Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
NURSING AND MIDWIFERY WORKFORCE QUARTERLY BOARD REPORT
WEDNESDAY 10 JULY 2024

Title:	**Quarterly Board Briefing of Nursing and Midwifery Staffing Levels for January – March 2024**
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 supports the ongoing work to reduce nursing and midwifery vacancies which continued to improve ending Q4 within the Trust target of <10%. • PDR and Mandatory Training compliance is below the Trust target of 95% although improved. PDR rate was by the PDR reporting requirements across legacy organisations and work is in progress to align this process. 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. • 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. Planned and actual hour reporting was affected during this time period due to roster build and centralisation of temporary staffing requirements at RBHH.
Recommendations:	The COMMITTEE is asked to: 1. Note the content of the paper

Guy's and St Thomas' NHS Foundation Trust

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 4 (January - March 2024) 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 4 is highlighted as legacy GSTT (LGSTT), legacy RBHH (LRBHH), and combined Trust.

Key Performance Indicator	Target	January 2024 Performance	February 2024 Performance	March 2024 Performance	Context and actions
Vacancy rate	10%	Combined trust 10.9% LGSTT:10.1% LRBHH: 7.0%	Combined trust 10.1% LGSTT:10.8% LRBHH: 7.4%	Combined trust 9.2% LGSTT:10.5% LRBHH: 3.7%	For the combined trust there were 314 new starters and 229 leavers throughout Q4. If the current external applicants for March 2024 were added to the staff in post figure, the overall vacancy rate would be 6.1%. The Recruitment Team continues to work 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 75.3 WTE, decrease in vacant WTE by 141.0 and decrease in establishment by 65.7 WTE compared to end of Q3,
Agency spend	3.3%	Combined trust 3.6% LGSTT: 4.1% LRBHH: 1.5%	Combined trust 3.6% LGSTT: 5.2% LRBHH: -3.5%	Combined trust 3.9% LGSTT: 4.5% LRBHH: 1.3%	Agency spend rate increased by 0.8% in Q4 as at March 2024 compared to end Q3 as at December 2023 and above target throughout Q4. The negative agency spend rate for LRBHH in August resulted from agency spend refund payment. 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:11.5% LGSTT: 11.8% LRBHH:10.4%	Combined trust:11.5% LGSTT: 11.7% LRBHH:11.6%	Combined trust:11.3% LGSTT: 11.4% LRBHH:10.7%	In month turnover rate increased throughout Q4 with the combined trust at 0.6% (January 2024) and 1.3% (March 2024). Annual turnover rate decreased from January 2024 to March 2024 and remains within Trust target. There is ongoing work within the Directorates and from central Workforce/Retention Team to reduce this.
Sickness rate	3.0%	Combined trust 5.7% LGSTT: 5.9% LRBHH: 5.0%	Combined trust 5.7% LGSTT: 5.9% LRBHH: 5.1%	Combined trust 5.7% LGSTT: 5.9% LRBHH: 5.1%	Sickness rate remained at 5.7% throughout Q4, ending Q4 0.1% higher than end of Q3 (5.6% December 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: 74.5% LRBHH: N/A	Combined trust:70.2% LGSTT: 75.5% LRBHH:54.0%	Combined trust: 75.3% LGSTT: 77.2% LRBHH:66.4%	Completion of PDRs were affected by variation of PDR reporting requirements across legacy organisations, with work progressing to standardise processes. Directorate plans have been formulated to address this. January 2024. Legacy RBHH and combined Trust PDR data was unavailable due to data system alignment for RBHH areas (systems now aligned)

Mandatory training	95%	Combined trust: N/A LGSTT: 88.5% LRBHH: N/A	Combined trust: 90.0% LGSTT: 89.0% LRBHH:94.0%	Combined trust: 90.5% LGSTT: 89.5% LRBHH:94.5%	Mandatory Training increased by 0.7% during Q4 from Q3 (89.8% December 2023). This is below the Trust target with ongoing collaborative work with ET&D and individual Directorate plans formulated to improve compliance. January 2024 Legacy RBHH and combined Trust mandatory training data was unavailable due to data system alignment for RBHH areas (systems now aligned).

Table 1

Combined Trust	KPI	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trendline
Trust	Agency spend	3.2%	4.0%	3.2%	3.9%	3.5%	3.2%	3.7%	3.8%	3.1%	3.6%	3.6%	3.9%	
Trust	Sickness	5.9%	5.8%	5.7%	5.7%	5.7%	5.7%	5.4%	5.7%	5.6%	5.7%	5.7%	5.7%	
Trust	Voluntary Turnover	14.1%	14.4%	12.4%	13.8%	12.9%	12.4%	11.8%	11.8%	12.0%	11.5%	11.5%	11.3%	
Trust	Vacancies	10.0%	10.4%	11.8%	11.5%	11.5%	11.8%	10.8%	10.4%	10.6%	10.1%	10.1%	9.2%	
Trust	PDR Compliance	73.0%	73.1%	75.8%	71.3%	71.8%	75.8%	66.0%	67.5%	70.1%		70.2%	75.3%	
Trust	Mandatory Training	86.0%	88.9%	88.2%	90.1%		88.2%	88.1%	89.1%	89.8%		90.0%	90.5%	

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	March 2023	March 2024	Difference	Change
Nursing & Midwifery Establishment WTE	7362.7	7490.9	128.2	▲
Nursing & Midwifery Staff in Post WTE	6521.5	6704.5	183.0	▲
Vacancies WTE	841.2	786.4	-54.8	▼
Vacancy rate	11.4%	10.5%	-0.9%	▼
Annual turnover	14.3%	11.4%	-2.9%	▼
Red Flags raised	114.0	129.0	15.0	▲
Agency % of Pay bill	4.2%	4.5%	0.3%	▲
Actual v Planned Hrs used	88.1%	87.4%	-0.7%	▼

