

Board of Directors
Annual Safe Staffing Review 2025/2026
Inpatient Wards

Executive Summary

This report provides assurance in relation to Safer Staffing for acute ward-based nursing following the acuity and dependency audit completed June 2025 for a period of 30 days. The last audit was completed in January 2025 and that report was presented to Trust Board May 2025. It is acknowledged that the audit should be twice yearly which is the planned audit programme going forwards.

Maternity staffing was subject to review using professional judgement and review of activity and complexity in Quarter 3 2023/24 and the Birthrate plus© 3 yearly staffing review was undertaken in the second half of the financial year as agreed with the Director of Nursing. The results and recommendations were included in the Bi- annual Safe Staffing report May 2025.

This report outlines recommendations for consideration to meet the patient care and safety needs identified and in accordance with national guidance (Developing Workforce Safeguards, NHS England, 2018). This will be reviewed again in line with NICE requirements in Spring 2026.

1. Introduction

The National Quality Board (2016) and Developing Workforce Safeguards (2018) set out mandatory requirements of Trust Boards to ensure that staffing levels are based on patients' needs, acuity, and risks, which are monitored from 'ward to board' and will enable NHS provider boards to ensure that the right staff with the right skills are in the right place at the right time.

- Trust Boards must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard including Care Hours Per Patient Day (CHPPD). Trusts should report on this to their board every month and the results are published on the Trusts' internet page.
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.
- As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.
- Given day-to-day operational challenges, we expect Trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance, and staff experience must be clearly described in these risk assessments.

- Should incidents associated with staffing occur or increase and mitigations prove insufficient, Trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix. Twice a day and more frequently should the need arise a full review of staffing takes place with senior nursing staff. This formal process ensures mitigations are in place to ensure that clinical areas are staffed according to the acuity and dependency. This is utilising the Safecare tool, professional judgement and recognition of the demand for services and preparedness accordingly e.g. Opel 4. Formal monitoring of these incidents are via the DATIX reporting system and subsequently if required reported and monitored via the Trust Risk Register, This is monitored on a bi-monthly basis via the Director of Nursing Safe Staffing Meeting.

As part of the establishment review, the Chief Nursing Officer must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

This review has included all inpatient wards at Dorset County Hospital.

Critical Care, Special Care Baby Unit (SCBU), Emergency Department have not been included in this report. A separate review of Critical Care staffing and Emergency Department staffing is being conducted in recognition of the New Hospitals Build and remains in progress. Maternity Safe Staffing Report is covered by a separate paper and is reported concurrently with this report. An acuity and dependency audit for the Emergency Department will be completed November 2025 and included in the Bi-annual report 2026. The headroom requirement applies to all clinical areas. Attendance to the SCBU recommendations in the previous Safe Staffing Report are currently being actioned to support the uplift to national recommendations out of hours.

2. Methodology

The methodology for determining safer staffing has previously been approved by the Trust Board. This incorporates the use of an acuity and dependency evidence-based tool (Safer Nursing Care Tool (SNCT), The Shelford Group 2023), alongside any relevant benchmarking (such as Model Hospital or Royal College of Nursing recommendations), and professional judgement.

Safer staffing reviews are expected as part of the regulatory framework to ensure the organisation is meeting the needs of the patients that use our services. Lesson learnt from national reviews underpinned the need for staffing levels, and the outputs of regular safe staffing reviews, are overseen by Trust Boards (Francis Report (2013) and Keogh Review (2013)).

The assessment of safe staffing includes skill mix, leadership, and availability of any supporting roles in the form of professional judgement applied to the audit. Having the right number of nurses, with the right mix of skills and experience, is essential to support safe, high-quality care for patients. National Institute for Health Research (NICE 2019) notes that determining the right number of staff on the wards and mix of education and skills is not a precise science and depends on a risk assessment based on the best available evidence.

The Royal College of Nursing has set out detailed expectations for employers, national organisations, and regulators to support patient safety and enable the UK's nursing

workforce to deliver safe and effective care. The 14 workforce standards, launched by the college in May 2021 are intended to bring the entire nursing community in the UK, under one set of standards for the benefit of staff and patient safety. The RCN have recently announced a review of guidance and consideration of best methodologies and benchmarking including nurse to patient ratios and Care Hours per Patient Day. The outputs of this review are outstanding but will form a revision of approaches at Dorset County Hospital to ensure audit against best evidence-based practice.

