

Safe Staffing Monthly Report (Nov 25 data)

Meeting date: 26th January 2026

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 provides assurance on inpatient nursing staffing for November 2025. Robust processes are in place to ensure staff with the appropriate skills are deployed to meet patient

need and maintain safe care. Daily Safe Care Staffing meetings review ward acuity, dependency and occupancy, enabling timely redeployment and escalation where required. Staffing risks are actively mitigated to the lowest feasible level through agreed actions overseen by senior nursing leadership.

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.

Sickness absence at South Tees increased month on month for both staff groups in November 2025 (registered: 7.10%, +0.4%; unregistered: 9.80%, +0.02%). Despite this, shift fill rates remained stable, reflecting effective management of workforce pressures.

The largest variances between actual and required CHPPD were observed in Ward 12, Wards 25 and 26, and Ainderby, indicating potential misalignment between staffing and patient acuity. The financial ledger reports a vacancy position of 131.98 WTE for HCSWs. The highest number of Datix incidents relating to staffing shortages and skill mix were reported in Ward 3, Therapeutic Care and PCN Holgate.

Sickness absence at North Tees reduced for both registered and unregistered staff (5.45%, -0.24%; 8.94%, -0.90% respectively). However, NHSP fill rates declined for registered and unregistered staff (81.7%, -2.2%; 86.1%, -0.3%). Nurse turnover also reduced for both groups.

Overall CHPPD variance moved into a negative position for the first time in several months, with variances >1 identified in multiple wards, including cardiology, respiratory, gastroenterology, stroke, orthopaedics/frailty and endocrinology. These areas align with findings from the bi-annual nurse establishment review, reinforcing the need for further establishment review as CSU service delivery models are developed.

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.

Across South Tees, the average proportion of shifts filled against planned nurse staffing in November 2025 decreased slightly to 97.4%. Staff turnover showed minimal month on month change, with a small increase in registered staff turnover and a marginal reduction for unregistered staff (registered: 4.67%, +0.04%; unregistered: 7.83%, 0.05%). Overall turnover remains significantly lower than November 2024, indicating improved workforce retention year on year.

At North Tees, the Band 3 HCSW vacancy position increased to 59.2 WTE in October 2025, representing a rising monthly trend. This continues to be driven by difficulties in recruiting staff who meet the Band 3 qualification requirements. The Band 2–3 pipeline programme remains in place, supporting trainee HCSWs to achieve the required competencies through a 12month fixed term post. Centralised recruitment continues, with the next recruitment centre scheduled for February 2026.

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 is actively managed through Health Improvement Plans, with twice daily Safe Care reviews mitigating the impact of sickness and increased patient acuity on CHPPD compliance. Workforce oversight enables timely redeployment to maintain safe staffing.

HCSW vacancies continue to be addressed through centralised recruitment, with recent starters joining in December 2025 and further intakes planned for February 2026. The registered nurse over-establishment position (-51.65 WTE) is centrally managed through Workforce Assurance meetings and vacancy controls, ensuring alignment with approved posts and statutory reporting.

Temporary staffing use remains demand-led, with redeployment prioritised ahead of NHSP. Weekly and monthly workforce reviews support triangulation of sickness, turnover and establishment data.

At North Tees, the Band 5 RN vacancy position reduced to 33.18 WTE in November 2025, with further reductions forecast by January 2026 following appointment of the January NQN cohort and planned over-recruitment to support long-term absence cover. Full assurance is in place that all Trust-home NQNs have been appointed.

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 November 2025.

Nurse Monthly Safer Staffing Report: November 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.

- **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.