Table 3a – Legacy GSTT Nursing and Midwifery Workforce metrics

Staffing measures	March 2023	March 2024	Difference	Change
Nursing & Midwifery Establishment WTE	1823.4	1792.6	-30.8	▼
Nursing & Midwifery Staff in Post WTE	1718.6	1726.9	8.3	▲
Vacancies WTE	104.8	65.7	-39.1	▼
Vacancy rate	5.7%	3.7%	-2.1%	▼
Annual turnover	12.7%	10.7%	-1.9%	▼
Red Flags raised				
Agency % of Pay bill	0.40%	1.3%		
Actual v Planned Hrs used	87.6%	63.4%	-24.3%	▼

Table 3b – Legacy RBHH Nursing and Midwifery Workforce Metrics

Staffing measures	March 2023	March 2024	Difference	Change
Nursing & Midwifery Establishment WTE	9186.1	9283.5	97.4	▲
Nursing & Midwifery Staff in Post WTE	8240.1	8431.4	191.3	▲
Vacancies WTE	946.0	852.1	-93.9	▼
Vacancy rate	10.3%	9.2%	-1.1%	▼
Annual turnover	13.7%	11.3%	-2.4%	▼
Red Flags raised				
Agency % of Pay bill	4.2%	3.9%	-0.3%	▼
Actual v Planned Hrs used	88.0%	79.7%	-8.3%	▼

Table 3c – Combined Trust Nursing and Midwifery Workforce Metrics

3.1.2 There was a 1.1% increase in budgeted establishment (increase by 97.4 WTE) and a 2.3% increase in staff in post (increase by 191.3 WTE) across the combined Trust compared to same period last year (2023). Legacy GSTT saw a slight decrease of 0.1% in budgeted establishment WTE and 1.2% growth in staff in post WTE in March 2024 compared to December 2023, whilst legacy RBHH budgeted establishment WTE decreased by 3.2% and decrease in staff in post by 0.4%. Figures 1 and 2 show that performance against this expectation remains stable. The actual hours used against planned hours and associated fill rates during January, February and March 2024 are outlined in table 4 below. The overall fill rates for the combined Trust was 79.7% in March 2024, a decrease of 8.5% in comparison to December 2023. Due to the Allocate healthroster project requiring transition onto aligned systems and centralisation of temporary staffing requests, RBHH data is incomplete during February and March 2024, reflecting an increase in planned hours as rosters were built and an inaccurate reduction in actual hours for this period and impacting on the overall fill rates for the Trust.

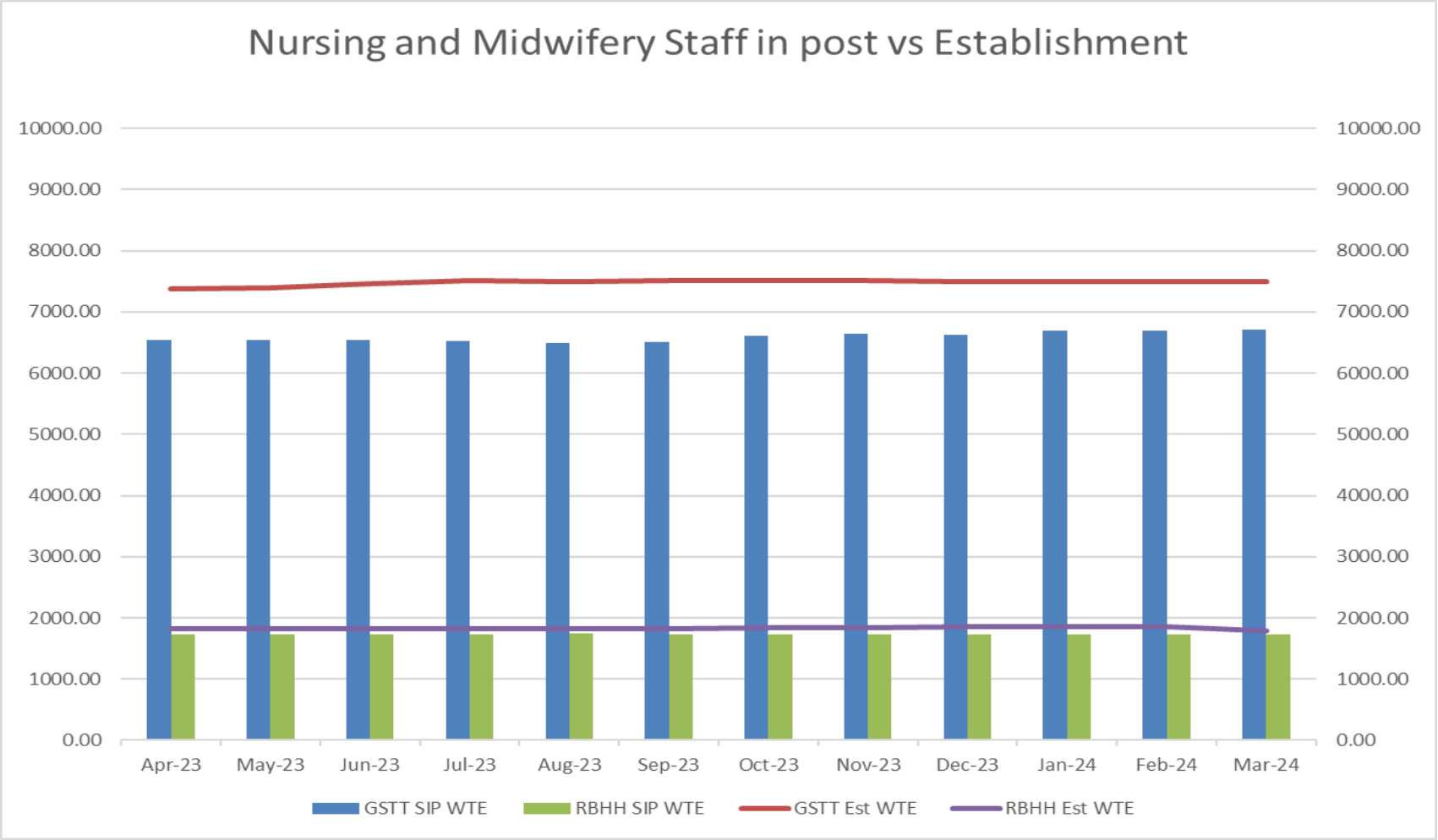
Nursing and Midwifery Staff in post vs Establishment
10000.00
9000.00
8000.00
7000.00
6000.00
5000.00
4000.00
3000.00
2000.00
1000.00
0.00
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
GSTT SIP WTE
RBHH SIP WTE
GSTT Est WTE
RBHH Est WTE

