

# Safe Staffing Monthly Report (May 2025 data)

**Meeting date:** 29 July 2025

**Reporting to:** Group People Committee

**Agenda item No:** 13

**Report author:** Emma Roberts, ADoN and Professional Workforce, Beth Swanson, Director of Nursing, North Tees, Debi McKeown, Workforce Lead, Lindsay Garcia, Director of Nursing, South Tees

**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 partners
- 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 May 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.

At South Tees, a centralised process for HCSW recruitment has been approved by Senior Leadership. The recruitment of staff into these roles will include a 6 month on the job training and development programme. The delivery of the Care Certificate and any functional skills will be covered in the first 6 months, and the introduction of bespoke career progression session will be available throughout the first 12 months of employment. This approach will support the development of potential future nurses.

The advertising and shortlisting will complete in June with interviews planned for July. All collaboratives will submit their held vacancies to this central process. RN recruitment, paper to be presented at SLT for agreement to recruit from the September cohort of newly qualified nurses. A fixed term contract approach per collaborative will allow for the newly qualified nurses to complete preceptorship and gain experience across the wider collaborative. On outcome of paper, interviews planned early August.

As the workforce assurance meetings for inpatient areas are now fully incorporated into business as usual across the collaboratives, this process will now be rolled out across non ward based teams and areas. The specialist nurse, advanced care teams and AHP's will now attend monthly meetings that will explore any variation in role, band and outcomes of job planning. This work will also align to the National Nursing and Midwifery Job Profile Review.

The development of impact volunteers and recovery volunteers within our Emergency Department has commenced with applicants moving through the recruitment process for training in June. This creates an opportunity for potential future recruits into the organisation.

**North Tees:** Due to difficulties with our HCSW recruitment, the introduction of the trainee health care support worker role is to be implemented and recruited from July 2025. This opportunity allows for direct patient care and safety to be supported within suitable services and reduce the number of vacancies within the HCSW role. This also promotes potential career development within the nursing pipeline programme, supporting the gaps in the

forecasted number of NQNs from 2027/28.

There is the continued increasing reliance on the enhanced care team to provide 1:1 care to patients across several in-patient wards and departments. A review of the enhanced care service is currently underway with plans in place to move onto NHSE Enhanced Therapeutic Observational Care (ETOC) collaborative from Aug25. If the Trust is not chosen to move onto the formal collaborative (cohort 3) it will still progress with the universal support offer from NHSE to support the on-going work.

**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 May 25 has increased by 0.9% to 98.5%. Although sickness for registered staff increased in May, it reduced for unregistered staff. Turnover also decreased for registered and unregistered staff.

At North Tees the overall planned nurse fills for May 2025 is 102% which aligns 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.

**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 May 25 has decreased to 5.06% and HCSW turnover also decreased to 7.80%. North Tees and Hartlepool turnover for May 2025 registered nursing turnover has increased slightly to 5.23% with HCSW reducing to 8.14%.

## 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 May 2025.

## Nurse Safer Staffing Report

22<sup>nd</sup> July 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, Safer Staffing is maintained through twice daily safer staffing meetings (using SafeCare 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 SOP's. All staffing plans are shared through OPEL meetings and SafeCare 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.

**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 May 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

#### Nights

- CICU – Cardio Intensive Care
- Ainderby – Medical Ward
- Romanby – Medical Ward
- Maternity Centre – Friarage
- PCCU – Paediatric Critical Care
- Ward 6 – Short Stay Elective

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

Days and Nights

- Ward 22 – Paediatric Surgical Ward

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

- Low RM fill rate on delivery suite and ward 22 due to current vacancies waiting to be filled by September's student cohort, short term sickness and a high number of WTE on maternity leave.
- 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 maternity leave, which has not been backfilled so relies on temporary staffing.
- Low HCSW fill rate on ward 28 due to increased vacancies which has now been recruited to via our transfer window.
- Wards ACU, 24, 25, 31, 32, 33, 36, 40, 41 and 42 had an increase in HCSW fill up to 110- 247% due to the increasing demands of enhanced care, particularly overnight.

