Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
NURSING AND MIDWIFERY WORKFORCE QUARTERLY BOARD REPORT
THURSDAY 14 MARCH 2024

Title:	**Quarterly Board Briefing of Nursing and Midwifery Staffing Levels for October - December 2023**
Responsible Director:	**Gemma Craig, Deputy Chief Nurse**
Contact:	**Sue Cox, Associate Chief Nurse & Director of Nursing for Workforce and Education** **Rob Lewis, Head of Nursing for Nursing Workforce and Education**

Purpose:	To assure the Board and the public regarding Nursing and Midwifery safe staffing levels
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	• Significant focus on recruitment and retention programmes of work are prioritised to build and maintain staffing levels to provide safe, effective and resilient care for current and future demand. This work supports the ongoing reduction in nursing and midwifery vacancy rate which remained above the Trust target of <10%. The trust annual turnover remained within the target of <12% for Q3 supporting the above work. • PDR and Mandatory Training compliance improved during Q3, but remained below the Trust target of 95%. Compliance was affected by the staffing and operational pressures during the organisational focus on Apollo and Epic implementation following Go Live on 5 October 2023. A key part of the approach to addressing this is to ensure that the education, training and development of our staff is relevant to the current climate • Ongoing work is in progress to combine the data from Legacy RBHH and Legacy GSTT into one data set for the combined Trust with all workforce key performance indicators have been aligned since January 2023. Ongoing work is in progress to align Healthroster systems and standardisation of staffing level reporting to include all inpatient areas and extension to outpatient areas where appropriate.

	• Ongoing Industrial action across the different professional staff groups significantly impacted on both elective and emergency care affecting patient and staff activity, and required detailed staff planning and provision to ensure patient safety.
Recommendations:	The COMMITTEE is asked to: 1. Note the content of the paper

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

NURSING AND MIDWIFERY SAFE STAFFING LEVELS

1. Introduction

This briefing provides the Trust Board with an overview of the Nursing and Midwifery workforce for Quarter 3 (October - December 2023) and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016. It provides assurance that arrangements are in place to safely staff our services with the right number of Nurses and Midwives with the right skills, at the right time.

Ongoing work is in progress to combine the data from legacy RBHH and legacy GSTT into one data set for the combined Trust, with work in progress to align Healthroster systems and standardisation of staffing level reporting to include all inpatient areas and extension to outpatient areas where appropriate.

2. Key highlights

Table 1 and 2 outline the key performance workforce indicators for Nursing and Midwifery mapped against the Trust target with comparison to the previous month's performance. The data for Quarter 3 is highlighted as legacy

GSTT (LGSTT), legacy RBHH (LRBHH), and combined Trust.

Key Performance Indicator	Target	October 2023 Performance	November 2023 Performance	December 2023 Performance	Context and actions
Vacancy rate	10%	Combined trust 10.8% LGSTT:12.0% LRBHH: 6.0%	Combined trust 10.4% LGSTT:11.5% LRBHH: 6.1%	Combined trust 10.6% LGSTT:11.7% LRBHH: 6.4%	For the combined trust there were 546 new starters and 277 leavers throughout Q3. If the current external applicants for December 2023 were added to the staff in post figure, the overall vacancy rate would be 7.7%. The Recruitment Team are working on reducing this with the individual Directorates concerned. The decrease in vacancy rate for the given quarter relates to increase in staff in post by 122.2 WTE, decrease in vacant WTE by 108.9 and increase in establishment by 13.3 WTE compared to end of Q2,
Agency spend	3.3%	Combined trust 3.7% LGSTT: 4.1% LRBHH: 1.8%	Combined trust 3.8% LGSTT: 4.3% LRBHH: 1.8%	Combined trust 3.1% LGSTT: 3.4% LRBHH: 1.7%	Agency spend rate decreased by 0.1% in Q3 as at December 2023 compared to Q2 as at September 2023, ending Q3 within target. Measures are in place to monitor and reduce agency spend within the individual Directorates and through local and central Workforce Team recruitment and retention initiatives.
Annual turnover	12.0%	Combined trust:11.8% LGSTT: 11.9% LRBHH:11.4%	Combined trust:11.8% LGSTT: 11.9% LRBHH:11.1%	Combined trust:12.0% LGSTT: 12.0% LRBHH:10.7%	In month turnover rate increased throughout Q3 with the combined trust at 0.7% (October 2023) and 1.0% (December 2023). Annual turnover rate increased from October to December 2023 but remains within Trust target. There is ongoing work within the Directorates and from central Retention Team to reduce this.
Sickness rate	3.0%	Combined trust 5.4% LGSTT: 5.6% LRBHH: 4.7%	Combined trust 5.7% LGSTT: 5.9% LRBHH: 5.0%	Combined trust 5.6% LGSTT: 5.8% LRBHH: 4.8%	Sickness rate fluctuates throughout Q3, ending Q3 0.1% lower than end Q2 (5.7% September 2023). This remains above the Trust target and is addressed within the individual Directorates and monitored through monthly directorate Performance Review Meetings.
Personal Development Review (PDR)	95%	Combined trust: N/A LGSTT: 74.4%	Combined trust:67.5% LGSTT: 72.2%	Combined trust: 70.1% LGSTT: 73.1%	Completion of PDRs were affected by staffing and operational pressures during Apollo implementation and variation of PDR reporting requirements across legacy organisations, with work progressing to align processes. Directorate plans have been formulated to address

		LRBHH: N/A	LRBHH:47.9%	LRBHH:59.0%	this. October 2023 Legacy RBHH and combined Trust PDR data was unavailable due to data system alignment for RBHH areas.
Mandatory training	95%	Combined trust: N/A LGSTT: 87.9% LRBHH: N/A	Combined trust: 89.1% LGSTT: 87.6% LRBHH:94.2%	Combined trust: 89.8% LGSTT: 88.5% LRBHH:94.2%	Mandatory Training increased by 0.1% from Q2 (89.7% September 2023). This is below the Trust target with ongoing collaborative work with ET&D and individual Directorate plans formulated to improve compliance. October 2023 Legacy RBHH and combined Trust mandatory training data was unavailable due to data system alignment for RBHH areas.

Table 1

Combined Trust	KPI	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Trust	Agency spend	4.9%	4.2%	4.2%	3.2%	4.0%	3.2%	3.9%	3.5%	3.2%	3.7%	3.8%	3.1%
Trust	Sickness	6.1%	6.0%	6.1%	5.9%	5.8%	5.7%	5.7%	5.7%	5.7%	5.4%	5.7%	5.6%
Trust	Voluntary Turnover	13.7%	13.7%	14.0%	14.1%	14.4%	12.4%	13.8%	12.9%	12.4%	11.8%	11.8%	12.0%
Trust	Vacancies	10.4%	10.4%	10.3%	10.0%	10.4%	11.8%	11.5%	11.5%	11.8%	10.8%	10.4%	10.6%
Trust	PDR Compliance	72.1%	72.9%	72.3%	73.0%	73.1%	75.8%	71.3%	71.8%	75.8%		67.5%	70.1%
Trust	Mandatory Training	85.8%	86.5%	87.8%	86.0%	88.9%	88.2%	90.1%		88.2%		89.1%	89.8%

Table 2

3 EXPECTATION 1 – RIGHT STAFF

3.1 Evidence Based Workforce Planning

3.1.1 Having the right establishment, and the right staff in post, is essential to ensuring the safe and effective delivery of patient care. The Trust meets this expectation by undertaking twice yearly establishment reviews against which any increase or change in skill mix within establishment is substantiated through business planning. Below is a summary of the key Nursing and Midwifery workforce metrics used to monitor performance against this expectation.

