

Safe Staffing Monthly Report (June 2025 data)

Meeting date: 26 August 2025

Reporting to: Group People Committee

Agenda item No:

Report author:

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Executive director sponsor: Emma Nunez, Group Chief Nurse

Action required: Assurance

Delegation status: Jointly delegated item to Group Board

Previously presented to:

UHT strategic objectives supported:

Putting patients first

Creating an outstanding experience for our people

Working with partner's

Reforming models of care

Developing excellence as a learning organisation

Using our resources well

CQC domain link:

Choose an item.

Board assurance / risk register this paper relates to:

Key discussion points and matters to be escalated from the meeting

This report details nursing staffing levels for June 2025 for inpatient wards. The report provides assurance that arrangements are in place to provide a workforce with the right skills in the right place to provide safe, sustainable and productive staffing. Daily Safe Care Staffing meetings provide assurance that inpatient areas have been assessed, staffing levels reviewed, and staff deployed where necessary to mitigate risk to the lowest level. This assessment is based on skill mix, patient acuity and dependency, and occupancy levels. All actions are agreed by the Safe Care Chair and escalated to Senior Nurses as required.

ALERT: Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Across the group, the next bi-annual nurse establishment review will be presented to Board in Oct25 – this will be a review paper to determine any requirements to adjust the existing nursing workforce model in preparation for the annual establishment review.

At North Tees and Hartlepool, the next bi-annual nurse establishment review will be presented to Board in Oct25 – this will be a review paper and will continue to highlight the requirement for investment into a number of nursing workforce models as per the bi-annual review carried out in 2024/25.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The average percentage of shifts filled against the planned nurse staffing across South Tees for June 25 has decreased by 1.4% to 97.1%. Sickness for registered staff increased marginally whilst turnover decreased. Sickness for unregistered staff reduced whilst turnover increased in June 25.

A centralised recruitment process for HCSW's has been approved and interviews were conducted July 2025. Effective redeployment has supported the controls around the use of temporary staffing and is reviewed at the monthly workforce assurance meetings. The recruitment plan for newly qualified nurses gained approval at Full Executive Team Meeting in July. This collaborative approach to recruitment allows for complete equity for all students as the process is for a fixed term appointment within a collaborative. There will be equal representation from all collaboratives who will undertake the interviews using generic questions for all applicants. Heads of Nursing are providing current vacancy position and upcoming maternity leaves.

At North Tees the overall planned nurse fills for June 2025 is 101% which continues to align with the current enhanced care requirements particular during the night so there remains a continued reliance on temporary staffing to safely staff in patient areas.

Due to continued difficulties with B3 HCSW recruitment at North Tees and Hartlepool, the current vacancy position sits at approx. 70wte. The introduction of the trainee health care support worker role has been approved to mitigate gaps in workforce and to support a 'grow your own' initiative. Supporting new staff members to gain the required clinical experience and academic requirements to move into a B3 position within a 12 month fixed term post. Interviews have commenced in July/ August where over 200 candidates will be interviewed for 65wte posts.

To provide further assurance in relation to safer nurse staffing, North Tees will carry out STEP week (Safer staffing, Timely care, Enhanced Care, Planned discharge), this is scheduled in Sep25 and will specifically review patient acuity and dependency data and provide further validation of SNCT data in addition to collecting and collating a number of other data sets/metrics that will support a variety of planned or on-going work streams. Testing of the data collection tools is scheduled for the 8th Aug25 and an update of outcomes will be presented in Oct25.

There remains a continued reliance on the enhanced care team to provide 1:1 care to patients across several in-patient wards and departments at North Tees and Hartlepool. A review of the enhanced care service is currently underway with plans in place to use STEP week to collect and collate data sets linked to the provision of enhanced care. This will support moving to a revised model in line with the national collaborative/support. North Tees and Hartlepool are part of the NHSE ETOC workforce planning and deployment group which will further support service review.

