

# University Hospitals Bristol and Weston NHS Foundation Trust

## Report on Nurse (RN's) and Midwifery (RM's) Staffing Levels UHBW (April 2025 – September 2025).

### Context

Following publication of the Francis Report 2013<sup>1</sup> and the subsequent “Hard Truths” (2014)<sup>2</sup> document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift on the Trust website.
- Provide a 6-month report on nurse (RN/ RCN), midwife (RM) staffing to the Group Board of Directors.

### Contents

1. Nursing Report
2. Midwifery Report
3. Assurance Statement and Summary
4. Recommendations.

There are two specific strategic nursing and midwifery staffing risks graded as high risk held on the corporate risk register as below. The risks have remained unchanged due to the continued favourable vacancy and turnover positions sustained over the past six months.

For all staff groups:

Risk Number	Details	Risk Level	Current Score	Target score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups.	Strategic Risk Register	8	8
2694	Risk that the Trust is unable to retain members of the substantive workforce.	Strategic Risk Register	8	8
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	6	6

For Midwives:

Risk 33 - This risk remains very high due to experienced staff turnover and availability of courses to train new staff. Work continues to reduce the impact of this as more Qualified In Specialty (QIS) staff are recruited.

Risk Number	Details	Risk Level	Current Score	Target score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes.	Departmental	15	6
988	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity (linked to Risk 33)	Departmental	9	3
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	8	4

<sup>1</sup> [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274242/Report_of_the_Mid_Staffordshire_NHS_Foundation_Trust_Public_Inquiry_-_GOV.UK_(www.gov.uk).pdf)

<sup>2</sup> [NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data](https://www.nhs.uk/england/guidance-issued-on-hard-truths-commitments-regarding-the-publishing-of-staffing-data)

- The report highlights the work being undertaken to mitigate the above risks.

## 1. Nursing Report

### Trust Metrics Overview

The previous six months Trust level staffing metrics are contained within Table 1; the Divisional summary tables can be found in the appendices.

Key points to note: -

- Over the past six months, the adult fill rates have seen a slight decline below the 95% level on occasions particularly during the daytime when wider clinical support is available. The night HCSW fill rate remains above 100%, this is to ensure vulnerable patients are kept safe with enhanced care observation overnight.
- All in-patient area fill rates are based on funded beds and do not include additional escalation beds. Additional escalation beds include boarding beds (additional beds in ward areas) and escalation areas (use of day case areas for inpatients, alongside additional queues in ED and Same Day Emergency Care areas). When utilised, additional RNs and HCSWs are required to meet patient care needs in these areas. (See appendix for Escalation usage).
- Overall, there are minimal band 5 vacancies for the trust through over recruitment, however this surplus has now become part of the established numbers. In September 2025 the trust has 1.12 WTE band 5 vacancies or 0.01% of the establishment overall compared to a surplus of – 106.98 WTE back in April 2025 or 5.7% of the establishment.
- The Registered Nurse Turnover rate has been between 7.7% and 8.6% for this period, this is down from between 10.1% and 11.7% for the previous period, due to successful recruitment and the impact of the Trust wide focus on retention initiatives.
- Care hours per patient day (CHPPD) is a measure of actual nursing resource deployment and the registered nurse (RN) CHPPD and total CHPPD are included in the metric tables. Trust wide RN CHPPD has remained within the range 6.6 – 6.8. UHBW benchmarks well against peers (CQC rated good) in the model hospital dashboard and is in the top national quartile for CHPPD.
- The level of red flag reporting for in-patient wards has decreased over this 6-month period, those reported were mainly due to difficulty in covering Enhanced Therapeutic Care Observation (ETOC) shifts by Health Care Support Workers. Red flag shifts for Registered nurses remain low due to the low vacancy levels however those reported all revolved around having to move staff to cover escalation shortfalls or very late notice staffing gaps in other clinical areas.
- NICE Midwifery red flags are included in the midwifery section and are reported each month through the Safe Staffing Report. (please refer to the midwifery report).
- Both the level of agency and bank usage in all divisions continue to be low as where possible a higher proportion of shifts have been filled by substantive staff.
- Staffing the Trust's escalation areas has been a significant feature over the last six-month period. Overall, this equates to a constant, additional 10.5 WTE per week (RN and HCSW) on top of the current staffing demand.

Table 1 - Trust Metrics

Trust Overview	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure							
Registered Nurse Fill Rate - Day	94%	96%	99%	95%	94%	93%	
Registered Nurse Fill Rate - Night	97%	97%	102%	97%	94%	95%	
Unregistered Nurse Fill Rate - Day	120%	123%	117%	121%	118%	118%	
Unregistered Nurse Fill Rate - Night	137%	134%	134%	137%	136%	137%	
All Staff Fill Rate - Overall	106%	106%	107%	106%	104%	104%	
Registered Care Hours per Patient Day	6.6	6.7	6.8	6.8	6.8	6.6	
Total Care Hours per Patient Day	10.6	10.7	10.9	10.7	10.8	10.5	
Supervisory Ward Sister %	78%	78%	83%	84%	79%	81%	
Sickness (Rostering KPI)	6.1%	5.0%	6.0%	6.2%	7.1%	7.0%	
Registered Nurse Band 5 Turnover Rate	8.4%	8.0%	7.7%	7.8%	8.6%	8.2%	
Unregistered Nurse Band 2/3 Turnover Rate	12.3%	11.5%	11.0%	10.6%	10.7%	10.8%	
Registered Nurse Band 5 Vacancy WTE	-107.0	-64.5	-63.0	-68.8	-58.2	1.1	
Unregistered Nurse Band 2/3 Vacancy WTE	29.7	79.6	75.6	64.3	70.4	94.9	
% Agency staff used to support substantive staff	1%	1%	1%	1%	1%	0%	
% Bank staff used to support substantive staff	13%	13%	14%	14%	16%	15%	
Lower than expected Staffing Incidents - In patient Wards	45	46	15	30	60	53	
Red Flag Reported incidents - In patient Wards	8	2	0	7	7	2	

## Safer Nursing Care Tool (SNCT) 2023\*

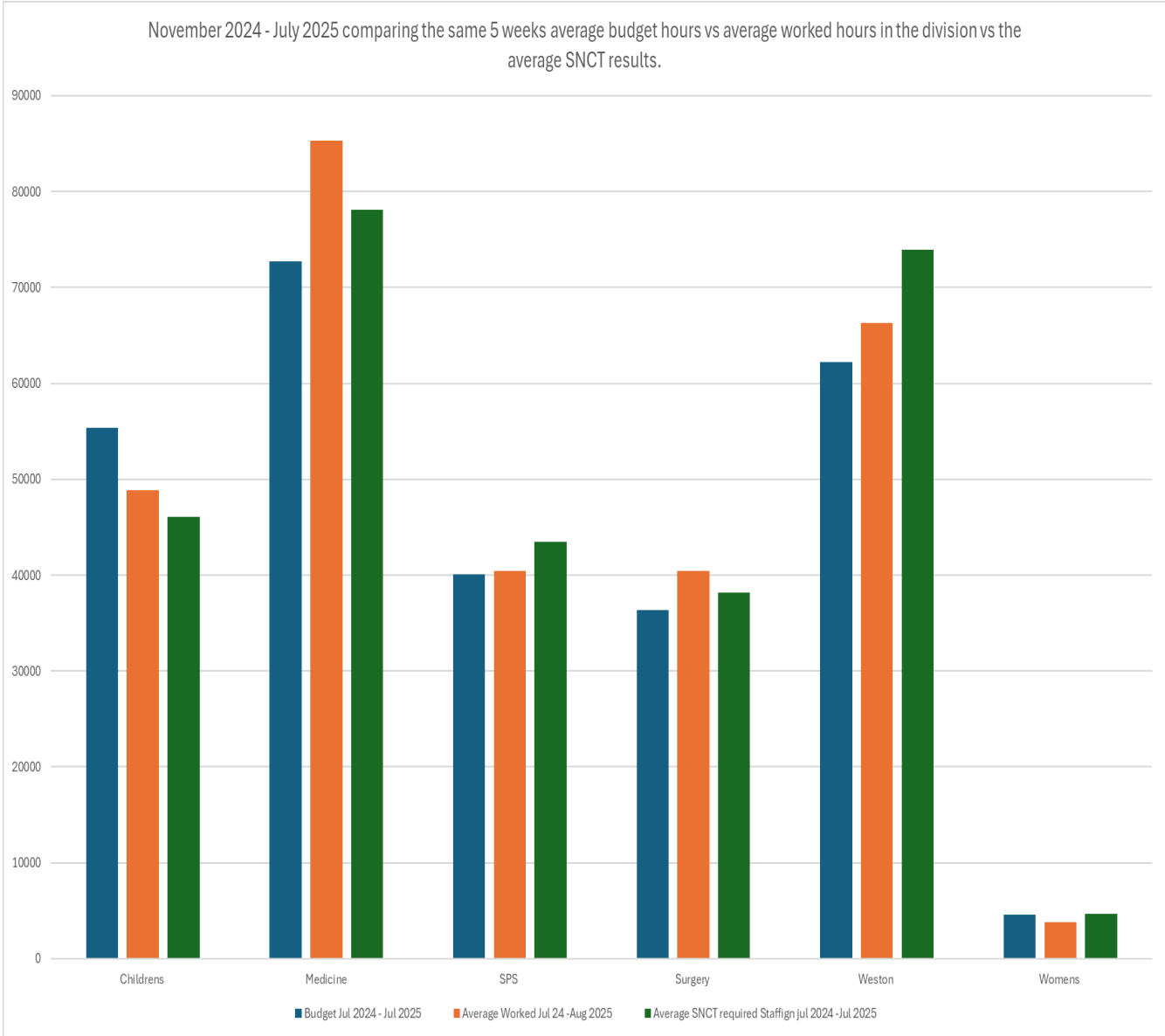
The Trust has now used the revised Safer Nursing Care Tool (2023) four times to underpin the review of the nursing establishments. The new version has been expanded to include the care for one-to-one Enhanced Therapeutic Observational Care (ETOC) assignments and for patients requiring a two-to-one or more staffing level to ensure both patients and staff are kept safe.

- The first SNCT audit using the new tool was undertaken in July 2024 with continued improved compliance and was repeated in November 2024, February 2025 and July 2025. This complete dataset provided detailed evidence-based information including seasonal variations from which the annual establishment reviews were undertaken in October 2025.
- The indicative staffing numbers derived from the tool form the start point for the safe staffing annual reviews. The subsequent quality outcomes, staff experience and professional judgment evaluation ensure that all aspects of ward work are included in the assessment to safeguard patient safety.
- All results have been shared with the divisions and reviewed by triangulating the acuity and dependency generated staffing levels, then applying professional judgement to ensure patient safety elements and all additional components of ward activity not captured by the tool are evaluated. This includes reviewing the patient outcome metrics for the period. This follows the recommended approach by the National Institute of Clinical Excellence (NICE).
- Emergency Department SNCT tool remains unchanged and continues to be undertaken in July and February each year as standard.
- The divisional overview is shown below and has been contrasted against the in-patient ward's funded establishment in hours (dark blue), total worked hours for the period (orange) and the SNCT indicative staffing level in hours (green).
- These figures have been adjusted for the different headroom allowances of 21% (UHBW) and 22% SNCT respectively.
- The worked level is equal to or slightly greater than the total SNCT indicated staffing level in most Divisions in Bristol confirming staffing matches acuity and dependency.
- The individual ward figures, the 3 audits and the overall average across the three audits are shown in Appendix 2. The correct scoring of patients has improved over the audit cycles as the patient types are more accurately coded and match the operational demands. This includes both acuity for patients and the ETOC/RMN 1:1 assignments.
- Weston SNCT results indicate that acuity and dependency are higher across the hospital, and the worked elements indicate a higher establishment in some areas is required.
- The new children and young people's tool is due for release imminently, however the results shown here were undertaken using the old tool. Given the increased prevalence of mental health requirements in the Childrens, no changes are planned until the new tool can be used.