Staffing measures	December 2022	December 2023	Difference	Change
Nursing & Midwifery Establishment WTE	7328.52	7496.72	168.20	▲
Nursing & Midwifery Staff in Post WTE	6429.58	6622.48	192.90	▲
Vacancies WTE	898.94	874.24	-24.70	▼
Vacancy rate	12.3%	11.7%	-0.5%	▼
Annual turnover	15.2%	12.3%	-2.9%	▼
Red Flags raised	167.0	87.0	-80.0	▼
Agency % of Pay bill	4.4%	3.4%	-1.0%	▼
Actual v Planned Hrs used	88.2%	88.7%	0.5%	▲

Table 2a – Legacy GSTT Nursing and Midwifery Workforce metrics

Staffing measures	December 2022	December 2023	Difference	Change
Nursing & Midwifery Establishment WTE	1823.4	1852.5	29.1	▲
Nursing & Midwifery Staff in Post WTE	1736.11	1733.57	-2.54	▼
Vacancies WTE	87.3	118.9	31.6	▲
Vacancy rate	4.8%	6.4%	1.6%	▲
Annual turnover	12.6%	10.7%	-1.9%	▼
Red Flags raised				
Agency % of Pay bill		1.7%		
Actual v Planned Hrs used	88.4%	86.6%	-1.8%	▼

Table 2b – Legacy RBHH Nursing and Midwifery Workforce Metrics

Staffing measures	December 2022	December 2023	Difference	Change
Nursing & Midwifery Establishment WTE	9151.9	9349.2	197.3	▲
Nursing & Midwifery Staff in Post WTE	8165.7	8356.0	190.3	▲
Vacancies WTE	986.2	993.2	7.0	▲
Vacancy rate	10.8%	10.6%	-0.2%	▼
Average Annual turnover	14.6%	12.0%	-2.6%	▼
Red Flags raised				
Agency % of Pay bill		3.1%		
Actual v Planned Hrs used	88.2%	88.2%	0.0%	-

Table 2c – Combined Trust Nursing and Midwifery Workforce Metrics

3.1.2 There was a 2.2% increase in budgeted establishment (increase by 197.3 FTE) and a 2.9% increase in staff in post (increase by 190.3 FTE) across the combined Trust compared to same period last year (2022). Legacy GSTT saw a slight decrease of 0.1% in budgeted establishment WTE and 1.8% growth in staff in post WTE in December 2023 compared to September 2023, whilst legacy RBHH budgeted establishment WTE increased by 1.3% and a slight increase in staff in post by 0.2%. Figures 1 and 2 show that performance against this expectation remains stable. The actual hours used against planned hours and associated fill rates during October, November and December 2023 are outlined in table 3 below. The overall fill rates for the combined Trust was 88.2% in December 2023, an increase of 3.9% in comparison to September 2023.

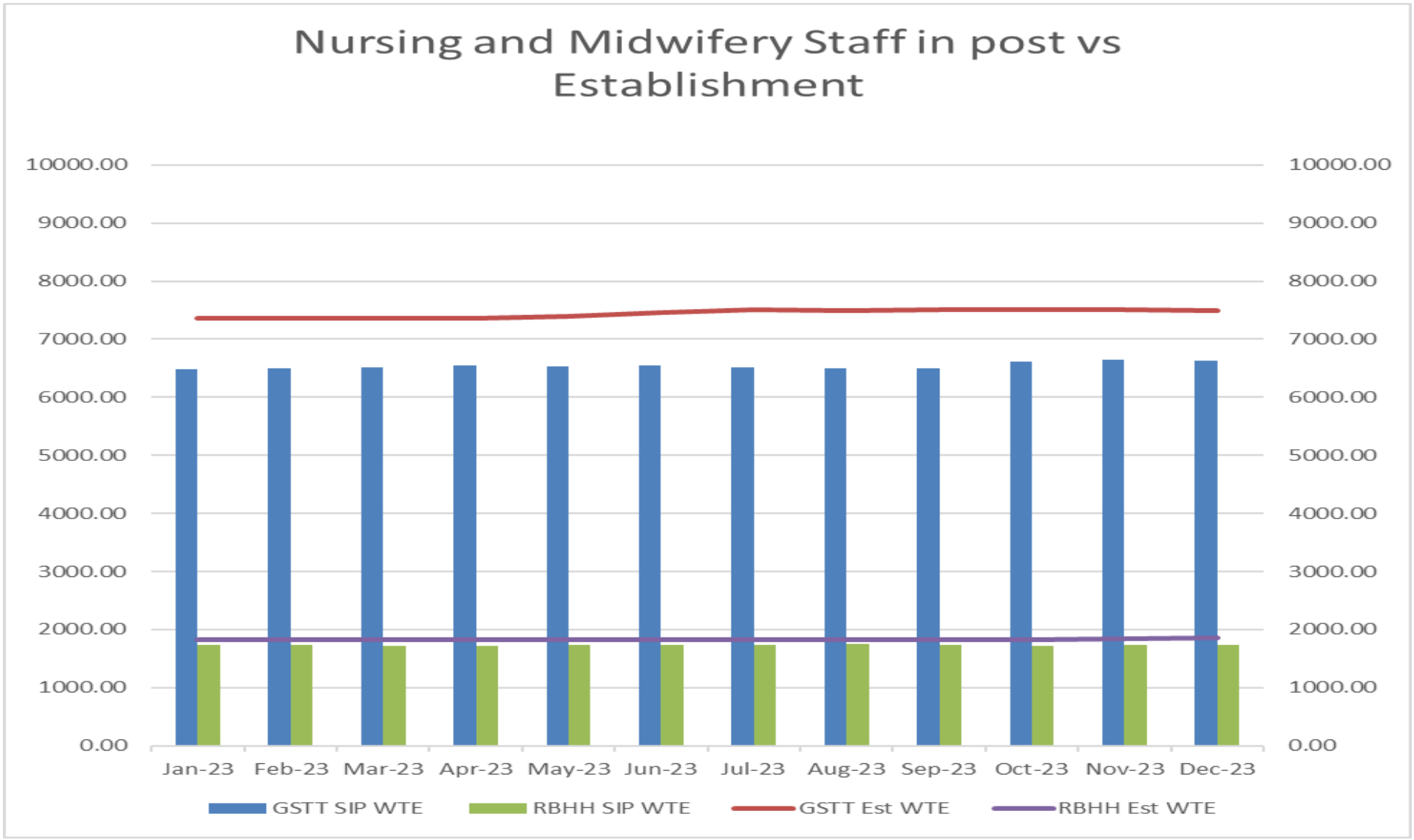

Figure 1

Board Briefing of Nursing and Midwifery Staffing Levels for October - December 2023

