

Lower fill rates are largely linked to vacancies and sickness, as well as parenting leave. Annual leave spread is monitored to ensure consistent 11-17% rates and RAG rating for unavailability is provided below. Fill to vacant shifts is requested via the Healthroster interface with NHSP but poor shift fill by bank and agency in some wards requires mitigating actions to ensure quality and patient safety. Detail on key quality indicators are included by ward within the heat map report.

Annual Leave	<11.0%
	>17.0%
Sickness	>2.5%
Parenting	>3.0%

Low registered nurse day shift fill rates are seen on several wards (Seven wards at K&C, four wards at QEQM and three wards at WHH) which reflects high vacancy levels. CHPPD was maintained above 5.0 on all these wards, except MountMcMaster (4.5) and risks are currently mitigated through staff moves, increased use of support workers, temporary staff and Matron support:

- The low RN fill rate seen on St Lawrence (50%) is planned due to the ward not currently running at full capacity;
- The low RN fill rate seen on Kingston (40%) is planned due to the funded establishment exceeding requirement due to temporarily being a stroke ward rather than a hyper acute stroke unit.
- Analysis of our quality metrics and heatmap for April does not show any clear correlation between staffing levels and harm for the wards showing low fill rates with the exception of:
 - Kingston ward had only 86% patients recommending the service to friends and family;
 - St Augustines ward reported less than 100% harm free care (96.7%) through the safety thermometer.
- The key risk areas are:
 - **At WHH** three wards (Cambridge J & M1 and Kings C2) are re-established or reconfigured medical wards. This has led to the creation of around 40 band 5 vacancies. Whilst recruiting to the funded posts, a managed service is providing agency staff to ensure patient safety. Substantive ward managers are in place and Matrons ensure staff swaps, with other wards, to ensure that permanent staff are on each shift. An additional Matron has been recruited to support the additional wards and is prioritising recruitment to the managed service areas.
 - **At K&C** Matrons are focused on improving succession planning and have recruited two new matrons, three ward managers and several band 6 sisters two months ago. Ward staffing profiles are flexed according to patient need and over-recruitment to support worker posts is undertaken to ensure patient safety.
 - **At QEQM** Quex, Sandwich Bay and St Margarets have the highest vacancies. These are being managed with some over-recruitment of support workers due to reduced availability of registered nurses.

Actions in place include:

- The use of Safecare, which allows the live capture of patient acuity and dependency and improved matching of staffing to demand with staff moves to areas of highest need, although embedded, has further potential to be better utilised to optimise safe staffing. A masterclass is planned with senior nurses to support this;
- Skill-mix changes are made, such as using a healthcare assistant if a registered nurse is not available. This explains why some fill rates are high for 'Care Staff';
- The annual staffing review is underway and will be reported in July;
- Work continues to address current band 5 vacancy levels in Urgent and Emergency Care (18wte), General and Specialist Medicine (98wte) and Surgery and Anaesthetics (58wte). The vacancy level has increased in medicine due to the recent approval of several business cases to support wards currently staffed with a managed service.
- The Trust has a proactive nursing workforce recruitment programme with over 120 band 5 nurses recruited since April-18. Two dedicated Matrons are currently focusing solely on recruitment and retention;
- Senior matrons are reporting challenges with high acuity and high dependency being mixed on the same wards and have suggested some ward reconfiguration to support lower skill-mix in areas of high dependency (to focus on planning for discharge) to enable a richer skill mix focused on acutely unwell patients;
- There is a daily focus via safety huddles of the paediatric staffing in the wards and ED. The actions and mitigations are reported by noon each day to the Chief Nurse, Medical Director and Chief Operating Officer;
- The twice daily site reports make staffing risks and mitigations visible to managers, leaders and the Executive team.