ASSURE: Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

At South Tees, registered nurse and midwives (all bands) turnover for June 25 has decreased to 4.85% and HCSW turnover increased to 7.97%. North Tees and Hartlepool turnover for June 2025 has increased in all bands with registered nursing increasing to 5.04% and HCSW to 7.87%.

The opportunity to present assurance related to workforce governance cross cutting schemes at CIPG was positively received and reinforced the continued commitment to exploring every method of safe and efficient rostering.

At North Tees, the NQN's in the Sep25 cohort have been appointed into permanent and fixed term roles throughout Trust. There has been approval to also appoint into forecasted vacancies to ensure that NQNs feel assured of their employment and reduces the risk of them moving to other Organisations for permanent posts.

Recommendations:

Members of the Trust Board are asked to: Note the content of this report and to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout June 2025.

Nurse Monthly Safer Staffing Report

This exception report provides the People Committee with the monthly University Hospitals Tees nursing safer staffing position across all in patient areas. The report provides the People Committee with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

1. Safer Staffing Governance

At University Hospitals Tees (UHT), Safer Staffing is maintained through twice daily safer staffing meetings (using Safe Care Live) to address any immediate safe staffing concerns (on the day) and to ensure that suitable safer staffing arrangements are in place in line with patient acuity and dependency levels. Staff redeployment is co-ordinated to ensure patient safety is prioritised and at the forefront of decision making in line with the agreed SOPs. All staffing plans are shared through OPEL meetings and Safe Care meetings.

Across the Group, all elements of safer staffing are reviewed at the site led workforce group meetings. Any unresolved concerns are escalated to the Tactical and Strategic Group and Site Leadership Team as required. Both sites undertake a look forward exercise to the week ahead, to ensure that a plan is in place to support any gaps in the nursing workforce. The monthly collaborative assurance meetings at both sites have full participation from all senior nurses including Heads of Nursing, Clinical Matrons and Service Managers to ensure all decision making is appropriate.

Monthly workforce assurance and check and challenge meetings are now embedded in practice to ensure compliance with rostering and safer staffing key performance indicators. At North Tees, the current Check and Challenge meetings have recently been reviewed and refreshed to ensure that the required safe staffing and rostering KPIs are reviewed and required actions are agreed on a monthly basis. These meetings will now be known as monthly workforce assurance meeting to support a future UHT approach and to align with South Tees' current process.

Table 1a and Table 1b show overall planned versus actual fill across the group. Any areas showing less than 80% for registered nurses are highlighted and rationale provided as to why this has occurred.

The following areas at South Tees, during June 2025 showed a fill rate of less than 80% due to **patient acuity levels** and **staff sickness**:

Days

- CICU – Cardio Intensive Care
- Zetland - Stroke Rehabilitation
- Maternity Centre – Friarage

- Ward 11 – Older Persons Medicine

Nights

- CICU – Cardio Intensive Care
- Ainderby – Medical Ward
- Romanby – Medical Ward
- Maternity Centre – Friarage
- NHDU – Neuro High Dependency
- CHDU – Cardio High Dependency

The following areas had less than 80% fill due to a **reduced elective programme** during the period of reporting:

Days

- Ward 6 – Short Stay Elective
- Ward 22 – Paediatric Surgical Ward

Nights

- Ward 22 – Paediatric Surgical Ward

In June 2025, the following areas at North Tees and Hartlepool showed a fill rate of less than 80%;

- Low RM and HCSW fill rate continued on delivery suite and ward 22 due to current vacancies - filled by Sep25 student cohort, short term sickness and a high number of WTE on maternity leave.
- Critical Care had low RN fill rate due to reduced acuity during this reporting period.
- Low HCSW fill rate on elective care unit and neonatal unit due to reduced activity.
- Low HCSW fill rate on ward 22 due to increased vacancies and short-term sickness.
- Low HCSW fill rate on SDU due to current adjustments to department templates in this line, this will be adjusted as of Aug25.
- Low HCSW fill rate on Paediatrics due to short term sickness alongside reduced acuity and dependency.
- Wards ACU, 24, 25, 26, 27, 28, 32, 33, 36, 40, 41 and 42 had an increase in HCSW fill up to 110- 174% due to the increasing demands of enhanced care, particularly at night.