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 November 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
- PCCU – Paediatric Critical Care

Night Shifts:

- Maternity Centre Friarage
- PCCU – Paediatric Critical Care

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

Day & Night Shifts:

- Ward 22 – Paediatric Surgery

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 remain supernumerary in November 2025 plus unfilled shifts due to short term sickness and a higher than usual level of maternity leave.
- Low HCSW fill rate on SCBU during the day due to long term sickness.
- Low HCSW fill rate on EAU, Ward 25 due to sickness.
- Low HSCA fill rate on Ward 28 as redeployments had been made to support increased acuity within the care group. Acuity and dependency for the ward fully reviewed at the time of re-deployment.
- High HCSW fill rate on Ward 27 during the night due to increased acuity and dependency needs of patients and those requiring sustained 1:1 observation.
- Low HCSW fill rate on Ward 38 during the night due to long term sickness.
- High RN daytime fill due to x4 surge beds remaining open, RN requirements in line with acuity and dependency requirements of patients.

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: 0

Overall Ward Fill Rate		November 2025
	RN/RMs (%) Average fill rate – DAYS	91.0%
	HCA (%) Average fill rate – DAYS	90.9%
	NA (%) Average fill rate – DAYS	100.0%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	94.5%
	HCA (%) Average fill rate – NIGHTS	102.6%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	97.4%

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

Overall, Ward Fill Rate		November 2025
	RN/RMs (%) Average fill rate – DAYS	90%
	HCSW (%) Average fill rate – DAYS	87%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	98%
	HCSW (%) Average fill rate – NIGHTS	112%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	Total % of Overall planned hours	98%

- **Nurse Sensitive Indicators**

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

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

During November 2025, a total of **8** staffing-related red flags were raised at South Tees. These included:

- **6** flagged as *Shortfall in Registered Nurse (RN) time*
- **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 November 2025, a total of 2 staffing-related red flags were raised at North Tees and Hartlepool. All raised for a *Shortfall in Registered Nurse time*.

- 2 flagged by Critical Care - *Due to increased acuity and occupancy. (internal escalation plans followed to maintain safe staffing)*

- **Datix/In-Phase Submissions**

At South Tees during November 25, there were 142 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 3, Therapeutic Care and PCN Holgate. All shortages raised were managed through the Safe Care process throughout November 25.

At North Tees, in November 2025 there was a decrease of in-phase reports relating to nurse staffing, total of 3 were submitted compared to 5 in October 2025. Two in-phase were submitted by the Maternity Services due to high activity and acuity of labouring women where internal escalation was required to manage safe staffing levels. One in phase was submitted by Ward 31 and was due to an inability to safely staff the surge beds where 4 additional beds remaining open due to increase in Trust wide occupancy. Safe staffing maintained via actions from the safer staffing meeting.

- **Vacancy & Turnover**

The vacancy and turnover position across South Tees remains stable. Targeted over-recruitment of newly qualified nurses has supported the safe opening of the winter ward. A paper has been completed and submitted for consideration by the Executive Team regarding the planned intake of newly qualified nurses in January 2026.

As per the South Tees financial ledger for November 2025, vacancies show as – 56.65 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 131.98 WTE for HCSW's

The second centrally coordinated recruitment campaign for Clinical Support Workers was completed in October, resulting in the successful recruitment of 37 applicants. This cohort is expected to support a reduction in Clinical Support Worker vacancies and enhance workforce resilience, thereby contributing to the maintenance of safe staffing levels across services.

A third centrally coordinated recruitment cohort is planned, with interviews scheduled for December 2025. This planned recruitment activity will further support vacancy management, mitigate reliance on temporary staffing, and strengthen safer staffing arrangements moving into winter and early 2026.

At North Tees, the Trust wide B5 RN vacancy position (B5 adults and Paediatrics) in November 2025, has reduced slightly to 33.18wte from 38.31wte in October 2025, with forecasting to the end of January 2026 seeing this reduce. Current and forecasted vacancies have been filled by the NQNs from the January 2026 cohort with some of these nurses also being recruited into the planned over recruitment of 20wte RN will support an element of backfill of long-term sickness and maternity leave. Full assurance is in place that all NQN assigned as Trust home student to NTH have been employed with plans in place to also employ 2 students who are planned to qualify in April and May 2026.

