

Safe Staffing Monthly Report (Oct 25 data)

Meeting date: 16th December 2025

Reporting to: Group People Committee

Agenda item No:

Report author: Lindsay Garcia, Group Director of Nursing, Emma Roberts, Associate Director of Nursing and Professional Workforce, Debi McKeown, Nurse Workforce Lead

Executive director sponsor: Emma Nunez, Chief Nursing Officer

Action required: Assurance

Delegation status: Jointly delegated item to Group Board

Previously presented to: N/A

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 October 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.

The following departments had the highest variance between actual and required CHPPD at South Tees:

- Ward 9
- Ward 25
- Ward 31
- Spinal Injuries
- Ainderby

These discrepancies suggest that staffing levels in these areas may not have adequately reflected patient acuity.

The financial ledger for South Tees reports a vacancy gap of 123.24 WTE for HCSW's.

Wards and departments at South Tees with the highest recorded DATIX relating to staff shortage and skill mix were:

- Ward 9
- Ward 12
- PCN Holgate

At North Tees and Hartlepool, during October 2025, sickness absence increased slightly for both registered and unregistered staff month on month:

- Registered staff: 5.69% (+0.08%)
- Unregistered staff: 9.48% (+0.23%)

In October 2025, NHSP fill rates have increased for RN/RM but reduced slightly for HCSWs at North Tees sites;

- Registered staff: 81.7% (+3.2%)
- Unregistered staff: 86.40% (-0.40%)

At North Tees and Hartlepool, during October 2025, Registered nurse turnover reduced slightly, and Unregistered Nurse turnover increased slightly.

- Registered staff: 4.36% (-0.40%)

- Unregistered staff: 8.69% (+0.65)

In September the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were;

- Acute Cardiology Unit
- Ward 24
- Ward 25
- Ward 26
- Ward 27
- Ward 36
- Ward 40
- Ward 41

These are the same areas reporting a higher variance as last month and continue to be the areas that have 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.

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.

At South Tees during October 2025, sickness absence increased for registered staff and decreased for unregistered staff month on month:

- Registered staff: 6.74% (+0.4%)
- Unregistered staff: 9.97% (-0.2%)

While these figures reflect a month-on-month increase, shift fill across South Tees sites remained stable, demonstrating continued resilience in staffing and effective management of workforce pressures.

The average percentage of shifts filled against the planned nurse staffing across South Tees for October 25 increased marginally to 97.5%.

Staff turnover at South Tees during October 25 increased for registered staff and decreased for unregistered staff month on month:

- Registered staff: 4.63% (+0.1%)
- Unregistered staff: 7.88% (-0.4%)

Overall turnover remains significantly lower than in October 2024, indicating a positive year-on-year trend in workforce retention. **(Appendix 1)**

At South Tees, the bi-annual nurse establishment review will be presented to Board in January. This review paper is to determine any requirements to adjust the existing nursing

workforce model. The data is a triangulation of the SNCT findings, professional judgement and actual base establishments.

The monthly Workforce Assurance Meetings have now been developed to include both North & South Tees sites as CSU assurances from January 2026. These discussions now will ensure that we continue to provide a constructive forum for reviewing staffing expenditure in relation to safe staffing levels and patient quality indicators. A combined workforce assurance cycle will support to determine the staffing levels required to deliver safe, effective care while reducing reliance on temporary staffing.

At North Tees and Hartlepool, the next Nurse establishment review update will be presented to Board in March 2026. This update follows the full establishment review presented to Board in July 2025 and will support the completion of the next annual nurse establishment review in 2026/27. The full nurse establishment planning cycle is currently being reviewed to align and move into a University Hospitals Tees cycle.

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, staff sickness across wards and departments is being actively managed, with Health Improvement Plans in place to support recovery and resilience.

Areas falling below the required CHPPD levels were predominantly affected by elevated staff sickness rates and increased patient acuity at South Tees. To address these challenges, twice-daily Safe Care reviews continue to play a critical role in workforce planning and the targeted redeployment of staff to cover unfilled shifts.

To support HCSW vacancies at South Tees, the second cohort of the centralised Care Support Worker recruitment programme has been confirmed. Interviews took place during for October 25, with successful candidates expected to commence in December 2025. This recruitment process remains ongoing and is scheduled for review in April 2026.

