

NURSE SAFER STAFFING REPORT MARCH 2025

Meeting date: 27th May 2025

Reporting to: People Committee / Board

Agenda item No:

Report authors:

Debi McKeown, Workforce Lead,
Lindsay Garcia, Director of Nursing,
South Tees

Emma Roberts, ADoN and
Professional Workforce, Beth
Swanson, Director of Nursing, North
Tees

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 modified shifts to cover RN shortfall and the conversion of day to night shifts. Both areas have generated additional support and training within the ward areas.

RN recruitment remains in a positive position. The existing fixed term contracts for newly qualified nurses has decreased to 12 with an ongoing plan for absorption. Those remaining are backfilling maternity leave or long term sickness.

The data collection and validation of the March 2025 SNCT report is currently under review by the Heads of Nursing to be finalised and shared in May 2025.

The participation in the NHSE Enhanced Care Collaborative will link strongly with the additional levels 1c and 1d within the SNCT offering an opportunity to have accurate data in relation to the provision of 1:1 care and a need for increased staffing to provide 1-1 care for patients requiring falls observation.

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 a number of in-patient wards and departments. A review of the enhanced care service is currently underway but there is a need for the base ward establishments to align with SNCT recommendations in order to support this service evaluation and future proposals.

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 March 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 March 25 has increased to 97.6%. This aligns with the reduction in sickness rates for March.

At North Tees the overall planned nurse fills for March 2025 99% which appears to demonstrate a good compliance with safer staffing. However, further review of this data confirms that this was due to a reduced fill rate in the RN line due to sickness and maternity leave. The reduced fill rate within the HCSW line is also due to the current vacancy position, however there is an increase in the HCSW line due to increasing enhanced care requirements during night duty. Because of this there remains a continued reliance on temporary staffing for both RN and HCSW.

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 March 25 has increased slightly to 5.27% and HCSW turnover also increased slightly to 7.92%. This was anticipated due to staff retirements at the end of the financial year.

North Tees and Hartlepool registered nurses turnover for March 2025 has decreased to 5.17%, with our midwifery turnover increasing to 8.80% and HCSW's turnover has increased to 8.87%.

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 March 2025.

Nurse Safer Staffing Report 27th May 2025

This exception report provides the People Committee with the monthly, Group wide, 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 March 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 March 2025, the following areas at North Tees and Hartlepool showed a fill rate of less than 80%.

- Low Delivery suite and ward 22 RM fill due to increased sickness and high levels of RM maternity leave. Current vacancies will be filled with the NQM in September 2025
- Low RN fill on ward 26 due to students working supernumerary 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 working supernumerary during this time period.
- Low RN and HCSW fill on Elective Care due to decreased activity during this reporting period
- Ward 25 and 31 all had an increased RN fill rate of 105-110%, due higher levels of SNCT level 2 patients with higher acuity, exceeding the planned capacity.
- Low HCSW fill in wards 22 and SDU due to increased sickness levels
- Low HCSW fill in SCBU due to annual leave
- Low HCSW fill on ward 28 due to increased vacancy during
- Wards 25, 26, 27, 31, 32, 33, 36, 37, 38, 40, 41 and 42 had an increase in HCSW fill up to 120- 280%. 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		March 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%
	Total % of Overall planned hours	97.6%

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

Overall Ward Fill Rate		March 25
	RN/RMs (%) Average fill rate - DAYS	88%
	HCSW (%) Average fill rate - DAYS	92%
	NA (%) Average fill rate - DAYS	100%

	SNA (%) Average fill rate - DAYS	100%
	RN/RMs (%) Average fill rate - NIGHTS	94%
	HCSW (%) Average fill rate - NIGHTS	117%
	NA (%) Average fill rate - NIGHTS	100%
	SNA (%) Average fill rate - NIGHTS	100%
	Total % of Overall planned hours	99%

At South Tees, the percentage of overtime proportionate to temporary staffing for inpatient areas for all staff groups including AHP's, Midwifery and Administration and Clerical has decreased year on year since 2021.

The current overtime percentage based on the NHSP vs Overtime report has increased to 4.6% however is lower compared to last year's 6.3% in March.

The increase in March is due to the significant reduction in NHSP demand and overtime remaining static, therefore producing a higher percentage overtime rate.

Demand Hours- Nursing (NHSP & Agency Combined)			
	2023	2024	2025
April	71,862.25	66,676.80	45,556.76

Agency Fill Hours - Nursing			
	2023	2024	2025
April	256.00	245.00	15.00

At North Tees, the current overtime percentage based on the NHSP vs overtime report for all in patient areas for nursing, midwifery and HCSW's for March 2025 was 2.6% as this is first time reporting this figure we have no comparison, however this will be reported from March 2025 onwards.