Figure 1

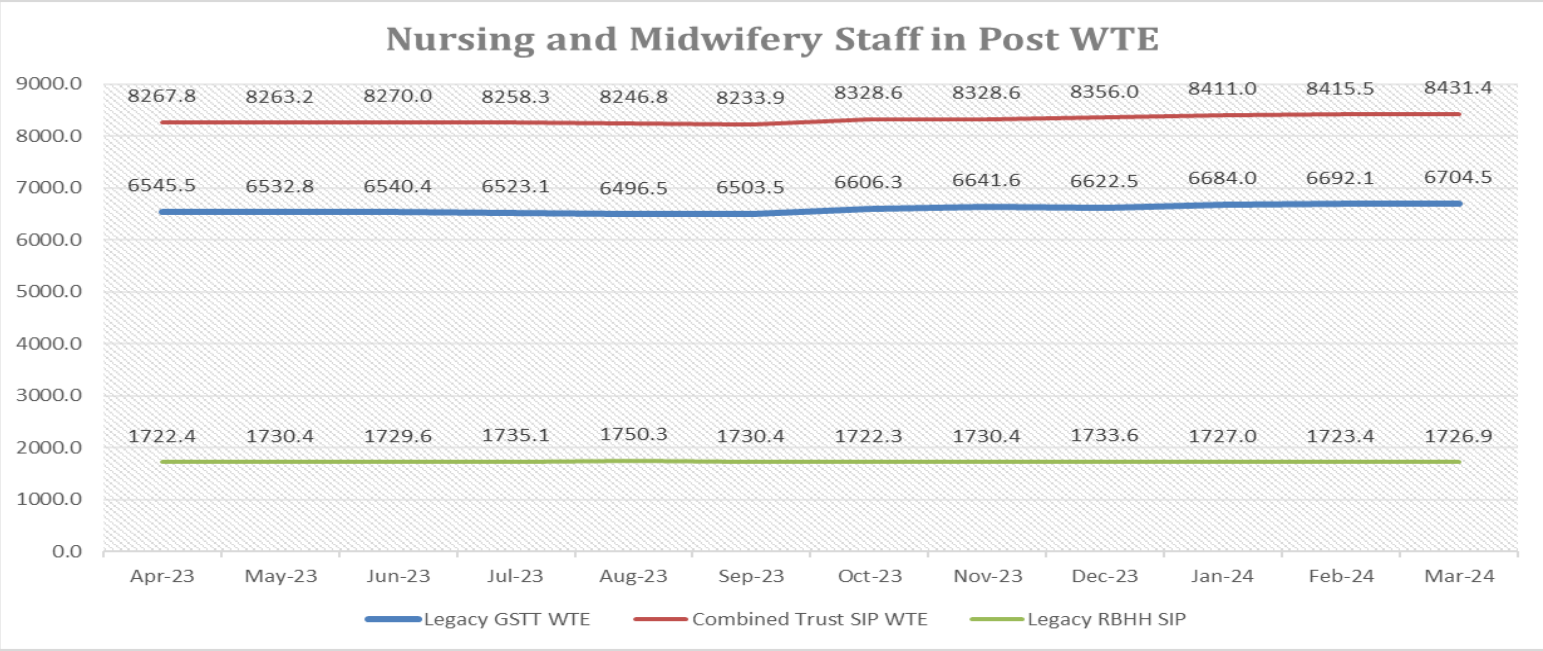

Figure 2

Period	Trust Level	Total Planned Hour	Total Actual Hour	Overall Fill rate%
Jan-24	Legacy GSTT	547533.0	482413.7	88.1%
Jan-24	Legacy RBHH	144461.0	126330.0	87.4%
Jan-24	Combined Trust	540865.7	476949.3	88.2%
Feb-24	Legacy GSTT	376283.0	329944.0	87.7%
Feb-24	Legacy RBHH	164955.0	117347.0	71.1%
Feb-24	Combined Trust	541237.8	447290.6	82.6%
Mar-24	Legacy GSTT	400368.0	350074.0	87.4%
Mar-24	Legacy RBHH	190291.0	120590.0	63.4%
Mar-24	Combined Trust	590659.2	470663.6	79.7%