At South Tees the position for over-establishment is -44.41 WTE. This process is reviewed centrally through the monthly Workforce Assurance meetings and is aligned with all approved posts via the vacancy control panel. This approach ensures accurate tracking and recording of all posts, supporting regional and national reporting requirements for the Graduate Nurse Outcome Project.

The Safer Staffing Workshop took place in October; it was widely attended and allowed staff to contribute to the assurance plans for safer staffing The agenda (**Appendix 4**) included key topics such as staffing for winter pressures and non-ward based nurses SOP has now been developed in draft as an outcome of the session.

Whilst temporary staffing levels at South Tees remain variable due to changing service demands. A focused effort continues to be made to redeploy existing staff before utilising NHSP.

Weekly prospective reviews and monthly Workforce Assurance meetings with each CSU at the South Tees site enables effective triangulation of key workforce data, including sickness absence and staff turnover rates.

The majority of DATIX submissions for South Tees during October 25, highlighted staff shortages on Ward 9, Ward 12, and PCN Holgate. All reported shortages were appropriately managed through the Safe Care system, ensuring safe staffing levels were maintained throughout the month.

At North Tees, the Trust wide B5 RN vacancy position (adults and Paediatrics) in September 2025, has increased slightly to 38.31 from 37.05wte in September 2025, with forecasting to the end of January 2026 seeing this drop to zero. Current and forecasted vacancies are now being filled by the NQNs from the January 2026 cohort with some of these being recruited into the planned over recruitment of 20wte RN will support an element of backfill of long-term sickness and maternity leave.

At North Tees, the HCSW vacancy position has increased to 59.2wte from 41.84wte in September 2025. This is planned to reduce significantly following the introduction of 55wte B2 trainee HCSW posts. This pipeline programme of education will support the new trainee HCSW's to gain the required clinical experience and academic requirements to move into a B3 position within a 12-month fixed term post.

Data analysis continues following the success of STEP week in September 2025, at North Tees and Hartlepool. An initial report of key finding/themes and proposed actions and recommendations continues to be drafted and will be submitted for review by mid-December 2025. This work will support a variety of planned or on-going work streams including the re-design of the Enhanced Care service in line with the NHSE ETOC programme.

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 October 2025.

Nurse Monthly Safer Staffing Report: October 2025

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 workforce assurance meetings at both sites have full participation from all appropriate 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 monthly. These meetings will now be known as monthly workforce assurance meetings and will take place monthly from September 2025, further supporting a future UHT approach.

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.

During October 2025, several areas at South Tees reported fill rates below 80% for Registered Nurses, primarily due to **patient acuity levels** and **staff sickness**:

Day Shifts:

- Zetland - Stroke Rehabilitation
- Maternity Centre Friarage
- Ward 11 – Older Persons Medicine

Night Shifts:

- Ward 31 – Acute Assessment Unit
- Maternity Centre Friarage

- Neonatal Unit

In addition, the following areas reported fill rates below 80% due to a **reduced elective programme** during the reporting period:

Day Shifts:

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

There were no wards with an RN night shift fill rate below 80% during October 25 due to a reduced elective programme.

These figures highlight the impact of clinical demand and service changes on staffing fill rates and support ongoing efforts to align workforce planning with patient care needs.

In October 2025, the following areas at North Tees and Hartlepool presented a fill rate of less than 80%

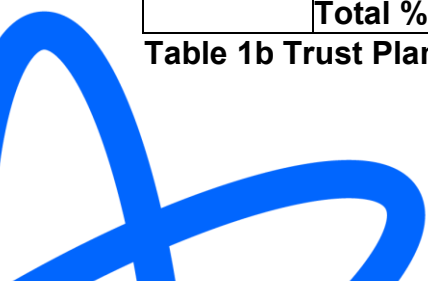
- Low RM and HCSW fill rate on delivery suite and ward 22 due to vacancies - filled by Sep25 NQM cohort who remain supernumerary in October 2025, short term sickness and a higher level of maternity leave.
- Low HCSW fill rate on SCBU during the day due to long term sickness.
- Low HCSW fill rate on Ward 28 and SDU as redeployments have been made to support increased acuity within the care group. Acuity and dependency for both areas fully reviewed at the time of re-deployment.
- High HCSW fill rate on Ward 27 during the day due to increased acuity and dependency needs of patients and those requiring sustained 1:1 observation.
- Low HCSW fill rate on Ward 36 during the night due to long term sickness.