The graph (Fig 1) on the next page shows the comparison between the budgeted hours available during 5-week audits, the worked hours including all temporary staffing requirements extracted from the rostering system and the total hours indicated from the SNCT audit across the previous three audits. The individual ward results were reviewed in detail during the annual review process. Please note that escalation areas are not included here and are in addition to

these figures. In the four main adult Divisions the worked and SNCT results exceeded the Budgeted figures in the main due to covering the increased demand for ETOC patients.

Fig 1



\*The Shelford Group, Safer nursing care tool implementation resource pack. The Shelford Group 2023

**Key Divisional points to note from the SNCT audits.**

**Medicine**

There is a significant mismatch between SNCT requirements and worked hours in several wards caused mainly due to the continued high ETOC/1:1 demand (1c patients) (see fig 1). The division does have the highest level of patients scored in the 1c and 1b (stable but requiring a high level of assistance) demonstrating the continued level of dependence by patients on the nursing resource. The ETOC demand has exceeded 100 WTE over the last 6 months but there is only 27 WTE funded in the ETOC team. The current staffing models have yet to fully account for the newly recruited activity coordinators or the impact of the new ETOC approach. This will be worked on over the next 6 months.

When considering the SNCT outputs, the professional judgement process must also draw on factors outside of the tool. Many wards in Medicine (e.g.A525, A528, A900 and A801) have structural/layout-driven inefficiencies (e.g., split wards) or are small in size that require staffing in excess of the SNCT suggested levels.

Although the SNCT audits reflect the level of additional patients added to the funded bed base (boarding beds) on the ward, they do not reflect any of the escalation areas/ ED queues that are required to be safely staffed.

## **Specialised Services**

Specialised Services had the highest level of patients in the 1a category (acutely unwell indicating the high level of acuity the division has had to manage. Over the course of the three audits the SNCT results suggest most wards require more staff than they are funded for indicating a potential undersupply of RNs across all areas (see Fig 1).

Within Specialised Services there is an explicit recognition that SNCT tool may not fully capture the full complexity, particularly the smaller specialist units, nor does it cover the full impact of the psychological support required for life-limiting conditions. Despite this the compliance within the division has improved to 100% (SNCT completion throughout indicating good compliance with the process and improving the accuracy of the results).

The staffing of boarding beds has also increased the demand for additional staffing (See Fig 1) across the Division and has featured heavily in the increased level of lower-than-expected red flag staffing reports.

## **Surgery**

Surgery has seen an overall improvement in compliance and accuracy of SNCT tool over the range of audits particularly the scoring of Level 2 (very high acuity and dependency) patients recorded on A800, this is the step-down unit for ITU patients and regularly see very unstable patients still in their acute recovery phase following the spell in ITU.

For wards A609 and A701, both show working hours greater than the SNCT audit with causes likely to be related to the additional requirement to cover fire evacuation and covering the patient chair activity in A609 that is not included in the SNCT audit process. During the February 2026 SNCT audit the focus will be on validation of these results as well as incorporating the chair activity in the professional judgment process.

## **Weston**

The SNCT audits have highlighted HCSW-driven increase in demand over the three audit periods, particularly on Hutton ward which saw the biggest increase. This will be reviewed after the February 2026 audit following the implementation of the new ETOC programme.

On Sandford Ward (Medical Assessment Ward) the SNCT data (averaged across the last three audits) consistently shows an RN shortfall. This ward has a high volume of Level 2 and has a high throughput of patients and take the majority of patients direct from the Emergency Department.

For Berrow ward, the SNCT data shows a clear need to increase RN numbers, especially during winter, Berrow is the main respiratory ward on the Weston site and takes all patients requiring non-invasive ventilation. The rise is particularly seen during the winter months.

## **Women's**

Within the Women's Division only Ward 78 uses the SNCT tool. Over the three most recent audit cycles the funded establishment, the worked hours used and the SNCT indicative staffing suggestions consistently align well. The situation has also improved following the review of the major take across the city that has streamlined the admission process.

All Midwifery areas use the BirthRate Plus tool that is reported in the midwifery section.

## Children's

The SNCT Childrens and Young People Tool is used for all the paediatric areas, and this data is now showing a much better alignment between funded establishment and actual staffing demand (helped by significant investment over recent years). The improvement seen in the SNCT data compliance has also facilitated improved engagement from ward teams and matrons, as the tool embeds and provides more accurate results.

The Children's Division continues to care for a significantly higher proportion of mental health patients with very high acuity. This remains poorly captured by the current paediatric SNCT tools however a national update to a newly revised tool is expected in 2026 following sign off by the Shelford Steering Group.

## The Emergency Department Safer Nursing Care Tool (SNCT)

**BRHC ED SNCT** audits show a much-improved picture and with ED expansion last year the area is now less crowded and the risk to children significantly reduced. Key staff in the department also attended and passed the national ED SNCT training session to refresh their knowledge and assessment of patients prior to undertaking the July 2025 audit.

**BRI ED** - The July 2025 ED SNCT audit identified further opportunities to closer align staffing to the attendance results. This builds on the previous changes made which have made a positive impact on staffing and improvement to patient flow through the department. Key staff in the department also attended and passed the national ED SNCT training session to refresh their knowledge and assessment of patients prior to undertaking the July 2025 audit.

**Weston ED** - The Rapid Triage and Treatment service and ED observation unit changes are now fully embedded and working very effectively. Following the last audit the configuration of staff and shift times have been reviewed to provide a more aligned staffing model as the attendance pattern has changed over the years. Significant work now is focused on ensuring the benchmark level of Registered Childrens Nurses in Weston ED is maintained across the full opening hours. Key staff in the department also attended and passed the national ED SNCT training session to refresh their knowledge and assessment of patients prior to undertaking the July 2025 audit.

## 6<sup>th</sup> Monthly Review

Below are the key points noted from the annual staffing review process using the guidance set out in the National Quality Board expectations for Trusts.

### Medicine

The Medicine Division continues to have an RN over-establishment, however this has been used to help cover, where possible, the increased ECO demand, the pre-emptive boarding beds, some of the escalation areas or short-term sickness. Given the demand to staff escalation areas the RN surplus cannot cover all these areas. However, the Division has commenced detailed work to explore how to effectively and efficiently manage workforce requirements according to patient demand in escalation areas. In addition to this the Division also has several HCSW vacancies that continue to create daily operational pressure to support our most vulnerable patients. The rollout of the ETOC project is expected to support the reduction of this by providing a more streamlined pathway to effectively care for these patients.

Staff have reported that moving staff to escalation areas (especially the ED queues) remains a major stressor for the Division, therefore plans are in place that include:

- Planning for out-of-hours staffing no less than one week in advance so staff know when it is their turn to move.
- A review of the historical shift pattern inconsistencies across the division.

- The maintenance and expansion of proactive staff movement support, including orientation to ED Queue areas and increased use of flexible working patterns (school-run shifts, twilights, etc.), which has seen a positive uptake in some areas.

Key successes for the division include completing appraisals for 97.7% of staff to support retention, this level was the highest in the Trust. The Division also oversaw a significant reduction in agency RN usage with over £500k saved on RMN agency by improving the process for assessing, booking and de-escalating these assignments.

ED staffing has been reviewed following ED SNCT audits and flow changes in the Department. As a result, shift times have changed and are now tailored to patient demand, with a benefit realisation of patient movement through and out of ED.

### **Specialised Services**

Overall, the division reports good progress on establishment/skill-mix reviews and rostering oversight but highlights several material staffing risks - notably: BHI outpatients, D603 oncology vacancies, SDEC transformation, SNCT indicating underfunding/undersupply, and dependency on fixed-term/charity funding in some services.

The Division highlighted that D603 oncology has had a rise in vacancies of up to eight RN WTE. It is expected this will be mitigated by planned external recruitment. However, even with recruitment, the service expects some variability whilst embedding new staff, given the specialist skill set required of chemotherapy competency, detailed oncology education, and understanding the end-of-life complexity.

In line with the 10-year plan, service provision has been reviewed to move to more chemotherapy satellite clinics, with funding agreed for 26/27. This approach will be reviewed in terms of patient care improvements prior to further funding consideration for 27/28.

BHI outpatients identified a significant operational and safety risk (risk score 16) due to the reliance on a very small RN workforce covering both complex outpatient and pre-op work. A full-service review is now being undertaken to deliver the service requirements in a more streamlined way. Whereas the BHOC specialist practice teams have seen positive developments: substantiating several fixed-term posts, recruiting a consultant practitioner role, and expanding palliative care with external recruitment.

A workforce skill mix review is also underway in the Cardiac Catheter Labs, approved to progress at the annual staffing, this review is designed to improve retention with no financial impact.

### **Surgery**

The Surgical Division has moved from being over-established to now having vacancies with 15.59 RN vacancies (mix of Band 5/6, with Band 6 gaps in specialist areas including theatres, ITU, The Eye Hospital Emergency Department). This will increase by 3.35 Band 5 RN vacancies expected due to internal promotions to Band 6 posts supporting internal succession planning.

The HCSW vacancies projected to be 42.8 WTE by December mainly due to the changes required for services to start the move to single managed services, the reconfiguration and changes to theatre timetables across the sites and to support the continued use of assessment units. Band 2 recruitment is particularly challenged due to the recent visa changes and the reduced suitability of Band 2 roles in higher-acuity wards e.g. A701, A609 and A604 making Band 3s more appropriate. The competencies required to work in STAU are being reviewed to support streamlining the Band 3 pipeline into the unit.

Key staffing projects that the Division has undertaken include reviewing the theatre workforce establishment and aligning it with the new theatre timetable following a major revision and roster rebuild. Significant work has also been completed to improve St Michael's Theatres operating out of hours, resulting in two full theatre teams available overnight, meeting the

emergency patient demand. This has significantly reduced the pressure on the staff and minimised next day cancellations due to staffing gaps.

The Division is also ensuring that all the CNS budgets have had an annual review to identify any gaps between activity and allocated budget highlighting the need for a more robust job planning process for CNS roles and accuracy of workload mapping.

There has been significant pressure on staff escalation areas, especially on the Queens Day Unit that has been used every night. The Division has also noted the adverse impact whereby the frequent movement of staff between wards is contributing to morale issues and reluctance to pick up bank shifts. The Division is working with other Divisions to provide more support and planning to reduce the impact of this.

Critical Care Outreach as a 'Trustwide service' has seen an increase in demand at the Bristol adult site, as acuity on the wards increase, critical care demand rises coupled with the implementation of Martha's rule has resulted in an increase in escalations to the team. Therefore, staffing requirements have been worked up (in line with the national benchmark) following the staffing review as part of the annual planning process. This equates to 5.88 WTE Band 7's to provide the required new additional tier (Bristol site). There is a requirement to review current Band 6s at both Weston and Bristol sites, to align to job requirements.

## **Children's**

The Children's Division is currently over-established in many areas and has benefited from excellent recruitment and retention success. However, the focus has now shifted to aligning internal and external recruitment opportunities to support the NICU shortages.

The Children's ED staffing uplift now embedded following the previous SNCT audits has had a demonstrable improvement in safety in the department leading to fewer Datix incidents.

The Paediatric Critical Care Outreach review was completed with a recommendation to provide a full service across the Children's Hospital, resulting in additional requirement of 2.6 WTE. The expected outcome is the improvement of patient safety, smoother flow through the hospital and the reduction of patient admissions to Paediatric Intensive Care, positively impacting the quality-of-care provision.