All safe staffing concerns were escalated to the daily safer staffing meetings, where appropriate redeployment was carried out based on patient acuity and dependency.



Table 1a Trust Planned versus Actual fill – South Tees:

Overall Ward Fill Rate		June 25
	RN/RMs (%) Average fill rate – DAYS	91.5%
	HCA (%) Average fill rate – DAYS	91.7%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	94.8%
	HCA (%) Average fill rate – NIGHTS	99.0%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	97.1%

Table 1b Trust Planned versus Actual fill – North Tees and Hartlepool:

Overall Ward Fill Rate		June 2025
	RN/RMs (%) Average fill rate – DAYS	90%
	HCSW (%) Average fill rate – DAYS	97%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	97%
	HCSW (%) Average fill rate – NIGHTS	124%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	101%

- **Nurse Sensitive Indicators**

At both South and North Tees, staffing was not directly referenced in any concluded PSIRF reviews in June 2025.

- **Red Flags Raised through Safe Care Live**

At South Tees, during June 2025, there were a total of 3 red flags raised relating to staffing. Two of the red flags were logged as “Shortfall in RN time” and one logged as “Missed ‘intentional rounding’”. There were no red flags raised indicating less than 2 RNs on shift, however, the Safe Care log would provide a documented resolution in these instances. Reminders are sent weekly via the E-Rostering team to Clinical Matrons to review and close any resolved Red Flags.

At North Tees, there was a decrease in red flags raised relating to safe staffing during Jun25 to 1. The red flag was raised by ward 40 for ‘vital signs not monitored’ this was in

relation to the increased needs of enhanced care patients and a reduced number of enhanced care workers, meaning that ward based HCSW's were required to support patients on a 1:1 basis, taking them away from the main ward requirements. This was discussed during the daily safe staffing meeting and suitable re-deployment of staff was carried out to provide additional support to the ward.

- **Datix/In-Phase Submissions**

At South Tees during June 25, there were 92 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues are reviewed and discussed as part of workforce assurance and governance meetings. The majority of Datix submissions, highlights a reduction in staffing on Ward 7, Ainderby and Ward 17. All shortages raised were managed through the Safe Care process throughout June.

At North Tees, in Jun25 there was an increase of in-phase reports relating to nurse staffing. A total of 9 were submitted by the Care groups, which have been summarised below;

Delivery Suite - 3 due to delayed care linked to RM staffing levels, internal escalation plans followed to provide safe staffing levels and non-urgent care postponed.

Respiratory - 2 due to increased acuity and dependency of SNCT level 2 patients and not having adequate nursing staff to support patient needs. Escalated out of hours and appropriate escalation plans were made by the clinical site matron.

Enhanced Care - 2 due to lack of enhanced care support, escalated through the safe staffing meeting and ward matrons supported clinically to mitigate risk.

SDU - 1 due to increased acuity and activity out of hours, risk mitigated through internal escalation.

EAU - 1 in relation to a reduction in available nurse staffing of decanted beds on ward 37 from EAU, internally escalated and managed within the care group to support this capacity.

All staffing risks were appropriately escalated through Senior Clinical Matrons (CSMs) or Clinical Site Managers (CSM) at the time of the events and all In-Phase reports were discussed in the safer staffing meetings to ensure mitigation of any risk was put in place.

The Nursing Workforce Team continues to work closely with the People Team and the temporary staffing providers (NHSP) to improve fill rates and maintain safe staffing.

- **Vacancy & Turnover**

Across the group, the vacancy position continues to be positive. Both sites submitted a joint paper to the Full Executive Team meeting and agreement was secured to over recruit NQNs from the September cohort.