Full engagement of the ward leaders was achieved to ensure the audit was complete and accurate, with the Matrons holding responsibility for ensuring that the data was collected and that the tool was being applied effectively and consistently across their inpatient wards.

The Trust financial team have been involved from the onset and throughout recommendation process. Work is underway, following previous board level approval, for a targeted investment approach to areas identified in this report.

All inpatient wards were required to collect data using the SNCT during the same period, to ensure consistency and allow benchmarking across the Trust. The audit took place in June 2025.

Triangulation was applied to ensure validation of information from the following sources.

- Patient Acuity and Dependency
- Professional Judgement
- Quality Indicators

Nurse to Patient ratios was also applied considering the ambition to achieve a higher staff to patient ratio. The ratio of 1:8 has broadly been applied and some areas, with recognised higher acuity, are demonstrating a ratio of 1:5/6.

Information regarding staffing vacancies, turnover and sickness rates were also used to inform the recommendations made within this paper.

Divisional analysis and additional information regarding the financial implications were applied.

Currently the headroom for general wards is held at 20%. The national recommendation for ward establishments is 22.2% headroom (for training, annual leave etc), of which 2% is kept centrally for sickness absence cover using temporary staffing. It should be noted that Safe Staffing toolkits (including SNCT) are unable to accurately calculate below 22.2% uplift. The current uplift for the Critical Care Unit is 25% and Emergency Departments is 27% (Royal College of Emergency Recommendations) and to recruit to 25%. The recommendations are to align budgeted establishments with the national recommendations (see below).

Theatres and Day Surgery Unit (DSU) also have their national recommendations for headroom and this is set at 25%.

	NQB - Jan 18		NQB - Jun 18		RCEM & RCN	
	Wards		ED & CC		Type 1 ED	
	days	%	days	%	days	%
Annual Leave	29.9	11.6%	29.9	11.6%	29.9	11.6%
Bank Holidays	8.0	3.1%	8.0	3.1%	8.0	3.1%
Sickness	7.7	3.0%	10.3	4.0%	10.3	4.0%
Training/ study	7.7	3.0%	11.6	4.5%	16.8	6.5%
Parenting	2.6	1.0%	2.6	1.0%	2.6	1.0%
Other	1.3	0.5%	2.1	0.8%	2.1	0.8%
TOTAL	57.3	22.2%	64.5	25.0%	69.7	27.0%

¹ The National Quality Board, Safe, sustainable and productive staffing, [An improvement resource for adult inpatient wards in acute hospitals](#), January 2018.

² The National Quality Board, Safe, sustainable and productive staffing, [An improvement resource for urgent and emergency care](#), June 2018.

³ The Royal College of Emergency Medicine together with the Royal College of Nursing, [Nursing Workforce Standards for Type 1 Emergency Departments](#), October 2020.

Historically, business planning 2023/2024 included a business case to request investment to align to national recommendations and thereby significantly reduce reliance on short-term agency use to cover planned leave and absences and this process continues. This case was not progressed. Since then a targeted investment paper has been developed and presented to Joint Executives in November 2025.

Since the bi-annual review in February 2025, alternative roles in the clinical area have been explored and a pilot project for Ward Housekeepers was undertaken on 2 wards. Early indications are that this was successful with improvement demonstrated during a PLACE assessment during the project. This has particularly been evident with bed area preparation, management of allergens, improved dietary selection, hydration and nutritional intake and the support given to patients to remain on their wards and de-escalate anxiety. Food service and food safety is now a priority with food being seen as medicine (NHS 2023 National Standards for Healthcare Food and Drink) which support delivery of quality indicators such pressure ulcer management and patient experience. It is likely this will be a phased roll out recommendation. This was unable to happen due to current financial and headroom constraints but remains as aspiration to introduce the role across the Trust.

Additionally, a Ward Clerk project to review core competencies was undertaken to both improve the bank administration offer across the Trust with an aim to improve compliance with Trust standards. Improved ward clerk provision is expected to improve Electronic Discharge Summary (EDS) completion, patient and family contacts and communication, appointments made, response times to answering ward telephones as well as meet and greet on the wards. There is a requirement to improve filing of patient notes, scanning and compliance with NHS Record keeping standards, which are currently a risk on the risk register. This was unable to be progressed due to the current financial and headroom constraints. A full ward administration review is in progress Quarter 3.

Both roles are expected to release nursing staff to time to care.