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		October 2025
	RN/RMs (%) Average fill rate – DAYS	90.7%
	HCA (%) Average fill rate – DAYS	91.8%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	94.0%
	HCA (%) Average fill rate – NIGHTS	103.9%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	97.5%

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



Overall, Ward Fill Rate		October 2025
	RN/RMs (%) Average fill rate – DAYS	88%
	HCSW (%) Average fill rate – DAYS	99%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	95%
	HCSW (%) Average fill rate – NIGHTS	126%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	101%

- **Nurse Sensitive Indicators**

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

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

During October 2025, a total of **10** staffing-related red flags were raised at South Tees. These included:

- **5** flagged as *Shortfall in Registered Nurse (RN) time*
- **3** flagged as *Vital signs not assessed or recorded*
- **2** flagged as *Missed intentional rounding*

Documented resolutions are available via the SafeCare log, providing assurance that appropriate action was taken following escalation.

To support timely resolution and oversight, weekly reminders are issued by the Workforce Assurance Team to Clinical Matrons, prompting review and closure of any resolved red flags.

During October 2025, a total of 8 staffing-related red flags were raised at North Tees and Hartlepool. All raised for a *Shortfall in Registered Nurse time*

- **7** flagged by Critical Care
(*Due to increased acuity and occupancy, internal escalation plans followed*).
- **1** flagged by Ward 32
(*Due to RN sickness, escalated at safe staffing and matrons worked clinically to support*).

- **Datix/In-Phase Submissions**

At South Tees during October 25, there were 145 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues which are reviewed and discussed as part of workforce assurance and governance meetings. The majority of Datix submissions,

highlight a reduction in staffing on Ward 9, Ward 12, PCN Holgate. All shortages raised were managed through the Safe Care process throughout October 25.

At North Tees, in October 2025 there was a decrease of in-phase reports relating to nurse staffing. A total of 5 were submitted and have been summarised below;

- Delivery Suite – 2, one due to poor communication between NTH and South Tees teams in relation to mutual aid being agreed to take planned section patients. A second in-phase related to high acuity of women where internal escalation was required to manage safe staffing levels.
- Community Services - 1 linked to sickness and skill mix, short term sickness, escalated within care group
- Ward 42 – 1 linked to unavailability of an Enhanced Care worker to provide 1:1 care to a patient, escalated to safe staffing meeting for review of Trust wide staffing.
- Ward 41 - 1 linked to reduced RN cover due to short term sickness, suitable redeployments made to safely staff department and matron supported clinically.

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. This has now been completed and applicants working through the in the recruitment process

As per the South Tees financial ledger for October 2025, vacancies show as -44.41 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 123.24 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. Interviews for the second cohort took place in October 25 with anticipated start dates of November and December 25.

At North Tees, the Trust wide B5 RN vacancy position (adults and Paediatrics) in September 2025, has increased slightly to 38.31 from 37.05wte in September 2025, with forecasting to the end of January 2026 seeing this drop to zero. Current and forecasted vacancies are now being filled by the NQNs from the January 2026 cohort with some of these being recruited into the planned over recruitment of 20wte RN will support an element of backfill of long-term sickness and maternity leave.

At North Tees, the HCSW vacancy position has increased to 59.2wte from 41.84wte in September 2025. This is planned to reduce significantly following the introduction of 55wte B2 trainee HCSW posts. This pipeline programme of education will support the new trainee HCSW's to gain the required clinical experience and academic requirements to move into a B3 position within a 12-month fixed term post.

- **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 October 2025 can be reviewed in Appendix 2.