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 |   | May 25       |
|------------------------|---|--------------|
|                        | RN/RMs (%) Average fill rate – DAYS     | 93.4%        |
|                        | HCA (%) Average fill rate – DAYS        | 97.1%        |
|                        | NA (%) Average fill rate – DAYS         | 100.0%       |
|                        | SNA (%) Average fill rate – DAYS        | 100.0%       |
|                        | RN/RMs (%) Average fill rate – NIGHTS   | 94.2%        |
|                        | HCA (%) Average fill rate – NIGHTS      | 103.1%       |
|                        | NA (%) Average fill rate – NIGHTS       | 100.0%       |
|                        | SNA (%) Average fill rate – NIGHTS      | 100.0%       |
|                        | <b>Total % of Overall planned hours</b> | <b>98.5%</b> |

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

| Overall Ward Fill Rate |                                       | May 2025 |
|------------------------|---------------------------------------|----------|
|                        | RN/RMs (%) Average fill rate – DAYS   | 92%      |
|                        | 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   | 128%     |

|  |   |             |
|--|---|-------------|
|  | NA (%) Average fill rate – NIGHTS       | 100%        |
|  | SNA (%) Average fill rate – NIGHTS      | 100%        |
|  | <b>Total % of Overall planned hours</b> | <b>102%</b> |

## 2. Nurse Sensitive Indicators

An agreement is to be reached in relation to the future reporting content for Nurse sensitive indicators as part of the Group review.

At South Tees, staffing was not directly referenced in any concluded PSIRF reviews in May 2025

No staffing factors were directly identified as part of any PSIRF review at North Tees and Hartlepool in May 2025

## 3. Red Flags Raised through Safe Care Live

At South Tees, during May 2025, there were a total of 2 red flags raised relating to staffing. These were both logged as 'Shortfall in RN time.'

There were no red flags raised indicating less than 2 RN's on shift, however, the SafeCare 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 an increase in red flags raised relating to safe staffing during May 2025 to 7. Flags were raised mainly by Critical Care in anticipation of or confirmed 'Shortfall in RN time'. The staffing levels across the department was reviewed and discussed at the twice daily safer staffing meetings following review of patient acuity and dependency. The other red flags were raised by ward 36 as 'Missed intentional rounding' due to high patient acuity, a reduction of enhanced care availability and limited resources to support high risk patients. There is current work on-going to review the suitability of patients when admitting to this department due to the increased number of incidences linked to violent and aggression, particularly on step down from critical care.

As increased demand continues particularly with the HCSW role due to an increasing vacancy level, Ward Matrons are working clinically within teams to support safety if potential re-deployments of staff cannot be made. All red flags have been closed following escalation and discussion in the safe staffing meetings.

## 4. Datix/In-Phase Submissions

At South Tees during May 25, there were 71 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues as part of workforce assurance and governance. The majority of Datix submissions, highlights staff shortages in Ward 1 and Ward 9. All shortages raised were managed through the SafeCare process throughout April.

At North Tees, in May 2025 there was a reduction of in-phase reports relating to nurse staffing, a total of 6 being submitted by the Care Groups. 5 were submitted due to the lack of HCSW's due to short term sickness or NHSP cancellations resulting in lack of enhanced care support. Nursing Associates (NAs) were redeployed on this occasion to mitigate gaps with ward managers also supporting clinically 100%. 1 report was submitted by Ward 25

due to increased acuity and inability to provide 1:2 care in RSU due to having a higher number of SNCT level 2 patients than planned.

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.

### 5. Vacancy & Turnover

Across the group, the vacancy position continues to be positive. Both sites have been successful with recruitment and continue to evolve plans to support and future proof the nursing workforce. Paper to be submitted to SLT in relation to the September Newly qualified nurse cohort Collectively North and South Tees will work together to establish a central point for the collection of vacancy and retention related data.

As per the South Tees financial ledger for May 2025, vacancies show as –39.62 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 134.73 WTE for HCSW's. Discrepancies exist between what is reported on the financial ledger and data extracted from e-roster.

