Title	Open and Honest Care June and July: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	22th August 2016

Executive Summary

In November 2013 the National Quality Board (NQB) published a guidance document which set out ten core expectations of providers and commissioners with respect to getting nursing, midwifery and care staffing right. STFT has remained compliant with these guidelines which include monthly open and honest staffing reports to Board and bi annual reviews of staffing establishments across the acute inpatient bed base. These reports are uploaded to our website for the public to access.

From May 2016 all Trusts are required to also report Care Hours Per Patient Day (CHPPD). This is a new staffing metric introduced and tested through the Lord Carter of Coles programme, and based on the number of nursing and care staff hours available on each ward divided by the number of patients on the ward at midnight.

On July 14th 2016 the NQB published updated guidance on safe, sustainable and productive staffing highlighting that the new safe staffing improvement resource can only set the context and offer support to local decision making. It is local clinical teams who are required to ensure they continue to provide high quality and financially sustainable services. The guidance contains an updated set of expectations for nursing and midwifery staffing to help provider Boards make local staffing decisions. There are also recommendations for the metrics which should be used to monitor the impact of staffing on quality in acute hospital inpatient settings. This guidance and the recommendations will be assimilated into this monthly report over the next few months. The report will take a more wide-ranging review of staffing comparing staffing with peers and including, where possible, consideration of multiple staff groups and some new balancing metrics. It is also important that this report sits comfortably in the new governance structures following the implementation of the new management structures across the Trust.

Fives wards are identified as areas of exception in June and July. These are SCBU, Ward 1, Ward 2, Primrose Ward 20 and the Acute Stroke Unit Ward 8. Emergency Department and Ward 5 are also reported as areas of concern identified by the matrons.

Recommendation

The Executive Board is asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during June and July 2016 and consider areas of exception with regard to staffing shortfalls, the reasons why these have occurred, any impact on quality and actions taken or being taken to address gaps.

Report Author	Louise Burn, Deputy Director of Nursing and Quality

Executive Director/ Sponsor	Dr Bob Brown, Executive Director of Nursing and Quality.

Purpose of paper	**Information**	√	**Discussion**	√
	Decision	√	**Assurance**	√
	Specific action	√		
Implications	**Staffing**		√	
	Finance		√	
	Legal		√	
	Public engagement		√	
	Partnership			
	Communication		√	
	Equality & Diversity		√	
	Clinical		√	
	Patient Safety		√	

Risk assessment and mitigation (include risk register reference if appropriate)	
Link to STFT Business Plan	Patient Safety, Patient Experience, Safe Staffing
Link to CQC outcome	All
Link to Board Assurance Framework	Workforce requirements
Link to Strategic Risk Register	Clinical Staffing

SOUTH TYNESIDE NHS FOUNDATION TRUST

REPORT TO EXECUTIVE BOARD
22nd August 2016

Open and Honest Care - Staffing Levels - Nursing and Midwifery.

1. BACKGROUND

The National Quality Board (NQB) requires that each month a board staffing report is produced which, by exception, advises on areas where staffing capacity and capability falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. This monthly report is also required to be published on the Trust website for the public.

This exception report meets the requirement by publishing staffing fill rates (actual versus planned) in hours on the NHS Choices website each month with a link through to the Trust website for detailed staffing information by ward. A clear steer as to where the rating ranges should lie can be taken from the fact that in May 2014 NHS England requested further information and mitigating actions on all wards with staffing fill rates below 80% or above 150% and highlighted fill rates below 90% or above 125%.

From May 2016 all Trusts are also required to report Care Hours per Patient Day (CHPPD). This is a new staffing metric developed through the Lord Carter of Coles programme, having been tested internationally and mandated by NHS England and NHS Improvement. The aim is to give a simple consistent measure of nursing and healthcare support workers deployment on inpatient wards and units. CHPPD can be used to describe both the staff required and staff available in relation to the number of patients.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight). It can be broken down by grade – initially registered nurses and healthcare support staff, but ultimately to bands/grades within these groups and eventually all other staff groups contributing to ward-based care, including AHPs and medical staff. While total CHPPD will be reported monthly via Unify, the metric will be available to Trusts split into registered nurses and healthcare support workers through the Model Hospital portal which will enable benchmarking with “peer” Trusts. The portal, an output of the Lord Carter of Cole report, will enable Trusts to see how their CHPPD compares to other Trusts within the same speciality by ward in order to identify how they can improve their staff deployment and productivity.