The theatre workforce has undergone major stabilisation and has successfully dropped from 23 above-cap agency nurses down to nil, which is a major achievement. The Division will continue the theatre workforce model redesign to optimise the workforce. This will report back for the 2026/27 review and planning round. Another key success for the Division includes the increase in mental health practitioners that are now present daily significantly improving the CAMHS pathway to support the increasing number of mental health patients cared for by the Division.

## **Weston**

A shift flow coordinator on Sandford (Acute admission unit) is required to support efficient and safe transfer of patients from ED into the ward and onto the other specialist wards in a timely way. This is supported by the SNCT data and professional judgement and would require an additional 5.3 WTE RN.

Berrow Ward cares for patients requiring non-invasive ventilation (NIV), demand throughout the year continues to be high and patients require a 2 to 1 nurse ratio. To meet this demand, the Division have reviewed and recommended an increase in staffing by one RN per shift, equating to 5.3 WTE, consistent with the SNCT results and is included in winter planning this year for Berrow.

The Weston team have been collaborating with the Children's Division to review increased Paediatric nurse availability in line with National guidance for the ED in Weston to ensure it is fit for purpose now, and in the future as population demographics may change. The additional staffing requirement will be 2.2 WTE Registered Children's Nurses.

The Division is exploring a variety of recruitment offers for staff, including offering Registered Nurse posts with flexibility to rotate between wards, to provide a broad base of experience.

**Women's** – see report for Midwifery Services

### **For gynaecology**

Succession planning for the Early Pregnancy Clinic has proved difficult due to long-term sickness and providing the required support to train new recruits. However, there is now an active programme in place to mitigate these issues. During the annual review the Division highlighted that across the maternity, gynae, and NICU there are significant operational pressures, driven largely by continued workforce shortages (vacancies, sickness, skill mix), the rising complexity and acuity of both babies and mothers, persistent flow issues across the maternity service especially linked to NICU capacity and the rapid growth in specialist caseloads without any corresponding increase in the workforce. To mitigate this a number of actions, require trust-level decision making, particularly signing off the final triage staffing and business case, approving the specialist midwife funding (especially substance misuse), supporting the NICU establishment review and expansion including sustained improvement plans for postnatal care and triage responsiveness.

## **2. Midwifery Services Report**

### **Introduction**

This section of the report details the specific requirements and actions taken by Midwifery Services to ensure that all mothers and babies are given quality care in a safe and secure environment.

The Trust continues to review its services against the landmark publications of the Ockendon Reports in December 2020 and March 2022, to provide assurance that Midwifery Services are responding appropriately to the recommendations outlined in these two reports.

A full Birthrate Plus workforce assessment was undertaken in July 2025 and the final report was received. Generally, the report found staffing was in line with the guidance, however the additional midwifery requirements to support the recommendations expected from the report centred around the provision of a 24/7 fully supported triage service for women arriving in the Central Delivery Suite. This represents an additional 14.52 WTE Registered Midwives (Band 6) with 1 WTE Band 7 in support.

Staffing in the Neonatal Intensive Care Unit (NICU) has remained challenging due to the level of sickness (long and short term), maternity leave and increased acuity. The unit is commissioned to care for fifteen ITU patients but frequently cares for eighteen ITU patients. These patients require one-to-one nursing, so staffing is sometimes required to flex up at very short notice. The flexibility of the workforce and joint working between midwifery and the neonatal unit has maintained safe staffing, with maternity sometimes having the capacity to release the ward 76 neonatal nurse to NICU and NICU staff able to be flexible with shift change and at times to move training and management days. Overall, NICU's nursing vacancy rate has improved but the proportion of Qualified in Specialty (QIS) nurses remains a challenge which puts NICU in derogation of British Association of Paediatric Medicine (BAPM) staffing standards for QIS. The BAPM standards indicate that UHBW staffing standards are to have 85% of the nursing workforce QIS trained, current proportion is 58%.

In order to support staff on NICU with staffing pressures and increased acuity, there has been a focus on staff well-being, bank incentives and additional senior support.

The recruitment, retention and training of Qualified in Specialty (QIS) nurses to NICU continues to be a local, regional and national challenge. Work within the regional Network has supported access to additional education funding and course provision.

The fill rate for each maternity ward is illustrated on the next page.

Division - Womens		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure								
CDS	Registered Midwife Fill Rate - Day	150%	167%	188%	212%	211%	211%	
	Registered Midwife Fill Rate - Night	149%	146%	167%	180%	175%	175%	
	Unregistered Maternity Support Worker (MSW) Fill Rate - Day	100%	100%	100%	100%	100%	100%	
	Unregistered MSW Fill Rate - Night	100%	100%	100%	100%	100%	100%	
	All Staff Fill Rate - Overall	133%	140%	158%	165%	160%	160%	
Ward 73	Registered Midwife Fill Rate - Day	95%	96%	89%	90%	90%	80%	
	Registered Midwife Fill Rate - Night	85%	85%	86%	85%	82%	84%	
	Unregistered Maternity Support Worker (MSW) Fill Rate - Day	100%	100%	100%	100%	100%	100%	
	Unregistered MSW Fill Rate - Night	100%	100%	100%	100%	100%	100%	
	All Staff Fill Rate - Overall	87%	93%	90%	90%	86%	83%	
Ward 76	Registered Midwife Fill Rate - Day	156%	178%	163%	125%	154%	144%	
	Registered Midwife Fill Rate - Night	102%	107%	107%	107%	97%	83%	
	Unregistered Maternity Support Worker (MSW) Fill Rate - Day	130%	113%	117%	110%	116%	114%	
	Unregistered MSW Fill Rate - Night	99%	93%	100%	102%	99%	101%	
	All Staff Fill Rate - Overall	126%	130%	90%	114%	109%	118%	
NICU	Registered Nurse Fill Rate - Day	84%	85%	86%	72%	85%	85%	
	Registered Nurse Fill Rate - Night	89%	86%	88%	74%	66%	91%	
	Unregistered Nurse Fill Rate - Day	94%	234%	100%	65%	71%	105%	
	Unregistered Nurse Fill Rate - Night	83%	155%	100%	70%	63%	78%	
	All Staff Fill Rate - Overall	87%	87%	91%	72%	74%	88%	
Ward 78	Registered Nurse Fill Rate - Day	100%	98%	95%	99%	93%	95%	
	Registered Nurse Fill Rate - Night	100%	99%	108%	104%	100%	100%	
	Unregistered Nurse Fill Rate - Day	89%	96%	93%	89%	97%	81%	
	Unregistered Nurse Fill Rate - Night	100%	101%	102%	100%	109%	100%	
	All Staff Fill Rate - Overall	98%	98%	99%	98%	99%	94%	

In Midwifery, the hospital on-call midwife and the on-call community midwives are used in periods of high acuity and/or activity to support staffing shortfall across the hospital. They appear on the CDS line elevating the fill rates. In addition, the midwifery on-call manager is also available for support. These incidents are now increasingly rare. There are twice-daily flow meetings held between maternity, gynaecology, and neonatology each weekday with the flow midwife monitoring activity and the movement of staff during the week. At weekends, a morning flow meeting is held via Teams to enable the on-call manager to remain sighted on

the staffing and acuity position. The data recorded in the Birthrate Plus tool informs the flow midwife of hotspots on the day.

The fill rates for the maternity and women’s services are shown above, Ward 76 historically operated with one midwife each night with a registered nurse from NICU (they are included in the NICU numbers) also rostered on the ward. Clinical midwifery support was provided from Ward 73 or CDS when required.

**Birth Rate Plus Acuity Tool**

The Birth rate Plus acuity tool is used on the central delivery suite (CDS), the maternity ward (73) and transitional care (76) to help manage the midwifery staffing and trigger escalation when required.

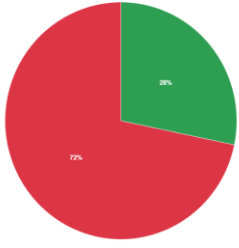
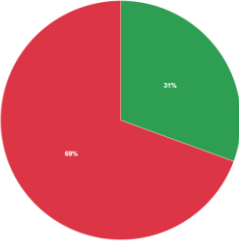
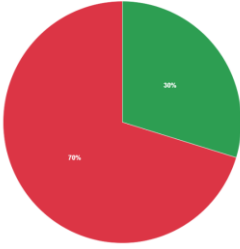
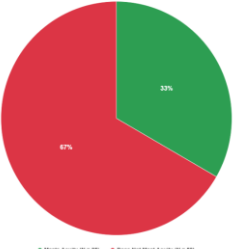
The Birth Rate Plus data capture must occur within a 1 ½ hour window and if inputted outside of the window the data is discounted.

The % is rounded to the nearest whole number. Green = staffing meets acuity, orange = up to 2 midwives short, red = staffing does not meet acuity.

The completed schedule data entry level ranges from 45% to 60%. Further work to improve compliance is in progress with an action plan generated which is overseen by the Divisional governance process to monitor improvement.

**Ward 73 (Oak) – Q1 & 2 – Acuity Summary**

The % is rounded to the nearest whole number. Green = staffing meets acuity, red = staffing does not meet acuity.

April 2025	May 2025	June 2025
<p>No data available for this period (all W73 areas merged prior to this date)</p>	<p>No data available for this period (all W73 areas merged prior to this date)</p>	<p>Acuity Summary 01/06/2025 to 30/06/2025</p>  <p>Meets acuity = 28%</p>
July 2025	August 2025	September 2025
<p>Acuity Summary 01/07/2025 to 31/07/2025</p>  <p>Meets acuity = 31%</p>	<p>Acuity Summary 01/08/2025 to 31/08/2025</p>  <p>Meets acuity = 30%</p>	<p>Acuity Summary 01/09/2025 to 30/09/2025</p>  <p>Meets acuity = 33%</p>