At North Tees, the HCSW (band 3) vacancy position has increased 63.85wte from to 59.2wte in October 2025. This vacancy position is now presenting an increasing monthly trend which is challenging and remains due to the inability to appoint staff with the correct qualifications to meet the B3 job specification. The Band 2 to band 3 pipeline programme remains in place

and is supporting 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. However, these members of staff are already sitting in HCSW vacancies so will not improve the B3 vacancy position. Centralised advertising and recruitment remain in place for this staff group with the next recruitment centre planned for February 2026.

- **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
September 25	9.26	9.39	+0.13
October 25	9.21	8.94	-0.27
November 25	9.26	9.26	0.00

During November 25, data indicates that 12 inpatient areas exceeded the required average for CHPPD. 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 12, Ward 25, Ward 26 and Ainderby.

- **Ward 12** experienced CSW vacancies throughout November. These positions are being addressed through central CSW interviews due to be held in December, with successful candidates scheduled to commence in late January or early February 2026. Following completion of their supernumerary periods, an improvement in CHPPD is expected. Additionally, while overall staff sickness rates decreased slightly compared to October, the sickness rate for unregistered staff remains significant at 25.2%.
- **Ward 25** reported a notable increase in registered staff sickness rates, which rose from 5.2% in October to 13.3% in November. However, although there was a 2% decrease in sickness among unregistered staff, the rate remained substantial at 29.2%
- **Ward 26** experienced an upward trend in sickness absence among both registered and unregistered staff. Consequently, temporary staffing was utilised to mitigate these

absences and maintain safe care standards, particularly for patients requiring enhanced supervision due to high falls risk.

- **Ainderby** observed a month on month increase in registered staff sickness, rising from 0.7% to 4.2%. Conversely, sickness among unregistered staff improved, decreasing by 5.8% over the same period. Monthly variance in CHPPD was primarily driven by high patient acuity, evidenced by a significant requirement for CG47 Level 3 shifts throughout November. Workforce pressures are further compounded by ongoing vacancies across both registered and unregistered staff groups.

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
November 2025	9.03	8.87	-0.16

In November 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 32 – Orthopaedics/Frailty
- Ward 41 - Stroke

Many of 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 proposed over recruitment of NQNs from the January 2026 cohort will support this position.

The presentation of monthly workforce rostering KPI's and metrics now allows for more detailed correlation between various metrics and planned and actual CHPPD. The 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 November 2025 decreased by **17%** compared to November 2024. Additionally, bank filled hours declined by **13%** 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 November 2025, a total of **243** nursing agency hours were booked; the use has remained static month on month. 117 nursing agency hours November 25 were utilised within Friarage Theatres, 68 hours in Cardio Theatres and 59 hours in Orthopaedic Theatres.

ODP agency usage remains present within the Trust. In November 2025, a total of **815** hours were utilised across the following areas:

- **Friarage Theatres:** 184 hours
- **Cardio Theatres:** 136 hours
- **Orthopaedic Theatres:** 495 hours

This reflects both a yearly and month-on-month decrease.

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 November 2025, bank staffing spend decreased by £40,020 (**-3%**) compared to November 2024, reflecting improved workforce stability. Conversely, agency staffing spend for nursing increased by £8,747 year-on-year, while agency ODP spend saw a reduction of £4,359.



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 reviewed on a monthly basis via the Temporary Staffing Focus Group (TSFG). The summary for November 2025 reflects all staff groups.

- **Agency spend** YTD is £1,387k lower than previous year
Agency spend is still lower than in any month last year and has remained consistent with prior months. After reductions in Pharmacy agency use, Cell Path insourcing now makes up more than 70% of the remaining agency spend.
- **Bank spend** YTD is £134k higher than previous year
However, it is down £72k on October (mainly in Admin and STP)
- **Overtime spend** YTD is £313k lower than previous year
M8 spend is consistent with prior month

- **Key Priorities**

Following the Group workforce assurance meeting in November, priorities identified for alignment include:

- Monthly Workforce Assurance Group
- Daily SafeCare and safe staffing processes including merge of both sites SOP's and policies
- Workforce Assurance business cycle reviewed for both sites with draft of 25/26 plan
- Nursing establishment review cycle to align SNCT collection and Board reporting dates and data validation processes as per NHSE requirements.
- Combined work across both sites in relation to the National Nursing and Midwifery job profiling review.
- Attendance and contribution to the Regional Workforce Planning for Better Care Forum February 2026.