Table 4

Board Briefing of Nursing and Midwifery Staffing Levels for January – March 2024

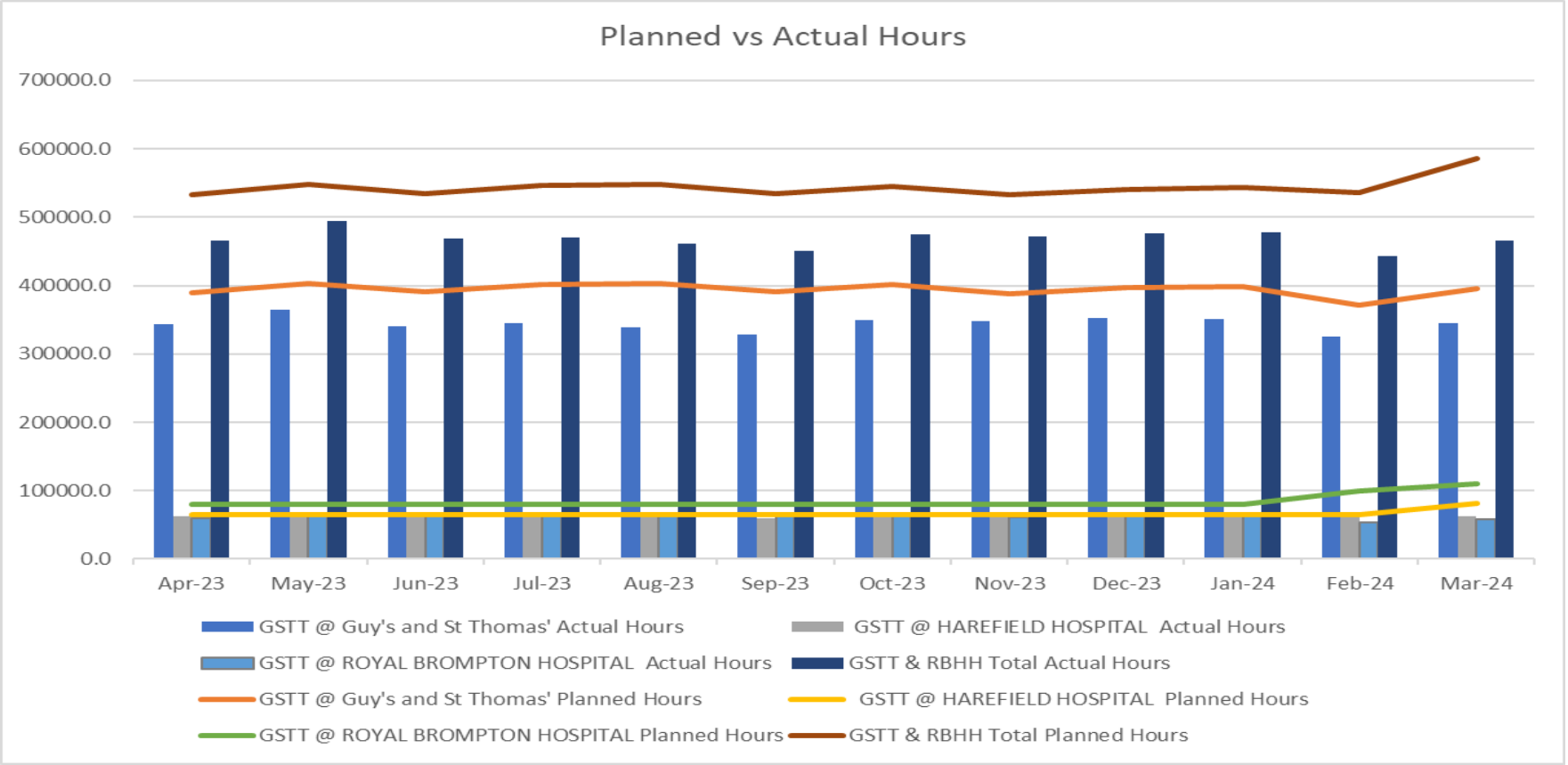

Figure 3

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. In Q4; 41 newly qualified nurses (NQN) started within the Trust, completing the NQN recruitment for those final year students qualifying in 2023. A series of Trust Open Days were held in January 2024 and March 2024 and a bespoke recruitment open day for Harefield intensive care in February 2024, with significant number of offers made (30 nurse offers in January, 29 nurse offers in February, 9 HCSW offers and 5 Essentia/A&C offers in March).

International recruitment (IR) continued throughout Q4 using the Capital Nurse Consortium and external agencies (Resource Finder, Charkos, Pulse and Cromwell). During Q4 (January – March 2024) 50 nurses commenced across the Trust; HLCC (17), Evelina (12), C&S (15), ISM (6). During 2023 (January – December) 248 international nurse recruits joined the organisation and in combination with Q4 arrivals exceeded our 2023/24 target. Due to the Trust financial situation and combined with the ceasing of NHSE support funding for international recruitment the IR programme for 2024/25 will be limited to circa 57 international recruits funded through recurrent budget.

3.2.3 Retention activities were maintained throughout Q4 including a focus on career development and support required for our internationally educated nurses with the development of the Trust wide Accelerated Preceptorship Programme, modelled on the successful RBHH programme, commencing in April 2024. Programmes of work continue with the flexible working/ self-directed rostering practice in collaboration with Timewise Consultancy, Critical care, Acute and General Medicine, Inpatient services, and Cedar ward. Pilots were completed in AAW, Critical Care and Cedar ward with evaluation in progress to influence future pilot sites and development of a flexible working framework and guidance document. Career and Wellbeing trolley visits are being planned and will recommence in April 2024 supported by the Kofoworola Abeni Pratt Fellows.

3.2.4 The sickness absence rate for the combined Trust increased by 0.1% in January 2024 and remained the same at 5.7% throughout the remainder of Q4. Directorates as of March 2024 with top sickness rates were Clinical Imaging & Med Physics (9.2%), Evelina Community Services (8.3%), Dental Services (8.3%), Specialist Ambulatory Services (7.9%), Inpatient Services (7.1%), Clinical Imaging & Med Physics, Dental Services 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.