## Ward 73 (Willow) – Q1 & 2 – Acuity Summary

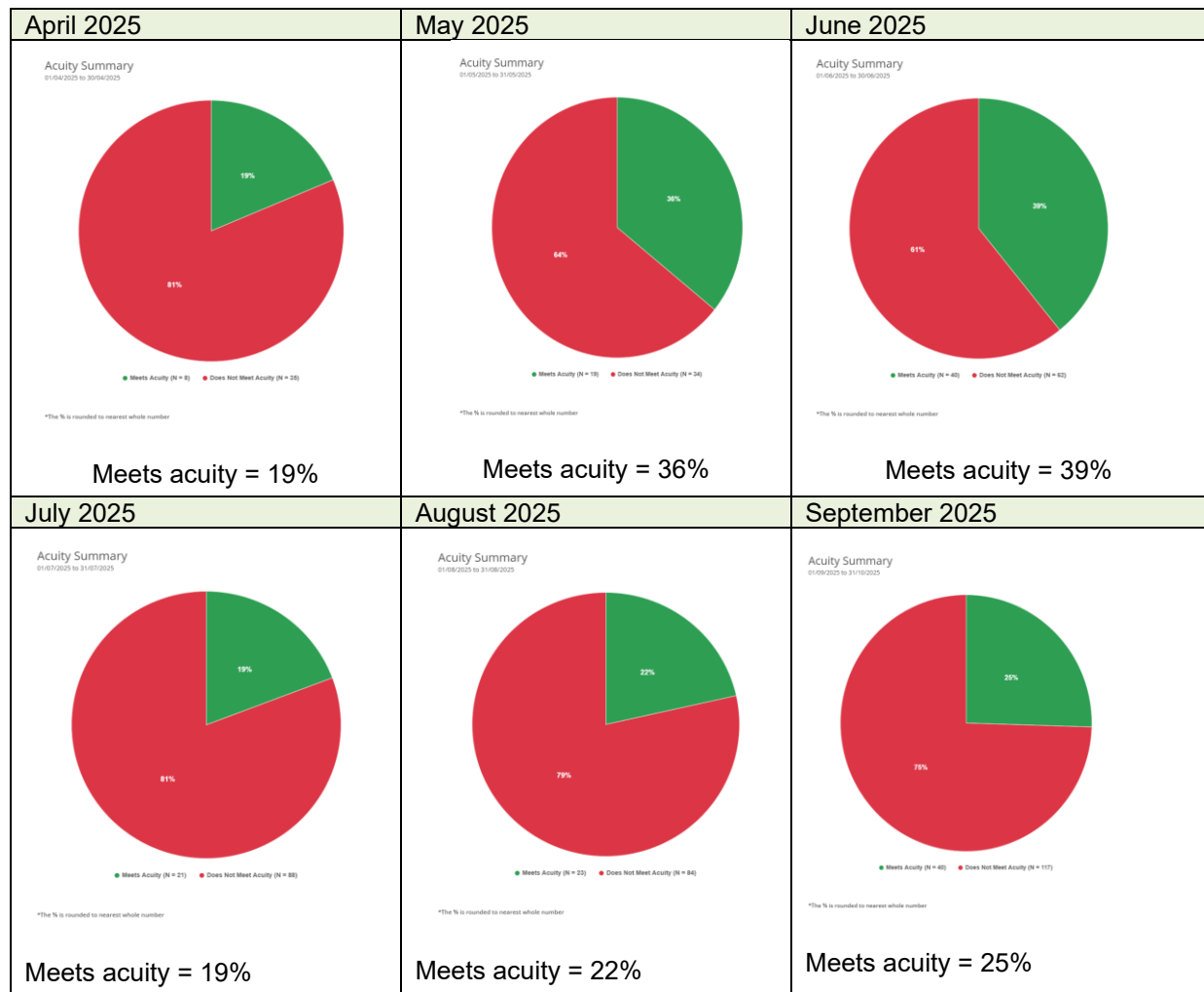
April 2025	May 2025	June 2025
No data available for this period (all W73 areas merged prior to this date)	No data available for this period (all W73 areas merged prior to this date)	<p>Acuity Summary 01/06/2025 to 30/06/2025</p> <p>Meets acuity = 67%</p>
July 2025	August 2025	September 2025
<p>Acuity Summary 01/07/2025 to 31/07/2025</p> <p>Meets acuity = 55%</p>	<p>Acuity Summary 01/08/2025 to 31/08/2025</p> <p>Meets acuity = 21%</p>	<p>Acuity Summary 01/09/2025 to 30/09/2025</p> <p>Meets acuity = 32%</p>

## Ward 73 (Induction Suite) – Q1 & 2 – Acuity Summary

April 2025	May 2025	June 2025
No data available for this period (all W73 areas merged prior to this date)	No data available for this period (all W73 areas merged prior to this date)	No data available for this period
July 2025	August 2025	September 2025
No data available for this period	<p>Acuity Summary 01/08/2025 to 31/08/2025</p> <p>Meets acuity = 95%</p>	<p>Acuity Summary 01/09/2025 to 30/09/2025</p> <p>Meets acuity = 100%</p>

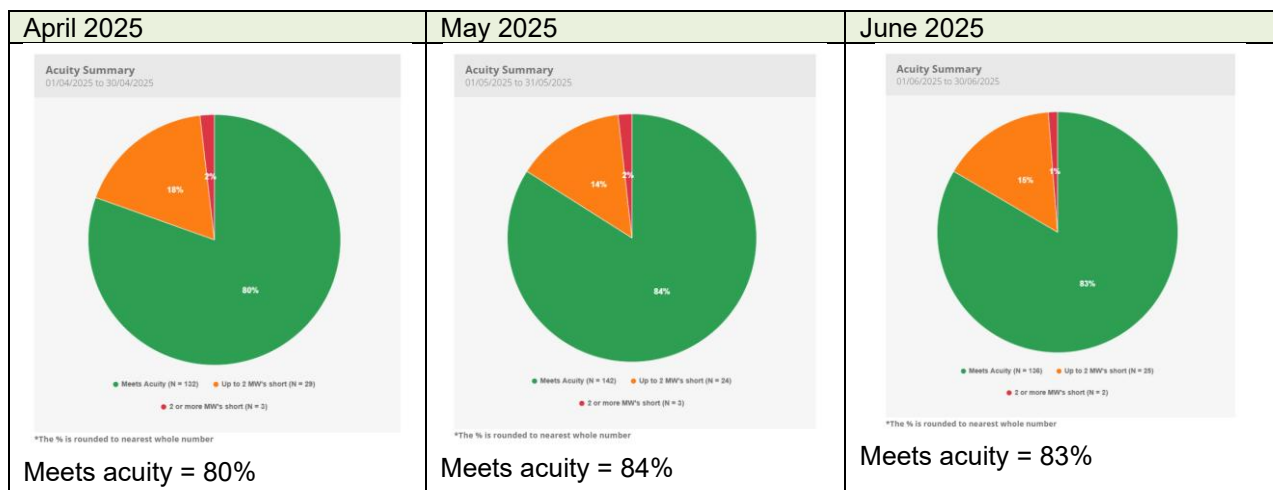
## Ward 76 Q1 & 2 – Acuity Summary

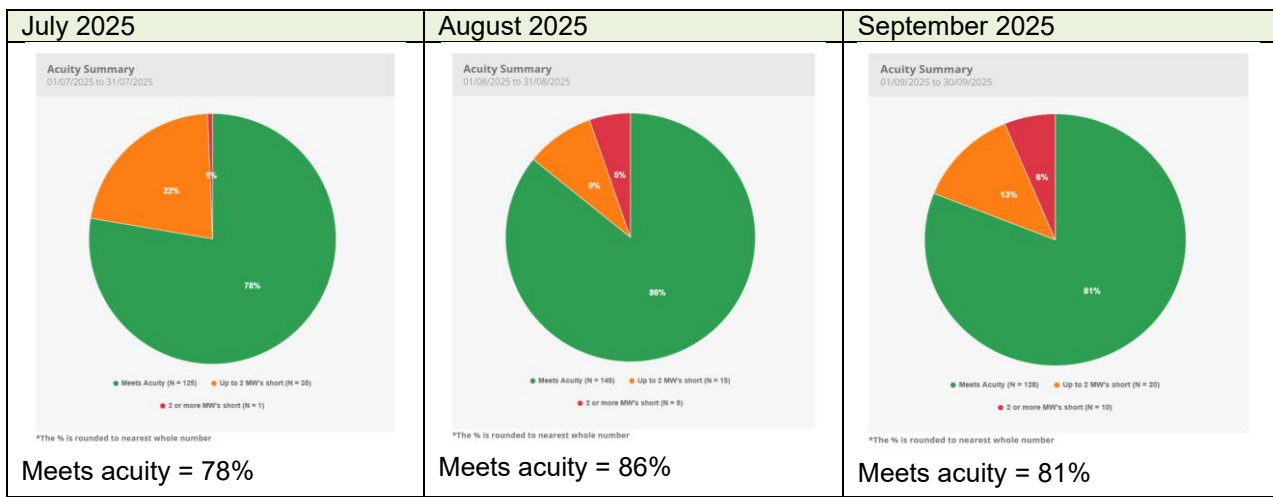
With improved compliance with Birth Rate Plus acuity reporting on ward 76, we were able to assess our staffing needs in relation to the BAPM standards on Ward 76 (see below for more detail). Maternity services have acted on the data and an increase in staffing has been made from one registered midwife (RM) per shift to two RMs (in addition to the NICU nurse and a maternity support worker).



## Ward 77 (CDS) Q1 & 2 – Acuity Summary

CDS data compliance for April-September 2025 is provided below. Since November 2024 there has been a huge improvement in data inputting compliance, increasing from an average of 50-60% per month to the current 86.56% - 91.11% over the last year. There have been a few changes to enable this improvement, ranging from education, reminders and communication.





### Data Input Compliance

Improvements with data input compliance are needed on ward 73 (antenatal and postnatal care). With improved compliance on ward 76, we were able to assess our staffing needs in relation to the BAPM standards. As this is a transitional care ward, the BAPM standards could apply but the acuity is variable. Although it is unlikely ward 76 will always require BAPM level staffing, the acuity is generally more intense and improved compliance with BR+ has demonstrated this. Maternity services have acted on the data made available from improved compliance with reporting and an increase in staffing has been made from one registered midwife (RMW) per shift to two RMWs (in addition to the NICU nurse and a maternity support worker). This reflects the intensity of the work which often involves varying for a high proportion of families who are subject to child protection proceedings and experiencing other social complexities as well as higher needs around physical care for the infant.

Individual compliance data for Oak, Willow and the Induction of Labour Suite are not available prior to June 2025 as these areas were merged in one reporting area prior to this. As the single, merged area no longer exists on Birth rate Plus it is not possible to retrieve any of this data.

Ward	April	May	June	July	August	September
<b>CDS</b>	91.11%	90.86%	90.56%	86.56%	90.86%	87.78%
<b>73</b>	<b>Oak</b>	X	X	74.17%	68.55%	61.67%
	<b>Willow</b>	X	X	79.17%	70.26%	49.17%
<b>IOL Suite</b>	X	X	X	X	53.23%	54.17%
<b>76</b>	35.00%	42.74%	87.10%	80.83%	86.29%	74.17%

### Data Input Compliance Action Plan Ward 73

The input completion rate for the Birth rate Plus (BR+) acuity tool on Ward 73 is poor, therefore, staffing compliance data cannot be considered to be accurate.

#### Understanding the problem

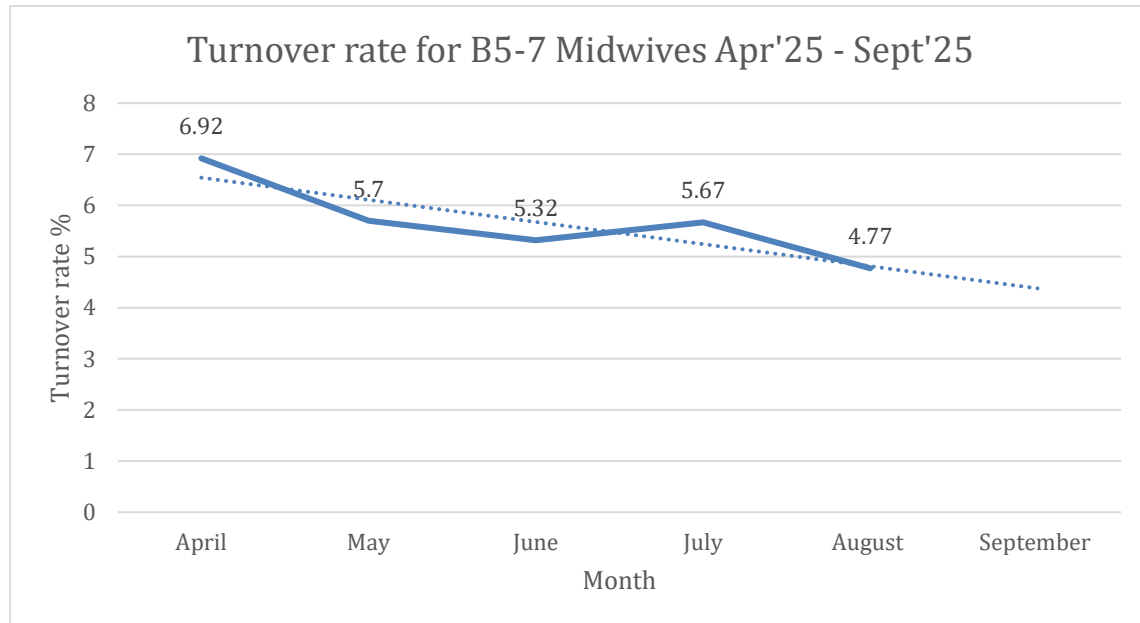
To improve the accuracy of care-needs reporting, changes have been made to enable the midwives caring for the patients to input the data, however, some data collection windows conflicted with a period of high clinical activity for the midwives delivering clinical care.