As per the South Tees financial ledger for June 2025, vacancies show as -14.50 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 117.26 WTE for HCSW's. Centralised recruitment of HCSW's took place in July 25 to

mitigate against the vacancy / establishment gap increasing in the future. 44 WTE HCSW's were successfully recruited.

At North Tees, the B5 RN vacancy position remains positive across the in-patient wards and departments. In June 2025 the vacancy level is 13.28 WTE, with forecasting to the end of October 2025 seeing this reduce to 0 WTE. All current and forecasted vacancies are now being appointed into by the next NQN cohort for Sep25 following SLT approval in July 2025.

At North Tees, the HCSW vacancy position across all services in Jun25 is 64.47 WTE with a forecasted vacancy exceeding 70wte by Aug25. There is a planned improvement to this position following the approval to flip 65 WTE B3 vacancies into B2 trainee HCSW posts. These posts are being appointed into throughout Jul/Aug25.

- **Care Hours Per Patient Day (CHPPD)**

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. This relates to the associated variance between the required care hours to safely care for patients and the actual care hours delivered by individual ward nursing workforce models. Table 2 and Table 3 show the overall average CHPPD for the group. Most recent breakdown by ward for June 2025 can be reviewed in Appendix 2.

Table 2 South Tees site:

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
April 2025	9.17	9.76	+0.59
May 2025	9.09	9.33	+0.24
June 2025	9.20	9.65	+0.45

June 25 shows that 16 inpatient areas are above the required average of CHPPD provision. Those that are below the required CHPPD are reflective of the current sickness and increased patient acuity. Twice daily safe care reviews plan and implement redeployment into unfilled shifts.

Wards 12 and 9 had the lowest CHPPD due to Ward 12 carrying 1 x HCSW vacancy and had 8.3% of staff off sick in June 25. Ward 9 carries 4 HCSW vacancies and had 12.3% of staff off sick in June 25. The vacancies for HCSW's have just been recruited into (August 25) via the central HCSW process so we should see the negative CHPPD improve over the next few months. The staff sickness is managed appropriately with Health Improvement Plans in place.

June 25 had an average sickness rate of 5.46% (RN's, RM's and HCSW's combined) showing the number of staff off sick is decreasing and will aid in reducing the reliance on temporary staffing. Due to the changing demands temporary staffing is variable, with a concerted effort made to redeploy before exploring NHSP.

A weekly look forward review and monthly Workforce Assurance meetings with each collaborative allows triangulation of data including sickness and turnover rates. The wards and departments with the largest NHSP spend relate to those areas that have been



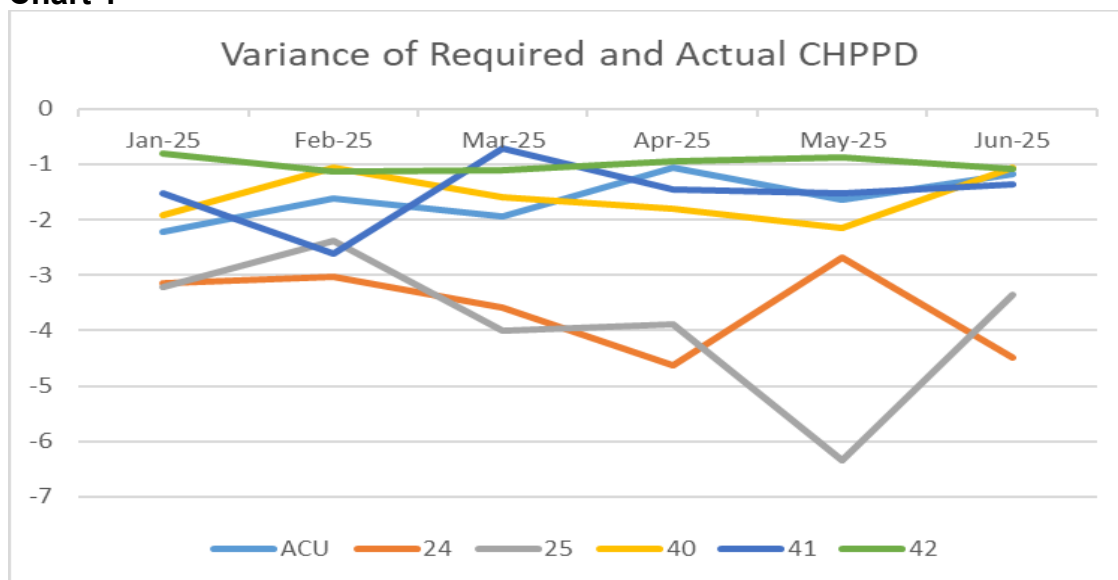
highlighted as requiring an adjustment in establishment in the biannual SNCT establishment reviews.