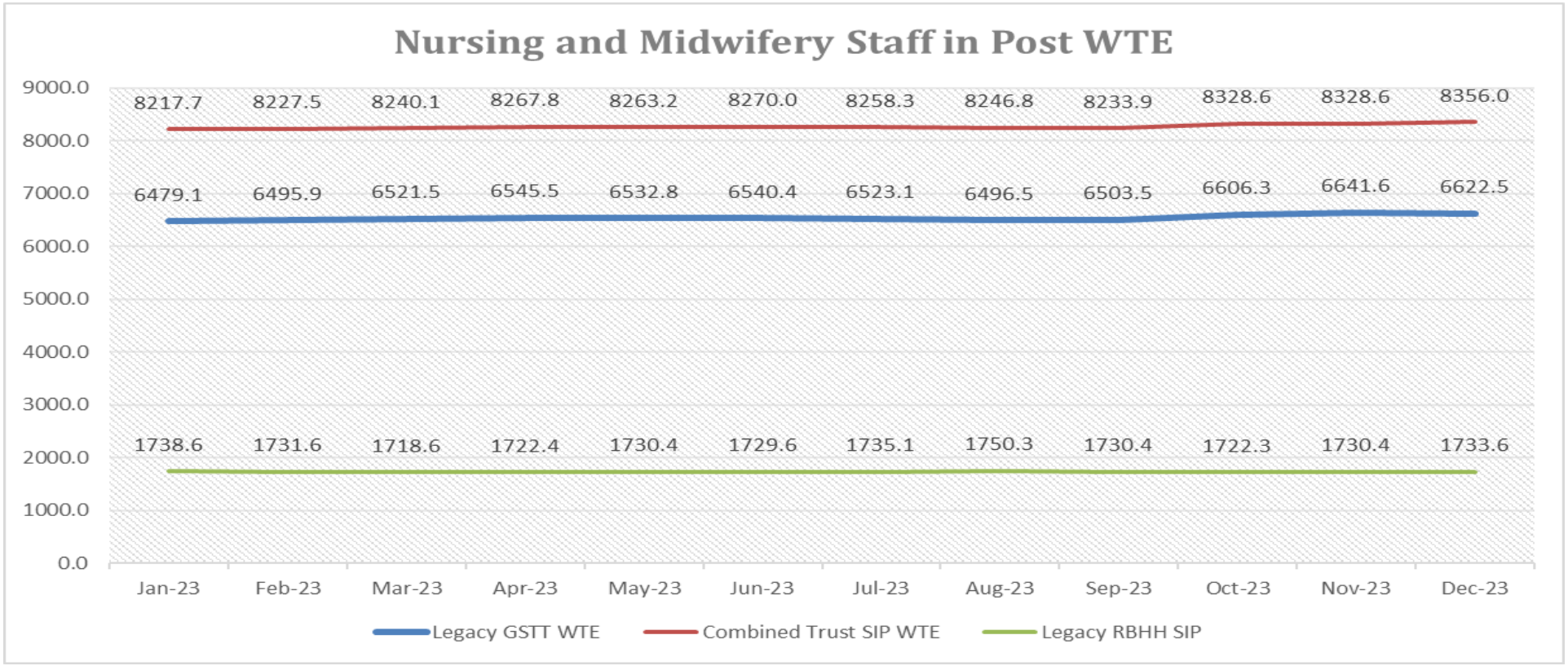
Nursing and Midwifery Staff in Post WTE
9000.0
8000.0
7000.0
6000.0
5000.0
4000.0
3000.0
2000.0
1000.0
0.0
8217.7 8227.5 8240.1 8267.8 8263.2 8270.0 8258.3 8246.8 8233.9 8328.6 8328.6 8356.0
6479.1 6495.9 6521.5 6545.5 6532.8 6540.4 6523.1 6496.5 6503.5 6606.3 6641.6 6622.5
1738.6 1731.6 1718.6 1722.4 1730.4 1729.6 1735.1 1750.3 1730.4 1722.3 1730.4 1733.6
Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23
Legacy GSTT WTE
Combined Trust SIP WTE
Legacy RBHH SIP

Figure 2

Period	Trust Level	Total Planned Hour	Total Actual Hour	Overall Fill rate%
Oct-23	Legacy GSTT	401316.4	349372.9	87.1%
Oct-23	Legacy RBHH	144460.5	125390.4	86.8%
Oct-23	Combined Trust	545776.9	474763.3	87.0%
Nov-23	Legacy GSTT	387706.4	347625.1	89.7%
Nov-23	Legacy RBHH	145840.5	123543.6	84.7%
Nov-23	Combined Trust	533546.9	471168.7	88.3%
Dec-23	Legacy GSTT	396504.2	351775.2	88.7%
Dec-23	Legacy RBHH	144460.5	125174.1	86.6%
Dec-23	Combined Trust	540865.7	476949.3	88.2%

Table 3

3.2 Recruitment and Retention

3.2.1 Figures 3, 4 and 5 display the trends in three key Nursing and Midwifery workforce metrics where performance ratings are categorised in line with the Trust's targets. The Trust faces some challenges with all three, with a similar picture across the sector, region and nationally.

3.2.2 The Trust continues to drive improvement through local and national initiatives. A total of 240 host and non host students were successfully recruited with these newly qualified nurses commencing within the clinical teams from September 2023 onwards following receipt of NMC registration. In Q3 n=98 newly qualified nurses started within the Trust, and there is work in progress to support the allocation and onboarding of all applicants.

International recruitment (IR) continued throughout Q3 using the Capital Nurse Consortium and external agencies (Resource Finder, Charkos, Pulse and Cromwell). During Q3 (October- December 2023), 38 nurses and midwives commenced across the Trust, LRBHH (n=8), Theatres Anaesthetics and Perioperative

Directorate (n=4), Evelina London Children's Hospital Theatres (n=3), Paediatric Intensive care and Neonatal care (PICU and NICU)) (n=5), LGSTT General Adult Nursing (n=4), Community (n=4), Midwifery (n=2), Critical care (n=3) and Cardiovascular (n=5). A total of 174 nurses and midwives have started with the Trust since April 2023 (Q1 to Q3). At the time of writing a further 43 nurses joined in January and February 2024, completing our Trust IR target for 2023/24.