Table 2 South Tees site:

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
August 2025	9.14	9.49	+0.35
September 2025	9.26	9.39	+0.13
October 25	9.21	8.94	-0.27

During October 25, data indicates that 9 inpatient areas exceeded the required average for CHPPD (>1). Areas falling below the required CHPPD levels were primarily impacted by elevated staff sickness rates and increased patient acuity. To mitigate these challenges, twice-daily Safe Care reviews continue to support the planning and redeployment of staff into unfilled shifts.

The greatest variance between required and actual CHPPD (<3) was observed in Ward 9, Ward 25, Ward 31 Spinal Injuries and Ainderby.

- Ward 9 experienced CSW vacancies throughout October. These gaps were addressed through the centralised recruitment process, with successful candidates scheduled to commence in October 2025. Following completion of their supernumerary periods, an improvement in CHPPD is anticipated for November. Staff sickness rates showed a reduction among both registered and unregistered staff during the month. However, additional staffing was required to provide enhanced support for patients identified as being at risk of falls.
- **Ward 25** reported a notable improvement in registered staff sickness rates, which decreased from 9.5% in September to 5.2% in October. However, there was a significant increase in sickness among unregistered staff. September's rate was already elevated at 17.2%, but October saw this rise sharply to 31.1%.
- **Ward 31** experienced a reduction in sickness rates among both registered and unregistered staff. Despite this improvement, temporary staffing support was required to backfill absences due to the high patient acuity on the ward.

- **Spinal Injuries** reported an increase in sickness absence among both registered and unregistered staff during October. In addition, the unit is currently carrying 2.0 WTE CSW vacancies. Recruitment to these posts is planned as part of the next cohort within the centralised recruitment process.
- **Ainderby** reported a marginal increase in registered staff sickness absence, rising by 1% month-on-month. In contrast, sickness among unregistered staff decreased by 4.6% compared to the previous month. Variance in CHPPD was influenced by patient acuity, with a high number of CG47 Level 3 shifts requested throughout October and the opening of additional beds on the ward.

The reasons for NHSP bookings were consistent with the staffing challenges outlined above **(Appendix 3)**

Table 3 North Tees site:

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
August 2025	9.00	10.19	+1.19
September 2025	9.09	9.57	+0.48
October 2025	9.04	8.84	-0.21

In October 2025, the total variance has moved into a negative position which has not happened for several months. The areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were;

- Acute Cardiology Unit
- Ward 24 - Respiratory
- Ward 25 - Respiratory
- Ward 26 - Gastroenterology
- Ward 27 - Gastroenterology
- Ward 36 - Endocrinology
- Ward 40 – Older People
- Ward 41 - Stroke

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.

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.

The presentation of monthly workforce rostering KPI's and metrics now allows for more detailed correlation between various metrics and planned and actual CHPPD. These monthly reports are used in the monthly workforce assurance meetings to provide a clear identification of areas with low or no compliance and support discussion for planned actions to improve positions.



- **Temporary Staffing**

At South Tees, demand for nursing and midwifery bank and agency staffing in October 2025 decreased by **22%** compared to October 2024. Additionally, bank filled hours declined by **20%** over the same period. These trends suggest that ongoing initiatives to optimise staff deployment are delivering measurable results.

Nursing agency use continues to be minimal at South Tees. In October 2025, a total of **235** nursing agency hours were booked; the use has increased by **73** hours month on month. 169 nursing agency hours in October 25 were utilised within Friarage Theatres and 66 hours in Orthopaedic Theatres.

ODP agency usage remains present within the Trust. In October 2025, a total of 972 hours were utilised across the following areas:

- **Friarage Theatres:** 621 hours
- **Cardio Theatres:** 104 hours
- **Orthopaedic Theatres:** 247 hours

This reflects a month-on-month increase, while the number of hours remains consistent with the same period last year.

The current directive from the vacancy control panel is to review agency staffing requirements for the FHN site in January 2026 and the JCUH site in March 2026.

All agency usage is subject to appropriate governance and has been approved through the vacancy control panel.

An exit strategy is in place, aligned with the training matrix and competency progression of NQN's and ODP's.

In October 2025, bank staffing spend decreased by £144,989 (-11%) compared to October 2024, reflecting improved workforce stability. Conversely, agency staffing spend for nursing increased by £4,341 year-on-year, while agency ODP spend saw a slight reduction of £754.