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 March 25.

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

3. Red Flags Raised through Safe Care Live

At South Tees, during March 2025, there were a total of 11 red flags raised relating to staffing. The themes identified were shortfall in RN time (3) less than 2 RN's on shift (4) Missed 'intentional rounding' (3) 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 March.

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

At North Tees, during March 2025 there were a total of 8 red flags raised relating to safe staffing. Flags were raised predominately by Critical Care, wards 32 and 40 in anticipation of, or confirmed 'Shortfall in RN time'. The staffing levels across all areas are 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 the acuity of patients within department and the lack of enhanced care staff, this was escalated to the Clinical site manager for support.

Increased demand during March 2025 was safely managed by Ward Matrons working clinically within teams and further redeployment of staff, there was no further escalation, and all red flags were closed down.

4. Datix/In-Phase Submissions

At South Tees during March 25, there were 35 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 9 and ED. All shortages raised were managed through the SafeCare process throughout March.

At North Tees, in March 2025 there were a total of 11 in-phase reports submitted by the Care Groups due to concerns relating to safe staffing or skill mix. 3 reports were submitted by delivery suite and ward 22 for the lack of RM to provide safe staffing levels, the internal escalation policy was followed and discussion and planning for safe midwifery staffing is always included within the safe staffing meetings.

3 reports were submitted due to the lack of HCSW's due to short term sickness or short notice NHSP cancellations, RN's or AP's were redeployed where possible to cover, suitable redeployments were discussed at the safe staffing meetings twice daily. 3 reports were due to RN shortages in critical care, level 1 surgical beds and surgical admissions unit, creating non-compliance with patient rations as per GPIC standards. One report was due to safe care live acuity being high due to staff needing to be redeployed to other areas to areas with higher acuity.

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. The ongoing development of staff including investing in health care support workers, trainee nurse associates is supporting the recruitment and retention of the nursing workforce. 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 February 2025, show as 9.95 WTE (RN and RM combined). The recruitment of newly qualified nurses including nursing associates has now completed, next steps is the transition to a permanent contract for all newly qualified nurses appointed on a fixed term.

At South Tees, the vacancy position as per the financial ledger indicates a vacancy of 98.80 WTE HCSW's. Discrepancies exist between what is reported on the financial ledger and data extracted from eroster. The development of a collaborative based recruitment initiative is currently in the planning stages with the aim to commence the recruitment process in May 2025.

At North Tees, the band 5 RN vacancy position remains positive across the in-patient wards and departments, for March 2025 it is 15.92 wte. These remaining vacancies have been filled through the bi-monthly recruitment centre with additional successful candidates awaiting vacancy allocation to areas of their choice (with successful candidate pools). Further forecasting to the end May 2025 sees the B5 RN vacancy position reduce to approx. 4.8wte.

At North Tees, the HCSW vacancy position across in-patient services is 46.25wte for March 2025, with a forecasted vacancy of by 41.25 wte by May 2025. Orthopaedics ward 32 and Care of the Elderly services are sitting with the highest vacancies and will be the main focus of the upcoming recruitment centres. Communications have supported with the next recruitment centre to try and encourage wider community to consider HCSW career opportunities due to the difficulty in recruiting at this time. Proposals to invest in cohorts of HCSW apprentices are being present to Site Leadership Team in May 2025.

Both sites are currently reviewing a robust reporting method to ensure accuracy of the vacancy position.

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 March 2025 can be reviewed in Appendix 2.

Table 2 South Tees site

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
January 2025	8.96	8.99	+0.03

February 2025	9.09	8.80	-0.29
March 2025	9.11	9.16	+0.05

March 25 shows that 7 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.

March 25 had an average sickness rate of 8.17 % (RN's, RM's and HCSW's combined) showing the number of staff off sick is decreasing and will aid in reducing the reliance on temporary staffing.

Due to the changing demands temporary staffing is variable, with a concerted effort made to redeploy before exploring NHSP.

A weekly look forward review and monthly Workforce Assurance meetings with each collaborative allows triangulation of data including sickness and turnover rates. The wards and departments with the largest NHSP spend relate to those areas that have been highlighted as requiring an adjustment in establishment in the biannual SNCT establishment reviews.

Table 3 North Tees site

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
January 2025	8.82	9.03	+0.20
February 2025	9.02	9.00	-0.02
March 2025	8.81	9.31	+0.50

In March 2025 the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were ACU, Respiratory, Gastroenterology and wards 36, 38 40 and 42. This is reflective of the current sickness absence levels of 6.56% and unfilled maternity leave posts within the nursing workforce and the vacancy positions at the time of reporting. The variance within respiratory also reflects the increased acuity levels of patients across March 2025 again as a higher proportion of SNCT level 2 patients exceeded the RSU bed bases.