3.2.3 Retention activities were maintained throughout Q3 with a focus on wellbeing and support for Apollo implementation. Career and Wellbeing trolley visits were paused from October to allow the Workforce team to support the roll out of the Apollo programme, and provide operational and wellbeing support and advice to clinical areas throughout the Trust. There is ongoing work to understand retention initiatives across the organisation, using the NHSE retention self-assessment tool, with Clinical Groups collating information to assess Excellence in Care. Programmes of work continue to develop flexible working/ self-directed rostering practice in collaboration with Timewise Consultancy, Critical care, Acute and General Medicine, Inpatient services, and Cedar ward. Evaluation of self-rostering pilots within Critical care and Cedar ward will be completed within Q4 influencing further ongoing work.

3.2.4 The sickness absence rate for the combined Trust fluctuated throughout Q3 with an average of 5.6%. Directorates as of December 2023 with top sickness rates were Clinical Imaging & Med Physics (9.1%), Evelina Community Services (8.9%), Specialist Ambulatory Services (8.7%), Inpatient Services (8.4%) and Dental Services (7.1%). Clinical Imaging & Med Physics and Inpatient Services have small nursing establishments therefore report higher percentage rates. Where indicated temporary staffing is used to meet the minimum staffing safety requirements.

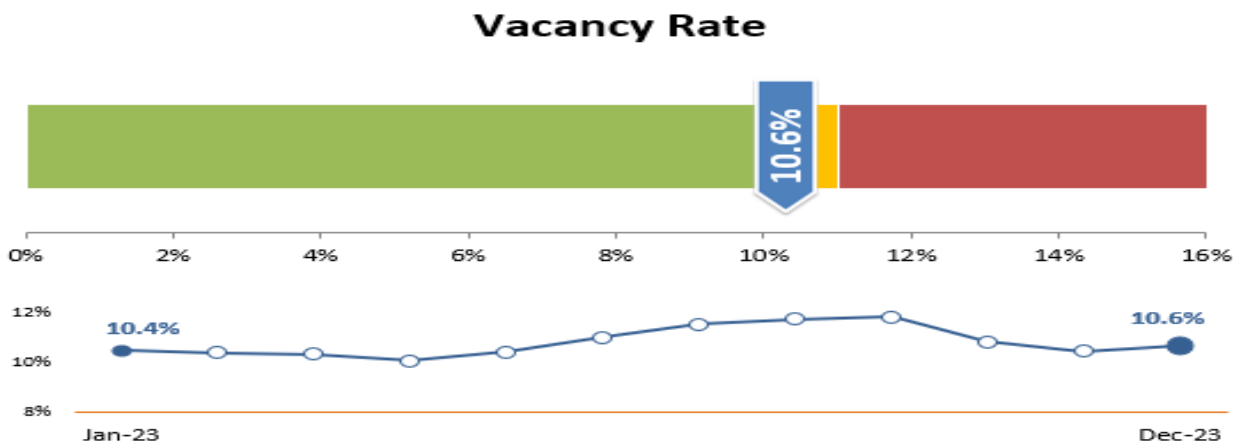

Figure 3 Combined Trust

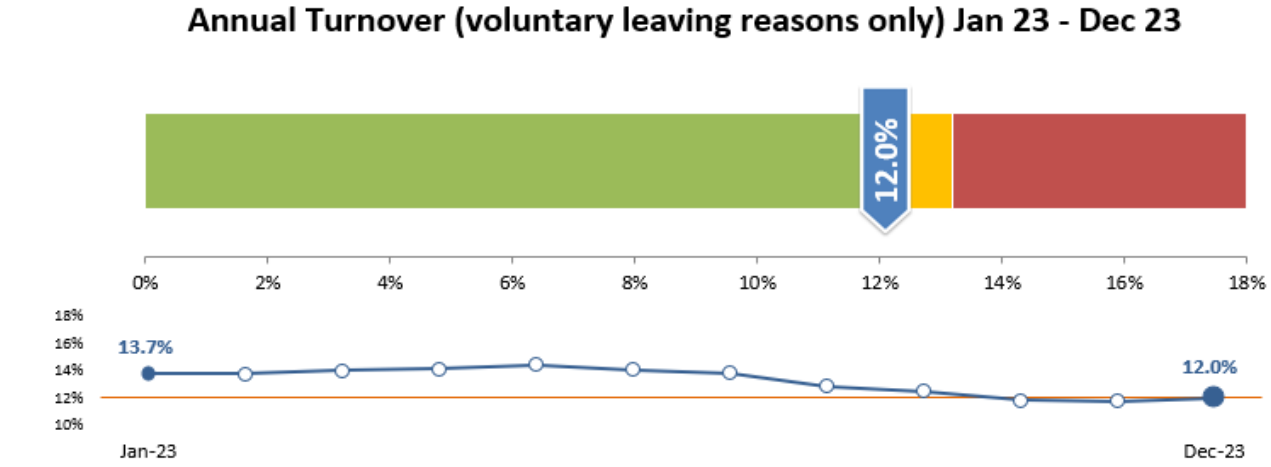

Figure 4 Combined Trust

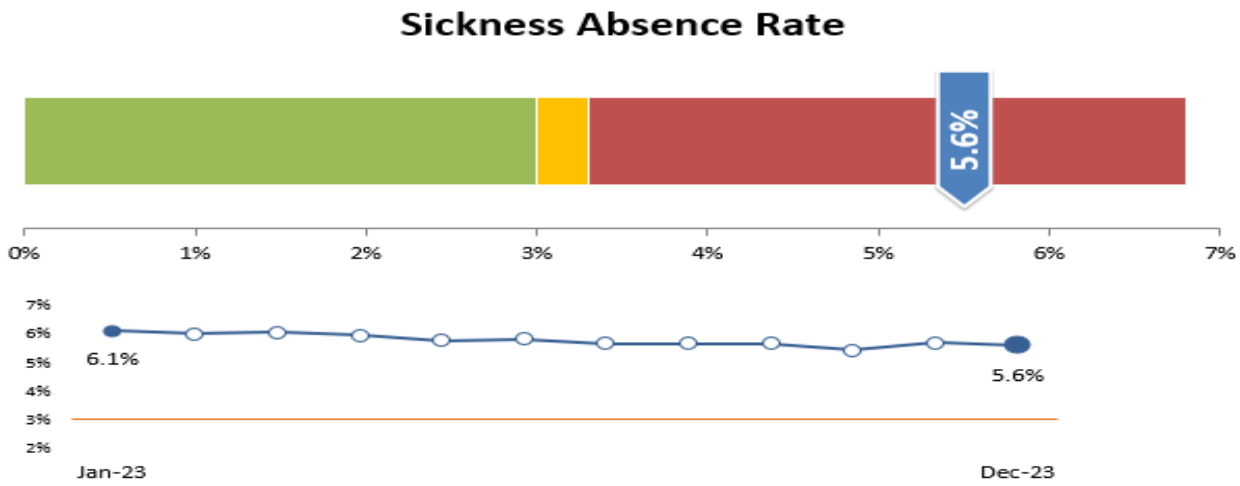

Figure 5 Combined Trust

3.3 Activity and Acuity

3.3.1 The number of bed days fluctuated during Q3 for legacy GSTT and is depicted in table 4 below (RBHH data is unavailable for inclusion within this report). In December 2023 the Legacy GSTT site had 42,661 bed days, representing an increase of 531 bed days from the same period in 2022. Level 1b (heavily dependent or acutely unwell) for patients in non-critical care beds, continues to be the most prevalent acuity score across the Trust which is consistent with the past few years.