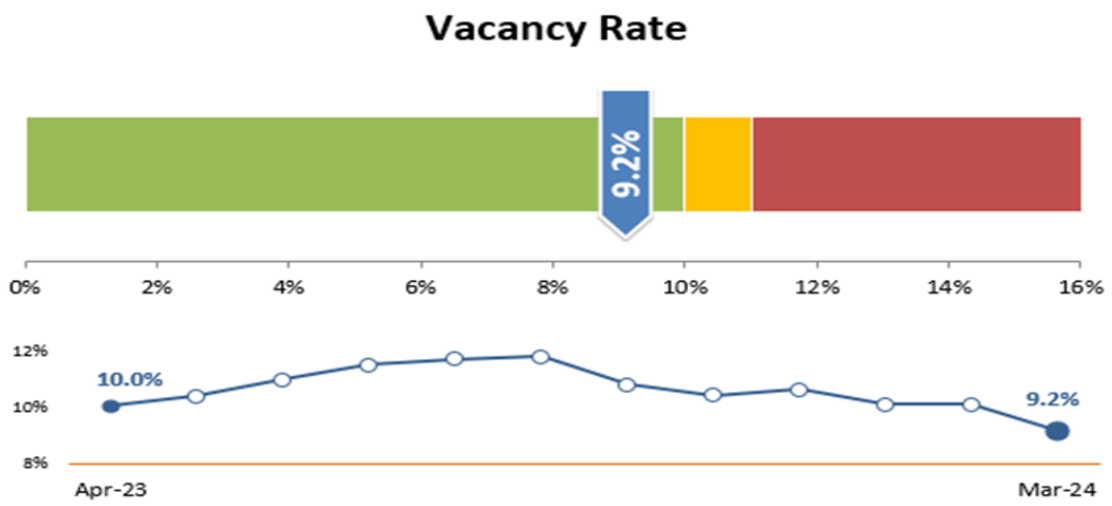

Figure 4 Combined Trust

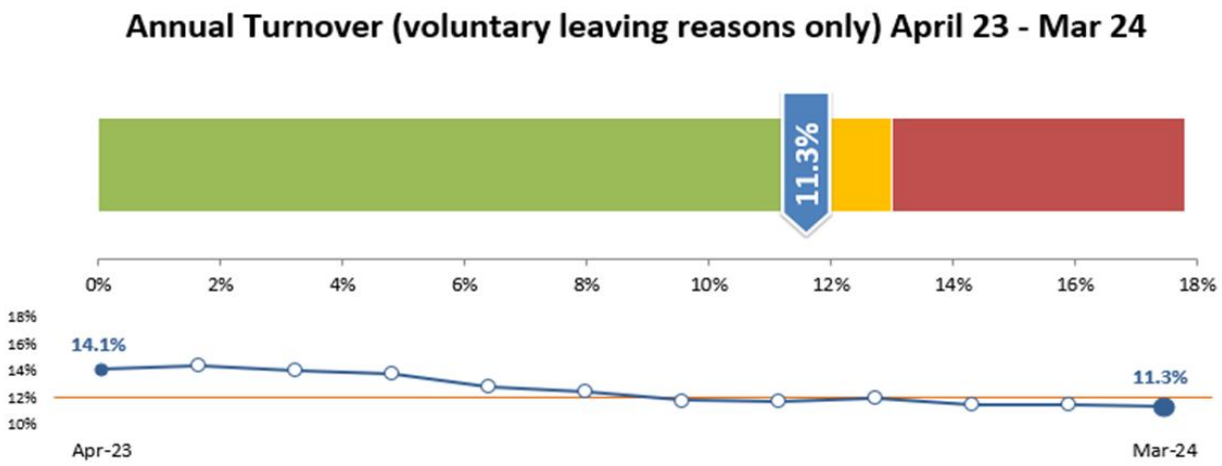

Figure 5 Combined Trust

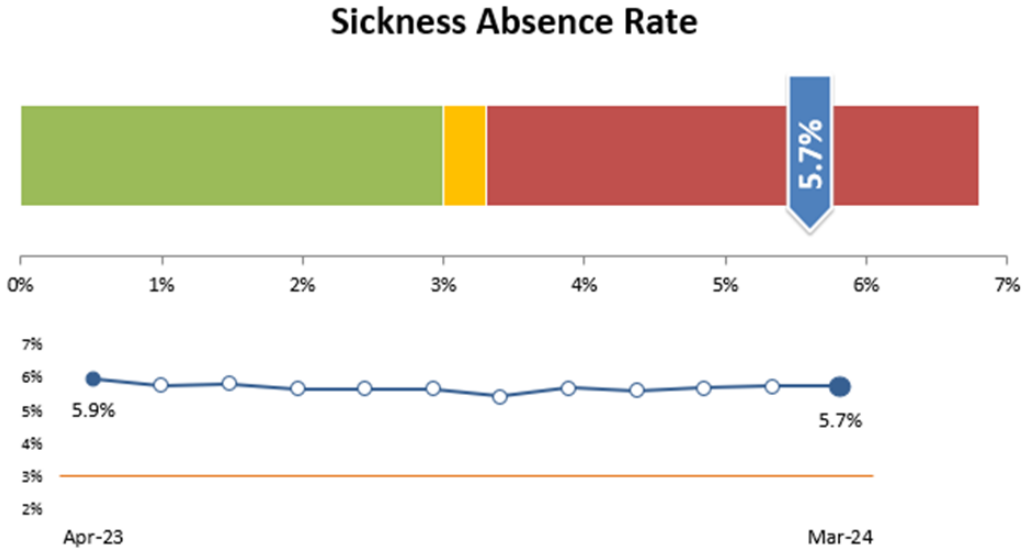

Figure 6 Combined Trust

3.3 Activity and Acuity

3.3.1 The number of bed days fluctuated during Q4 for legacy GSTT and is depicted in table 5 below (RBHH data is unavailable for inclusion within this report). In March 2024 the Legacy GSTT site had 45,130 bed days, representing an increase of 2,421 bed days from the same period in 2023. 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
March 2024	6,141	13,222	24,329	1,229	209	45,130	13.6%	29.3%	53.9%	2.7%	0.5%
February 2024	5,308	12,411	20,841	1,290	163	40,013	13.3%	31.0%	52.1%	3.2%	0.4%
January 2024	5,315	12,584	22,525	1,419	189	42,032	12.6%	29.9%	53.6%	3.4%	0.4%

Table 5 Legacy GSTT

3.3.2 Table 6 provides the combined Trust average fill rate by department / ward which fluctuated during Q4 with registered staff having a lower average fill rate in comparison to unregistered staff, the overall average fill rate was between 87% - 94%. The average Registered Nurse fill rates for Q4 (January 2024 to March 2024: 81.0%) decreased by 6% compared to Q3. As noted in section 3.1.2 the overall fill rates for the Trust were impacted by the Allocate healthroster project and transition onto aligned systems with RBHH data is incomplete during February and March 2024, reflecting an inaccurate reduction in actual hours for this period. These fill rates are not representative of staffing levels.