STFT has purchased the Safer Nursing Care Tool module of eRoster which gives wards the ability to enter the acuity and dependency of each of their patients at the beginning of each shift and to update staff availability in real-time. Although this information is not required as part of the CHPPD data set it adds important detail to the information making it more specific to determine

whether or not there are enough CHPPD to meet the needs of patients on each ward on each shift.

In July 2016 the NQB updated its staffing guidance with the first NQB safe staffing improvement resource[1]. The refreshed document reinforces that NHS provider Boards are accountable for ensuring their organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing. Provider Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring and well led care. The guidance contains an updated set of expectations for nursing and midwifery staffing to help provider boards make local staffing decisions. The three updated NQB expectations that are highlighted will form a triangulated approach to staffing decisions these are; Right staff; Right skills and Right place and time. There are also recommendations for the balancing metrics which should be used to monitor the impact of staffing on quality in acute hospital inpatient settings. This guidance and the recommendations will be assimilated into this monthly report over the coming months. The report will aim to take a more wide-ranging review by comparing staffing with peers when this is available and including, where possible, consideration of multiple staff groups and some new balancing metrics. It is also important that this report sits comfortably in the new governance structures following the implementation of the revised management structures in July.

NHS Improvement (NHSI) is also coordinating work to develop safe staffing improvement resources for a range of care settings including: mental health, learning disability, acute adult inpatients, urgent and emergency care, children's services, and maternity and community services. The core principles underpinning this work are:

- to identify and review the best available evidence on safe, sustainable staffing; to be multi-disciplinary in approach to staffing,
- to be outcome focused; to complete an economic impact assessment on any proposed safe staffing improvement resource,
- to develop these staffing resources with the appropriate experts, focus groups and other key stakeholder groups, including patients, families and carers.

NHS Improvement will begin to release these improvement resources later in 2016/17, with approval from the NQB.

As this safe staffing improvement resource is implemented and used by NHS provider boards, clinicians and frontline managers NHSI will review and evaluate its impact through their feedback and engagement to inform plans for future publications.

[1] Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time- safe sustainable and productive staffing- National Quality Board July 2016.

2 STAFFING METRICS

2.1 TRUST STAFFING FILL RATE FOR JUNE 2016

STFT	DAYS		NIGHTS	
	Average fill rate RNs and RMs	Average fill rate care staff	Average fill rate RNs and RMs	Average fill rate care staff
Overall Trust Summary	**90.0%**	**103.3%**	**98.3%**	**101.1%**
STDH	89.4%	104.5%	98.1%	101.2%
Monkton Hospital	98.0%	98.0%	100.4%	100.0%
St Benedict's Hospice	98.7%	86.5%	100.0%	100.0%

2.2 TRUST STAFFING FILL RATE FOR JULY 2016

STFT	DAYS		NIGHTS	
	Average fill rate RNs and RMs	Average fill rate care staff	Average fill rate RNs and RMs	Average fill rate care staff
Overall Trust Summary	**88.8%**	**99.8%**	**98.8%**	**99.4%**
STDH	88.6%	99.9%	99.2%	99.5%
Monkton Hospital	95.1%	96.8%	78.3%	100.0%
St Benedict's Hospice	90.3%	103.3%	101.6%	96.8%

2.3 TRUST STAFFING FILL RATE FOR JUNE 2016 BY WARD.

The fill rates for each of the wards are available at Appendix A. The table below reports by exception, wards with fill rates below 80% or above 150% for either registered nurses or care staff on day or night duty.

Hospital	Ward	Day		Night		CHPPD	
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate	RN/RM	Care Staff
STDH	SCBU	105.2%	55.5%	105.9%	-	15	2.6
STDH	WARD 1	77.5%	92.0%	97.1%	100.0%	2.1	2.6
STDH	WARD 2	77.5%	136.1%	98.4%	98.7%	2.1	2.6
STDH	ACUTE STROKE UNIT	61.7%	126.5%	88.4%	143.0%	2.5	3.3

2.4 TRUST STAFFING FILL RATE FOR JULY 2016 BY WARD.

The fill rates for each of the wards are available at Appendix B. The table below reports by exception, wards with fill rates below 80% or above 150% for either registered nurses or care staff on day or night duty.