	Count of bed days						Proportion of bed days				
	Level 0	Level 1a	Level 1b	Level 2	Level 3	Grand Total	Level 0	Level 1a	Level 1b	Level 2	Level 3
December 2023	6,124	13,471	21,507	1,410	149	42,661	14.4%	31.6%	50.4%	3.3%	0.3%
November 2023	5,729	13,034	20,359	1,238	122	40,482	14.2%	32.2%	50.3%	3.1%	0.3%
October 2023	5,782	12,156	19,395	1,396	108	38,837	14.9%	31.3%	49.9%	3.6%	0.3%

Table 4 Legacy GSTT

3.3.2 Table 5 provides the combined Trust average fill rate by department / ward which fluctuated during Q3 with registered staff having a lower average fill rate in comparison to unregistered staff, the overall average fill rate was between 94% - 97%. The average Registered Nurse fill rates for Q3 (October 2023 to December 2023: 87.0%) remained same as in Q2. These fill rates are not representative of staffing levels.

Period (Q3)	Day Average fill rate - Registered Nurses/Midwives (%)	Day Average fill rate - Non-Registered Nurses/Midwives (%)	Night Average fill rate - Registered Nurses/Midwives (%)	Night Average fill rate - Non-Registered Nurses/Midwives (%)	Overall Department Average fill rate (%)
Oct-23	88%	97%	91%	112%	97%
Nov-23	87%	92%	84%	118%	95%
Dec-23	87%	91%	85%	115%	94%

Table 5 Combined Trust

3.3.3 The combined Trust average 'Care hours per patient day' (CHPPD) currently is not available for Q3 due to the unavailability of report functionality within Health Informatics following Epic implementation, with ongoing work in progress to address this. To note CHPPD fluctuated between 11.3 - 11.7 in Q2 and 11.6 - 12.0 in Q1. This

figure is a national metric based on the number of hours of Nursing and Midwifery care used, divided by the number of patients in beds at 12 midnight for the month. The peer (Shelford Group) average, benchmarked on Model Hospital was 9.6 in September 2023. This demonstrates the Trust had on average higher staffing levels providing a greater number of patient care hours when compared to peers.

4 EXPECTATION 2 – RIGHT SKILLS

4.1 Mandatory Training, Development and Education

4.1.1 The Nursing and Midwifery mandatory training compliance rate for the combined Trust increased by 1.6% for Q3 from Q2, 88.2% (September 2023) to 89.8% (December 2023). Legacy RBHH mandatory training compliance rate at the end of Q3 (December 2023) was 94.2%, with legacy GSTT at 88.5% (December 2023), a 4.3% increase when compared to December 2022. Figure 6 demonstrates the breakdown of Directorate compliance. All establishments have an uplift built in, to support staff with undertaking their mandatory training and development whilst maintaining safe staffing levels. There was no mandatory training rate figure for Legacy RBHH areas for October 2023 due to the on-going hierarchy level structure integration on ESR for the Clinical Group.

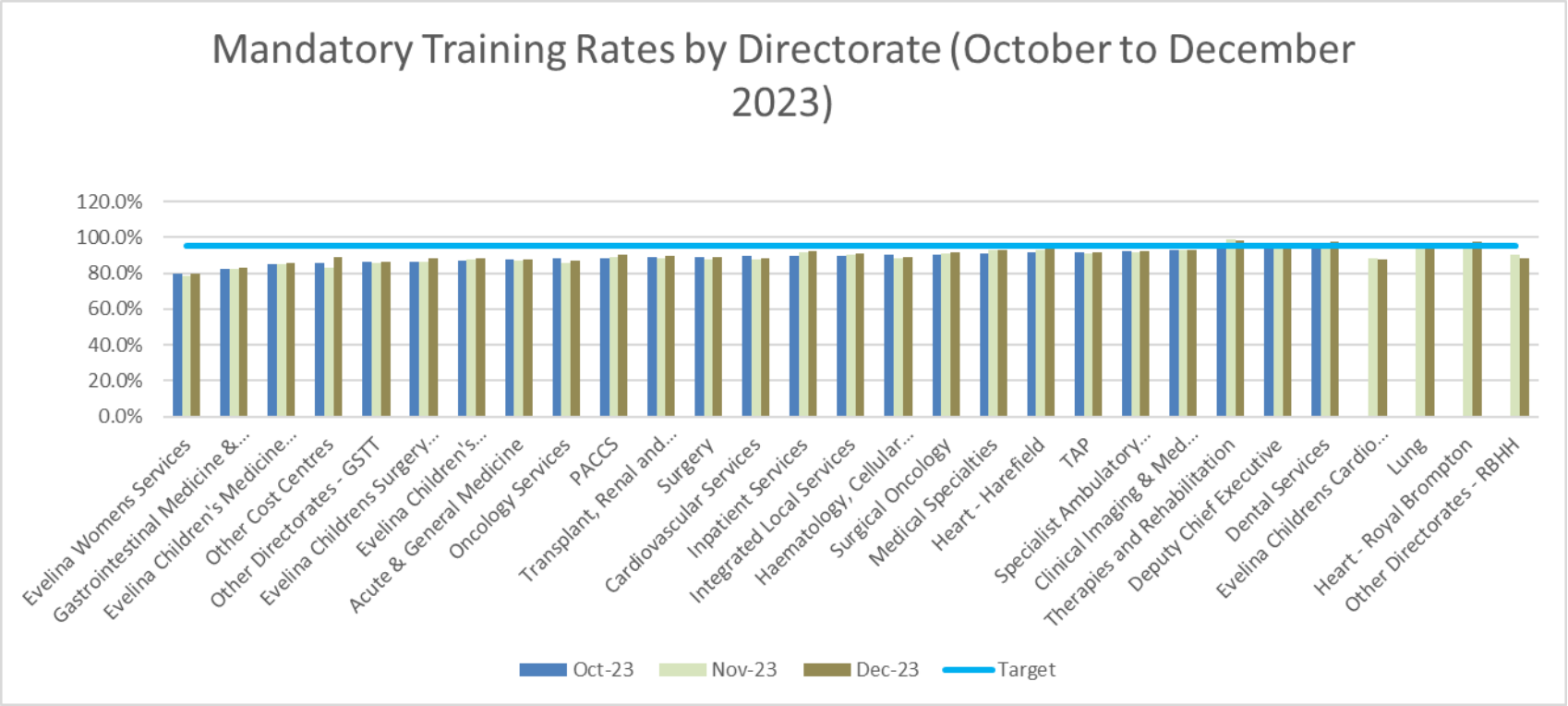

Figure 6 Combined Trust Mandatory Training Rates by Directorate

4.1.2 The Nursing & Midwifery PDR rate for the combined Trust at the end of Q3 was 70.1%, an increase of 1.3% from end Q2 (68.8% September 2023). Legacy GSTT PDR rate fluctuated throughout Q3 and decreased by 2.7% in December 2023 (73.1%) compared to end of Q2 (75.8% September 2023) and 0.1% higher than the same period in 2022. Legacy RBHH PDR rate increased from 47.9% to 59.0% (November 2023 – December 2023) with no available data for October 2023 due to ongoing ESR Clinical Group hierarchy structure integration for RBHH. Work is in progress to align PDR requirements across the organisation. Completion of PDRs are affected by the ongoing staffing and operational pressures due to Apollo implementation following Go Live on