Table 3 North Tees site:

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
April 2025	8.94	9.62	+0.67
May 2025	9.55	10.49	+0.95
June 2025	9.25	10.06	+0.81

In June 2025 the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were Cardiology, Respiratory, Gastroenterology, Endocrine, Elderly Care and Stroke wards. This is reflective of the increased acuity in Respiratory and Endocrine (SNCT level 2 patients) and of increased HCSW vacancy in the other departments. These areas have also been the focus of the most recent bi-annual nurse establishment review where the proposed nurse establishment models in line with the formal review process have been presented, indicating that establishments in these areas require investment. **Chart 1** presents the variance of the required and actual CHPPD for these areas across the previous 6 month.

Chart 1



All unfilled duties within rosters have been managed via the twice daily safer staffing meetings and suitable re-deployment to the areas made. The use of temporary nurse staffing continues at North Tees due to sickness levels that continues to exceed 4% (allocated within headroom) and maternity leave that has previously not been backfilled consistently.



To provide further assurance in relation to safer nurse staffing, North Tees will carry out STEP week (Safer staffing, Timely care, Enhanced Care, Planned discharge), this is scheduled in Sep25 and will specifically review patient acuity and dependency data and provide further validation of SNCT data in addition to collecting and collating a number of other data sets/metrics that will support a variety of planned or on-going work streams. Testing of the data collection tools is scheduled for the 8th Aug25.

Work continues with the Business Intelligence team to develop a nursing and midwifery workforce matrix to support the monthly triangulation of workforce metrics, patient quality and safety outcomes and professional judgement. Due to the move to Power BI, this work has been paused by BI so a manual version of this is currently being drafted as an interim measure to enable an element of testing.

- **Nurse Recruitment and Retention**

On the 5th August 2025, a Group 'over recruitment' proposal was approved at Group Management Team meeting, with an agreement to over recruit a total on 90wte B5 NQNs (70wte at South Tees and 20wte at North Tees). This will enable both sites to fill unfilled shifts linked to maternity leave and long-term absence, thus reducing the reliance on NHSP/agency.

All Sep25 NQNs have been allocated positions based on current and forecasted vacancies. Recruitment centres continue on a monthly basis, alternating the recruitment of HCSW and RN posts.

Safer Staffing workforce initiatives continue to be implemented. At both sites the monthly nursing workforce assurance meetings / Professional Workforce Assurance Council (PWAC) provide a platform to fully explore all recruitment and retention issues as well as highlighting best practice for safe and effective rostering.

- **Temporary Staffing**

At South Tees, nursing and midwifery bank and agency demand for June 25 has decreased by 38% compared to June 24. Bank filled hours have also decreased by 30% when compared to June 24.

Nursing agency use continues to be minimal at South Tees. June 25 showed that there were 28 hours of nursing agency used in Orthopaedic Theatres. ODP agency was utilised in Orthopaedic Theatres (179 hours) and Friarage Theatres (81). This is 248 hours less than June 24.