Period (Q4)	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 (%)
Jan-24	87%	90%	84%	113%	94%
Feb-24	79%	88%	80%	111%	90%
Mar-24	76%	80%	78%	114%	87%

Table 6 Combined Trust

3.3.3 The combined Trust average 'Care hours per patient day' (CHPPD) currently is not available for Q4 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 0.7% for Q4 from Q3, 89.8% (December 2023) to 90.5% (March 2024). Legacy RBHH mandatory training compliance rate at the end of Q4 (March 2024) was 94.5%, with legacy GSTT at 89.5% (March 2024), a 3.2% increase when compared to 2023. Figure 7 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 January 2024 due to on-going hierarchy level structure integration on ESR for the Clinical Group.

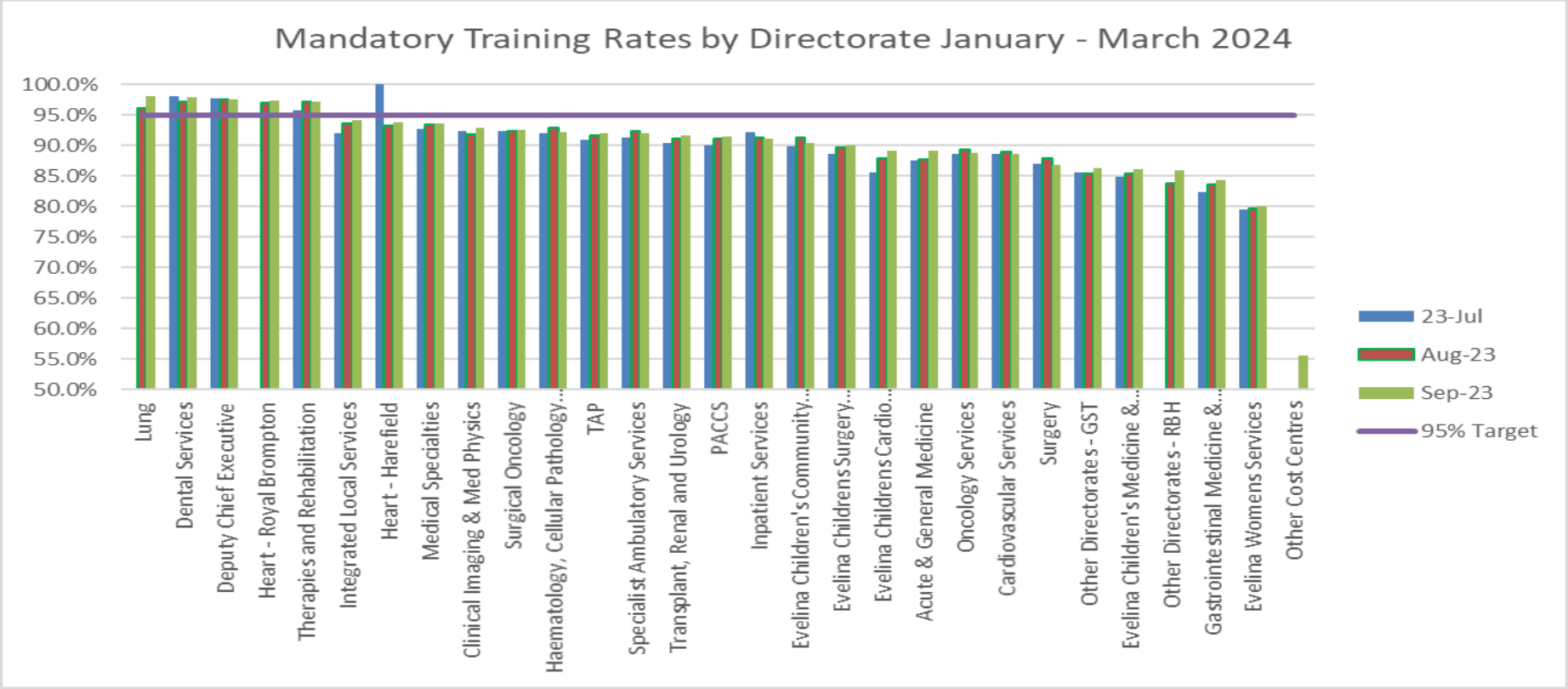

Figure 7 Combined Trust Mandatory Training Rates by Directorate

4.1.2 The Nursing & Midwifery PDR rate for the combined Trust at the end of Q4 was 75.3%, an increase of 5.2% from end Q3 (70.1% December 2023). Legacy GSTT PDR rate increased throughout Q4, increasing by 4.1% throughout Q4 (77.2% March 2024) compared to end of Q3 (73.1% December 2023) and 3.0% higher than the same period in 2023. Legacy RBHH PDR rate increased from 54.0% to 66.4% (February 2024 – March 2024) with no available data for January 2024 due to ESR Clinical Group hierarchy structure integration for RBHH. Work is in progress to align PDR requirements across the organisation. Figure 8 demonstrates the breakdown of PDR compliance by Directorate.