5 October 2023 impacting on Directorates plans to improve compliance. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

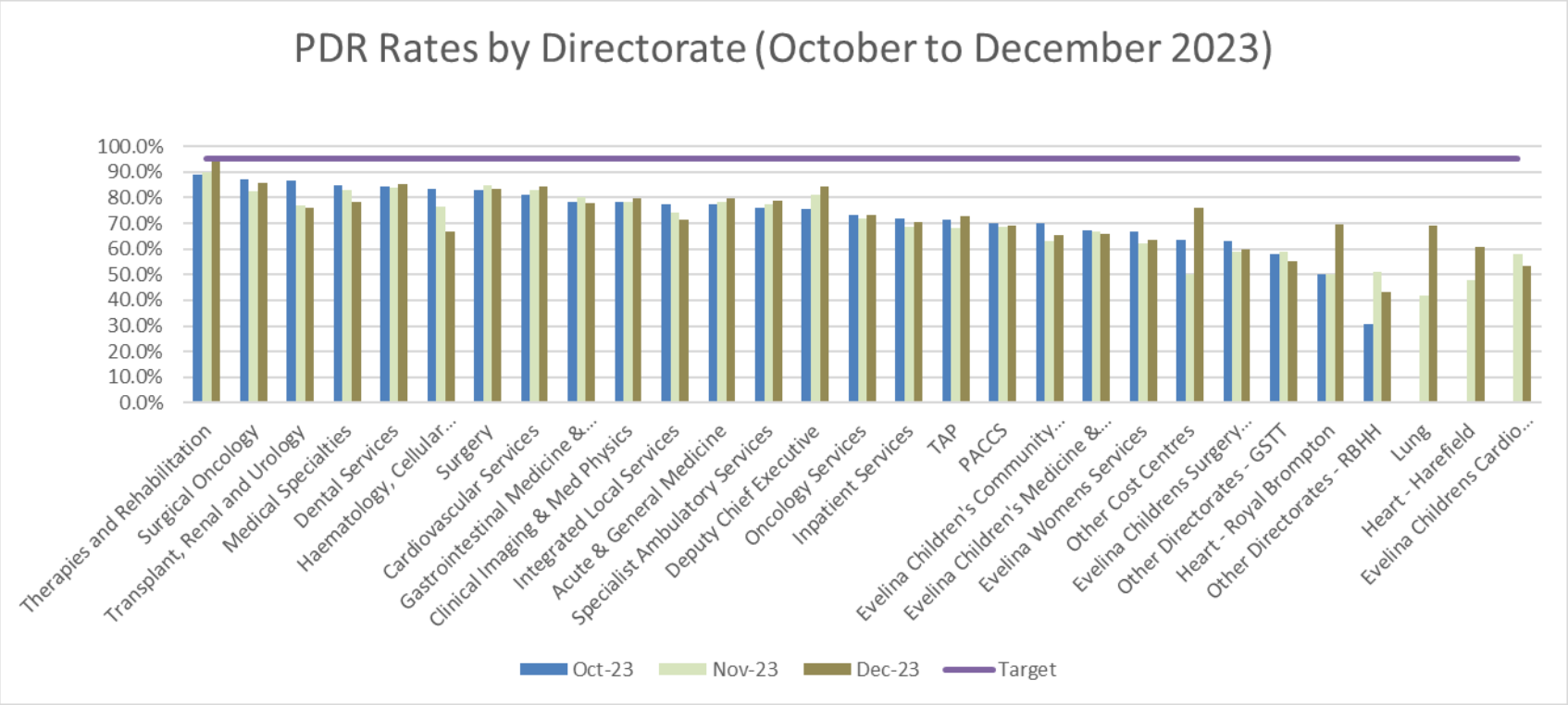

Figure 7 Combined Trust PDR rates by directorate

5 EXPECTATION 3: RIGHT PLACE AND TIME

The Trust meets this expectation because it uses tools to support efficient and effective decision-making around the deployment of staff to meet patient needs.

5.1 Efficient Deployment and Flexibility

5.1.1 Safe Care® is used across all adult and children inpatient areas to support the real time visibility of staffing levels across the Trust. The data collected highlights and supports decision making relating to the deployment and redistribution of staff to meet patient needs in other areas. RBHH do not currently have access to Safe Care® and ongoing work is in progress to align Healthroster systems and standardisation of staffing level reporting to include all inpatient areas and extension to outpatient areas where appropriate. Local reporting processes and staffing oversight agreed within the Trust wide Nursing and Midwifery Safe Staffing Policy (2022) will remain in place for those areas not on Safe Care® and are not included within this report.

5.1.2 The number of Red Flags across legacy GSTT fluctuated during Q3 from 98 (October 2023), 84 (November 2023) and 87 (December 2023) and is shown in Figure 8. Red Flags were raised due to short notice staffing absence and enhanced care requirements with all risks appropriately mitigated. 23 Red flags remained open as of 31 December 2023, with no evident cause and is addressed with the individual teams. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels, which triggers a review by the Senior Sister/Charge Nurse, Matron or Head of Nursing to resolve any immediate staffing concerns.

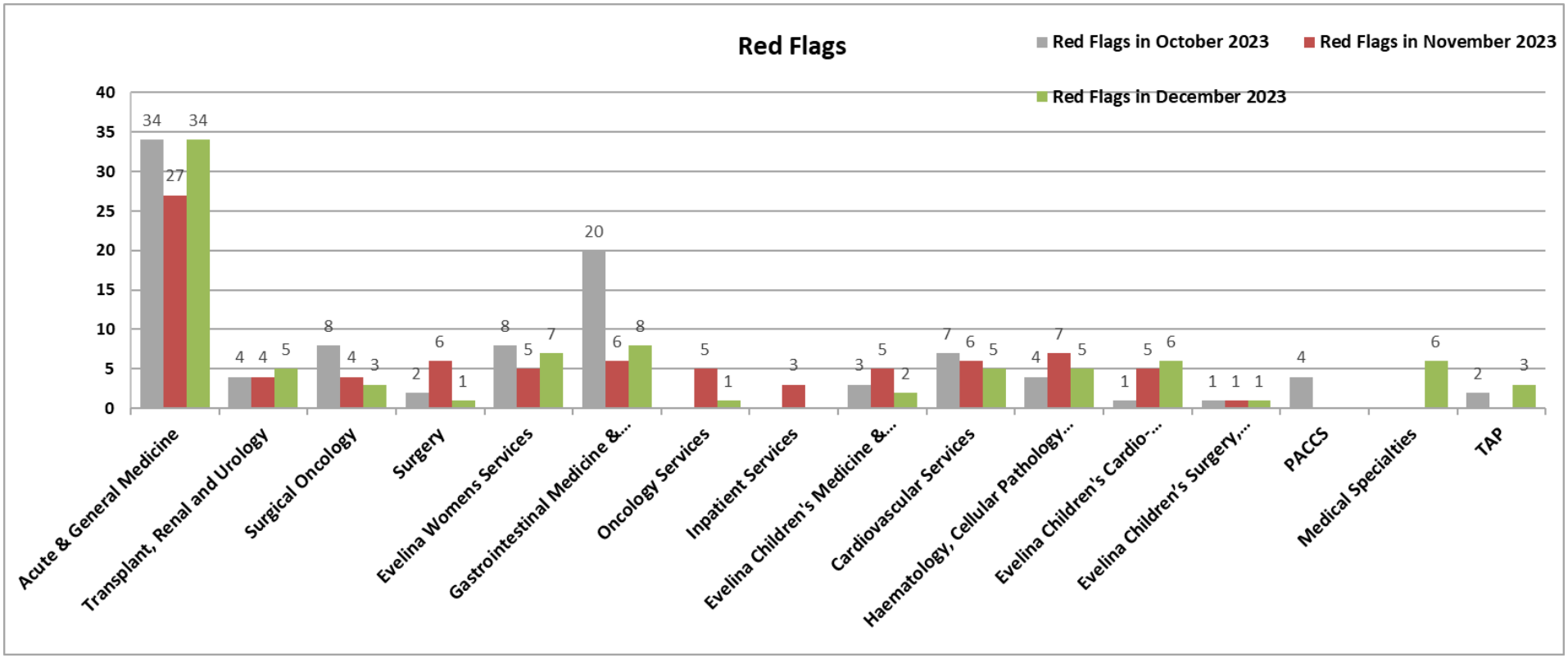

Figure 8 Legacy GSTT Red flags by Directorate

5.2 Efficient Employment, Minimising Agency Use

Roster reviews take place to support individual Directorates as required across legacy GSTT. Performance continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI). Annual Roster Assurance Reviews were paused during Q3 due to Apollo implementation and unavailability within the Healthroster team. These reviews will be recommenced in Q4 and are held with all Directorates within legacy GSTT providing stronger assurance around the systematic approach to providing guidance and

support in maintaining a fair, safe and cost-effective roster. There is ongoing work with HR leads across legacy organisations to support Allocate healthroster review and rollout at RBHH for all Trust staff, with formal launch of the Allocate Healthroster 6-month project commencing in November 2023 to incorporate full utilisation of functionalities to enable inclusion of these KPIs within future reports.

All nursing areas	28th November to 25th December 2022	26th December to 22nd January 2023	23rd January to 19th February 2023	20th February to 19 March 2023	20th March to 16th April 2023	17th April to 14th May 2023	15th May to 11th June 2023	12TH June to 9TH July 2023	10th July to 6th August 2023	7th August to 3rd September 2023	4th September 2023 to 1st October 2023	2nd October 2023 to 29th October 2023	30th October to 26th November 2023	27th November 2023 to 24th December 2023
All Red Flags	156	138	125	93	93	38	59	75	113	161	79	89	86	94
Resolved Red Flags	112	123	102	70	80	36	47	67	85	104	46	61	64	64
Planned Hours	817,659	812,247	821,090	843,158	839,947	851,417	839,001	853,550	830,458	837,499	842,880	908,670	860,934	853,872
Actual Hours	635,232	620,713	631,351	665,779	639,953	679,189	678,959	681,498	648,921	626,027	655,705	715,547	708,251	702,679
Actual CHPPD	10.8	10.9	11.0	11.8	11.7	11.7	11.0	11.1	12.9	8.7	10.9	11.5	11.2	11.1
Required CHPPD	7.4	7.4	7.5	7.4	7.3	7.3	7.4	7.4	7.4	6.5	7.4	7.1	7.2	7.0
Additional Duties (No of shifts over budget)	4,325	4,190	4,309	3,986	3,949	4,282	3,670	2,828	2,493	2,383	2,352	2,805	2,623	2,558
Overall Owed Hours (Net Hours)	133,265	131,520	121,843	110,499	99,739	117,155	85,402	83,594	87,681	81,463	89,004	108,104	92,864	93,052
Annual Leave % - Target 11-17%	13.1%	19.9%	14.5%	17.1%	21.0%	13.9%	13.4%	12.3%	13.7%	18.6%	13.3%	11.1%	10.6%	11.1%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	29.0%	33.4%	30.1%	30.1%	33.9%	27.5%	26.9%	25.8%	27.1%	31.9%	27.7%	24.9%	24.2%	24.7%
Roster Approval (Full) Lead Time Days - Target 42 days	36	39	35	36	39	38	39	39	40	39	40	40	38	38

Table 7 Legacy GSTT KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from November 2022 onward

Having efficient rosters will support the measures taken to reduce agency spend across rostered areas. The agency spends (which represents invoices paid in month) fluctuated for the combined Trust throughout Q3 and was 3.1% of the total Nursing staff pay bill as of December 2023 (Figures 9) meeting the Trust target (<3.3%). Legacy RBHH agency spend decreased by 0.1% ending Q3 at 1.7%, with legacy GSTT decreasing by 0.7%, ending Q3 at 3.4% and was 4.4% same period last year. Measures are in place to monitor and reduce agency spend and reflects sickness, vacancies and enhanced care requirements where bank could not meet demand.