3. Additional In-Extremis Beds

Over 2024/2025 additional in-extremis beds were opened by exception to support additional admission demand. This has been fluctuating but presents an ongoing pressure to staff the wards to ensure patient safety. The June 2025 acuity and dependency audit reflected all these beds being open and the below chart reflects the requirement to support this pressure. Action is taken to de-escalate the in-extremis beds as soon as possible. Currently the areas

below remained open during the acuity audit of Summer 2025. Mary Anning Unit, due to refurbishment plans for the stroke Unit, was reduced from 46 beds to 38 in 2024 as part of a quality improvement project. In June 2025 the Unit split to 10 beds on Maud Alexander and 14 on Mary Anning Unit. Subsequently Mary Anning was increased back to 16 beds and these remain open.

Ward	Extremis Beds	Additional Staff Required
Moreton Ward	3 to 4	Funded
Fortuneswell Ward	3	Partially funded *
Mary Anning Unit	2	Nil

With effect from beginning of November 2024 the extra beds (Moreton and Fortuneswell) have been included into the hospital bed base.

*Fortuneswell remains unfunded for LD HCA weekend cover.

4. Results

Several areas were identified as under established. This was identified following completion of the SNCT and professional judgement review with Divisional leads. It is noted that the ability to recruit into current vacancies and subsequently reduce the need for temporary staffing remains the highest challenge in current management of safer staffing.

Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.2% uplift	Current Vacancies (WTE) as at 30.6.25	Recommendations
Abbotsbury Ward (29 Beds)	39.43 (+ x4 RNDA)	41.50	RN 1.31, HCA 4.09	It is recommended that to improve the nurse-to-patient ratio there needs a roster template change to achieve 5RN's day and 4RN's by night. The implementation of 22.2% headroom and targeted investment to increase RN cover at night will achieve this and improve nurse to patient ratios. Agency expenditure currently in place for RN at night to manage acuity. Recommend increase establishment and 22.2% headroom uplift, recruit to vacancies.
Lulworth Ward (31 beds)	41.64 (+1 RNDA)	36.99	RN 0.92, HCA 3.84	It should be noted that the ward takes CRCU stepdown patients. Whilst the SNCT levels differ to the actual establishment triangulation of data (quality, acuity, professional judgment) identifies the need to support the fluctuation in criticality of patients. Recommend targeted investment to improve night RN from 3 to 4 for cover in recognition of CRCU discharges to ward and improve nurse to patient ratios

				from 1:11 to 1:8. Agency expenditure currently in place for RN at night to manage acuity. The RN establishment needs to improve to manage this, alongside recruitment into HCA vacancies. Recommend 22.2% headroom uplift and recruit to vacancies.
Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.2% uplift	Current Vacancies (WTE)	Recommendations
Purbeck Ward (27 beds)	36.34 (+2.03 RNDA)	44.51	RN 1.28 RN, HCA 9.73 (Nov now 11.53)	Recommend targeted investment to ensure safe staffing for patients requiring enhanced care (e.g. spinal injuries requiring 5 to log roll, MH trauma patients) and ensure night RN patient ratio cover is improved. The RN establishment needs increasing to enable 4 RN's on ND to improve the nurse to patient ratio and reduce agency expenditure. Additionally, the HCA recruitment is required to enable a reduction of RN MH agency cover when HCA is required for ETOC. Recommend 22.2% headroom uplift and recruit.
Portesham 10 beds + 3 Frailty SDEC + 2 in discharge lounge	33.34	12.99 for 10 beds but often has 3 extra patients in FSDEC and 2 in the	RN 0.45, HCA 6.77	Small ward principles – recommend no change due to extra capacity being utilised. Staff are flexibly managed between Frailty SDEC. 22.2% headroom in place.

		Discharge Lounge		
Ridgeway 20 beds	39.34 (+3RNDA)	35.82	HCA 6.73 (Nov now 8.85)	No change recommended other than to recruit to HCA vacancies , as ward often increases bed capacity to 24 to manage elective and emergency flow.
Kingfisher Ward (14 beds + PAU)	27.33	14.9 using SNCT specific tool for paediatric	No vacancies	Smaller unit principles applied. No change
Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.5% uplift	Current Vacancies (WTE)	Recommendations
Fortuneswell Ward (17 beds) + 3 additional beds open for the duration of the audit and this continues	27.39 (+x2 RNDA)	34.65 on 20 beds	RN .26, (Nov now 2.38) HCA 5.03, (Nov 3.77)	Recommended increase to establishment to enable 4 HCA's LD at weekends if beds are to remain open. Recruit to HCA vacancies. 22.2% headroom in place.
Moreton Ward 23 beds + additional beds open for the duration of the audit and historically since Covid-19 pandemic began.	39.24 (+3 RNDA)	38.49	RN now 4.29, HCA 5.89, now increased to 5.89	It should also be noted that the ward takes step down patients from CRCU. 22.2% headroom in place. Recommend recruit to vacancies.
Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.5% uplift	Current Vacancies (WTE)	Recommendations
Evershot Ward (14 beds)	21.69	14.81	HCA 2.09	Now utilised as an emergency area with a pull approach from ED and a rapid turnover short stay area. Small

				ward principles apply. Recommend recruit to HCA vacancies.
Cardiac Care Ward (18 beds)	32.86 (+4 RNDA)	28.58	No vacancies	No change to current establishment – smaller unit principles applied area functions as ward and CCU. Recommend add 22.2% headroom as a critical area.
Ilchester Ward (33 beds)	49.18 (+RNDA 2.60)	57.71	HCA 5.19 (x1 funding RNDA)	Ward remains an acute admission area whilst also retaining patients requiring a longer stay including increased elderly and psychiatric patients. Recommend add 22.2% headroom and recruit to HCA vacancies.
Mary Anning Unit 33 beds audit completed on 33 beds	69.38 (50.28 now on 26 beds for Stroke work) +1 RNDA	49.04	HCA 4.99	Maintain reduced bed base. Bed base since audit has reduced to 26 beds being managed geographically across Mary Anning and MAW to support Stroke HASU works. 22.2% head room in place. Recommend pause and review establishment and compare A&D results in January 2026. Recruit to HCA vacancies.
Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.5% uplift	Current Vacancies (WTE)	Recommendations
Maud Alexander Ward (10 beds). Part of Evershot surge at time of audit, now part of Mary Anning.	19.26 (+2 RNDA)	10.74	HCA 1.0	No recommendations for change and small ward principles applied. No changes required, nil headroom recommended, as ward was part of Evershot surge and is now part of Mary Anning since the audit was completed.

Stroke Unit (24 beds)	50.13 (+4 RNDA) + ACP 9-5 Mon-Fri, Outreach B6 08:00- 20:00 Daily Nurse Consultant M-F	39.84	HCA vacancies 5.07	Unit continues to develop the HASU model to meet national stroke standards. Ward establishment has been adjusted accordingly and compliant with Stroke HASU and ASU recommendations. 22.2% headroom in place. Recommend recruit to HCA vacancies.
Prince of Wales Ward (13 beds)	30.81	20.00	HCA vacancies 3.33 (over established on bands 6 (2.01), 5 (3.24) and 4 (.75)	No change to current establishment – smaller unit principles applied and noting regional emergency dialysis unit status. Recommend 22.2% headroom only.

Summary of Recommendations:

- Targeted investment, subsequent to approved business case May 2024 (was approved but not actioned), required to increase budget uplift, increase substantive posts with direct offset of agency use to manage planned and predicted absence (Annual leave and Mandatory training). A Trust targeted investment paper is subject to Joint Executive consideration and action on 18th November 2025.
- A review of redeployment opportunities to right size bed and staffing capacity, in line with any planned bed reconfigurations, use of a Transfer Window, was undertaken with the closure of Mary Anning beds. This has ensured headroom and safe staffing levels are in establishment for 4 inpatient wards.

- Ongoing review and investment of Stroke staffing with planned increases in HASU and Acute Stroke capacity, and in line with national Stroke Standards as measured by SSNAP Sentinel audit, through the Somerset and Dorset Stroke Service commissioning arrangements.
- Uplift of establishments and subsequent review of rosters to ensure nighttime staffing levels are strengthened
- Completion of SNCT audits for ED, noting the workforce requirements for the New Hospitals Programme.
- SCBU – require additional Band 6 BAPM (British Association of Perinatal Medicine) standard as approved in SCBU business case 25/26. 25% headroom recommended and to be included in Tranche 3 of the Trust targeted investment paper if approved. Quarterly audits submitted to the Neonatal Network continue. Transitional care is not currently included in the National audit but from 2025, this will be included to cover SCBU nurses providing care for babies on the Maternity Unit.
- ED headroom uplift to meet RCEM (Royal College of Emergency Medicine) recommendation of 27%, recommend recruit to 25% - currently at 20.5% and have a high agency expenditure due to “corridor care” and the new Timely Handover Process (Tranche 2 of Trust paper)
- CRCU – using 11% of agency expenditure (largely TNS) 25% headroom uplift recommended = 1.54 RN & 0.11 HCA wte. Additionally, this should be considered alongside the NHP Workforce stream and in Tranche 3 of Trust paper.
- Maternity –see separate Maternity workforce and safe staffing report (November 2025). To note, Allocate SafeCare has been introduced and modified for maternity to demonstrate acuity and dependency from 1.11.25 and replicates an approach taken by other Trusts.

Conclusion

There is a requirement by NHS England to submit information relating to ward based Nursing Acuity and Dependency audits, recommended twice yearly. DCHFT nursing leads now have a clear and robust process in place to achieve this.

The Safer Nursing Care Toolkit is the recognised method for reviewing safe staffing at ward level and uses a triangulation of metrics to assist decision making and recommendations. The tool is not prescriptive and should be applied alongside the application of professional clinical judgement.

In addition to the formal review, staffing levels, patient acuity and dependency, and effective utilisation of resources is discussed and mitigated twice daily at the internal bed/operational flow meetings. Twice daily Safe Staffing meetings are in place to support the Divisions with immediate staffing requirements. Staff are requested to move area of work to ensure safe and effective care of our patients. This review is undertaken in conjunction with the Ward Sister, Matron and Divisional Head of Nursing and Quality responsible for that area.

It should be noted that during the reporting period there have been no red flag shifts.

The Trust has reviewed the acuity and dependency audits results for the inpatient ward areas and the recommendations are as below in Section 5. The Trust also remains within the expected limits of the Model Hospital data in relation to nursing and midwifery staffing.

It should be noted that RNDA nursing staff prohibit the employment of HCAs into the ward establishments leaving the wards short when off base placement and requiring the use of temporary staffing – at times utilising RN cover for an HCA gap.

The 2025/2026 scheme to embed safe staffing methodology was as follows:

- Invest in a Safe Staffing Clinical Lead role to develop and support the Safe Staffing agenda – member of staff appointed as a secondment October 2023 for 18 months, this has now been confirmed as a substantive appointment since April 2025.
- Embed Allocate 'SafeCare' to complete twice daily acuity and dependency utilising digital software to support and evidence movement of staff around the Trust and to support areas of greatest need, alongside Care Hours Per Patient Day. Safe Staffing Lead commenced the implementation of the Safe Care project with all in-patient wards now "live". In future SafeCare will be used for future safe staffing audits. Dashboards are in the process of being developed. *example below.
- To continue roster efficiencies at monthly roster clinics.
- Further training is being set up for Night Sisters and Matrons on the use of SafeCare to support professional judgement and resource allocations.
- Support Safe Staffing Fellowships by senior nurses – Deputy Director of Nursing completed. Application submitted by the Head of Nursing, Professional Practice & Workforce
- Lead Nurse for Workforce and Safe Staffing attended webinars throughout the year particularly relating to the Enhanced Therapeutic Observation Care (ETOC) Tool to progress the use of the Tool for use with those patients requiring Enhanced Care.
- Lead Nurse for Workforce and Safe Staffing has worked with Maternity to introduce a modified version of SafeCare as an audit tool for use by Maternity specifically.
- Through the Director of Nursing Safe Staffing meetings, a fortnightly review of vacancy rate against sickness and absence are to be monitored.

- Quarterly Night Staff forum set up with the Director of Nursing and Lead Nurse for Workforce and Safe Staffing to meet with the night nursing teams to listen and respond to concerns.
- CHPPD continues to be reported and published on the Trust intranet and Red Flag monitoring continues.

5. Recommendations

To acknowledge and approve the recommendations of the Annual Safe Staffing Report 2025/26.

To acknowledge the uplift requirements in headroom from **20.5 % to 22.2%** in inpatient areas and in line with a phased approach as outlined in the targeted investment paper (Joint Executives 18th November 2025).

To note the recommendation for funding of RNDA posts through slippage and allow for recruitment into HCSW vacancies to offset bank and agency spend (Trust targeted investment paper, November 2025)

- Note and support the uplift in staffing levels in accordance with audit findings.

Trudy Goode, Safe Staffing Lead and Emma Hoyle, Deputy Director of Nursing, November 2025

*Safe Staffing Dashboard

		October 2025	September 2025	August 2025	July 2025	June 2025	May 2025	April 2025	March 2025	February 2025	January 2025	December 2024	November 2024					
		Bed Occupancy		Workforce				Bank & Agency		Incident Data				Feedback				
		Occupancy %	Average Available Beds	Turnover Rate %	Overtime Hours	Sickness Data %	Recruitment Data %	Vacancy Rate %	Bank %	Agency %	Deaths	Falls	Pressure Ulcers	Medication	Incidents Due to Staffing	FFI	Complaints	
A&E	A&E1 - EMERGENCY DEPARTMENT	97%	29	0%	0	0%	5.5%	5.0%	50%	100%	0	7	0	10	1	0	23	
Inpatient	DAB - ABBOTSBURY WARD	97%	29	11%	0	0%	-2.3%	5.0%	50%	100%	2	4	0	1	0	100%	4	
Inpatient	DCC - CARDIAC CARE WARD	98%	38	5%	0	0%	-5.5%	5.0%	50%	100%	5	2	1	1	4	0	100%	2
Inpatient	DCRIT - CRITICAL CARE UNIT	101%	8	6%	0	0%	-3.0%	5.0%	50%	100%	11	0	0	0	0	1	100%	2
Inpatient	DEV - EVERSHOT WARD	94%	14	4%	0	0%	-19.3%	5.0%	50%	100%	1	4	1	0	1	0	88%	2
Inpatient	DL - ELCHESIER INTEGRATED ASSESSMENT UT	98%	25	2%	0	0%	-2.3%	5.0%	50%	100%	3	3	0	0	1	0	100%	3
Inpatient	DGI - KINGFISHER WARD	42%	14	0%	0	0%	-15.2%	5.0%	50%	100%	0	0	0	0	0	0	100%	1
Inpatient	DLU - LULWORTH WARD	94%	31	4%	0	0%	-2.4%	5.0%	50%	100%	1	2	0	0	1	0	100%	1
Inpatient	DMA - MAUD ALEXANDER WARD	101%	10	0%	0	0%	0.0%	5.0%	50%	100%	1	2	1	0	2	0	100%	0
Inpatient	DMAU - MARY ANNING UNIT	100%	14	1%	0	0%	-4.8%	5.0%	50%	100%	0	4	0	0	2	0	100%	2
Inpatient	DMD - MORETON WARD	102%	28	13%	0	0%	17.7%	5.0%	50%	100%	10	1	1	0	4	0	100%	1
Inpatient	DOND - FORTUNESWELL WARD	92%	22	7%	0	0%	8.9%	5.0%	50%	100%	18	3	0	1	6	0	100%	0
Inpatient	DPO - PORTESHAM UNIT	130%	28	0%	0	0%	-21.2%	5.0%	50%	100%	2	3	0	0	1	0	100%	0
Inpatient	DPJ - PURBECK WARD	95%	27	13%	0	0%	3.3%	5.0%	50%	100%	2	3	0	0	3	0	100%	3
Inpatient	DPW - PRINCE OF WALES WARD	97%	13	2%	0	0%	-48.1%	5.0%	50%	100%	3	2	0	0	0	0	100%	0
Inpatient	DRI - RIDGEWAY WARD	104%	20	3%	0	0%	-1.6%	5.0%	50%	100%	0	1	0	1	4	1	100%	2
Inpatient	DSU - STROKE UNIT	97%	23	3%	0	0%	13.3%	5.0%	50%	100%	3	1	1	0	5	0	100%	3
Other	DSDEC - FRATLITY SAME DAY EMERGENCY WARD	-	0	0%	0	0%	0.0%	5.0%	50%	100%	0	0	0	0	0	0	100%	0
Other	DMAT - MATERNITY UNIT	43%	32	21%	0	0%	0.0%	5.0%	50%	100%	0	0	0	0	0	0	100%	0
Other	DSDEC - SAME DAY EMERGENCY CARE WARD	-	0	0%	0	0%	13.1%	5.0%	50%	100%	0	0	0	0	0	0	100%	2

Occupancy and Average Available Beds (Bed Capacity as per the BedBase Report and PAS Inpatient Spell Data for Inpatient / Other and Agyle for A&E)
Turnover Rate (ESR): WF055 - Turnover - Power BI Report Server
Overtime Hours (ESR) NHS Financial Analysis Dashboard: TBC
Sickness (ESR): TBC
Vacancy Rate (ESR): WF054 - Workforce Vacancy - Power BI Report Server
Bank & Agency HealthRoster via Allocate: AG053 - Fill Rates - Power BI Report Server
Deaths (PAS Inpatient Spell Data for Inpatient / Other and Agyle for A&E)
Incident and Complaints Data (Data): ID048 - Ward Dashboard - Power BI Report Server
Friends & Family (FFI): ID048 - Ward Dashboard - Power BI Report Server