Several Improvements and mitigations have been devised in order to improve the accuracy of care needs reporting and ensure compliance 7 days a week.

## Recruitment

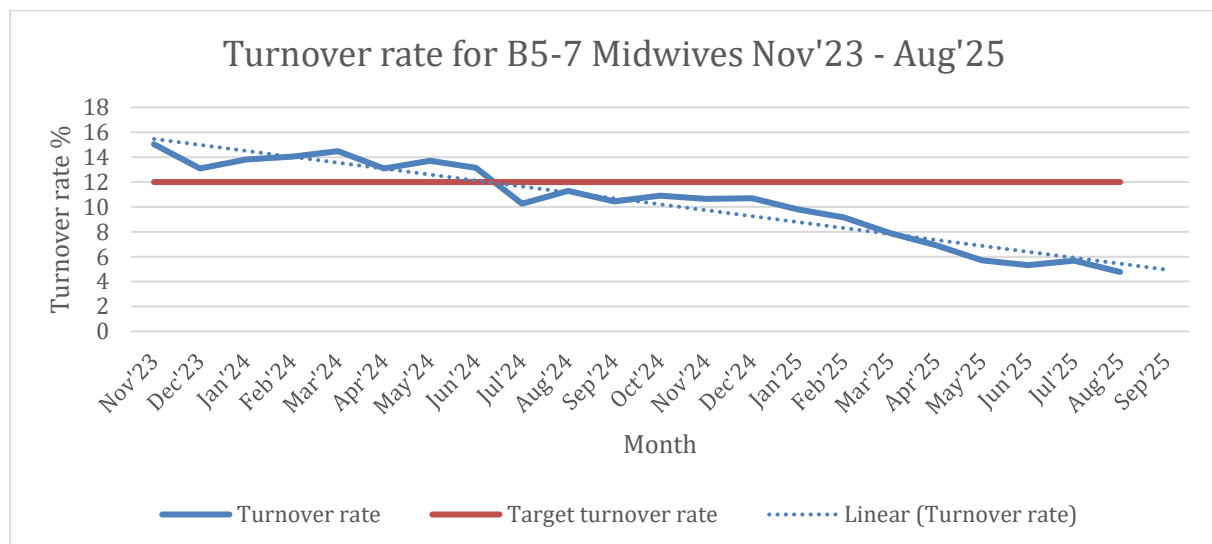
There has been a successful level of recruitment into Midwifery services over the past six months. There was an intake of Newly Qualified Midwives who started in April 2025 and another intake that is predicted to be in post by the end of November 2025.

### Last 6 months



The department now has a substantive recruitment and retention midwife in post, who works alongside the Divisional recruitment and retention lead. This role actively ensures exit interviews are encouraged and leads on the wellbeing initiatives for staff.

*The graph below demonstrates the impact of this role on the turnover rate for B5-7 Midwives since the retention and recruitment midwife came into post (November 2023 to August 2025).*



In March 2025 we recruited band 7 and band 6 Nurses to our neonatal service. All but one were internal promotions into bands 6, 7 and 8a have commenced since the last reporting period, with 1.85 WTE vacancies at band 5.

Maternity leave (6.52 WTE), long-term sickness and short-term sickness across lines band 5 to band 7 remain uncovered and have required temporary staff to fill, as substantive recruitment has been unsuccessful.

The current percentage of nursing staff who are QiS trained is 58%, with the BAPM recommendation of 89.5%.

NICU can support ten nurses per year to undertake the QiS training. Three nurses commenced the QiS training course in September 2025 but one withdrew leaving two nurses on the autumn cohort. A further four are due to commence on 3<sup>rd</sup> December for the second cohort totalling six out of a possible ten places taken up, with further work underway to increase the uptake of the QiS training course.

In order to support NICU and enable staff development, consideration is currently being given to ways in which newly qualified midwives could be offered a NICU rotation as part of their preceptorship package.

### Staffing and CQC.

The Maternity service was inspected in December 2023 by Care Quality Commission and was rated as 'Good' overall, with one requirement and one recommendation made for Safe Staffing.

CQC Requirement	Regulation	Findings	Action
That 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance.	Regulation 18 (1)	The service did not effectively monitor maternity 'red flag' staffing incidents in line with NICE guideline 4 'Safe midwifery staffing for maternity settings'... Managers did not monitor and compare maternity red flag incidents in the six nursing and midwifery staffing reports to trust board in line with national guidelines	1) Ensure all managers monitor and compare maternity red flags.  2) Report on Midwifery red flags in the Monthly safe staffing report highlighting any action.

Red flags including delayed inductions are monitored through the PQSM (Perinatal Quality and Safety Maternity Matrix) and daily flow meetings. Red flags as per NICE guidelines were added in July 2023 on the Datix system. Red flags and themes of staffing issues are monitored monthly through the individual area governance groups and at the hospital Women's Governance Group and escalated as necessary to the Divisional Quality Assurance Committee.

Staffing is monitored daily at flow meetings and staff are moved to manage any risks, including use of the on-call midwife. As a result of the CQC visit all staff were reminded to record any staffing-related safety incidents or where mitigations have been required when reporting unsafe staffing-related incidents on Datix including the use of NICE red flags.

*Table 3 – Midwifery red flag reporting*

**Incident type 1 in the table below** relates directly to staffing, however incidents 2 and 3 are included as these types of incidents *may* be related to staffing (although may also be attributable to acuity surges).

Only those incidents which are reported via Datix will be represented in the table below and it should be acknowledged that in periods of short staffing / high acuity, Datix reporting may not be prioritised (a human factor).

		Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
1	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to	0	0	0	0	0	0

	a woman during established labour						
2	Delay of 30 minutes or more between presentation and triage	12.5% 76 attendances	6.7% 40 attendances	4.3% 25 attendances	6.9% 43 attendances	6.2% 36 attendances	4.8% 29 attendances
3	Delayed or cancelled time-critical activity	13	24	15	11	19	24

**Red Flag event 2 (table above):** April continued the same trajectory as Q4 (March 2025: 12%) however as staffing establishment has settled this has seen an improvement.

		Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
1	Births (babies born)	374	386	362	375	332	364
2	Midwives (WTE) (excludes specialist midwives/ maternity leave/ onboarding))	179.64	177.11	176.07	175.63	177.12	175.28
3	Midwife to birth ratio	25.00	26.2	24.7	25.6	22.5	24.9

The recommendation from the CQC for staffing was to ensure there are enough midwifery staff to provide a full range of maternity choices including use of the midwifery-led unit (MLU). The CQC noted that "Midwifery staffing levels impacted on the availability of the midwifery led unit".

The midwifery led unit is staffed from the eleven midwives assigned to Central Delivery Suite (CDS). Any two midwives could be released to attend the midwifery led unit if a woman requested admission to the facility. Staffing gaps due to sickness and vacancy had impacted on the ability of CDS to support this within a specific shift. The inclusion of a fully operational triage service in CDS will further support this move,

The most recent data has however suggested that we now have a high rate of transfer from MLU back to CDS. The reasons appear multi-faceted but links with this current staffing model have been explored as it offers midwives limited exposure to normal physiological birth, resulting in an inconsistent experience in supporting physiological births, which may translate into a low threshold for transfer back to CDS. The allocation of named MLU Midwives on each CDS shift had made it easier to support the appropriate Midwife to open the MLU. However, a recent increase in transfers back to CDS from MLU triggered a review and resulted in a new staffing approach by utilising the expertise of the Continuity Team Midwives in facilitating physiological birth in low-risk settings.

### Continuity of Carer teams

The service has maintained the four continuity-of-carer midwifery teams, mainly present in areas of high deprivation and ethnic diverse population. In addition, funding is now recurrent from the Local Maternity & Neonatal System (LMNS) for enhanced maternity support workers to reach out to vulnerable women and facilitate earlier engagement into the Maternity service.

### The Triennial Summer 2025 Birthrate Plus Assessment

The Birth Rate Plus workforce assessment tool was completed in July 2025 and demonstrated that for clinical, specialist and management WTE there was a gap of 3.13 WTE mainly for specialist midwife roles.

The report did not consider the staffing for the new Acute Obstetric Triage Unit (AOTU) however triangulating data from the CDS BirthRate Plus daily audit tool, patient activity data and the published guidelines for this service 14.52 WTE Band 6 midwives were required. This fully adopts the Birmingham Symptom-Specific Obstetric Triage System (BSOTS), a twenty-four-hour triage system developed to improve the safety and management of pregnant women, recommended by the Royal College and Obstetricians and Gynaecologists (RCOG)

and the Care Quality Commission (CQC).

the increase in specialist midwives would be used to expand the perinatal mental health and substance misuse specialist midwifery service, as highlighted after a detailed gap analysis.

### 3. Assurance statement and summary.

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards guidance (2018). The SNCT cycles completed over the past 12 months support the nursing establishment setting process using a recognised evidence-based approach. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls.

**The conclusion is that professional judgement indicates that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development for both the registered and non-registered Nursing and Midwifery workforce.**

The last six months have seen significant improvement with continued recruitment and retention of registered nurses providing an over establishment in many adult areas that are now reporting and recruited to turnover position.

Safe staffing in specific areas where vacancies remain has been supported with nurse bank incentives which have ensured safety and enabled a sustained reduction of off-framework agency use. The significant improvement in the vacancies and effects of the retention programmes has ensured that the Trust is well prepared for increases in staffing demand.

Pressure on the front door service has continued over this six-month period, requiring the regular opening of extra capacity areas and supporting the ED queues in both adult ED departments. With the over-establishment, these areas are now being staffed by a combination of substantive staff and temporary bank staff.

In October 2025, two wards were closed due to environmental issues and the adult bed base has been reconfigured using some escalation beds as an interim. The staffing resources released will enable escalation areas to be safely staffed and support some of the staffing recommendations set out below.

### 4. Recommendations for Trust Board

The Group Trust Board is able to gain Safe Staffing assurance from the detailed monthly monitoring and reporting to the Quality and Outcomes committee, which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

The Board is asked to note the following:

- The Trust has undertaken the six-monthly floor to board safe staffing review using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishments on all adults and children's in-patient wards and ED's, acknowledging this is a process that will evolve over time after each assessment. The Birthrate Plus review has also been completed in October 2025. Recommended uplifts of staffing have been subject to scrutiny and support via the annual staffing review process prior to submission to the operational planning round.
- The fourth audit using the new adult SNCT tool was undertaken in July 2025 to provide the 'whole year' (July 2024, November 2024, February 2025 and July 2025) picture from which the optimised nursing numbers can be compared. The overall average of all

the audits has been shared with the divisions and triangulated using professional judgement and patient outcomes to provide a 'Business as Usual' comparator.

- This has been reviewed against the funded budgets available, worked hours during the audit period and the suggested SNCT staffing levels. Over the four audits there has been a shift to scoring patients that closer reflect the acuity of patients leading to improved engagement with the process. Areas of note will be reviewed again in the 2026 annual staffing reviews looking across the whole 12-month period.(see Fig 1)

The following are supported through the Annual Safe Staffing review, to progress to the Operational planning round. There will be a detailed review of the staffing resources released from the closure of the two wards, in order to support some of these recommended increases.

- **Sandford Ward by 1 RN per shift (5.3 WTE)** to provide a shift coordinator to ensure there is robust management to improve safety and optimise patient flow throughout the 24-hour period. This mirrors the approach used in Bristol that has supported improved patient flow. There has also been a continuous negative variance against the SNCT baseline.
- **Berrow Ward by 1 RN per shift (5.3 WTE)** to support the increase in acuity and demand for Non-Invasive Ventilation and a continued negative variance against the SNCT baseline.

Support the increase in staffing in **specialist midwives**, as recommended by the BirthRate Plus review in July 2025, of an **uplift of 3.13 WTE Band 7 specialist midwives**.

The other investment assessments highlighted as part of the safe staffing reviews will be considered separately and incorporated as part of the Operational planning process.

**Appendix 1 – Divisional staffing dashboards  
Medicine**

Division - Medicine	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure							
Registered Nurse Fill Rate - Day	92%	95%	96%	98%	93%	91%	
Registered Nurse Fill Rate - Night	100%	101%	104%	106%	101%	98%	
Unregistered Nurse Fill Rate - Day	136%	120%	139%	106%	138%	133%	
Unregistered Nurse Fill Rate - Night	149%	123%	154%	154%	159%	158%	
All Staff Fill Rate - Overall	115%	117%	120%	120%	119%	116%	
Registered Care Hours per Patient Day	5	5.1	5.2	5.2	5	5	
Total Care Hours per Patient Day	10.9	11.2	11.4	11.2	11.3	11.2	
Supervisory Ward Sister %	78%	80%	84%	75%	76%	80%	
Sickness	8.4%	5.7%	6.1%	7.2%	6.8%	6.0%	
Registered Nurse Band 5 % Turnover Rate	6.3%	7.7%	7.7%	7.7%	7.8%	7.6%	
Unregistered Nurse Band 2/3 Turnover Rate	15.2%	12.6%	12.6%	12.6%	12.7%	13.1%	
Registered Nurse Band 5 Vacancy WTE	-44.2	-32.59	-32.59	-32.6	-33.6	-34.6	
Unregistered Nurse Band 2/3 Vacancy WTE	23.8	25.9	25.9	25.9	25.9	25.8	
% Agency staff used to support substantive staff	0%	1%	1%	1%	0%	0%	
% Bank staff used to support substantive staff	22%	20%	21%	20%	22%	20%	
Lower than expected Staffing Incidents	12	12	3	10	20	13	
Red Flag Reported incidents	3	0	0	0	0	0	

## Specialised Services

Division - Specialised Services	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Registered Nurse Fill Rate - Day	94%	93%	92%	95%	92%	92%	
Registered Nurse Fill Rate - Night	97%	94%	98%	96%	94%	93%	
Unregistered Nurse Fill Rate - Day	123%	126%	129%	118%	114%	112%	
Unregistered Nurse Fill Rate - Night	158%	156%	158%	145%	138%	135%	
All Staff Fill Rate - Overall	105%	104%	105%	103%	101%	99%	
Registered Care Hours per Patient Day	7.6	7.4	7.4	7.5	7.4	7.2	
Total Care Hours per Patient Day	10.4	10.3	10.3	10.3	10.1	9.8	
Supervisory Ward Sister %	80%	74%	76%	83%	79%	79%	
Sickness	5.2%	5.1%	7.9%	7.3%	7.6%	7.1%	
Registered Nurse Band 5 Turnover Rate	10.3%	7.6%	7.6%	7.6%	7.7%	7.8%	
Unregistered Nurse Band 2/3 Turnover Rate	14.4%	12.0%	12.0%	12.0%	12.8%	12.6%	
Registered Nurse Band 5 Vacancy WTE	9.5	11.5	11.5	11.5	11.6	10.6	
Unregistered Nurse Band 2/3 Vacancy WTE	12.8	1.5	1.5	1.5	1.6	1.6	
% Agency staff used to support substantive staff	0%	0%	0%	0%	0%	1%	
% Bank staff used to support substantive staff	14%	14%	15%	14%	15%	15%	
Lower than expected Staffing Incidents	5	5	5	1	2	3	
Red Flag Reported incidents	2	2	0	0	0	0	

## Surgery

Division - Surgery	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure							
Registered Nurse Fill Rate - Day	94%	97%	94%	94%	93%	92%	
Registered Nurse Fill Rate - Night	95%	100%	94%	98%	95%	94%	
Unregistered Nurse Fill Rate - Day	109%	111%	109%	115%	110%	114%	
Unregistered Nurse Fill Rate - Night	134%	124%	133%	132%	133%	139%	
All Staff Fill Rate - Overall	102%	104%	101%	104%	102%	102%	
Registered Care Hours per Patient Day	7.8	7.8	7.8	8.6	8.5	7.8	
Total Care Hours per Patient Day	12	11.8	12.2	13.4	13	12.3	
Supervisory Ward Sister %	78%	74%	80%	77%	78%	79%	
Sickness	5.9%	6.0%	6.4%	7.8%	7.4%	7.9%	
Registered Nurse Band 5 Turnover Rate	10.2%	9.4%	9.4%	9.4%	9.1%	8.9%	
Unregistered Nurse Band 2/3 Turnover Rate	9.7%	7.6%	7.6%	7.6%	7.8%	7.6%	
Registered Nurse Band 5 Vacancy WTE	-5.52	-0.4	-0.4	-0.4	-0.7	0.9	
Unregistered Nurse Band 2/3 Vacancy WTE	3.9	8.9	8.9	8.9	8.9	8.8	
% Agency staff used to support substantive staff	0%	1%	0%	0%	0%	0%	
% Bank staff used to support substantive staff	12%	10%	13%	13%	19%	14%	
Lower than expected Staffing Incidents	7	8	3	4	9	11	
Red Flag Reported incidents	1	0	0	1	0	0	

## Children's

Division - Childrens	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure							
Registered Nurse Fill Rate - Day	104%	95%	93%	94%	93%	90%	
Registered Nurse Fill Rate - Night	99%	94%	93%	92%	92%	90%	
Unregistered Nurse Fill Rate - Day	113%	112%	124%	125%	119%	120%	
Unregistered Nurse Fill Rate - Night	115%	115%	117%	116%	105%	108%	
All Staff Fill Rate - Overall	107%	99%	97%	97%	95%	93%	
Registered Care Hours per Patient Day	12.3	12.3	13.1	13.1	14.2	12.8	
Total Care Hours per Patient Day	15	15.1	16.1	15.9	17.5	15.6	
Supervisory Ward Sister %	76%	87%	84%	91%	70%	87%	
Sickness	6.3%	5.8%	5.8%	6.3%	7.3%	7.6%	
Registered Nurse Band 5 Turnover Rate *	8.4%	6.9%	6.9%	6.9%	7.0%	8.2%	
Unregistered Nurse Band 2/3 Turnover Rate *	16.2%	17.9%	17.9%	17.9%	17.6%	17.4%	
Registered Nurse Band 5 Vacancy WTE *	-22.3	-32.1	-32.1	-32.1	-33.1	-35.0	
Unregistered Nurse Band 2/3 Vacancy WTE *	-6.3	-14.5	-14.5	-14.5	-15.5	16.3	
% Agency staff used to support substantive staff	0%	0%	0%	0%	1%	2%	
% Bank staff used to support substantive staff	6%	6%	6%	7%	7%	9%	
Lower than expected Staffing Incidents	5	5	0	1	9	1	
Red Flag Reported incidents	0	0	0	0	0	0	

## Women's Overall

Division - Womens in Patient Wards Measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Registered Nurse Fill Rate - Day	101%	105%	105%	94%	105%	102%	
Registered Nurse Fill Rate - Night	98%	96%	110%	90%	82%	100%	
Unregistered Nurse Fill Rate - Day	99%	107%	100%	90%	87%	93%	
Unregistered Nurse Fill Rate - Night	99%	105%	122%	101%	99%	104%	
All Staff Fill Rate - Overall	100%	101%	104%	93%	92%	99%	
Registered Care Hours per Patient Day	9.9	10.2	10.7	9.9	10.2	9.6	
Total Care Hours per Patient Day	12.5	12.6	13.3	12.3	13	12.3	
Supervisory Ward Sister %	100%	100%	100%	100%	100%	100%	
Sickness	3.8%	3.6%	4.6%	4.2%	4.9%	4.6%	
Registered Midwife Band 6 Turnover Rate	9.0%	7.8%	6.9%	7.2%	6.7%	6.2%	
Registered Nurse Band 5 Turnover Rate	5.8%	4.5%	4.8%	5.6%	10.2%	10.3%	
Unregistered Midwife/Nurse Band 2/3 Turnover Rate	19.2%	19.1%	18.1%	16.9%	17.4%	17.7%	
Registered RM and RN Band 6 Vacancy WTE *	19.9	24.6	23.4	21.5	20.5	16.21	
Registered Nurse Band 5 Vacancy WTE	-20.7	-19.9	-16.9	-20.6	-16.1	-8.7	
Unregistered Midwife/Nurse Band 2/3 Vacancy WTE	1.3	-0.5	3.1	1.3	2.0	2.9	
% Agency staff used to support substantive staff	1%	1%	0%	0%	1%	1%	
% Bank staff used to support substantive staff	6%	6%	6%	7%	7%	8%	
Lower than expected nurse staffing incidents	2	2	2	5	3	8	
Nursing red flag reported incidents	0	1	0	2	2	1	
Lower than expected midwifery staffing incidents recorded on Datix	2	3	1	1	3	3	
Midwifery red flag reported incidents recorded on Datix	0	0	0	0	1	0	

\* Band 6 Vacancy Level includes all womens services

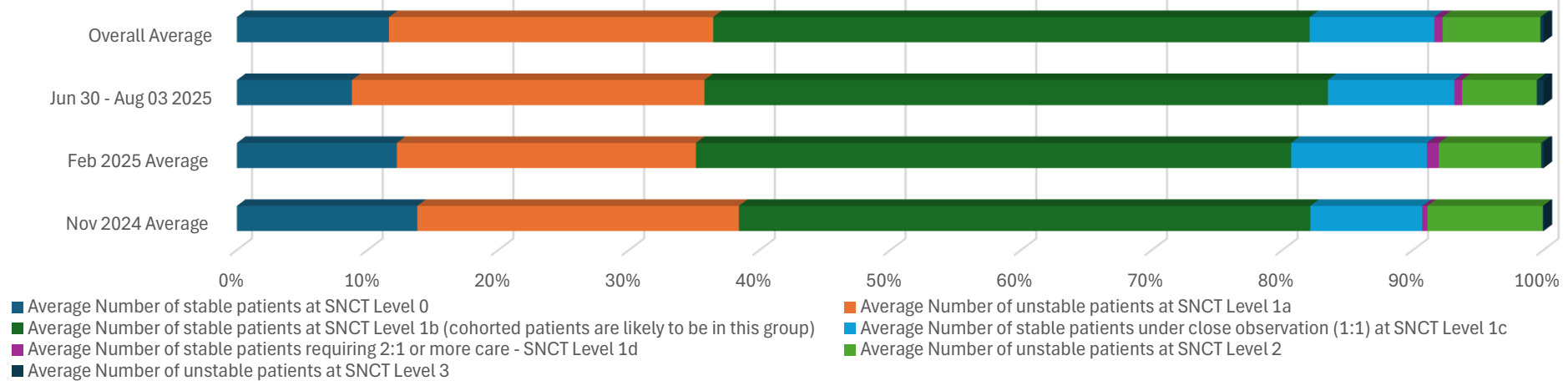
## Weston

Division - Weston	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Measure							
Registered Nurse Fill Rate - Day	91%	93%	93%	94%	93%	93%	
Registered Nurse Fill Rate - Night	99%	98%	100%	100%	99%	98%	
Unregistered Nurse Fill Rate - Day	122%	123%	123%	116%	112%	113%	
Unregistered Nurse Fill Rate - Night	141%	135%	136%	134%	132%	129%	
All Staff Fill Rate - Overall	111%	111%	111%	109%	107%	107%	
Registered Care Hours per Patient Day	5.8	6.4	6.1	5.7	5.8	6.2	
Total Care Hours per Patient Day	9.9	10.7	10.3	9.7	9.6	10	
Supervisory Ward Sister %	73%	71%	80%	89%	83%	78%	
Sickness	6.2%	4.5%	5.6%	5.8%	7.6%	7.2%	
Registered Nurse Band 5 Turnover Rate	11.0%	7.1%	7.1%	7.1%	7.1%	7.5%	
Unregistered Nurse Band 2/3 Turnover Rate	10.7%	8.0%	8.0%	8.0%	8.0%	8.9%	
Registered Nurse Band 5 Vacancy WTE	1.7	7.6	7.6	7.6	7.6	7.6	
Unregistered Nurse Band 2/3 Vacancy WTE	-2.7	-4.5	-4.5	-4.5	-4.5	-4.7	
% Agency staff used to support substantive staff	1%	1%	1%	1%	1%	2%	
% Bank staff used to support substantive staff	17%	16%	16%	17%	17%	18%	
Lower than expected Staffing Incidents	14	14	3	9	25	17	
Red Flag Reported incidents	2	1	0	4	4	1	

## Appendix 2 Division Skill Mix and Patient Mix Summaries. Medicine

Division	Cost centre	SNCT Tool profile	Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded CHpPD	Registered Demand Day	Registered to Patient Ratio - Day. 1:	Registered Demand Night	Registered to Patient Ratio - Night,	Average Nov 24 - Jul 25 SNCT without 1c and 1d staffing	Staffing required to cover 1:1 care or 2:1 + care (1c and 1d patients) Covered internally or by using bank	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum un-registered.
Medicine	A400 AMU	Acute Assessment	66.34	40.63	25.71	61.2%	38.8%	32	9.5	8	4.0	8	4.0	56.5	12.5	34.6	21.9
	A515 OPAU	Acute Assessment	46.77	25.28	21.49	54.1%	45.9%	24	8.3	5	4.9	5	4.9	45.2	9.2	24.4	20.8
	A518 Medical Short Stay	Acute In Patient	23.37	12.13	11.24	51.9%	48.1%	15	6.6	2	7.4	2	7.4	24.3	8.1	12.6	11.7
	A522 Care of the Elderly NCTR	Acute In Patient	37.67	16.99	20.68	45.1%	54.9%	26	6.7	4	6.4	3	8.6	36.5	17.8	16.4	20.0
	A524 Care of the Elderly	Acute In Patient	35.72	15.23	20.49	42.6%	57.4%	22	7.3	3	7.3	3	7.3	36.8	11.2	15.7	21.1
	A525 Respiratory	Acute In Patient	38.68	22.01	16.67	56.9%	43.1%	23	7.6	5	4.6	4	5.8	28.6	11.1	16.3	12.3
	A528 Care of the Elderly	Acute In Patient	38.85	17.76	21.09	45.7%	54.3%	21	8.2	4	5.2	3	7.0	28.1	12.5	12.8	15.2
	A605- Care of the Elderly	Acute In Patient	31.91	15.24	16.67	47.8%	52.2%	18	7.7	3	6.0	3	6.0	23.9	11.0	11.4	12.5
	A801 General Respiratory and CF	Acute In Patient	31.30	15.23	16.07	48.7%	51.3%	18	8.0	3	6.0	3	6.0	27.2	6.6	13.2	13.9
	A900 Gastrology	Acute In Patient	48.82	27.73	21.09	56.8%	43.2%	25	8.6	6	4.2	5	5.1	42.1	8.0	23.9	18.2
	C808 Respiratory High Care	Acute In Patient	64.11	42.39	21.72	66.1%	33.9%	25	13.6	8	3.2	8	3.2	45.1	5.8	29.8	15.3

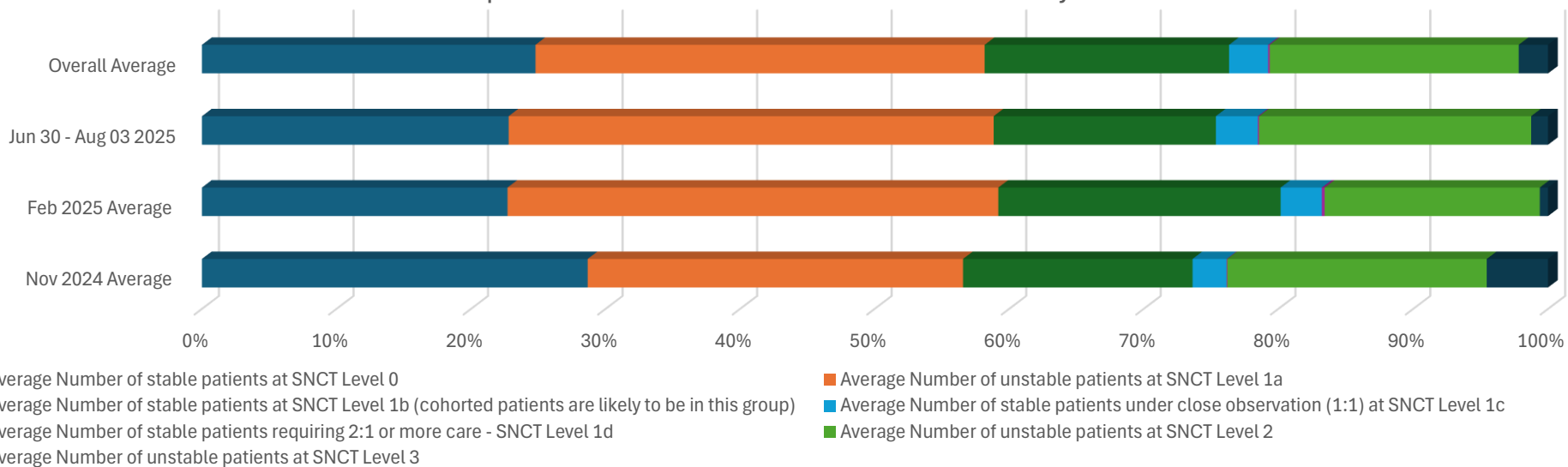
### Medicine Patient Mix Nov 2024 - July 2025



## Specialised Services

Division	Cost centre	SNCT Tool profile	Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded ChPPD	Registered Demand Day	Registered to Patient Ratio - Day. 1:	Registered Demand Night	Registered to Patient Ratio - Night	Average Nov 24 - Jul 25 SNCT without 1c and 1d staffing	Staffing required to cover 1:1 care or 2:1 + care (1c and 1d patients) Covered internally or by using bank	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum un-registered
Specialised Services	CCU Coronary Care Unit	Acute Assessment	29.09	23.82	5.27	81.9%	18.1%	11.0	11.5	5.0	2.2	4.0	2.7	31.2	0.4	25.6	5.7
	C705 Cardiology	Acute In Patient	40.21	24.08	16.13	59.9%	40.1%	33.4	5.8	5.0	6.7	4.0	8.4	38.7	7.0	23.2	15.5
	C708 Cardiac Surgery	Acute In Patient	33.17	18.80	14.37	56.7%	43.3%	25.7	5.8	4.0	6.4	3.0	8.6	37.3	2.4	21.1	16.2
	C805 Cardiology	Acute In Patient	40.16	24.05	16.11	59.9%	40.1%	32.9	5.8	5.0	6.6	4.0	8.2	41.0	5.4	24.6	16.5
	D601 Teenage and Young people Cancer Care	Acute In Patient	15.08	9.77	5.31	64.8%	35.2%	6.0	11.5	2.0	3.0	2.0	3.0	10.0	0.1	6.5	3.5
	D603 Oncloogy	Acute Assessment (60%) Adult inpatient (40%)	47.83	34.50	13.33	72.1%	27.9%	23.3	7.0	6.0	3.9	5.0	4.7	49.5	5.3	35.7	13.8
	D703 Haematology	Acute In Patient	52.66	39.33	13.33	74.7%	25.3%	24.2	10.1	8.0	3.0	8.0	3.0	54.0	0.4	40.3	13.7

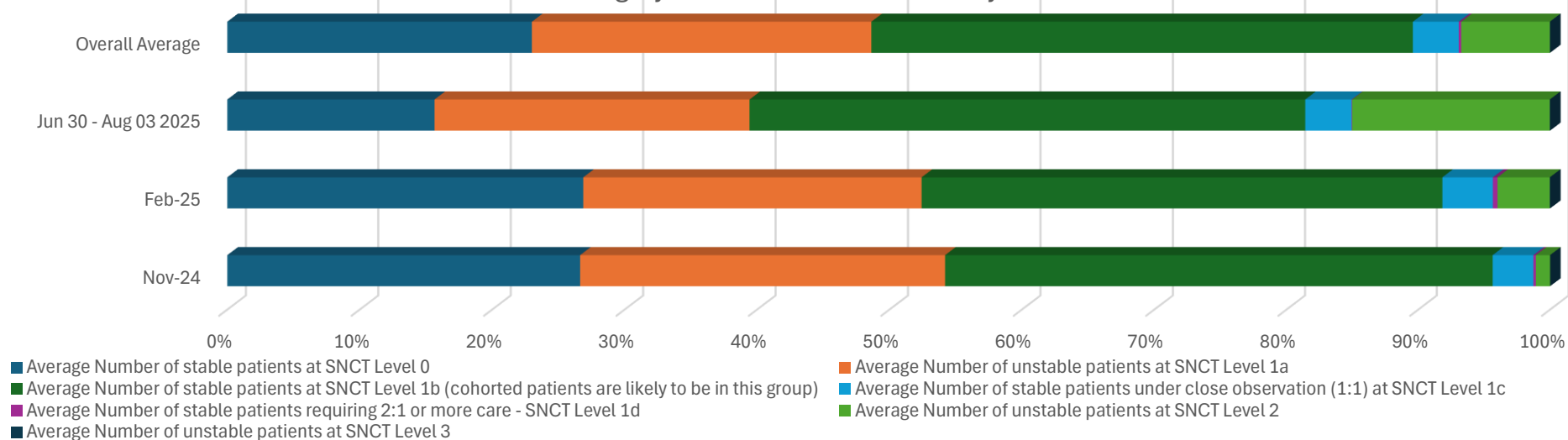
### Specialised Services Patient Mix Nov 2024 - July 2025



# Surgery

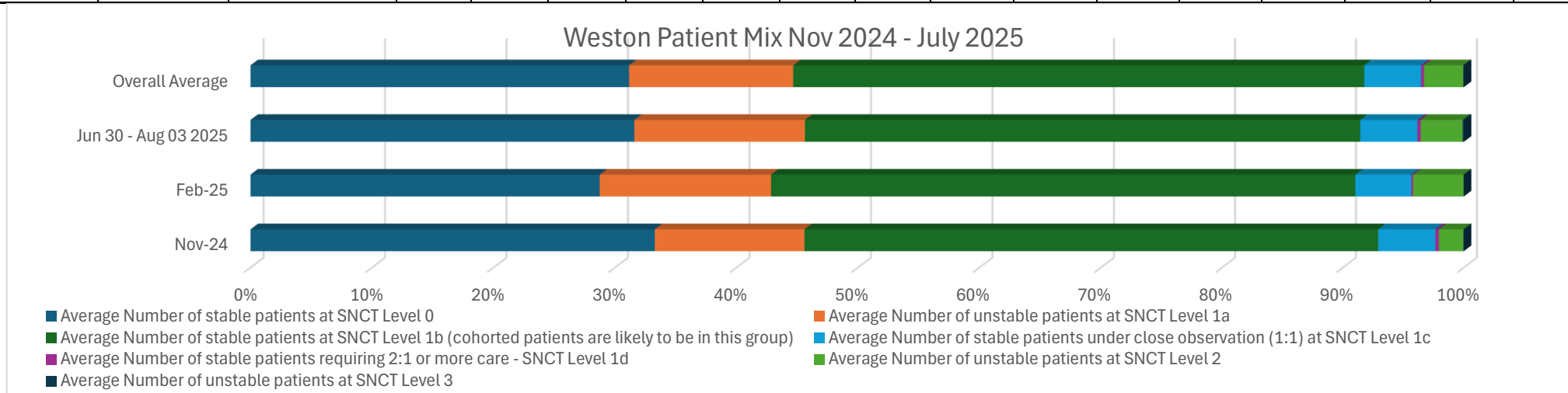
Division	Cost centre	SNCT Tool profile	Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded CHpPD	Registered Demand Day	Registered to Patient Ratio - Day: 1:	Registered Demand Night	Registered to Patient Ratio - Night,	Average Nov 24 - Jul 25 SNCT without 1c and 1d staffing	Staffing required to cover 1:1 care or 2:1 + care (1c and 1d patients) Covered internally or by using bank	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum un-registered.
Surgery	A413 Escalation Ward	Acute In Patient	20.5	10.36	10.14	50.54%	49.46%	12.2	5.4	2.5	4.9	3.0	4.1	13.5	0.7	6.8	6.7
	A602 Trauma and Orthopaedic	Acute In Patient	26.24	14.53	11.71	55.37%	44.63%	17.3	6.0	3.0	5.8	2.0	8.7	30.5	4.8	16.9	13.6
	A604 Trauma and Orthopaedic	Acute In Patient	35.05	19.13	15.92	54.58%	45.42%	21.7	7.1	4.0	5.4	3.0	7.2	36.8	4.3	20.1	16.7
	A609 Surgery and Trauma Assessment Unit	Acute Assessment	39.16	23.57	15.59	60.19%	39.81%	22.6	6.6	4.0	5.7	4.0	5.7	37.8	2.2	22.7	15.0
	A700 Thoracic, Max Fax and ENT	Acute In Patient	39.77	22.98	16.79	57.78%	42.22%	25.8	6.7	5.0	5.2	4.0	6.5	40.4	2.8	23.3	17.0
	A701Thoracic, Max Fax and ENT	Acute In Patient	34.14	18.55	15.59	54.34%	45.66%	19.7	8.1	4.0	4.9	3.0	6.6	26.7	6.0	14.5	12.2
	A800 Colorectal Surgery	Acute In Patient	45.36	24.19	21.17	53.33%	46.67%	25.6	8.2	5.0	5.1	4.0	6.4	39.3	2.5	21.0	18.3
	H304 Ophamology	Acute In Patient	25.28	17.4	7.88	68.83%	31.17%	15.0	7.2	4.0	3.8	2.0	7.5	N/a	N/a	N/a	N/a

Surgery Patient Mix Nov 2024 - July 2025



**Weston**

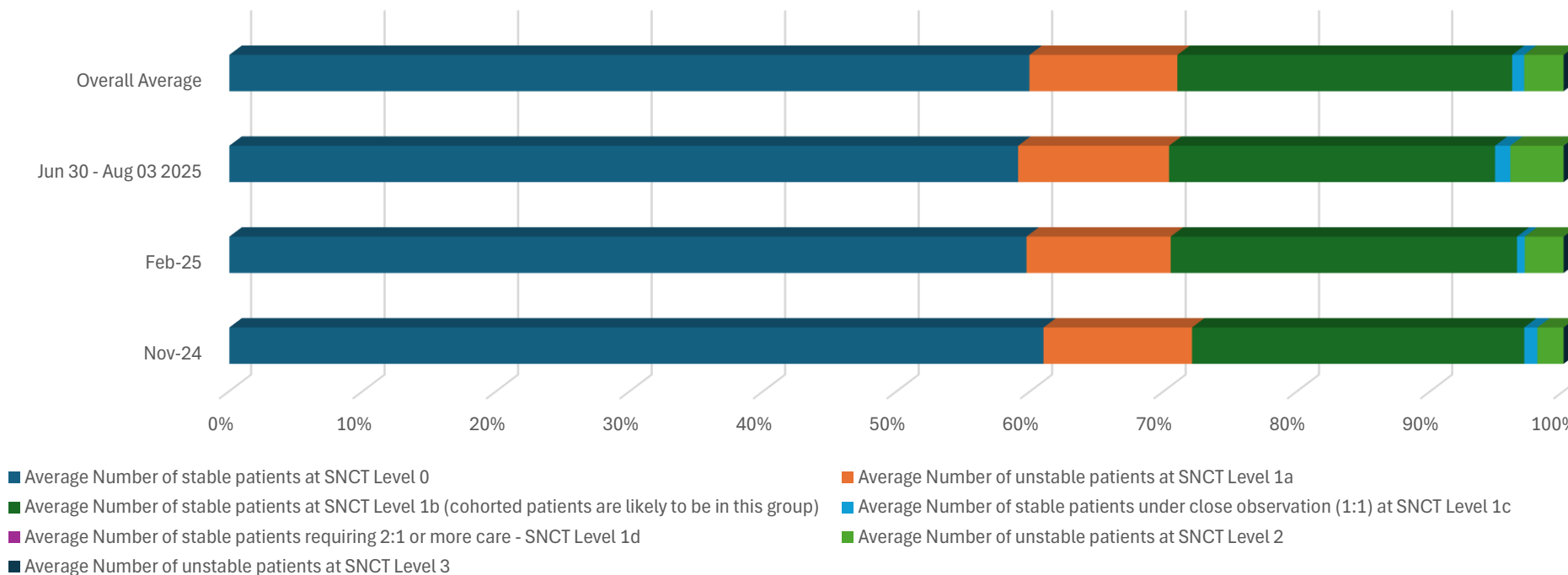
Division	Cost centre	SNCT Tool profile	Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded CHpPD	Registered Demand Day	Registered to Patient Ratio - Day. 1:	Registered Demand Night	Registered to Patient Ratio - Night,	Average Nov 24 - Jul 25 SNCT without 1c and 1d staffing	Staffing required to cover 1:1 care or 2:1+ care (1c and 1d patients) Covered internally or by using bank	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum un-registered.
Weston	Berrow Respiratory	Acute In Patient	37.13	19.55	17.58	52.7%	47.3%	27.1	7.4	5	5.4	4	6.8	36.1	7.0	19.0	17.1
	Cheddar General Medicine	Acute In Patient	37.33	18.95	18.38	50.8%	49.2%	24.9	6.2	4	6.2	3	8.3	36.6	4.2	18.6	18.0
	Draycott Medical Short Stay	Acute In Patient	35.33	17.75	17.58	50.2%	49.8%	26.2	6.7	4	6.6	3	8.7	36.9	4.2	18.5	18.4
	Harpree Cardiology	Acute In Patient	35.73	17.75	17.98	49.7%	50.3%	27.0	6.4	4	6.8	3	9.0	37.6	4.5	18.7	18.9
	Hutton Surgery	Acute In Patient	36.53	18.95	17.58	51.9%	48.1%	26.4	6.0	4	6.6	3	8.8	41.9	5.9	21.7	20.2
	Kewstoke Care of the Elderly	Acute In Patient	35.93	18.35	17.58	51.1%	48.9%	27.4	6.2	4	6.9	3	9.1	38.4	9.6	19.6	18.8
	Knightstone Orthopaedics	Single Side room	15.83	10.81	5.02	68.3%	31.7%	10.7	5.8	2	5.4	2	5.4	17.1	0.1	11.6	5.4
	OPAU	Acute Assessment	25.67	15.23	10.44	59.3%	40.7%	14.0	8.2	3	4.7	3	4.7	26.0	4.7	15.4	10.6
	Sandford AMU	Acute Assessment	44.07	26.49	17.58	60.1%	39.9%	28.1	9.0	6	4.7	5	5.6	48.9	9.8	29.4	19.5
	Steephelm Surgery	Acute In Patient	35.73	17.75	17.98	49.7%	50.3%	21.7	7.3	4	5.4	3	7.2	33.7	3.6	16.7	17.0
	Uphill ward Stroke Unit	Acute In Patient	35.93	18.35	17.58	51.1%	48.9%	23.6	7.3	4	5.9	3	7.9	40.4	3.9	20.6	19.8
	Waterside Surgery	Single Side room	20.36	10.14	10.22	49.8%	50.2%	13.1	3.7	2	6.5	2	6.5	26.1	3.9	13.0	13.1



**Women's**

Division	Cost centre	SNCT Tool profile	Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded CHPPD	Registered Demand Day	Registered to Patient Ratio - Day. 1:	Registered Demand Night	Registered to Patient Ratio - Night,	Average Nov 24 - Jul 25 SNCT without 1c and 1d staffing	Staffing required to cover 1:1 care or 2:1 + care (1c and 1d patients) Covered internally or by using bank	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum un-registered
<b>Women</b>	Ward 78 Gynaecology	Assessment Ward 50% and In patient Ward 50%	28.73	17.69	11.04	61.6%	38.4%	18	5.5	3	5.9	2	8.9	29.7	0.8	18.3	11.4

Womens ( Ward 78) Patient Mix Jul 2024 - Jul 2025



**Childrens – note the SNCT Childrens tool only has 5 levels at present compared to 7 levels in the adult tool.**

Division	Ward		Total Funded (SV Sister not included)	Funded registered	Funded un-registered	Funded registered skill mix,	Funded un-registered skill mix	Averaged Actual Beds	Total Funded CHPPD,	Registered Demand Day	Registered to Patient Ratio - Day, 1:	Registered Demand Night	Registered to Patient Ratio - Night,	Average Nov 24 - Jul 25 SNCT Minimum Staffing	Average Nov 24 - Jul 25 SNCT minimum registered	Average Nov 24 - Jul 25 SNCT minimum unregistered.
Childrens	E406 Lighthouse Renal	Acute In Patient CYP	22.32	20.18	2.14	90.4%	9.6%	8	10.9	3	2.5	3	2.5	17.7	16.0	1.7
	E500 Bluebell/ Sunflower Neurosciences	Acute In Patient CYP	41.19	31.23	9.96	75.8%	24.2%	17	9.4	6	2.8	6	2.8	41.9	31.8	10.1
	E510 Caterpillar Medical Assessment and HDU	Acute In Patient CYP	80.12	73.39	6.73	91.6%	8.4%	26	9.3	12	2.2	12	2.2	68.8	63.0	5.8
	E512 Daisy Burns and Plastics and HDU	Acute In Patient CYP	29.73	26.87	2.86	90.4%	9.6%	9	13.8	5	1.8	5	1.8	25.2	22.8	2.4
	E600 Dolphin Cardiology and HDU	Acute In Patient CYP	33.2	27.07	6.13	81.5%	18.5%	15	10.8	7	2.1	6	2.5	35.9	29.3	6.6
	E602 Penguin Surgery	Acute In Patient CYP	36.93	31.14	5.79	84.3%	15.7%	17	7.3	7	2.5	5	3.5	41.6	35.1	6.5
	E700 Starlight Oncology	Acute In Patient CYP	41.99	36.86	5.13	87.8%	12.2%	15	11.3	8	1.9	6	2.5	36.9	32.4	4.5
	E702 Apollo Ward 35 Adolescent Ward	Acute In Patient CYP	30.7	25.56	5.14	83.3%	16.7%	13	12.3	5	2.6	4	3.3	31.6	26.3	5.3

Childrens Patient Mix July 2024 - July 2025