- **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.

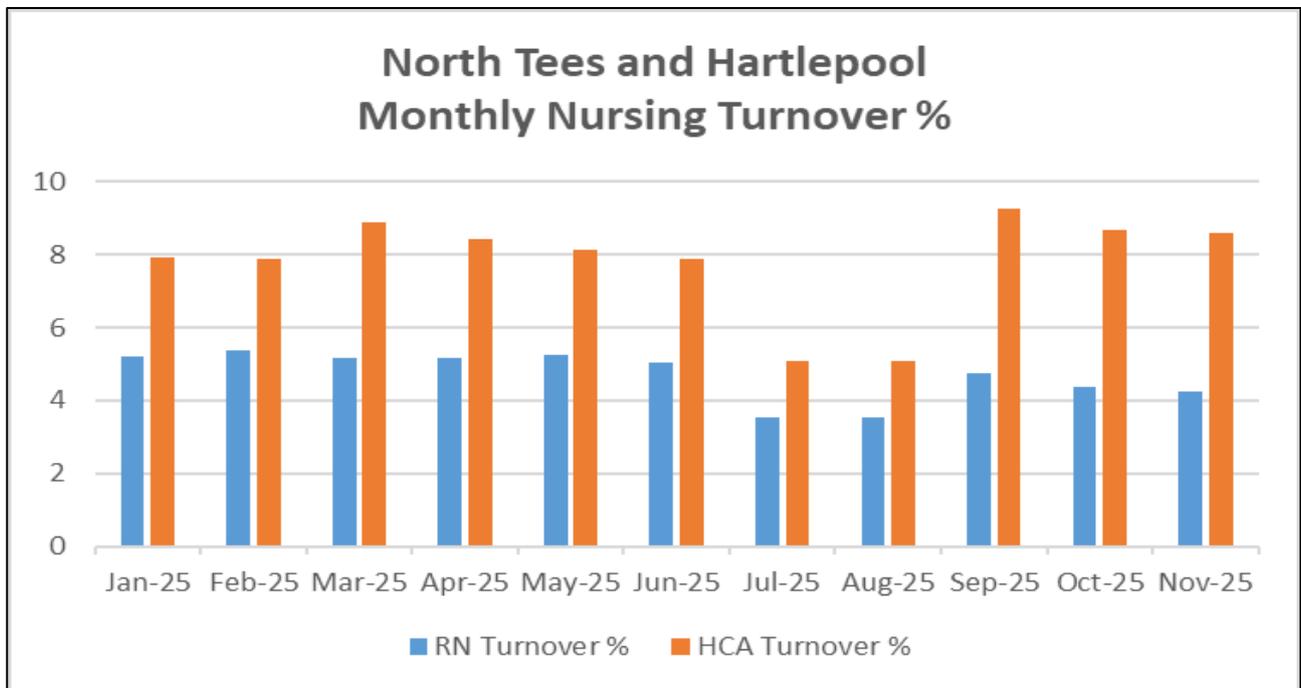
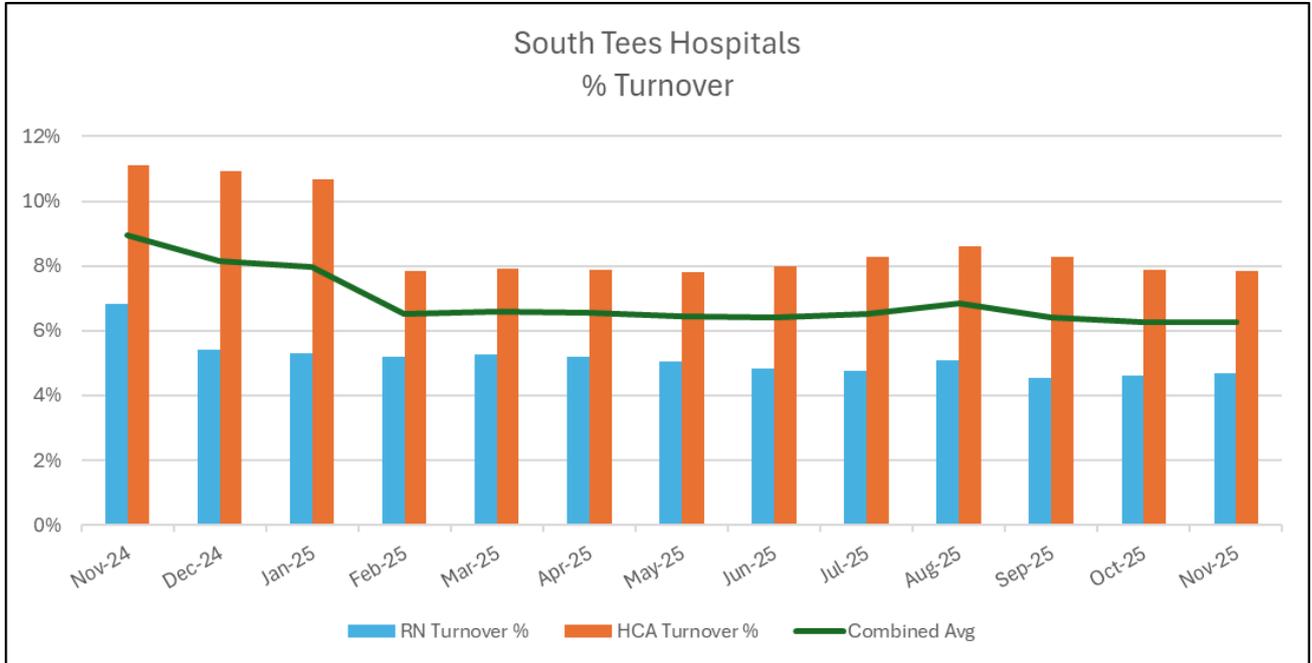
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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 November 2025



