing hotspots for sickness:

C805, Coronary Care Unit, C708 mostly short term due to infections.

Top 3 nursing hotspots for vacancies:

Only area of concern presently is in the Bristol Haematology and Oncology Centre Out Patients Department due to the specialist skills required to work on the unit.

Children's'

Key Factors:

Lower than expected acuity and dependency - this meant that not all vacant shifts required escalation. Several newly qualified nurses remained in unregistered posts still awaiting pins. Several complex Child and Adolescent Mental Health Service patients are awaiting ongoing placements within social care or mental health units - all escalated at system escalation meetings.

All red flag incidents discussed at monthly quality/performance meetings with the monthly quality and staffing meetings to ensure mitigation action can be put in place quickly.

Top 3 nursing hotspots for sickness:

Starlight, Coastguard Theatres and Penguin ward - all discussed at monthly quality and staffing meetings - any issues escalated appropriately and managed in line with Trust health and wellness at work policy.

Top 3 nursing hotspots for vacancies:

Minimal vacancies across inpatient areas - no hotspots to flag.

Divisional Breakdown



Divisional Key Factors cont.

Women's

Key Factors:

There was peak in Neonatal Intensive Care Unit (NICU) activity / acuity in month - NICU staffing is allocated according to acuity and where acuity is dominated by Intensive Therapy Unit requirements ,the number of Qualified in Speciality Nurses (QIS) required increases (1 per ventilated patient) This coincided with a peak in staff sickness. There were no midwifery red flags reported this month.

Top 3 nursing hotspots for sickness:
Ward 76, CDS and NICU (mainly long term or pregnancy related)

Top 3 nursing hotspots for vacancies: Ward 73 (unregistered), Community and NICU (Band 7 vacancy)

Weston

Key Factors:

Draycott had five red flag incidents due to day time RN ratio's >1:9 during the day shift (27 beds). Due to the low acuity of the ward being 'No Criteria To Reside this can be managed safely when assessed using SafeCare. Shifts are escalated to bank and on framework agency and if unfilled, backfill for dependency can be HCSW to support and mitigate risk.

Knightstone have had three staffing incidents (Not red flag) due to HCSW shortage, they are established for two RN and one HCSW but need a second HCSW to segregate staffing between elective and non-elective patients, SafeCare has been used to assess acuity and dependency and the need for an additional HCSW.

Sandford had three staffing incidents, one RN short due to sickness and staff moves. Shifts escalated to Bank or framework agencies they but remained unfilled. Ward reviewed and supported by the Duty Matron to ensure safety.

Top 3 nursing hotspots for sickness:

Harptree, Sandford and Knightstone all short term sickness and managed appropriately.

Top 3 nursing hotspots for vacancies:

ED have recently conducted B5 interviews and have four RNs in the recruitment pipeline Sandford Ward have two RNs returning from Maternity Leave in March, which will reduce their vacancy to 0.92.

Harptree Ward have one RN returning from Maternity Leave in March, which will reduce their vacancy to 0.53.