At North Tees, the band 5 RN vacancy position remains positive across the in-patient wards and departments. For May 2025 it is 13.96 WTE, with forecasting to the end of June 2025 seeing this reduce to 8wte. Remaining vacancies will be filled by the next NQN cohort for September 2025 who have now been recruited with remainder of successful candidates pooled awaiting vacancies. A proposal to support the over recruitment of the pooled NQNs is being taken to SLT in July, this will allow for more robust planning at no additional cost as the NQNs will be moved into established vacancies by Sep25, these will be accrued between July and September due to natural RN turnover.

At North Tees, the HCSW vacancy position across all services is 76.16wte for May 2025, with a forecasted improvement to the vacancy position due to the introduction of the trainee HCSW role by September 2025 which allows for the pre-employment checking process.

### 6. 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 May 2025 can be reviewed in Appendix 2.

**Table 2 South Tees site:**

|            | <b>Required CHPPD (Average)</b> | <b>Actual CHPPD (Average)</b> | <b>Variance</b> |
|------------|---------------------------------|-------------------------------|-----------------|
| March 2025 | 9.11                            | 9.16                          | +0.05           |
| April 2025 | 9.17                            | 9.76                          | +0.59           |
| May 2025   | 9.09                            | 9.33                          | +0.24           |

May 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.

May 25 had an average sickness rate of 5.96% (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:**

|            | <b>Required CHPPD (Average)</b> | <b>Actual CHPPD (Average)</b> | <b>Variance</b> |
|------------|---------------------------------|-------------------------------|-----------------|
| March 2025 | 8.81                            | 9.31                          | +0.50           |
| April 2025 | 8.94                            | 9.62                          | +0.67           |
| May 2025   | 9.55                            | 10.49                         | +0.95           |

In May 2025 the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were Respiratory, Gastroenterology, Endocrine, Elderly Care and Stroke wards. This is reflective of the increased acuity in Respiratory and Endocrine of the SNCT level 2 patients and of increased vacancy in the other departments.

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 is not backfilled consistently. A full review of all wards and departments temporary staffing use, with full triangulation with sickness and turnover is reported as part of the bi-annual nurse establishment review that is being presented at board in July 2025.

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 to ensure oversight of patient needs and the available nursing resource. This work, however, has needed to be paused due to the shift to Power BI taking priority with the BI team. Alternatively, an initial version will be built in Excel to continue to progress with this work which will be a manual process initially but allow for testing.



## 7. Nurse Recruitment and Retention

South Tees currently has 9 newly qualified nurses on fixed term contracts. Stringent measures are in place at the weekly vacancy control panel to ensure priority placement. The over recruitment of nurses now will increase workforce resilience of the future with the known reduction of newly qualified nurses qualifying in 2027/28.

Currently North Tees is not in an over recruited RN position which will create an increasing vacancy position month on month as natural turnover occurs. This turnover will support the recruitment of the next cohort of NQN in September 2025. Recruitment centres are scheduled bi-monthly where successful candidates are currently being pooled to await a vacancy. If successful candidates sit in a pool too long there is a risk that they will withdraw and move to another Trust, this has been highlighted in a proposal being taken to SLT in July25.

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.

## 8. Temporary Staffing

At South Tees, nursing and midwifery bank and agency demand for May 25 has decreased by 37% compared to May 24. Bank filled hours have also decreased by 30% when compared to May 24.

Nursing agency use continues to be minimal at South Tees. May 25 showed there was 77.5 hours of nursing agency used in Orthopaedic Theatres. ODP agency was utilised in Orthopaedic Theatres (171 hours) and Friarage Theatres (133.5 hours) This is 632 hours less than May 24.

Bank spend decreased by £349,140 (-23%) when compared to May 24. Agency spend decreased by £24,092.62 when compared to May 24.

The overall fill rate for bank and agency in May 25 was 87.2%. This has increased by 10.2% 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:

All temporary staffing spend is discussed monthly via the Temporary Staffing Focus Group (TSFG)

Agency spend YTD is £577k lower than previous year

- Agency spend is now lower than in any month last year and £11k down on Apr-25.
- 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 £188k higher than previous year

- At May-24 we were only starting to see the swap from Agency to Bank
- M2 £1,033k is in line with last year, but includes £92k more Enhanced Care than the average of 24/25

Locum spend YTD is £65k lower than previous year

- M2 spend is higher than the average from 24/25

Overtime spend YTD is £85k lower than previous year

- M2 spend is around £48k lower than prior month (Apr-25)

## 9. Key Priorities

At North Tees the current key priorities are as follows:

- Continued monitoring of temporary staffing, over time use, sickness/absence & turnover
- SNCT data collection planned for Sep25 (cycle 3)
- SNCT training for Paediatrics, new tool launch planned for Autumn 2025
- Bi-annual nurse establishment review to be presented to Board in July 2025
- Recruitment of Trainee HCSW's as part of the nursing pipeline in July 2025.
- Recruiting NQN's into posts for September 2025 and then January 2026
- Development of the nursing workforce matrix detailed in section 6 of this report – to move this work forward following recent delays
- NMAHP and Professional workforce strategy development using a Group approach
- Enhanced Care service evaluation and movement to ETOC model
- Review of the recently launched 10yr plan to ensure workforce plans are reflected

At South Tees the current key priorities are as follows:

- Planning of non-ward based monthly collaborative assurance rounds to review all staffing metrics
- Dependent on outcome of paper to SLT in June/July for newly qualified nurse cohort, including SNA's and RNDA's for September 2025, the recruitment process will commence.
- Interviews for centralised recruitment of collaborative based Care Support Workers to commence July 2025
- Completion of SNCT report for submission July 2025
- Final review of workforce assurance dashboard in collaboration with CIP and BIU
- Further development of the Group Developing Workforce Safeguards portfolio and aligned policies in line with the recently launched 10-year plan.
- Group approach to revision of all workforce related policies.

## 10. RECOMMENDATIONS

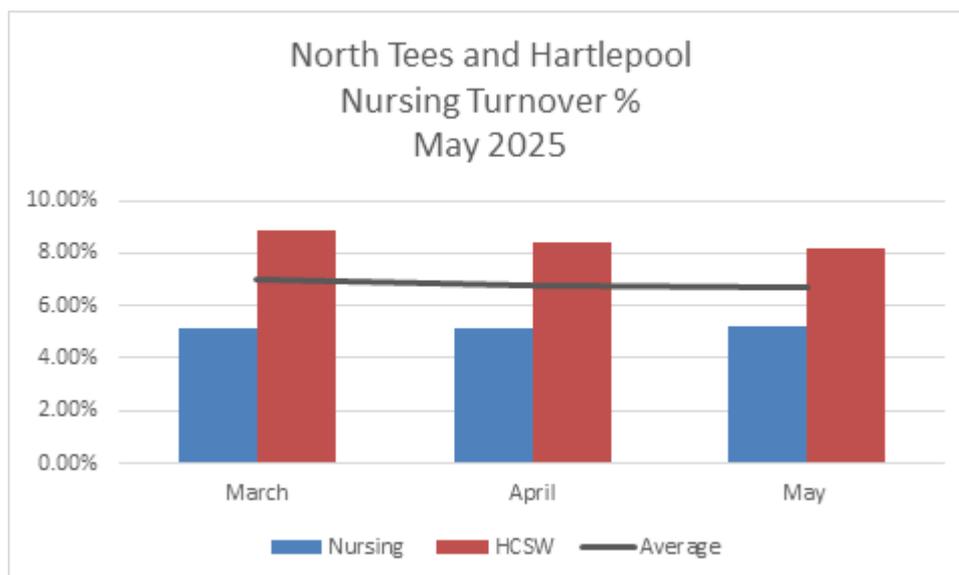
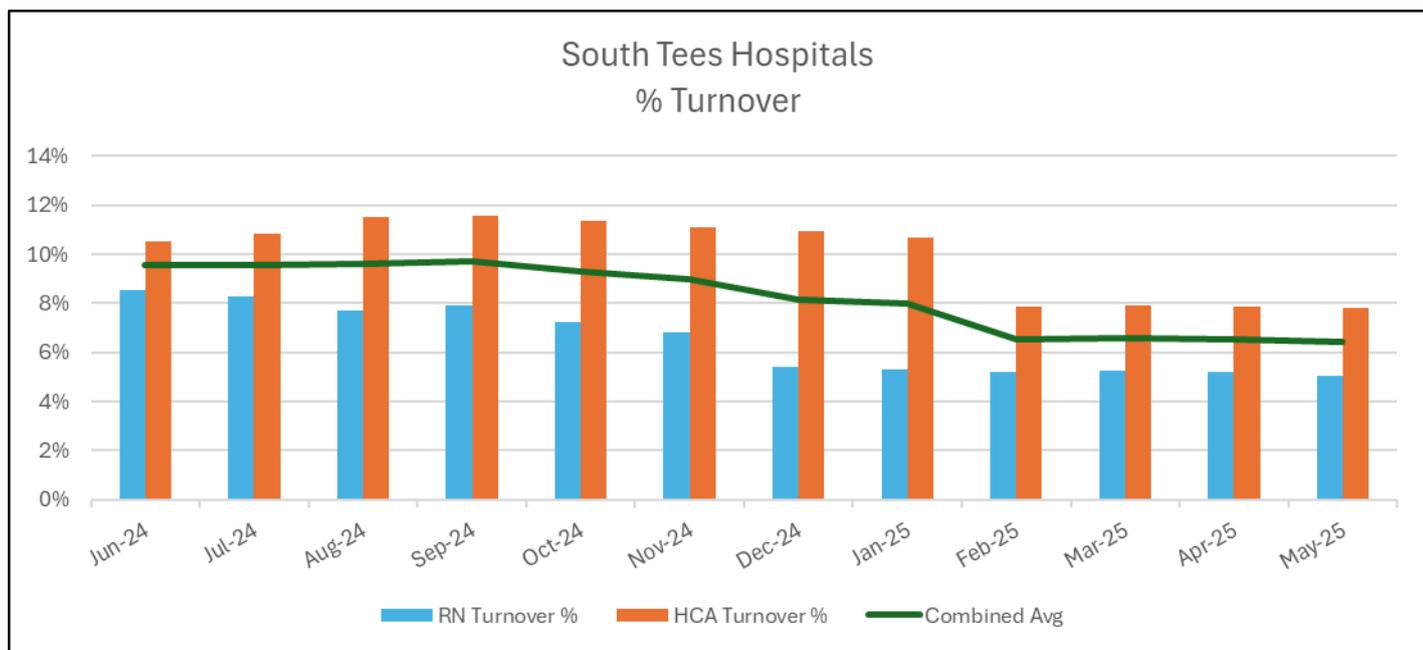
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