The overall fill rate for bank and agency staffing in October 2025 was **83%**, demonstrating an increase of 4% when compared with the same period last year. The reduction in demand provides a more accurate reflection of ward requirements, resulting in a more reliable and representative fill rate.

At North Tees and Hartlepool, currently all temporary staffing spends (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 £1,266k lower than previous year
Agency spend is still lower than in any month last year and has remained consistent with prior months
Cell Path insourcing still makes up more than 50% of the remaining agency spend

- **Bank spend** YTD is £78k lower than previous year
Sickness has increased from prior month, though vacancy has reduced due to recruitment.
Enhanced care in M7 was up £7k on prior month, back to the 2nd highest month this year.
- **Locum spend** YTD is £139k lower than previous year
M7 spend is £50k higher than prior month, largely due to Anaesthetics and Haematology
- **Overtime spend** YTD is £281k lower than previous year
M7 spend is £10k up on prior month, but £40k lower than last year's average.

If the current month spend is projected for the rest of the year on a straight-line basis (no seasonality) we would save £2.1m compared to 24/25, but not hit the target reduction by £631k.

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 update report to Board in March 2026
- Presentation of STEP data and overall recommendations
- Final allocations of all January 2026 cohort NQNs.
- Focus on nursing workforce development with multiple new career pathways – Launch of the CORE pathway across NQNs in November 2025 and February 2026.
- Impact of Legacy Mentorship – conclusion and presentation of research in February 2026
- Continuation of alignment of safer staffing processes across University Hospitals Tees.

At South Tees the current key priorities are as follows:

- Actions from Safer staffing workshop to be completed
- Review of control processes in preparation for winter
- Development of process for non-ward based nurses and winter pressure support
- Central Care Support Worker recruitment and refresh of internal / external processes.
- Revision of the redeployment charter with a to a handbook, this draft has had contributions from all levels of staff and the operational site team to ensure its relevance

- **Recommendations**

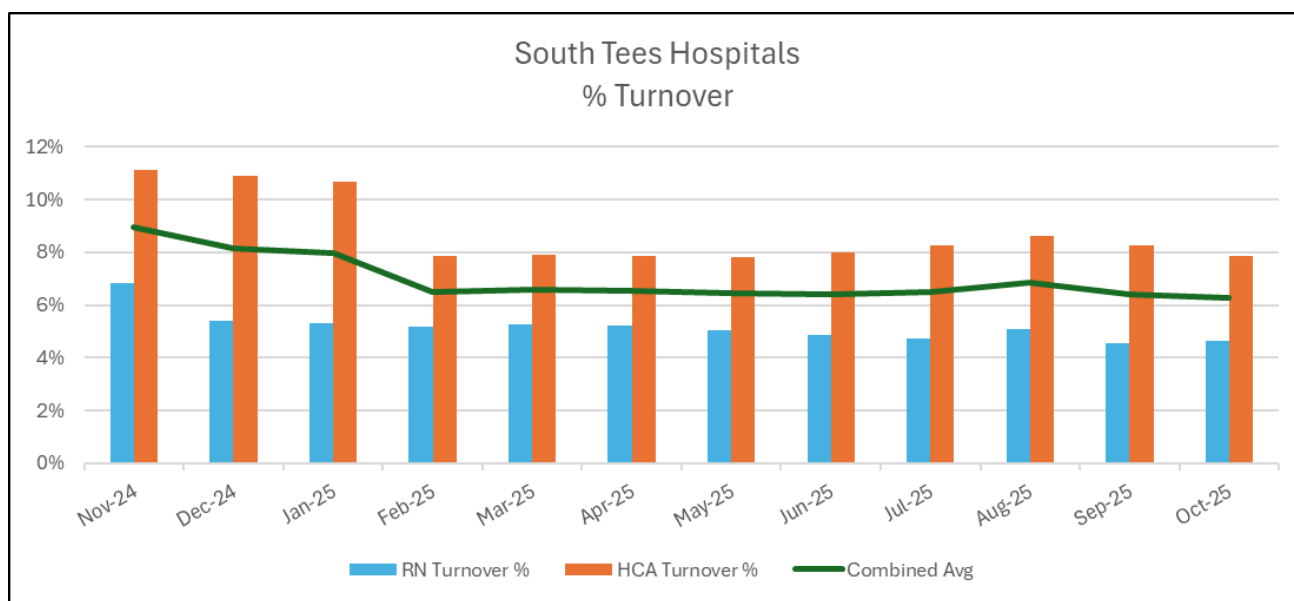
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

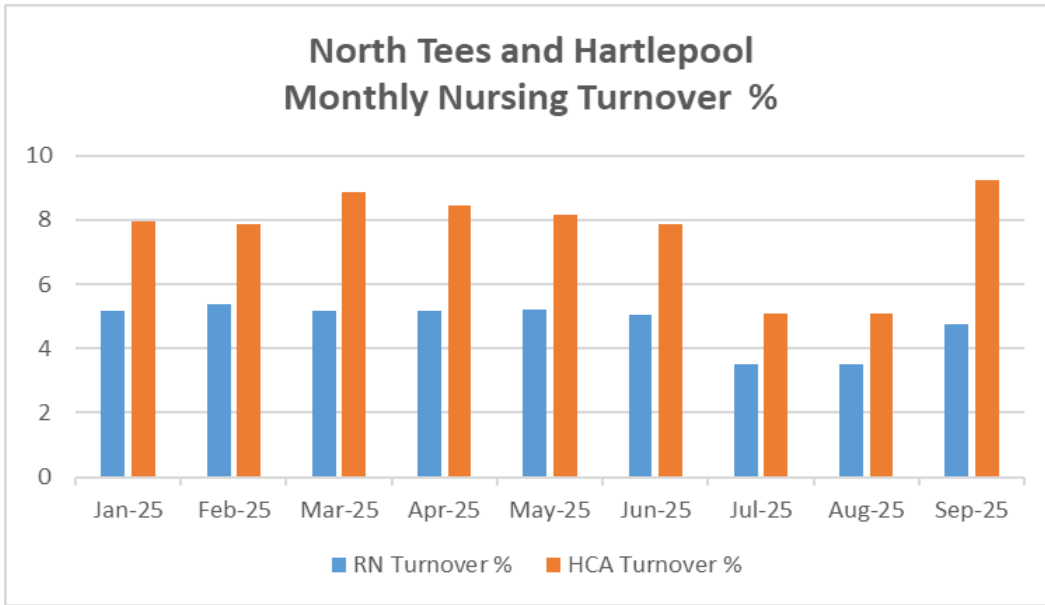
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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 October 2025





Appendix 2

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

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ward 1	8.95	8.24	-0.71
Ward 31	10.06	6.58	-3.48
Ward 2	6.47	5.09	-1.38
Ward 3	7.23	4.91	-2.31
Ward 4	8.35	6.16	-2.19
Ward 5	4.91	4.48	-0.43
Ward 6	5.47	5.14	-0.33
Ward 7	5.83	4.70	-1.13
Ward 8	5.78	5.07	-0.70
Ward 9	8.67	4.37	-4.30

Ward 11	8.64	6.79	-1.85
Ward 12	8.66	5.91	-2.75
Ward 14	7.36	6.07	-1.29
Ward 24	8.98	8.73	-0.25
Ward 25	10.34	6.99	-3.34
Ward 26	9.68	7.23	-2.45
Ward 27	8.04	10.70	2.66
Ward 28	8.41	5.96	-2.45
Ward 29	5.59	5.05	-0.54
Cardio MB	6.78	7.80	1.01
Ward 32	6.71	6.02	-0.70
Ward 33	7.68	6.49	-1.19
Ward 34	7.27	5.94	-1.33
Ward 35	9.02	8.81	-0.22
Ward 36	6.45	5.52	-0.93
Ward 37 - AMU	10.41	8.05	-2.35
Spinal Injuries	10.49	6.96	-3.53
CCU	14.75	11.93	-2.82
Critical Care	18.20	25.95	7.75
CICU JCUH	23.41	22.37	-1.04
Cardio HDU	10.56	13.97	3.41
Ward 24 HDU	11.03	20.30	9.27
CDU FHN	8.02	7.04	-0.98
Ainderby FHN	10.67	6.97	-3.71
Romanby FHN	7.73	6.70	-1.02
Gara FHN	6.59	15.07	8.48
Rutson FHN	8.01	7.24	-0.77
Friary	7.96	8.00	0.03
Zetland Ward	9.32	6.84	-2.48
Tocketts Ward	7.62	5.80	-1.82
Ward 21	9.04	11.44	2.40
Ward 22	12.58	13.21	0.64

Neonatal Unit (NNU)	12.51	15.26	2.75
Paediatric Critical Care (PCCU)	14.86	21.31	6.45
Grand Total (Average)	9.21	8.94	-0.27

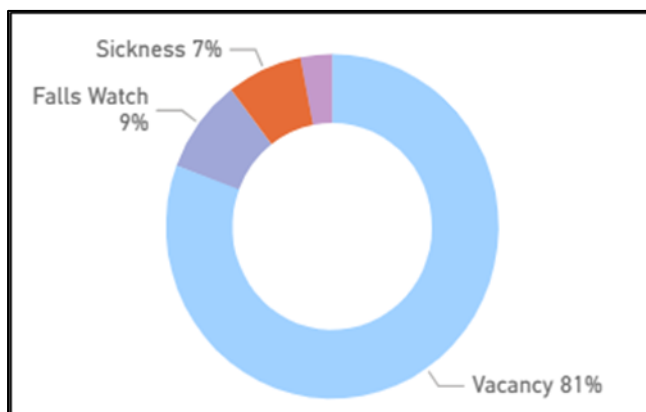
North Tees Site - CHPPD by ward for September 2025

Row Labels	Average of Required CHPPD	Average of Actual CHPPD	Variance
Acute Cardiology Unit	7.09	5.67	-1.41
Critical Care North Tees	22.47	23.31	0.84
Elective Care Unit	6.18	19.57	13.39
Emergency AMB	7.50	8.38	0.88
Neonatal Unit	10.86	18.78	7.93
Paediatrics	10.09	15.80	5.71
SDU	8.83	10.81	1.98
Ward 24 (Respiratory)	9.03	6.37	-2.66
Ward 24 RSU	12.80	9.93	-2.87
Ward 25 (Respiratory)	9.03	6.59	-2.43
Ward 25 RSU	11.95	10.55	-1.40
Ward 26	7.50	5.71	-1.79
Ward 27 (Gastroenterology)	7.69	6.53	-1.16
Ward 28 (Surgery)	6.23	5.80	-0.43
Ward 31 (Surgical Observation Unit)	7.99	9.03	1.04
Ward 32 (Fragility Fracture)	8.07	7.77	-0.30
Ward 33 (Orthopaedic & Spinal)	6.36	6.02	-0.34
Ward 36	8.62	6.91	-1.71
Ward 38	6.37	5.52	-0.85
Ward 40 (Acute Elderly)	8.36	6.93	-1.43
Ward 41 (Stroke Unit)	7.58	5.59	-2.00
Ward 42 (Elderly Rehabilitation)	9.39	9.06	-0.33
Grand Total	9.09	9.57	0.48

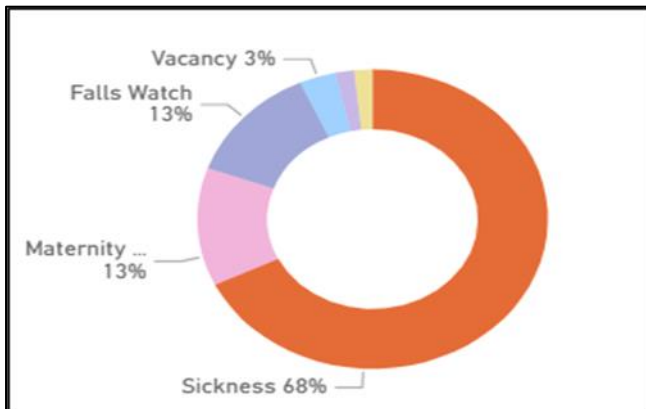
Appendix 3

South Tees NHSP booking reasons for areas with highest CHPPD variance.