Bank spend decreased by £372,592 (-25%) when compared to June 24. Agency spend decreased by 55% when compared to June 24.

The overall fill rate for bank and agency in June 25 was 85.9%. This has increased by 11.1% compared to the same period last year. The reduction in demand year on year provides a more reliable reflection of the requirements of the wards and therefore a more accurate fill rate.

At North Tees and Hartlepool, all temporary staffing spend (NMAHP, Medical and Dental, Health Care Scientist and Admin and Clerical) is discussed monthly via the Temporary Staffing Focus Group (TSFG).

Agency spend YTD is £766k lower than the previous year

- Agency spend is still lower than in any month last year but is £22k up on May-25 driven by Cell Path and Finance.
- Mar-25 was high due to Cell Path outsourcing (now coded to non-pay), though insourcing makes up more than 50% of the remaining agency spend

Bank spend YTD is £169k higher than previous year

- At Jun-24 we were still seeing the swap from Agency to Bank
- In M3 we've seen Bank spend reduce back down from April and May, with a reduction seen in Enhanced Care

Locum spend YTD is £119k lower than previous year

- M3 spend has reduced compared to April and May

Overtime spend YTD is £137k lower than previous year

- M3 spend has remained consistent with May

- **Key Priorities**

At North Tees the current key priorities are as follows:

- Continued monitoring of temporary staffing, over time use, sickness/absence & turnover
- Bi-annual nurse establishment review paper (update) to Board in Oct25.
- SNCT data collection planned for Sep25 (cycle 3 of new adult in-patient tool)
- New Paeds SNCT launch planned for Autumn 2025, 1st cycle of data collection to follow
- Introduction of Trainee HCSW (65wte B2) by Oct25 following pre-employment checks.
- STEP week to take place from 1st to 5th Sep25
- Continue to recruit NQN's into established and forecasted vacancies for Sep25 and then Jan26
- Development of the nursing workforce matrix detailed in section 6 of this report – to move this work forward following recent delays
- Enhanced Care service evaluation and movement to ETOC model

At South Tees the current key priorities are as follows:

- Detailed scoping exercise of non ward based nurses and options to identify costs related to Nurse staffing covering medical rosters
- Continued actions to further reduce the remaining agency spend in Theatres
- Identification of the impact from Industrial Action on the ability to achieve reductions across NHSP.
- Workforce dashboard – launch into live environment