Appendix 2

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

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ward 1	8.57	8.28	-0.29
Ward 31	9.18	6.36	-2.82
Ward 2	6.47	4.53	-1.95
Ward 3	7.68	5.22	-2.47
Ward 4	8.50	6.40	-2.11
Ward 5	5.87	5.38	-0.49
Ward 6	4.99	5.55	0.57
Ward 7	4.90	4.32	-0.58
Ward 8	5.86	5.36	-0.51
Ward 9	8.61	4.35	-4.26
Ward 11	8.33	6.48	-1.85
Ward 12	9.15	6.13	-3.03
Ward 14	5.85	4.58	-1.27
Ward 24	9.04	8.83	-0.20
Ward 25	10.45	7.36	-3.09
Ward 26	10.85	7.67	-3.18
Ward 27	7.58	9.04	1.47
Ward 28	9.03	6.14	-2.90
Ward 29	5.18	4.99	-0.19
Cardio MB	6.07	7.57	1.51
Ward 32	7.22	6.78	-0.45
Ward 33	8.13	6.46	-1.66
Ward 34	8.73	6.77	-1.97
Ward 35	8.08	8.94	0.86
Ward 36	7.12	6.30	-0.83
Ward 37 - AMU	10.72	8.43	-2.29
Spinal Injuries	10.24	7.98	-2.26
CCU	14.75	12.24	-2.51
Critical Care	18.43	25.58	7.15

CICU JCUH	22.64	22.39	-0.26
Cardio HDU	10.25	13.04	2.79
Ward 24 HDU	11.31	21.47	10.16
CDU FHN	8.41	7.63	-0.77
Ainderby FHN	11.64	7.29	-4.36
Romanby FHN	6.98	6.47	-0.51
Gara FHN	6.91	12.30	5.39
Rutson FHN	8.13	7.53	-0.60
Friary	8.26	7.66	-0.60
Zetland Ward	8.93	7.05	-1.88
Tocketts Ward	7.63	6.03	-1.60
Ward 21	9.13	10.75	1.62
Ward 22	13.23	18.57	5.33
Neonatal Unit (NNU)	13.78	15.54	1.76
Paediatric Critical Care (PCCU)	14.74	29.57	14.82
Grand Total (Average)	9.26	9.26	0.00

