**Actual versus planned nurse staffing - Inpatient areas**

The table below summarises the average fill rate on each ward during **February 2018.** The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the “Care Hours per Patient Day” (CHPPD) metric. Our overall CHPPD for February was **7.60** care hours per patient per day.

|  |  |
| --- | --- |
|  | **Feb-2018** |
|  | **Day** | **Night** | **Care hours per patient day (CHPPD)** |
| **Ward name** | **Average fill rate - registered nurses/ midwives** | **Average fill rate - care staff** | **Average fill rate - registered nurses/ midwives**  | **Average fill rate - care staff**  | **Registered nurses/ midwives** | **Care Support Workers** | **Overall** |
| AMU | 98.0% | 118.4% | 94.2% | 215.5% | 4.06 | 3.65 | 7.70 |
| Byland | 107.6% | 98.0% | 69.0% | 133.3% | 2.44 | 3.72 | 6.16 |
| CATT | 103.5% | 123.8% | 96.0% | 106.4% | 4.34 | 3.05 | 7.38 |
| Farndale | 122.6% | 88.1% | 100.0% | 116.1% | 2.90 | 3.01 | 5.91 |
| Granby | 103.5% | 164.3% | 100.0% | 137.5% | 2.90 | 3.72 | 6.62 |
| Harlow | 107.1% | 100.0% | 100.0% | - | 4.94 | 1.83 | 6.77 |
| ITU/HDU | 105.8% | - | 102.1% | - | 23.87 | 1.36 | 25.22 |
| Jervaulx | 114.0% | 106.3% | 72.0% | 141.7% | 2.57 | 3.99 | 6.56 |
| Lascelles | 99.1% | 98.6% | 100.0% | 100.0% | 4.25 | 3.86 | 8.11 |
| Littondale | 91.1% | 134.3% | 83.3% | 164.3% | 3.17 | 2.55 | 5.72 |
| Maternity Wards | 90.4% | 72.3% | 97.8% | 73.2% | 15.90 | 3.64 | 19.54 |
| Nidderdale | 87.3% | 99.0% | 79.8% | 105.4% | 3.28 | 3.02 | 6.30 |
| Oakdale | 94.7% | 151.2% | 90.2% | 194.6% | 4.37 | 4.34 | 8.70 |
| Special Care Baby Unit | 92.1% | 0.0% | 101.8% | - | 17.78 | 0.00 | 17.78 |
| Trinity | 114.7% | 117.0% | 100.0% | 100.0% | 3.00 | 2.97 | 5.97 |
| Wensleydale | 94.5% | 136.6% | 100.0% | 141.1% | 3.31 | 2.92 | 6.23 |
| Woodlands | 81.7% | 110.7% | 82.1% | 100.0% | 7.99 | 3.32 | 11.31 |
| **Trust total** | **99.6%** | **112.4%** | **92.6%** | **133.2%** | **4.32** | **3.28** | **7.60** |

**Further information to support the February data**

On the medical wards AMU, Jervaulx, Byland, CATT and Oakdale, where the Registered Nurse (RN) fill rate was less than 100% against planned; this reflects current band 5 Registered Nurse vacancies and is reflective of the local and national position in particular regarding the difficulties in recruiting Registered Nurses. The Trust is engaged in an extensive recruitment plan in response to this.

On CATT and Harlow Suite the increase in RN day duty hours above plan was to support the opening of additional escalation beds in February, as required.

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. Some of the Registered Midwife (RM) gaps were due to sickness and care staff gaps were due to vacancies in February; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In February this is reflected on the wards; AMU, Byland, CATT, Granby, Littondale, Oakdale, and Wensleydale.

On Littondale and Nidderdale wards the RN hours were less than planned due to vacancies and sickness in February.

For the Special Care Baby Unit (SCBU) although the day and night time RN hours and the day time care staff hours appear as less than planned it is important to note that the bed occupancy levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of both babies and families.

The staffing complement for the children’s ward, Woodlands, is designed to reflect varying levels of occupancy. The day and night time RN hours are less than planned in February due to vacancies however the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review.

On Trinity ward the increase in the Daytime RN hours is to support the opening of additional beds to support winter pressures.