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 is underway 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 12 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. As future applications in to nursing programmes decrease, the over recruitment of newly qualified nurses will be essential. A paper is to be presented to SLT highlighting the background, assessment and recommendation of over recruitment from the September 2025 intake.

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 March 25 has decreased by 30% compared to March 24. Bank filled hours have also decreased by 23% when compared to March 24.

Nursing agency use continues to be minimal at South Tees. March 25 showed there was 32 hours of nursing agency utilised in Orthopaedic Theatres. This is 221 hours less than March 24.

Bank spend decreased by £345,137 when compared to March 24. Agency spend decreased by £7,884 when compared to March 24.

The overall fill rate for bank and agency in February 25 was 84.5% This has increased by 7.6% 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.

This is also attributable to the tighter controls which are established within the collaboratives for requesting bank and agency shifts via the monthly workforce assurance meetings. During February 25, the wards with the highest temporary staffing demand were Zetland, Ward 34, Central Delivery Suite, Ainderby and Critical Care. The temporary staffing demand was related to staff sickness (57%) and vacancies (20%).

At North Tees:

- Agency spend YTD is £2,205k lower than previous year
Some swap out to bank spend. Had increased due to Wd37 opening for winter, reduced in February. High in March due to £183k of Pathology dept outsourcing.
- Bank spend YTD is £864k higher than previous year
Down on same month last year, but high in comparison to Jan and Feb (annual leave and NQN continuing in supernumerary positions)

- Locum spend YTD is £435k lower than previous year
Artificially low where old accruals for shifts not paid have been dropped
- Overtime spend YTD is £391k higher than previous year
Overtime accrual recalculated in M12, hence higher than usual, will have a more accurate is April 2025 report.

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-patients in advance of establishment review (October 2025)
- Critical Care workforce proposals via Business case to improve compliance with Guidelines for the Provision of Intensive Care Services (GPICS) to be presented to Board in May 2025.
- Bi-annual nurse establishment review to be presented to Board in June 2025
- Nursing workforce pipeline programme business case to be presented at SLT in May25
- Development of the nursing workforce matrix detailed in section 6 of this report.
- Recruitment planning for Sept 2025 NQN cohorts and HCSW in Jun25
- NMAHP professional workforce strategy development.
- Specialist nurse job planning, business case to SLT in May25

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 challenging further shift modifications and a prospective review of KPI's and rostering
- Paper to SLT in May 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 May 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

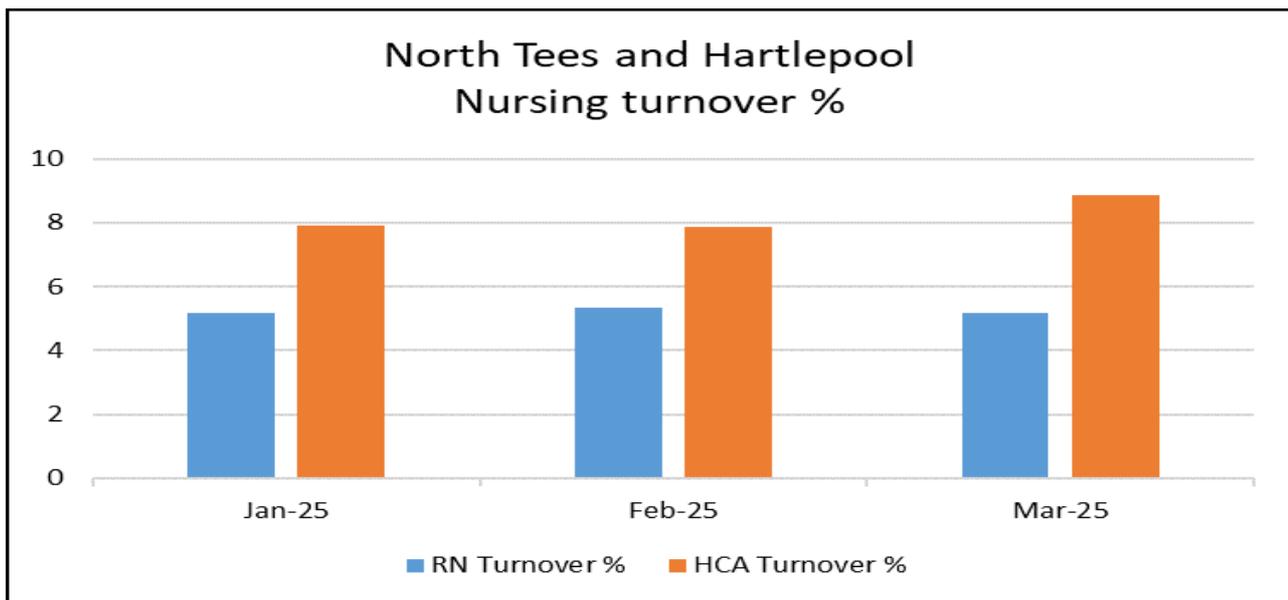
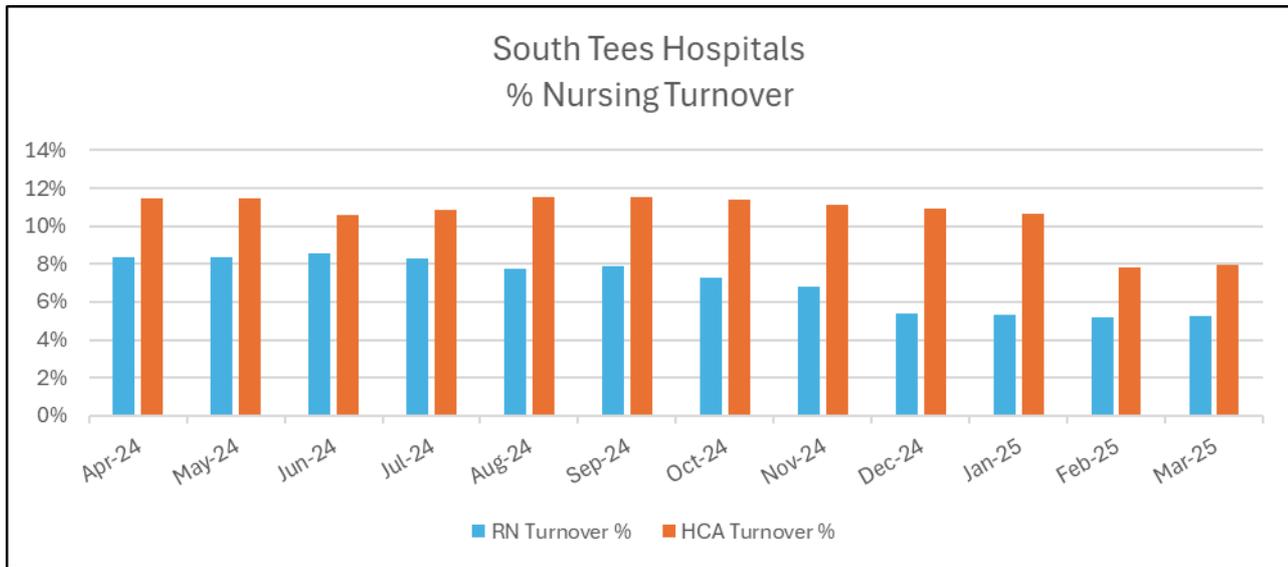
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

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):

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
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
Grand Total (Average)	9.11	9.16	0.05

North Tees Site - CHPPD by ward for March 2025

Row Labels	Average of Required CHPPD	Average of Actual CHPPD	Variance
Acute Cardiology Unit	7.30	5.34	-1.95
Critical Care North Tees	21.56	24.50	2.93
Elective Care Unit	5.90	18.96	13.06
Emergency AMB	7.56	9.36	1.79
Neonatal Unit	10.82	21.79	10.97
Paediatrics	9.82	12.63	2.82
SDU	10.57	9.74	-0.83
Ward 24 (Respiratory)	7.90	5.90	-2.00
Ward 24 RSU	11.42	9.83	-1.58
Ward 25 (Respiratory)	9.20	6.44	-2.76
Ward 25 RSU	11.23	9.99	-1.24
Ward 26	7.08	5.66	-1.42
Ward 27 (Gastroenterology)	6.93	5.74	-1.19
Ward 28 (Surgery)	6.08	5.68	-0.40
Ward 31 (Surgical Observation Unit)	8.43	8.64	0.20
Ward 32 (Fragility Fracture)	8.21	7.69	-0.52
Ward 33 (Orthopaedic & Spinal)	6.86	6.32	-0.54
Ward 36	7.88	5.91	-1.97
Ward 37 (Resilience)	6.45	7.44	0.98
Ward 38	7.06	5.64	-1.42
Ward 40 (Acute Elderly)	9.12	7.52	-1.60
Ward 41 (Stroke Unit)	7.83	7.12	-0.72

Ward 42 (Elderly Rehabilitation)	7.52	6.41	-1.11
Grand Total	8.81	9.31	0.50