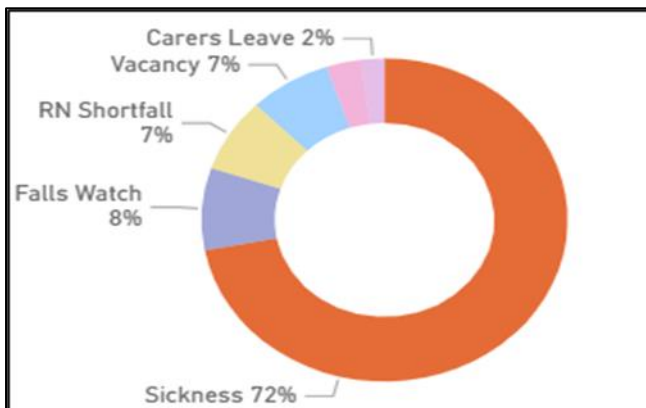
Ward 9:



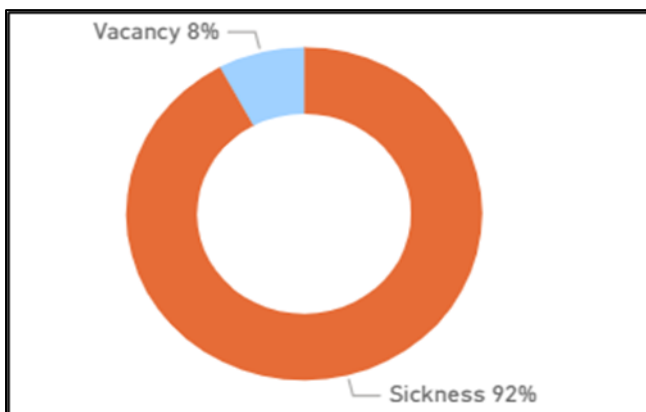
Ward 25:



Ward 31:

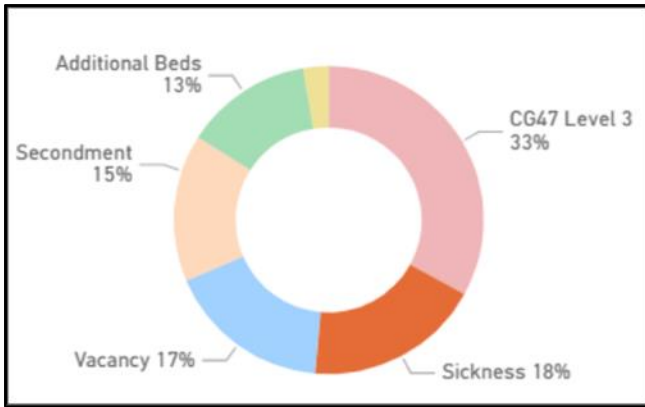


Spinal Injuries:



Ainderby:





Appendix 4

Agenda for South Tees Safer Staffing Workshop

Safer Staffing Workshop Agenda

29th October 2025

08:00-12:00

ITEM	PURPOSE	LEAD	TIME	ACTIONS
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1	Welcome and Introductions to Morning	Information	Lindsay & Amy		
2	Key Principles of Nurse in Charge in Safer Staffing	Information	Ward Manager		
3	Key Principles of Ward Manager in Safer Staffing	Information	Matron Council		
4	Key Principles of Matron in Safer Staffing	Information	Amy		
5	Ratios & Traffic Light Systems	Information	Debi		
6	Central CSW Recruitment Process	Information	Debi		
7	Safe Care <ul style="list-style-type: none"> • Roll of Chair • Use of Ratio Information • Review of SafeCare Log • SOP 	Information and Discussion	Debi		
8	Redeployment	Information	Amy & Stephen		
9	AOA/ Surge/ Overtime – Escalation & Additional Hours Overtime SOP	Information and Discussion	Amy & Debi		
10	NHSP & Trust Behaviours	Information	Debi		
11	Winter Pressures Role and Responsibilities <ul style="list-style-type: none"> • Impact • Patient Flow 		Amy, Stephen, Jo Foster, Site Team		

	<ul style="list-style-type: none"> • 10 Criteria Led Discharge 		and Ops Team		
11	Main Takeaways				
12	Questions				