- **RECOMMENDATIONS**

The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

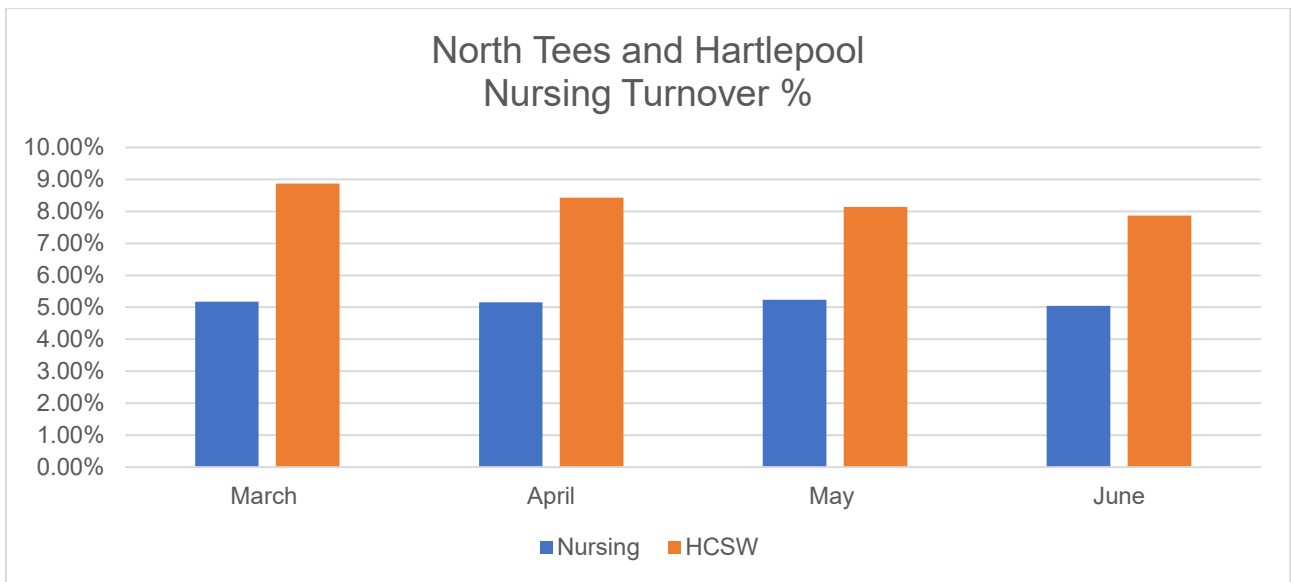
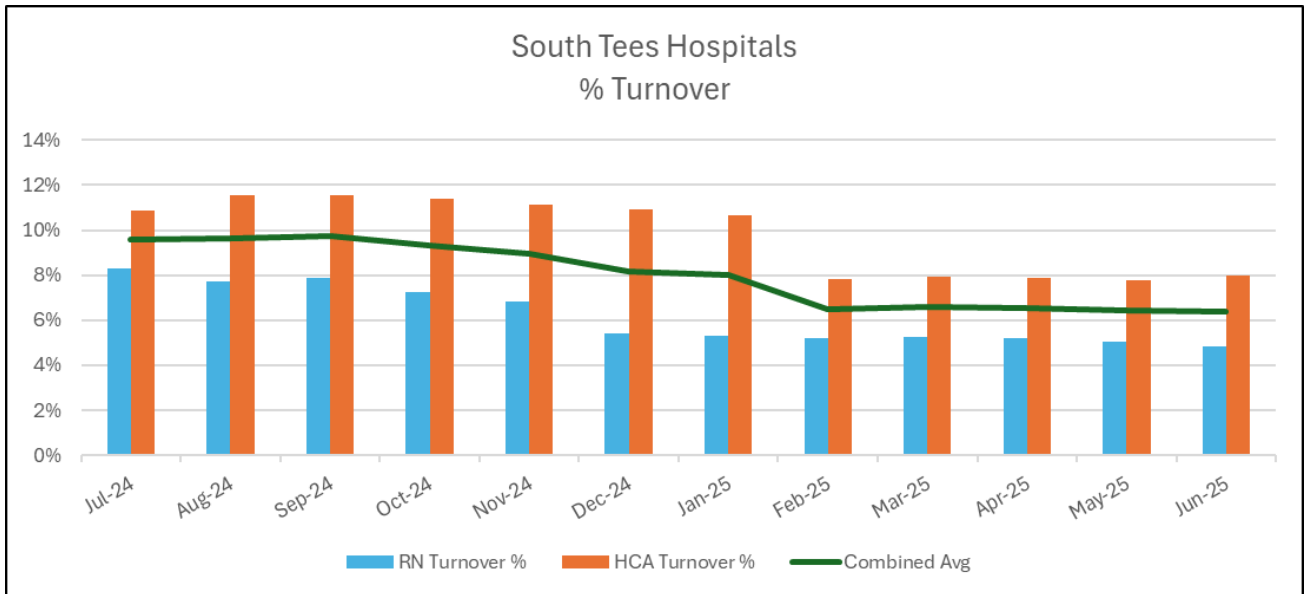
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The Board are asked to acknowledge the development of this report in the coming months to ensure that the two current reporting methods across both site teams continue to align. This will provide the continued assurance that arrangements are in place to staff services with the right skills in in the right place to provide safe, sustainable and productive staffing.