North Tees Average CHPPD Breakdown by Ward (November 2025):

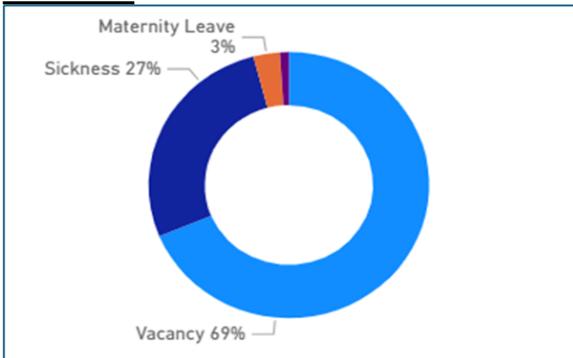
Unit Previous month	Required CHPPD	Actual CHPPD	CHPPD Variance
Acute Cardiology Unit	7.43	5.91	1.52
Critical Care North Tees	20.26	24.57	-4.32
Elective Care Unit	6.62	17.41	-10.79
Emergency AMB	7.59	8.88	-1.29
Neonatal Unit	10.95	11.47	-0.52
Paediatrics	10.10	11.45	-1.35
SDU	8.85	9.33	-0.48
Ward 24 (Respiratory)	8.27	6.11	2.17
Ward 24 RSU (Respiratory)	12.35	9.47	2.89
Ward 25 (Respiratory)	9.06	6.02	3.04
Ward 25 RSU (Respiratory)	11.69	10.40	1.29

Ward 26 (Gastroenterology)	7.64	6.13	1.51
Ward 27 (Gastroenterology)	8.09	6.67	1.42
Ward 28 (Surgery)	6.70	6.05	0.65
Ward 31 (Surgical Observation Unit)	8.15	8.24	-0.09
Ward 32 (Fragility Fracture)	8.58	7.44	1.14
Ward 33 (Orthopaedic & Spinal)	6.31	5.60	0.71
Ward 36	8.62	6.45	2.17
Ward 38	6.97	6.42	0.55
Ward 40 (Acute Elderly)	8.65	7.67	0.98
Ward 41 (Stroke Unit)	7.91	6.34	1.57
Ward 42 (Elderly Rehabilitation)	7.87	7.03	0.85
Average	9.03	8.87	0.16

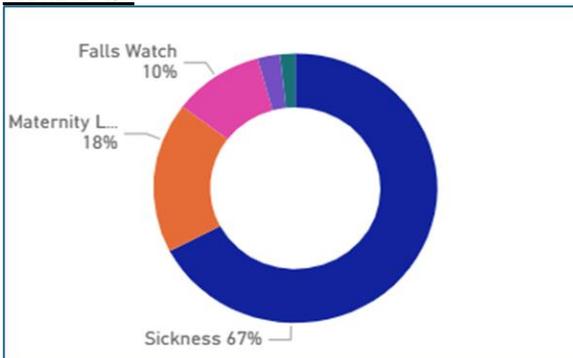
Appendix 3

Analysis of NHSP booking reasons in South Tees areas with highest CHPPD variance (November 2025)

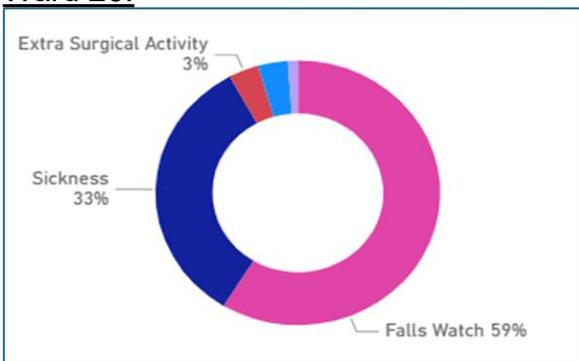
Ward 12:



Ward 25:



Ward 26:



Ainderby:



