

## NURSE SAFER STAFFING REPORT MARCH 2025

Meeting date: 24<sup>th</sup> June 2025

Reporting to: People Committee / Board

Agenda item No:

Report authors:

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Action required:  
Information

Delegation status (Board only):  
Jointly delegated item to Group  
Board

Previously presented to:  
*n/a*

**NTHFT strategic objectives supported:**

Putting patients first

Valuing our people

Transforming our services

Health and wellbeing

**STHFT strategic objectives supported:**

Best for safe, clinically effective care and experience

A great place to work

A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond

Deliver care without boundaries in collaboration with our health and social care partner's

Make best use of our resources

**CQC domain link:**

Well-led

**Board assurance / risk register this paper relates to**

5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.

## Key discussion points and matters to be escalated from the meeting

**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.

Failure to future proof an effective nursing workforce that anticipate shortages arising from sickness, maternity leave, planned retirements and shortfalls in all recruitment and retention plans including the forecast of a declining student nurse pipeline.

At South Tees, the ongoing development of the monthly workforce assurance meetings has provided an opportunity to explore new areas of rostering compliance and efficiencies such as an in depth look at unavailability reasons, particularly with a new focus on carers leave and study leave.

RN recruitment remains in a positive position. The existing fixed term contracts for newly qualified nurses has decreased to 10 with an ongoing plan for absorption. Those remaining are backfilling maternity leave.

The data collection and validation of the March 2025 SNCT report has been completed for presentation to Board in June 2025.

The participation in the NHSE Enhanced Care Collaborative will link strongly with the additional levels 1c and 1d within the SNCT and the Therapeutic care team and workforce lead will present this work at the regional launch in June 2025.

North Tees: HCSW vacancy is increasing month on month due to a limited number of applicants possessing the required qualification to take up the B3 posts, since the Trust moved this post from B2 to B3. This is impacting on the number of HCSW available to deliver planned nursing establishments.

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 to move to cohort 3 of the NHSE Enhanced Therapeutic Observational Care (ETOC) model from Aug25.

**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.

This report details nursing staffing levels for April 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.

The average percentage of shifts filled against the planned nurse staffing across South Tees for April 25 has increased to 97.6%. This aligns with the reduction in sickness and turnover rates for April 25.

At North Tees the overall planned nurse fills for April 2025 are 98% which aligns with the current HCSW vacancy position and the increased need for enhanced care requirements particularly during the night. Because of this 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 April 25 has decreased slightly to 5.21% and HCSW turnover also decreased slightly to 7.88%.

North Tees and Hartlepool turnover for April 2025 has decreased in all roles with registered nursing turnover reducing to 5.15% and HCSW's 8.43%.

## 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 April 2025.

### Nurse Safer Staffing Report 27<sup>th</sup> May 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, 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 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 April 2025 showed a fill rate of less than 80% due to *patient acuity levels* and *staff sickness*:
  - Days
    - Ward 11 – Older Person's Medicine
    - CICU – Cardio Intensive Care
    - Zetland - Stroke Rehabilitation
    - Maternity Centre – Friarage
  - Nights
    - CICU – Cardio Intensive Care
    - CHDU – Cardio High Dependency
    - Ward 24 HDU – Neurosurgery High Dependency
    - Ainderby – Medical Ward
    - Romanby – Medical Ward
    - Maternity Centre – Friarage
    - PCCU – Paediatric Critical Care
- 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 April 2025, the following areas at North Tees and Hartlepool showed a fill rate of less than 80%.

- Low RN fill on ward 26 due to vacancy and extended supernumerary of student nurses during this time.

- Low RN fill on ward 37 due to the phased closure of surge beds
- Low RN fill on ward 42 due to sickness and students in period of supernumerary.
- Ward 24 and 25 had an increased RN fill rate of 112-125%, due higher levels of SNCT level 2 patients with higher acuity, exceeding the planned capacity.
- ACU had an increased RN fill rate for night duty due to increased acuity and the need for RN 'twilight cover' which has now been approved within the care group.
- Ward 40 had an increased RN fill rate of 105% during nights to support the HCSW vacancies, these were agreed as backfill following daily safe staffing meetings.
- Low HCSW fill in SDU due to increased sickness levels and maternity leave.
- Low HCSW fill in elective care at night due to high acuity and redeployment of staff.
- Low HCSW fill on ward 28 and EAU due to increased vacancy.
- Wards ACU, 24, 25, 31, 32, 33, 36, 37, 40 and 42 had an increase in HCSW fill up to 110- 207% 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		April 25
	RN/RMs (%) Average fill rate – DAYS	91.2%
	HCA (%) Average fill rate – DAYS	91.6%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	95.0%
	HCA (%) Average fill rate – NIGHTS	103.2%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>97.6%</b>

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

Overall Ward Fill Rate		April 2025
	RN/RMs (%) Average fill rate – DAYS	88%
	HCSW (%) Average fill rate – DAYS	88%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	95%
	HCSW (%) Average fill rate – NIGHTS	109%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>98%</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 April 2025.

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

## **3. Red Flags Raised through Safe Care Live**

At South Tees, during April 2025, there were a total of 3 red flags raised relating to staffing. The themes identified were shortfall in RN time (1) less than 2 RN's on shift and Vital signs not assessed or recorded (1).

For red flags indicating less than 2 RN's, the Safe Care log provides a documented resolution. Therefore, no shifts had less than 2 RNs throughout April.

Reminders are sent weekly via the E-Rostering team to Clinical Matrons to review and close any resolved Red Flags.

At North Tees, we had a reduction in red flags raised relating to safe staffing during April 2025 to 5. Flags were raised by Critical Care, wards 32 and 40 in anticipation of, or confirmed 'Shortfall in RN time'. The staffing levels across all areas were reviewed at the twice daily safer staffing meetings following review of patient acuity and dependency in the areas at the time. There was one red flag raised for ward 36 in relation to missed intentional rounding due to high patient acuity, a reduction of enhanced care availability and limited security resource to support a high-risk patient.

As increased demand continues during April 2025, Ward Matrons are working clinically within teams to support safety if potential re-deployments of staff cannot be made. All red flags were closed were raised and discussed in the safe staffing meetings.

## **4. Datix/In-Phase Submissions**

At South Tees during April 25, there were 31 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 4. All shortages raised were managed through the SafeCare process throughout April.

At North Tees, in April 2025 there was a reduction of in-phase reports relating to nurse staffing with 6 being submitted by the Care Groups. 5 reports were submitted due to the lack of HCSW's due to short term sickness or NHSP cancellations. AP's were redeployed where possible to mitigate gaps. 1 report was submitted by SDU due to increased activity during night duty in the ambulatory area.

All staffing concerns 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 is 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, vacancies for April 2025, show as 4.72 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 121.41 WTE for HCSW's. Discrepancies exist between what is reported on the financial ledger and data extracted from e-roster. The development of a collaborative based recruitment initiative will go live June 2025.

At North Tees, the band 5 RN vacancy position remains positive across the in-patient wards and departments, for April 2025 it is 25.32wte, with forecasting to the end of June 2025 seeing this reduce to 10wte. Remaining vacancies will be filled by the next NQN cohort for September 2025. Forecasting to October 2025 supports the appointment of all students as considers natural turnover that will be accrued month on month.

At North Tees, the HCSW vacancy position across in-patient services is 45.66wte for April 2025, with a forecasted vacancy of by 33.52 wte by June 2025. Alternative proposals to manage these vacancies have been presented as part of the overall nursing workforce pipeline programme.

## 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 April 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>
February 2025	9.09	8.80	-0.29
March 2025	9.11	9.16	+0.05
April 2025	9.17	9.76	+0.59

April 25 shows that 15 inpatient areas are above the required average of CHPPD provision (>1). 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.

April 25 had an average sickness rate of 6.03 % (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>
February 2025	9.02	9.00	-0.02
March 2025	8.81	9.31	+0.50
April 2025	8.94	9.62	-0.67

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

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.

## 7. Nurse Recruitment and Retention

South Tees currently has 10 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.

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, bank and agency demand for April 25 has decreased by 27% compared to April 24. Bank filled hours have also decreased by 18% when compared to April 24.

Nursing agency use continues to be minimal at South Tees. April 25 showed there was 517.33 hours of nursing agency across theatres. This is 896.31 hours less than April 24.

Bank spends decreased by £236,267.80 when compared to April 24. Agency spend decreased by £34,052.61 when compared to April 24.

The overall fill rate for bank and agency in April 25 was 88.8%. This has increased by 9.4% 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:

Agency spend YTD is £329k lower than previous year

- Agency spend is now lower than in any month last year.
- Mar-25 was high due to Cell Path outsourcing (now coded to non-pay), though some insourcing remains

Bank spend YTD is £121k higher than previous year

- At Apr-24 we were yet to see the swap from Agency to Bank
- M1 £998k is lower than most months of last year, suggesting we are back to a more normal level after the increase in Feb and Mar due to annual leave and supernumerary status

Locum spend YTD is £15k lower than previous year

- M1 spend is in line with the average from 24/25

Overtime spend YTD is £44k lower than previous year

- M1 spend is around £5k lower than the average from 24/25

## 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 analysis for adult ED and adult in-patient areas.
- Bi-annual nurse establishment review to be presented to Board in July 2025
- Nursing workforce pipeline programme BC being discussed at SLT throughout Jun25

- Development of the nursing workforce matrix detailed in section 6 of this report – to move this work forward following recent delays
- Professional workforce strategy development using a Group approach
- NMAHP strategy development using a Group approach
- Enhanced Care service evaluation

At South Tees the current key priorities are as follows:

- Continuation of monthly collaborative assurance rounds to review all staffing issues with the inclusion of reporting on use if carers leave and study leave
- Paper to SLT in June 2025 for newly qualified nurse cohort including SNA's and RNDA's for September 2025
- Centralised recruitment of collaborative based Care Support Workers to commence June 2025
- Completion of SNCT report for submission June 2025
- Further review of workforce assurance dashboard in collaboration with CIP and BIU
- Further development of the Group Developing Workforce Safeguards portfolio and aligned policies

## **10. RECOMMENDATIONS**

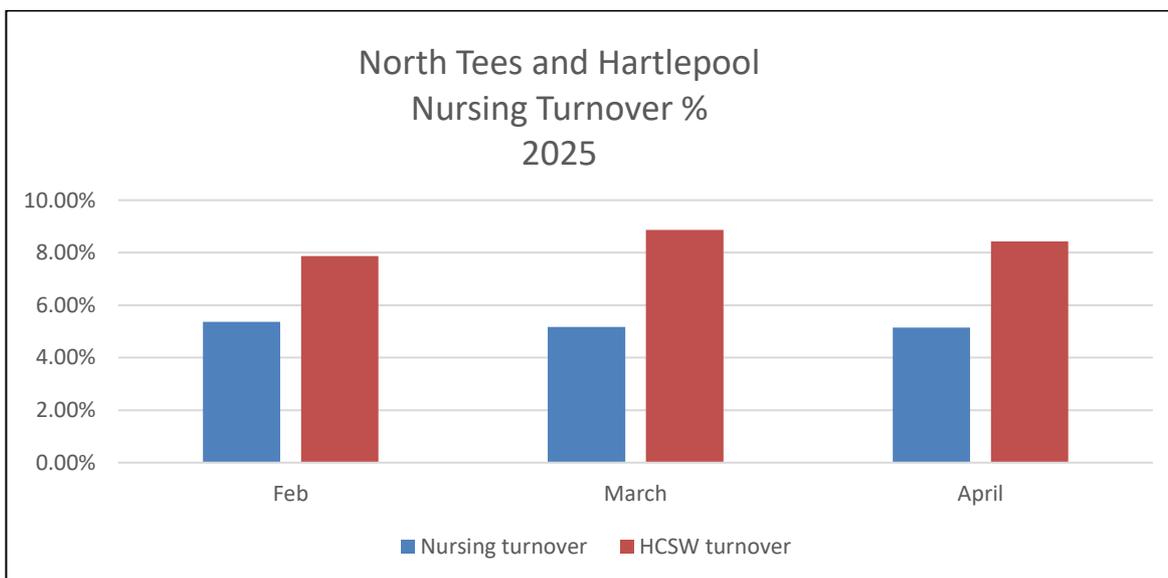
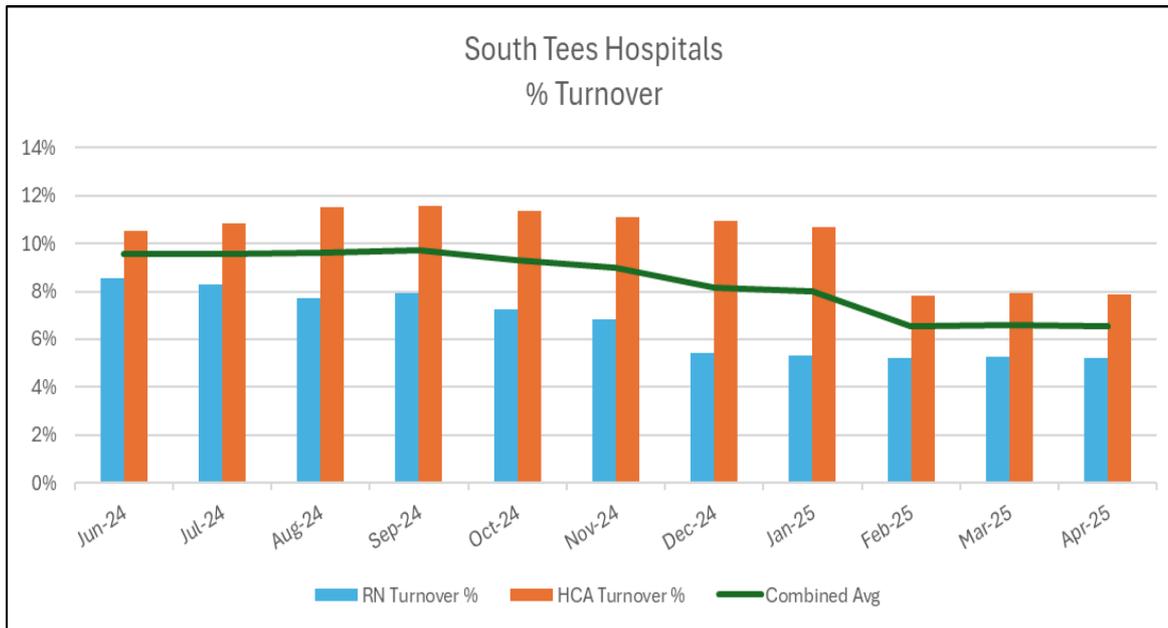
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

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 (March 2025):**

<b>Ward</b>	<b>Average of Required CHPPD</b>	<b>Average of Actual CHPPD</b>	<b>Variance</b>
Ward 1	9.10	8.54	-0.55
Ward 31	7.24	5.91	-1.33
Ward 2	10.66	8.55	-2.10
Ward 3	10.83	15.15	4.32
Ward 4	6.10	7.87	1.77
Ward 5	15.22	11.19	-4.03
Ward 6	8.44	7.49	-0.95
Ward 7	22.73	29.63	6.90
Ward 8	17.15	23.89	6.74
Ward 9	8.07	7.52	-0.55
Ward 10	6.50	14.43	7.93
Ward 11	8.69	6.60	-2.09
Ward 12	8.95	4.08	-4.87
Ward 14	6.35	5.34	-1.01
Ward 24	8.71	8.56	-0.15
Ward 25	12.35	11.12	-1.23
Ward 26	7.64	8.13	0.49
Ward 27	11.16	26.61	15.45
Ward 28	10.29	8.00	-2.29
Ward 29	8.86	6.16	-2.70
Cardio MB	5.38	5.40	0.02
Ward 32	6.41	6.86	0.45
Ward 33	9.33	9.36	0.03
Ward 34	7.26	6.10	-1.16
Ward 35	6.77	6.07	-0.70
Ward 36	12.30	12.84	0.54
Ward 37 - AMU	8.41	6.60	-1.81
Spinal Injuries	16.02	23.38	7.36
CCU	6.71	6.21	-0.50
Critical Care	7.98	7.09	-0.90

CICU JCUH	5.30	4.85	-0.44
Cardio HDU	9.57	6.80	-2.77
Ward 24 HDU	8.08	6.47	-1.61
CDU FHN	6.52	6.35	-0.17
Ainderby FHN	9.37	6.52	-2.84
Romanby FHN	6.54	5.12	-1.43
Gara FHN	10.36	8.39	-1.97
Rutson FHN	8.09	9.76	1.67
Friary	8.67	5.85	-2.82
Zetland Ward	9.51	6.56	-2.95
Tocketts Ward	8.62	6.68	-1.94
Ward 21	5.33	5.06	-0.27
Ward 22	5.92	5.08	-0.84
Neonatal Unit (NNU)	6.08	5.60	-0.48
Paediatric Critical Care (PCCU)	9.55	7.31	-2.24
<b>Grand Total (Average)</b>	<b>9.11</b>	<b>9.16</b>	<b>0.05</b>

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

Unit Previous month	Required CHPPD	Actual CHPPD	CHPPD Variance
Acute Cardiology Unit	7.02	5.95	1.06
Critical Care North Tees	21.01	27.16	-6.16
Elective Care Unit	6.45	18.13	-11.68
Emergency AMB	7.24	9.77	-2.53
Neonatal Unit	10.93	22.72	-11.79
Paediatrics	10.03	10.81	-0.78
SDU	10.38	10.33	0.05
Ward 24 (Respiratory)	8.95	7.30	1.65
Ward 24 RSU (Respiratory)	13.54	10.55	2.98
Ward 25 (Respiratory)	8.94	6.49	2.45
Ward 25 RSU (Respiratory)	11.90	10.46	1.44
Ward 26 (Gastroenterology)	7.21	5.33	1.88

<b>Ward 27 (Gastroenterology)</b>	6.97	6.12	0.85
<b>Ward 28 (Surgery)</b>	6.24	6.25	-0.02
<b>Ward 31 (Surgical Observation Unit)</b>	8.60	8.72	-0.13
<b>Ward 32 (Fragility Fracture)</b>	7.96	7.00	0.96
<b>Ward 33 (Orthopaedic &amp; Spinal)</b>	6.62	6.38	0.24
<b>Ward 36</b>	8.66	6.98	1.67
<b>Ward 37</b>	6.04	8.82	-2.78
<b>Ward 38</b>	6.45	5.50	0.95
<b>Ward 40 (Acute Elderly)</b>	8.85	7.04	1.81
<b>Ward 41 (Stroke Unit)</b>	7.84	6.39	1.45
<b>Ward 42 (Elderly Rehabilitation)</b>	7.89	6.95	0.95
<b>Average</b>	<b>8.94</b>	<b>9.62</b>	<b>-0.67</b>