Appendix 1

Nursing Turnover



Appendix 2

South Tees Average CHPPD Breakdown by Ward (June 2025):

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ward 1	9.39	9.50	0.11
Ward 31	9.34	6.65	-2.68
Ward 2	6.34	5.80	-0.53
Ward 3	7.64	5.68	-1.95
Ward 4	8.70	8.45	-0.25
Ward 5	5.70	5.04	-0.66
Ward 6	5.67	5.45	-0.22
Ward 7	5.30	4.73	-0.56
Ward 8	6.13	5.76	-0.37
Ward 9	8.53	4.63	-3.90
Ward 11	8.03	5.84	-2.19
Ward 12	10.32	6.35	-3.97
Ward 14	6.98	6.29	-0.69
Ward 24	7.95	8.50	0.54
Ward 25	8.90	7.38	-1.52
Ward 26	9.04	6.89	-2.15
Ward 27	8.22	10.62	2.40
Ward 28	8.34	6.10	-2.24
Ward 29	5.06	5.41	0.36
Cardio MB	6.33	8.03	1.70
Ward 32	6.78	6.80	0.02
Ward 33	7.20	6.06	-1.14
Ward 34	7.98	6.03	-1.95
Ward 35	7.03	6.98	-0.05

Ward 36	6.09	5.19	-0.90
Ward 37 - AMU	12.15	11.28	-0.87
Spinal Injuries	9.40	8.05	-1.36
CCU	15.52	12.33	-3.18
Critical Care	19.02	26.36	7.33
CICU JCUH	23.73	32.07	8.33
Cardio HDU	10.61	14.25	3.65
Ward 24 HDU	10.75	21.51	10.76
CDU FHN	7.88	8.06	0.18
Ainderby FHN	10.50	8.20	-2.30
Romanby FHN	7.64	7.08	-0.55
Gara FHN	5.98	15.87	9.89
Rutson FHN	8.05	7.10	-0.95
Friary	8.04	8.43	0.39
Zetland Ward	9.18	6.93	-2.25
Tocketts Ward	7.88	6.08	-1.80
Ward 21	9.25	15.56	6.31
Ward 22	13.05	13.88	0.83
Neonatal Unit (NNU)	13.34	12.98	-0.36
Paediatric Critical Care (PCCU)	15.22	25.42	10.20
Grand Total (Average)	9.20	9.65	0.45

North Tees Site - CHPPD by ward for June 2025

Unit Previous month	Required CHPPD	Actual CHPPD	CHPPD Variance
Acute Cardiology Unit	7.47	6.29	-1.18
Critical Care North Tees	20.55	28.98	8.42
Elective Care Unit	6.85	20.85	14.00
Emergency AMB	7.78	10.14	2.35

Neonatal Unit	10.79	12.39	1.60
Paediatrics	10.09	20.55	10.45
SDU	10.78	11.37	0.59
Ward 24 (Respiratory)	8.70	7.08	-1.62
Ward 24 RSU (Respiratory)	13.38	10.49	-2.89
Ward 25 (Respiratory)	9.26	7.05	-2.21
Ward 25 RSU (Respiratory)	13.63	12.49	-1.14
Ward 26 (Gastroenterology)	7.79	6.08	-1.71
Ward 27 (Gastroenterology)	7.40	6.04	-1.36
Ward 28 (Surgery)	6.28	6.10	-0.18
Ward 31 (Surgical Observation Unit)	8.53	8.78	0.26
Ward 32 (Fragility Fracture)	8.00	7.09	-0.91
Ward 33 (Orthopaedic & Spinal)	6.47	6.06	-0.41
Ward 36	8.70	6.48	-2.21
Ward 38	6.92	6.37	-0.55
Ward 40 (Acute Elderly)	8.53	7.46	-1.07
Ward 41 (Stroke Unit)	7.84	6.47	-1.37
Ward 42 (Elderly Rehabilitation)	7.80	6.71	-1.09
Average	9.25	10.06	0.81