Hospital	Ward	Day		Night		CHPPD	
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate	RN/RM	Care staff
STDH	SCBU	96.9%	53.7%	100.7%	-	9.6	1.6
STDH	PRIMROSE WARD	72.7%	119.2%	98.4%	100.0%	2.8	2.6
STDH	WARD 2	62.4%	122.7%	95.2%	98.4%	2.0	2.4
STDH	ACUTE STROKE UNIT	69.3%	112.3%	101.5%	117.5%	2.9	3.2

There are five wards reporting fill rates below 80% for June and July 2016. These are SCBU, Ward 1, Ward 2, Primrose Ward 20 and Acute Stroke Unit Ward 8 (ASU). Acute Stroke Unit, SCBU and Ward 2 are reporting fill rates below 80% planned in both June and July.

The graphs showing demand CHPPD vs. required CHPPD for each of these wards, with the exception of SCBU, are included in this report. The CHPPD reports are supplied by Allocate whose software we use for eRoster and the Safer Nursing Care Tool module. SCBU is not included in the suite of reports currently supplied. The time frame of the CHPPD graphs is 20th June to 17th July which covers a proportion of the time the fill rates are recorded over, which is 1st June to 30th July. The two safe staffing metrics are different:

- Staffing fill rates reflect the number of nursing and care hours planned for compared to how many were actually available on the day or night shift. These are combined together to give a monthly figure for the ward or team.
- CHPPD is the number of hours worked by nursing and care staff combined and then divided by the number of patients on the ward at midnight. It can be disaggregated to give nursing hours and care staff hours and can be translated into staffing ratios e.g., 12 CHPPD is a staffing ratio of 1 nurse or carer to every 2 patients and 8 CHPPD is a staffing ratio of 1:3. CHPPD is designed to allow Trusts to compare wards at speciality level with peers and will also be used to provide comparative information on cost of care on a monthly basis. This work is still currently under development with the national NHSI efficiency team.

Neither of these metrics alone can determine whether staffing levels are safe but CHPPD, in combination with the SNCT evidence based staffing tool, is more useful in determining appropriate levels of staffing levels for ward areas on a shift by shift basis.

3.0 WARDS REPORTED BY EXCEPTION

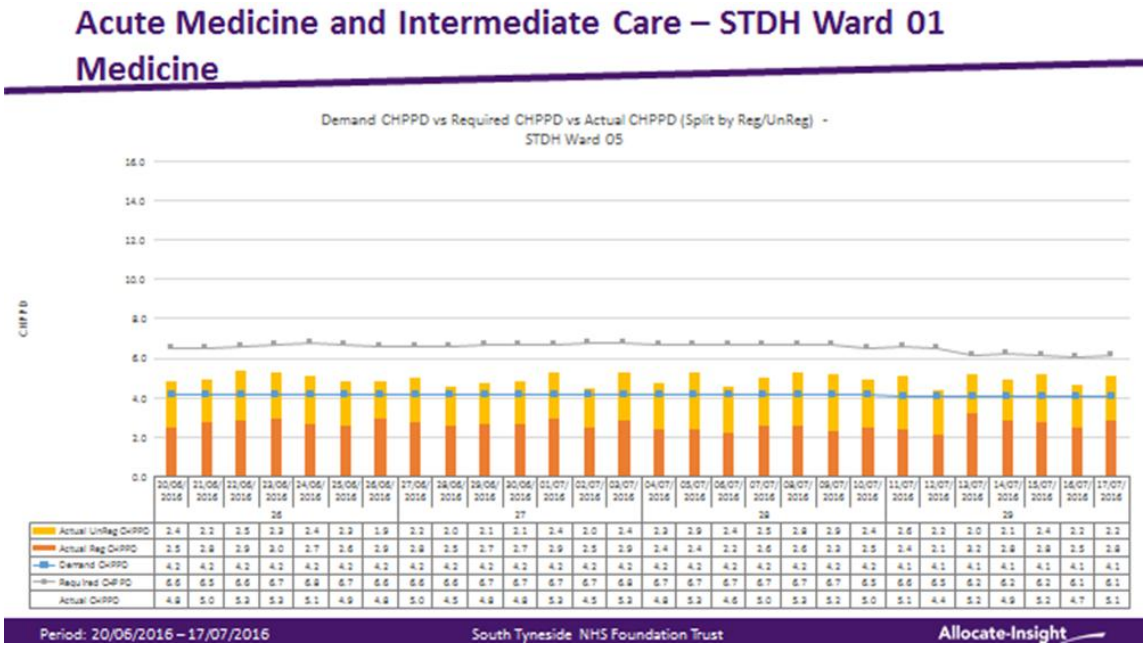
3.1 Special Care Baby Unit

SCBU is reported as an area of exception as the fill rates for care staff in June and July on day duty are below 80%. Registered nurse fill rates are at very high levels during this time and the CHPPD figures for registered nurses indicate that the nurse /patient ratios were on average greater than 1 RN per 2 babies in June and 1RN per 2.5 babies in July. In SCBU the staffing numbers are flexed according to the demand of patients with a clear escalation plan in place to ensure that staffing numbers are always safe and in line with national guidance. There were no patient harms or adverse incidents reported on Datix in June or July.