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 (May 2025):

| Ward            | Average of Required CHPPD | Average of Actual CHPPD | Variance |
|-----------------|---------------------------|-------------------------|----------|
| Ward 1          | 8.37                      | 8.90                    | 0.54     |
| Ward 31         | 9.02                      | 6.63                    | -2.39    |
| Ward 2          | 6.38                      | 4.86                    | -1.52    |
| Ward 3          | 7.78                      | 5.14                    | -2.64    |
| Ward 4          | 8.49                      | 6.75                    | -1.73    |
| Ward 5          | 5.39                      | 4.80                    | -0.59    |
| Ward 6          | 6.06                      | 5.92                    | -0.13    |
| Ward 7          | 4.59                      | 3.82                    | -0.77    |
| Ward 8          | 5.79                      | 5.17                    | -0.62    |
| Ward 9          | 8.92                      | 3.97                    | -4.95    |
| Ward 11         | 8.20                      | 6.25                    | -1.95    |
| Ward 12         | 9.47                      | 6.62                    | -2.85    |
| Ward 14         | 7.31                      | 6.56                    | -0.75    |
| Ward 24         | 7.10                      | 6.95                    | -0.15    |
| Ward 25         | 10.18                     | 7.66                    | -2.52    |
| Ward 26         | 10.06                     | 7.89                    | -2.18    |
| Ward 27         | 8.16                      | 10.76                   | 2.60     |
| Ward 28         | 9.00                      | 6.36                    | -2.64    |
| Ward 29         | 5.20                      | 5.25                    | 0.04     |
| Cardio MB       | 6.41                      | 8.23                    | 1.83     |
| Ward 32         | 6.59                      | 5.78                    | -0.81    |
| Ward 33         | 6.60                      | 6.56                    | -0.04    |
| Ward 34         | 8.07                      | 6.41                    | -1.66    |
| Ward 35         | 7.90                      | 7.43                    | -0.47    |
| Ward 36         | 6.80                      | 5.78                    | -1.02    |
| Ward 37 - AMU   | 10.71                     | 9.07                    | -1.64    |
| Spinal Injuries | 9.99                      | 7.83                    | -2.15    |
| CCU             | 15.75                     | 12.80                   | -2.95    |