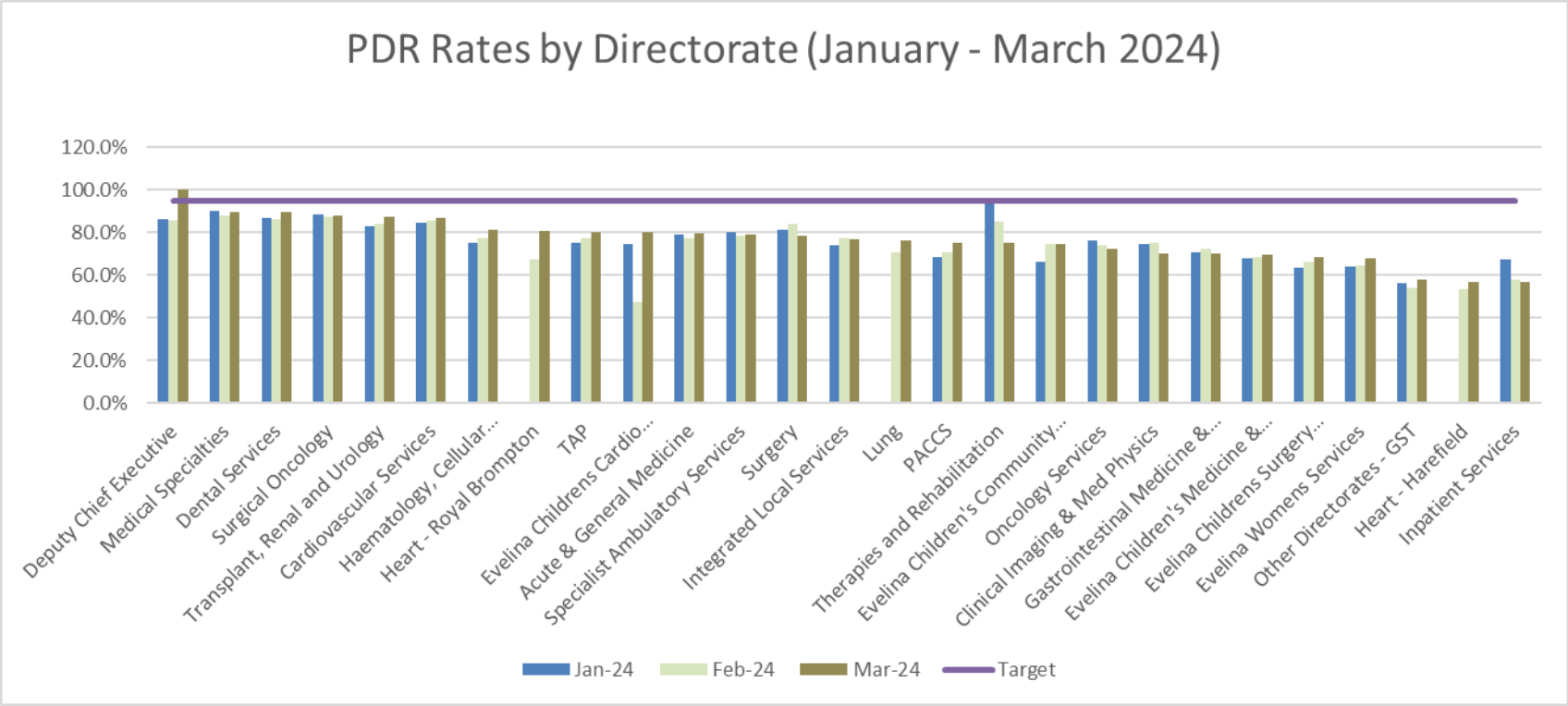

Figure 8 Combined Trust PDR rates by directorate

Board Briefing of Nursing and Midwifery Staffing Levels for January – March 2024

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 increased during Q4 from 96 (January 2024), 121 (February 2024) and 129 (March 2024) and is shown in Figure 9. Red Flags were raised due to short notice staffing absence and enhanced care requirements with all risks appropriately mitigated. 37 Red flags remained open as of 31 March 2024, 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.

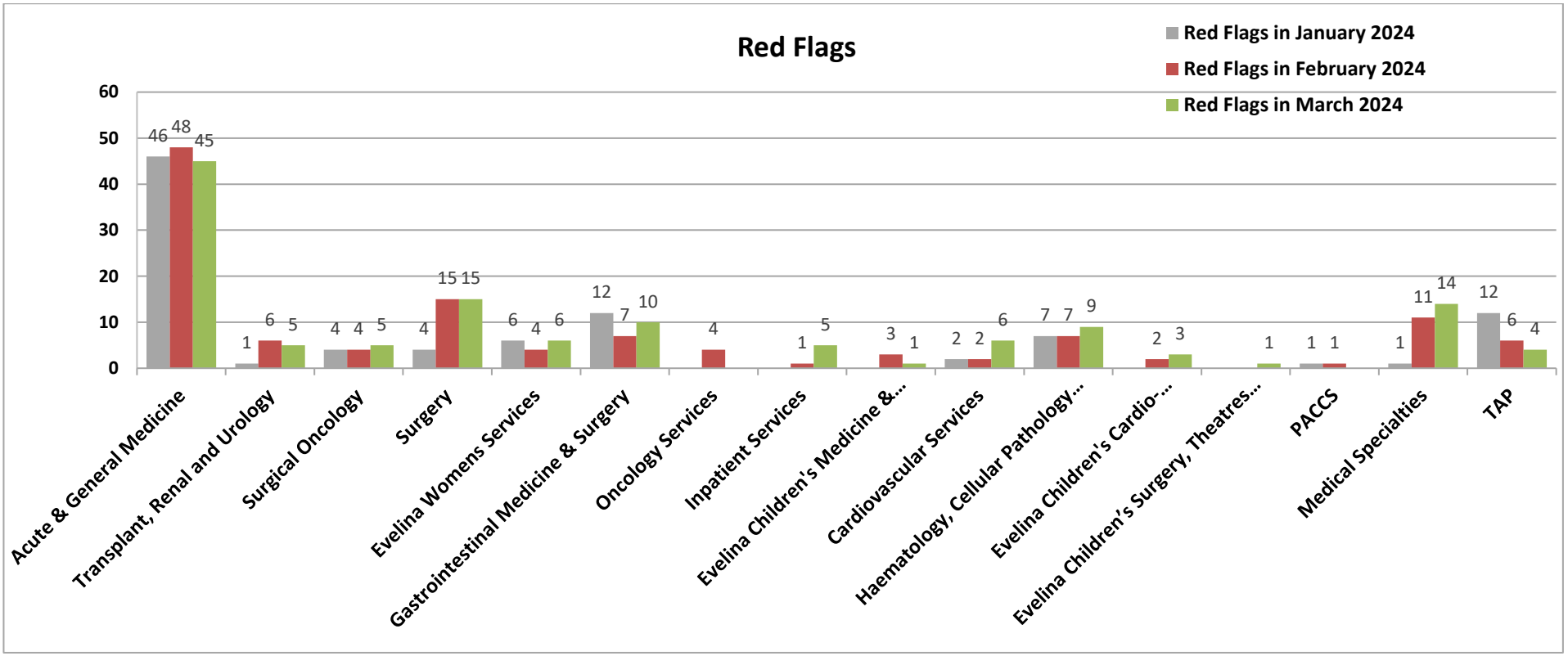

Figure 9 Legacy GSTT Red flags by Directorate

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 remain paused with a comprehensive programme of work commenced in February 2024 to review all inpatient rosters to align ESR budget WTE, safe staffing requirements as agreed through the establishment review process and roster demand template WTE. Roster clinics were held with

clinical group representation from Director/Deputy Director of Nursing, Chief/Deputy Chief Midwife, ward managers, finance managers, Deputy Chief Nurse or Associate Chief Nurse/Director of Nursing for Workforce, CNO lead for safe staffing and healthroster facilitator.