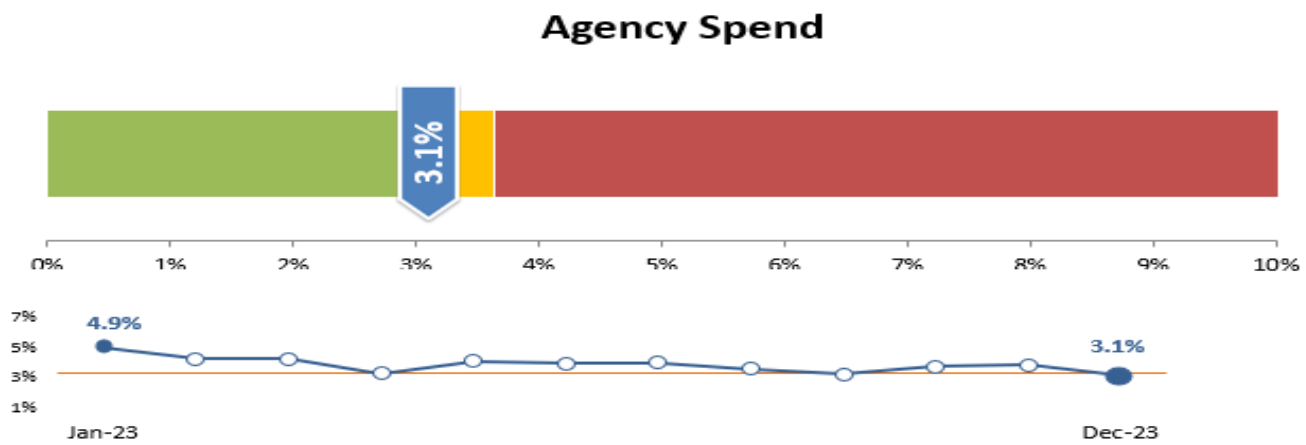

Figure 9 *Combined Trust* Agency spend

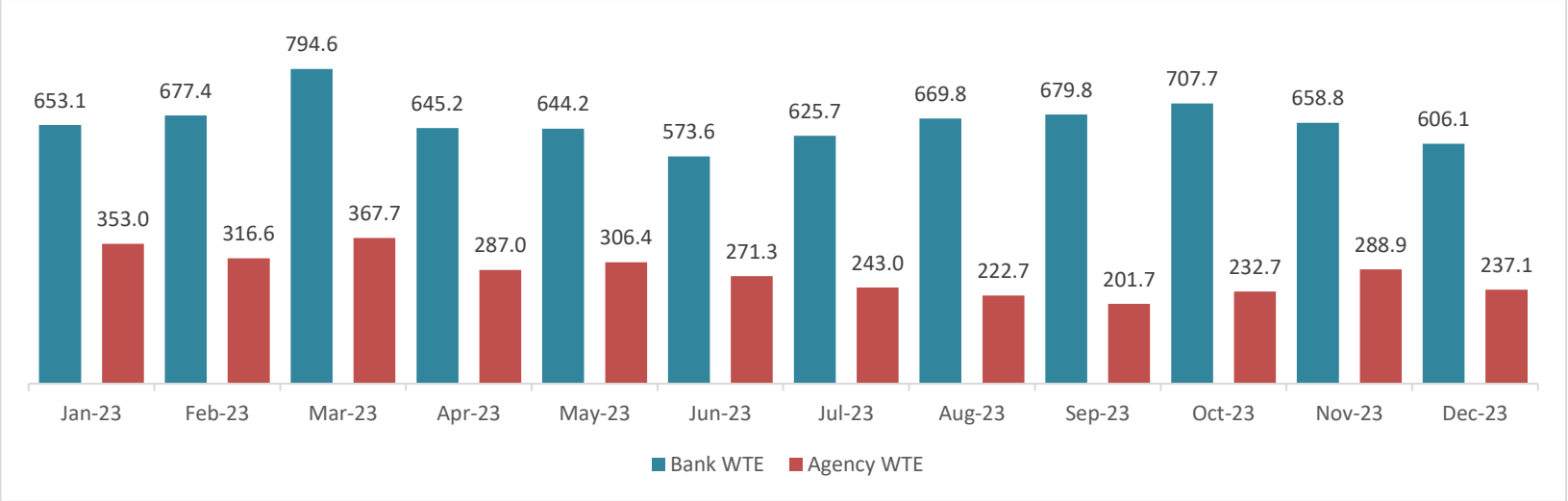

Figure 10 Legacy GSTT Actual usage of temporary staffing

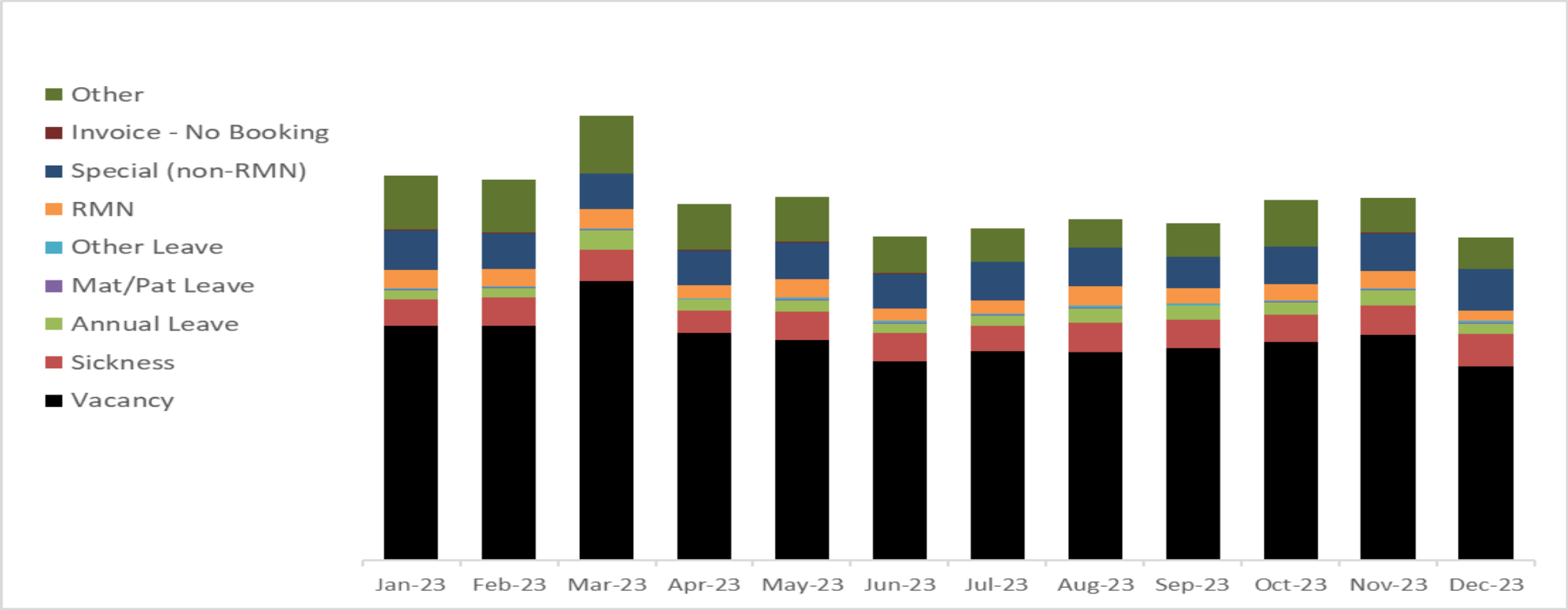

Figure 11 Legacy GSTT Temporary staffing usage, including the reasons

6 Request to the Board of Directors

6.1 The Board of Directors are asked to note the information contained in this briefing for Quarter 3 (October - December 2023).