|                                 |             |             |             |
|---------------------------------|-------------|-------------|-------------|
| Critical Care                   | 17.75       | 24.26       | 6.51        |
| CICU JCUH                       | 23.73       | 32.34       | 8.61        |
| Cardio HDU                      | 11.25       | 14.24       | 2.99        |
| Ward 24 HDU                     | 10.36       | 20.61       | 10.25       |
| CDU FHN                         | 8.18        | 8.82        | 0.65        |
| Ainderby FHN                    | 7.73        | 7.96        | 0.23        |
| Romanby FHN                     | 6.96        | 6.99        | 0.02        |
| Gara FHN                        | 6.49        | 12.79       | 6.29        |
| Rutson FHN                      | 8.01        | 7.13        | -0.88       |
| Friary                          | 8.35        | 8.51        | 0.16        |
| Zetland Ward                    | 8.91        | 7.31        | -1.61       |
| Tocketts Ward                   | 7.91        | 6.08        | -1.83       |
| Ward 21                         | 9.08        | 13.01       | 3.93        |
| Ward 22                         | 12.32       | 11.46       | -0.85       |
| Neonatal Unit (NNU)             | 14.04       | 14.79       | 0.75        |
| Paediatric Critical Care (PCCU) | 14.40       | 24.11       | 9.71        |
| <b>Grand Total (Average)</b>    | <b>9.09</b> | <b>9.33</b> | <b>0.24</b> |

### North Tees Site - CHPPD by ward for May 2025

| Row Labels                 | Average of Required CHPPD | Average of Actual CHPPD | Variance |
|----------------------------|---------------------------|-------------------------|----------|
| Acute Cardiology Unit      | 7.22                      | 5.58                    | -1.63    |
| Critical Care North Tees   | 22.63                     | 25.63                   | 3.01     |
| Elective Care Unit         | 5.57                      | 18.80                   | 13.23    |
| Emergency AMB              | 7.51                      | 9.86                    | 2.35     |
| Neonatal Unit              | 10.88                     | 27.24                   | 16.36    |
| Paediatrics                | 10.17                     | 19.83                   | 9.66     |
| SDU                        | 10.29                     | 9.77                    | -0.52    |
| Ward 24 (Respiratory)      | 8.65                      | 6.66                    | -1.99    |
| Ward 24 RSU                | 12.13                     | 11.42                   | -0.71    |
| Ward 25 (Respiratory)      | 9.32                      | 7.37                    | -1.96    |
| Ward 25 RSU                | 16.54                     | 12.15                   | -4.39    |
| Ward 26                    | 8.71                      | 6.62                    | -2.09    |
| Ward 27 (Gastroenterology) | 7.37                      | 6.09                    | -1.27    |
| Ward 28 (Surgery)          | 6.13                      | 6.07                    | -0.06    |

|                                     |       |       |       |
|-------------------------------------|-------|-------|-------|
| Ward 31 (Surgical Observation Unit) | 8.67  | 8.69  | 0.02  |
| Ward 32 (Fragility Fracture)        | 8.58  | 7.20  | -1.38 |
| Ward 33 (Orthopaedic & Spinal)      | 6.63  | 6.19  | -0.44 |
| Ward 36                             | 11.07 | 8.96  | -2.11 |
| Ward 38                             | 6.10  | 5.38  | -0.72 |
| Ward 40 (Acutev Elderly)            | 9.37  | 7.22  | -2.15 |
| Ward 41 (Stroke Unit)               | 7.90  | 6.37  | -1.52 |
| Ward 42 (Elderly Rehabilitation)    | 8.60  | 7.73  | -0.87 |
| Grand Total                         | 9.55  | 10.49 | 0.95  |