3.2 Ward 1

Ward 1 was identified as an area of exception in June with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Comparing CHPPD with other medical wards with a similar number of beds,

the registered nurse number is one of the lowest in the acute bed base at 2.1 hours per day representing an average nurse patient ratio of 1 registered nurse to 11.4 patients. Support to registered nurses was provided by good levels of care staff.



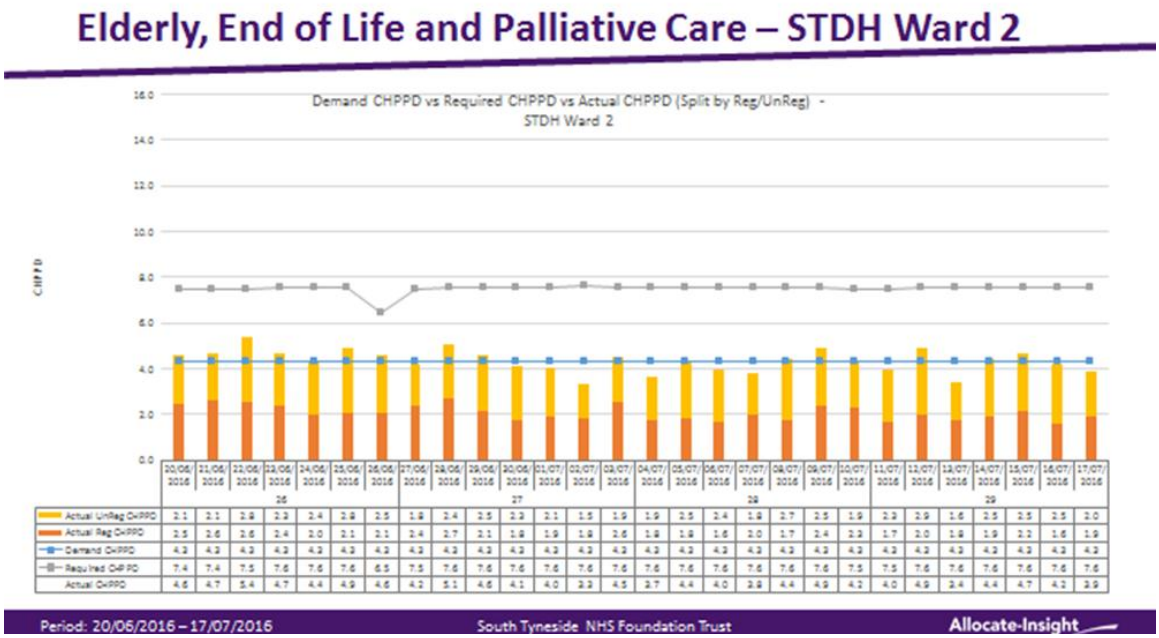
The graph showing the data collected from the Safer Nursing Care Tool module and demonstrates that there is a consistent gap between the actual number of care hours available and the required number based on the acuity and dependency of the patients on the ward. This finding is consistent with the bi annual staffing establishment reviews. Ward 1 had 4.5 registered nurse vacancies in June and July with sickness levels between 8% and 10%.Care staff numbers were over established to help mitigate against the impact of these vacancies. Staffing short falls were filled by bank, overtime and agency staff.

There were 14 patient safety incidents in June reported on Datix *(12 falls, 1 delay in treatment, 1 documentation delay)*. Patient experience was variable in June with satisfaction scores ranging from 78% to 100% across 9 key questions. Staff satisfaction surveys reflect concerns with ward staffing levels and patient case mix.

3.3 Ward 2

Ward 2 was identified as an area of exception in both June and July with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Comparing CHPPD with a similar number of beds the registered nurse number is the lowest in the acute bed base at 2.1 and 2.0 hours per day respectively for June and July representing an average nurse patient ratio of 1 registered nurse to 11.4 or 12 patients. Ward 2 had 6.32 registered nurse vacancies in July and 3.45 care staff vacancies. Sickness on Ward 2 in June and July was 8.89% and 17.16% respectively. Staffing short falls were filled by bank, overtime and agency staff. In mid-July six beds were closed for a week because of staffing concerns. An experienced Ward Manager was moved from Ward 19 to provide senior leadership for six

months and registered nurses from other wards now support the ward on a rotational basis until recruitment into vacancies and senior leadership posts is achieved.



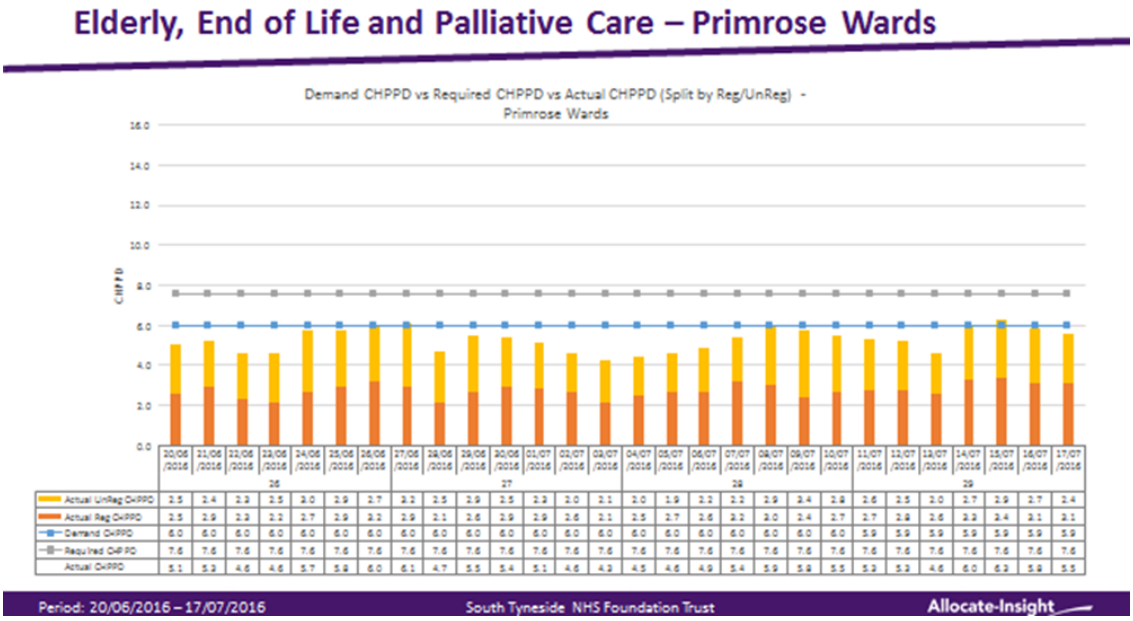
The graph showing the data collected from the Safer Nursing Care Tool module demonstrates that there is a consistently wide gap between the actual number of care hours available and the required number based on the acuity and dependency of the patients on the ward. This finding is consistent with the bi annual staffing establishment reviews.

There were 26 patient safety incidents reported on Datix in June *(12 falls, 2 medication errors, 3 pressure ulcers, 3 delays in treatment, tests or transfers, 1 staff injury, 1 discharge complication, 1 inappropriate environment of care, 1 false intruder alarm, 1 lack of clinical risk assessment, 1 collision with an object)* and 22 in July *(2 pressure ulcers, 1 unobserved incident, 1 delay or failure to monitor, 14 falls, 2 suspected falls, 1 lack of suitably trained staff, 1 lack of bed availability)*. Patient experience in June showed 100% satisfaction with care across nine key questions but deteriorated in July ranging from 100 to 86%. Staff satisfaction reflects this pattern with only 43% of staff recommending Ward 2 as a place to work in July. Comments from both staff and patients demonstrate concerns with staffing levels although patients also commented positively on the care they received.

3.4 Primrose Ward 20

Primrose Ward 20 was identified as an area of exception in July with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Primrose Ward is not comparable with other medical wards for CHPPD as the case mix and bed numbers are different. Primrose Ward provides end of life care and also accommodates medically fit patients with complex social needs. CHPPD at 2.8 hours per day for registered nurses indicates an average nurse patient ratio of 1 to 8.5 which is just below the minimum ratio

previously recommended by NICE[2]. Primrose Ward has 16 beds but is frequently used in times of escalation to take extra patients and enable patient flow. Since July the opening of escalation beds can only be authorised by the Chief Operating Officer with concerted efforts made by managers to close these again as quickly as possible to prevent undue pressure on staff.



The graph showing the data collected from the Safer Nursing Care Tool module demonstrates that there is a consistent gap between the actual number of care hours available and the required number based on the acuity and dependency of the patients on the ward. This finding is consistent with the bi annual staffing establishment reviews.

Primrose Ward had 2.94 registered nurse vacancies and 0.82 care staff vacancies in July. Staffing short falls that occurred as a result of opening escalation beds were filled by bank, overtime and agency staff. Sickness on Primrose Ward in July was 10.2%.

There were 9 patient safety incidents reported on Datix in June *(3 pressure ulcers, 3 falls, 1 alleged theft, 1 safeguarding referral, 1 suspected fall)* and 13 in July *(2 pressure ulcers, 1 unobserved incident, 2 failure to plan discharge, 4 falls, 3 suspected falls, 1 medication error)* but none required an open and honest care report and therefore answers to the patient and staff experience questions were not recorded.

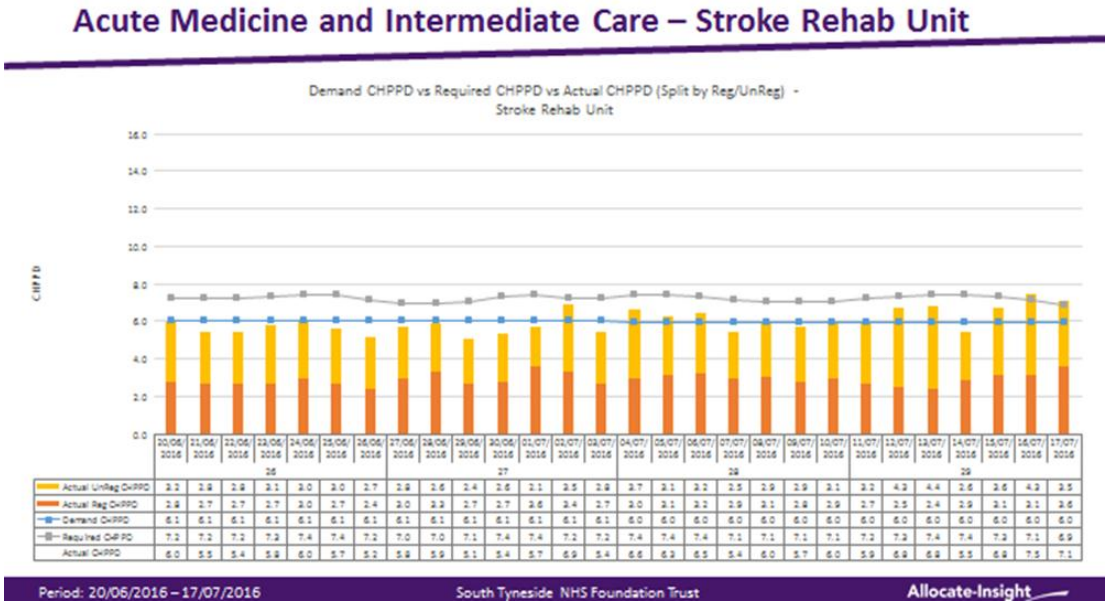
3.5 Acute Stroke Unit Ward 8

Acute Stroke Unit (ASU) was identified as an area of exception in both June and July with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Comparing CHPPD with other medical wards is not appropriate due to the different beds numbers and the case mix of patients. CHPPD hours for registered nurses was reported as 2.5 in June and

[2] NICE safe staffing guideline: Safe staffing for nursing in adult inpatient wards in acute hospitals July 2014.

2.9 in July reflecting an average nurse patient ratio of one registered nurse to 9.6 and 8.2 patients respectively for each month.

ASU had 6.6 registered nurse vacancies in July and were 1WTE over established on care staff. A number of allied health professional posts are also vacant. The rise in the number of staff leaving the ward is in part attributable to the clinical services review of stroke services between City Hospitals Sunderland NHSFT and STFT and the uncertainty for the future of the service that this brings. Sickness on the Ward was 9.1% in June and 8.2% in July. Staffing shortfalls were filled by bank, overtime and agency staff.



The graph showing the data collected from the Safer Nursing Care tool module demonstrates that there is a variable gap between the actual number of care hours available and the required number based on the acuity and dependency of the patients on the ward; on some occasions the gap is small and on a few occasions the requirements are met. This finding is consistent with the bi annual staffing establishment reviews. There were 5 patient safety incidents reported on Datix in June *(4 falls, 1 medication)* and 2 in July *(1 fall, 1 failure to follow up)* but none required an open and honest care report and therefore answers to the patient and staff experience questions were not recorded.

4.0 OTHER AREAS OF CONCERN

Staffing shortfalls in the Emergency Department (ED) are not captured by any of the nationally required staffing metrics and there is currently no national guidance against which to benchmark staffing levels. The Head of Nursing for acute services has highlighted ED as an area of concern due to there being 6.63 registered nurse vacancies in July. Although recruitment to posts is underway the gap is currently being covered by a combination of bank, overtime and agency staff. In ED the number of agency nurses required to sustain safe staffing levels is high although care is taken to ensure a safe mix of substantive and agency staff are on duty on any shift. The high demand for agency nurses in this department is due to the type of clinical expertise needed which cannot always be replaced with the different skills of ward based nurses. There were 45 patient safety incidents reported on Datix in July

(24 pressure ulcers, 1 unobserved incident, 1 failure to communicate, 2 delays in assessment, 2 lack of risk assessment, 1 mislabelled specimen, 1 lack of device availability, 1 patient incorrectly identified, 1 physical abuse/assault, 1 verbal abuse, 4 safeguarding, 1 suspected fall, 1 emergency tracheostomy, 1 treatment delay, 1 unsafe environment, 1 surgical site infection, 1 medication error).

Ward 5 is set up to open 6 escalation beds at times of surge in hospital admissions. Although the fill rates for June and July are at acceptable levels and the CHPPD numbers are in the mid-range for the medical wards, the variability in the ward workload causes pressure on sustaining safe staffing levels. Every effort is made to ensure any escalation beds are closed as soon as possible to alleviate the situation. There were 15 patient safety incidents reported on Datix in July *(3 pressure ulcers, 2 medication errors, 8 falls, 2 suspected falls)*. Patient experience in July showed 100% satisfaction with care across 9 key questions. Staff experience responses also reflect this high level of satisfaction.

5.0 ACTION PLANNING FOR SAFE STAFFING

The 'Matron of the Day' visits each ward and department on the acute site three times a day to review staffing and reports concerns and actions at the bed meetings. There is a newly developed staffing escalation plan in place setting out the expectations of nursing staff at every level to address staffing concerns. The escalation plan ensures the most effective use of current resource across the site is considered before escalating to overtime and agency. Any requirement for agency nurses or allied health professionals must now be authorised by the Executive Director of Nursing or the Deputy Director of Nursing before being actioned.

The Deputy Director of Nursing chairs a weekly meeting with the acute site Matrons, Head of Nursing, the Head of Financial Performance and Divisional Personnel Manager to progress actions around nurse staffing. This meeting focusses on effective rostering to support safe staffing and reduce agency spend, recruitment, retention and winter escalation plans. There will be an equivalent meeting with a community focus from September.

6.0 CURRENT STAFFING RISKS

The number of vacancies across wards and departments remains a pressure in June and July. Monthly recruitment days are continuing and some of the overseas recruits from India are beginning to come into post. Unlike the cohort of European nurses recruited earlier in 2016 these nurses will come into post individually as their licences to practice in the UK are granted rather than in a block. When they arrive in the UK they will still have to successfully complete an OSCE[3] prior to receiving their NMC PIN number.

The clinical services review and the alliance with City Hospitals Sunderland NHSFT is causing a high level of anxiety and uncertainty which is having a direct impact on the recruitment and retention of clinical staff.

[3] OSCE - **objective structured clinical examination**

A project to standardise shifts will be implemented in October following a period of staff consultation. The purpose of these shifts is to use the current nursing workforce more effectively by reducing shift overlaps and therefore covering more shifts with the same number of nurses. Although the original purpose of this project was to increase staffing levels on the wards following the biannual staffing establishment reviews a decision was taken through the Transformation Steering Group to use the efficiencies gained to support the cost improvement programme. This money has now been transacted from October although a proportion has been put into reserves to support increased staffing levels where proven necessary following an approved business case. The risk to staffing levels is that the project has not been piloted prior to transaction of efficiencies. There are currently many staff who have flexible working agreements in place the effect of which will impact on the calculated efficiencies. Although follow on work will be undertaken to review flexible working arrangements after the new shifts are in place this may mean that the money taken out will outweigh the benefits in cover.

5.0 CONCLUSION

This purpose of this paper is to report by exception on nursing/midwifery and care staff fills rates which supports the monthly publication of staffing on NHS Choices and staffing fill rates by ward on our Trust website. In this paper we are now reporting CHPPD for areas of exception as required from May 2016 by NHSI. Other areas of concern as identified by acute site Matrons and the Head of Nursing are also reported.

Areas with low staffing fill rates have been identified and where this has been due to substantial staffing shortfall, rather than to process issues, mitigating actions have been identified and implemented to assure safe, high quality patient care and good patient experience.

This report is part of a national requirement to publish safer staffing alongside other safety indicators and which will allow patients and the public access to a greater range of more detailed information in one place in order to compare Trusts.

Louise Burn
Deputy Director of Nursing and Patient Safety
August 2016

Appendix A: Staffing Information June 2016 - South Tyneside Foundation Trust

		Day		Night		CHPPD		
Hospital site	Ward	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Average fill rate – RNs/RMs (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff
STDH	ASU - ACUTE STROKE UNIT	61.7%	126.5%	88.4%	143.0%	595	2.5	3.3
STDH	DELIVERY SUITE	98.3%	98.4%	103.4%	100.0%	119	23.7	5.8
STDH	EAU	102.5%	100.2%	100.0%	98.3%	612	4.7	2.4
Monkton	ELMVILLE	98.0%	98.0%	100.4%	100.0%	108	7.1	12.4
STDH	ITU / HDU	83.4%	1281.9%	97.5%	-	128	27.2	2.1
STDH	PRIMROSE WARD	84.6%	113.1%	87.4%	103.0%	495	2.9	2.6
STDH	SCBU	105.2%	55.5%	105.9%	-	98	15.0	2.6
ST BENEDICT' S HOSPICE	ST BENEDICTS	98.7%	86.5%	100.0%	100.0%	343	5.9	3.0
STDH	WARD 1	77.5%	92.0%	97.1%	100.0%	848	2.1	2.6
STDH	WARD 10	93.1%	86.9%	100.1%	100.7%	860	2.6	2.3
STDH	WARD 19	113.5%	80.7%	100.0%	97.8%	861	2.4	2.9
STDH	WARD 2	77.5%	136.1%	98.4%	98.7%	888	2.1	2.6
STDH	WARD 22	120.4%	99.4%	100.0%	100.0%	217	7.4	3.2
STDH	WARD 3	82.8%	139.6%	98.7%	100.0%	799	2.5	2.5
STDH	WARD 5	90.6%	90.7%	92.0%	97.3%	925	2.6	2.3
STDH	WARD 6	80.5%	123.6%	98.7%	98.5%	838	2.5	2.8
STDH	WARD 7	85.3%	116.4%	100.0%	100.0%	556	3.1	2.5
STDH	WARD 9	100.6%	87.5%	100.0%	100.0%	616	3.1	2.0

Appendix B: Staffing Information July 2016 - South Tyneside Foundation Trust

		Day		Night		CHPPD		
Hospital site	Ward	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff
STDH	ASU - ACUTE STROKE UNIT	69.3%	112.3%	101.5%	117.5%	595	2.9	3.2
STDH	DELIVERY SUITE	104.5%	97.4%	100.5%	93.5%	119	33.7	8.0
STDH	EAU	92.0%	112.0%	105.3%	101.6%	612	4.6	2.6
Monkton	ELMVILLE	95.1%	96.8%	78.3%	100.0%	108	6.9	13.3
STDH	ITU / HDU	85.4%	-	95.5%	-	128	27.5	2.2
STDH	PRIMROSE WARD	72.7%	119.2%	98.4%	100.0%	495	2.8	2.6
STDH	SPECIAL CARE BABY UNIT	96.9%	53.7%	100.7%	-	98	9.6	1.6
ST BENEDICT 'S HOSPICE	ST BENEDICT S	90.3%	103.3%	101.6%	96.8%	343	5.2	3.0
STDH	WARD 1	93.2%	85.8%	100.0%	98.8%	848	2.6	2.3
STDH	WARD 10	85.4%	115.6%	100.0%	97.9%	860	2.9	2.7
STDH	WARD 19	115.1%	75.6%	101.6%	96.8%	861	2.4	2.7
STDH	WARD 2	62.4%	122.7%	95.2%	98.4%	888	2.0	2.4
STDH	WARD 22	116.5%	96.9%	100.0%	100.0%	217	9.7	4.2
STDH	WARD 3	84.3%	89.9%	100.1%	100.0%	799	2.2	2.4
STDH	WARD 5	83.9%	88.3%	89.1%	97.6%	925	2.5	2.4
STDH	WARD 6	83.5%	122.6%	103.2%	95.3%	838	2.6	2.6
STDH	WARD 7	95.5%	101.1%	100.5%	100.0%	556	4.0	2.6
STDH	WARD 9	100.3%	87.7%	100.0%	100.0%	616	3.0	2.1