There is ongoing work with HR leads across legacy organisations to support Allocate healthroster review and rollout at RBHH. Completion of this programme of work will provide standardisation of roster practice and KPIs, supporting ability and efficiencies in deployment of staff and temporary staff bookings to support safe staffing across the organisation and facilitating the Trust compliance with the NQB Standards (2016). The Healthroster KPI includes live roster areas within RBHH from March 2024 onward with integration of RBHH areas currently ongoing following alignment of Healthroster access and process.

All nursing areas	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	25th December 2023 to 21st January 2024	22nd January 2024 to 18th February 2024	19th February 2024 to 17th March 2024
All Red Flags	93	93	38	59	75	113	161	79	89	86	94	62	119	104
Resolved Red Flags	70	80	36	47	67	85	104	46	61	64	64	51	97	82
Planned Hours	843,158	839,947	851,417	839,001	853,550	830,458	837,499	842,880	908,670	860,934	853,872	859,935	962,418	1,063,161
Actual Hours	665,779	639,953	679,189	678,959	681,498	648,921	626,027	655,705	715,547	708,251	702,679	646,832	749,618	790,939
Actual CHPPD	11.8	11.7	11.7	11.0	11.1	12.9	8.7	10.9	11.5	11.2	11.1	11.0	10.5	10.6
Required CHPPD	7.4	7.3	7.3	7.4	7.4	7.4	6.5	7.4	7.1	7.2	7.0	6.9	7.1	7.3
Additional Duties (No of shifts over budget)	3,986	3,949	4,282	3,670	2,828	2,493	2,383	2,352	2,805	2,623	2,558	2,236	2,369	2,481
Overall Owed Hours (Net Hours)	110,499	99,739	117,155	85,402	83,594	87,681	81,463	89,004	108,104	92,864	93,052	112,959	108,095	117,177
Annual Leave % - Target 11-17%	17.1%	21.0%	13.9%	13.4%	12.3%	13.7%	18.6%	13.3%	11.1%	10.6%	11.1%	20.6%	12.7%	14.2%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	30.1%	33.9%	27.5%	26.9%	25.8%	27.1%	31.9%	27.7%	24.9%	24.2%	24.7%	32.8%	25.4%	26.4%
Roster Approval (Full) Lead Time Days - Target 42 days	36	39	38	39	39	40	39	40	40	38	38	41	34	34

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 March 2023 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) increased for the combined Trust throughout Q4 and was 3.9% of the total Nursing staff pay bill as of March 2024 (Figure 10) above the Trust target (<3.3%). Legacy RBHH agency spend increased by 0.2% ending Q4 at 1.3%, with legacy GSTT increasing by 0.4%, ending Q4 at 4.5% and was 5.1% same period last year. Ongoing data integration to centralise all temporary staffing bookings and reporting for RBHH areas commenced in Q4 reflecting the increase in temporary staff usage in February and March 2024 in figure 11 below. Measures are in place to monitor and reduce agency spend and reflects sickness, vacancies and enhanced care requirements where bank could not meet demand.

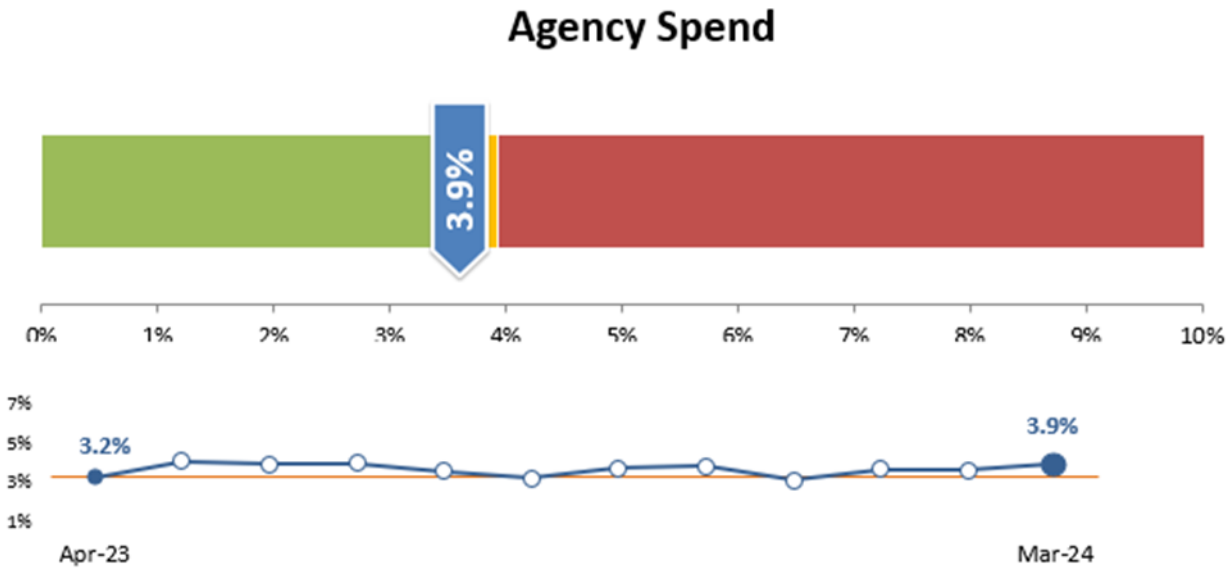

Figure 10 Combined Trust Agency spend

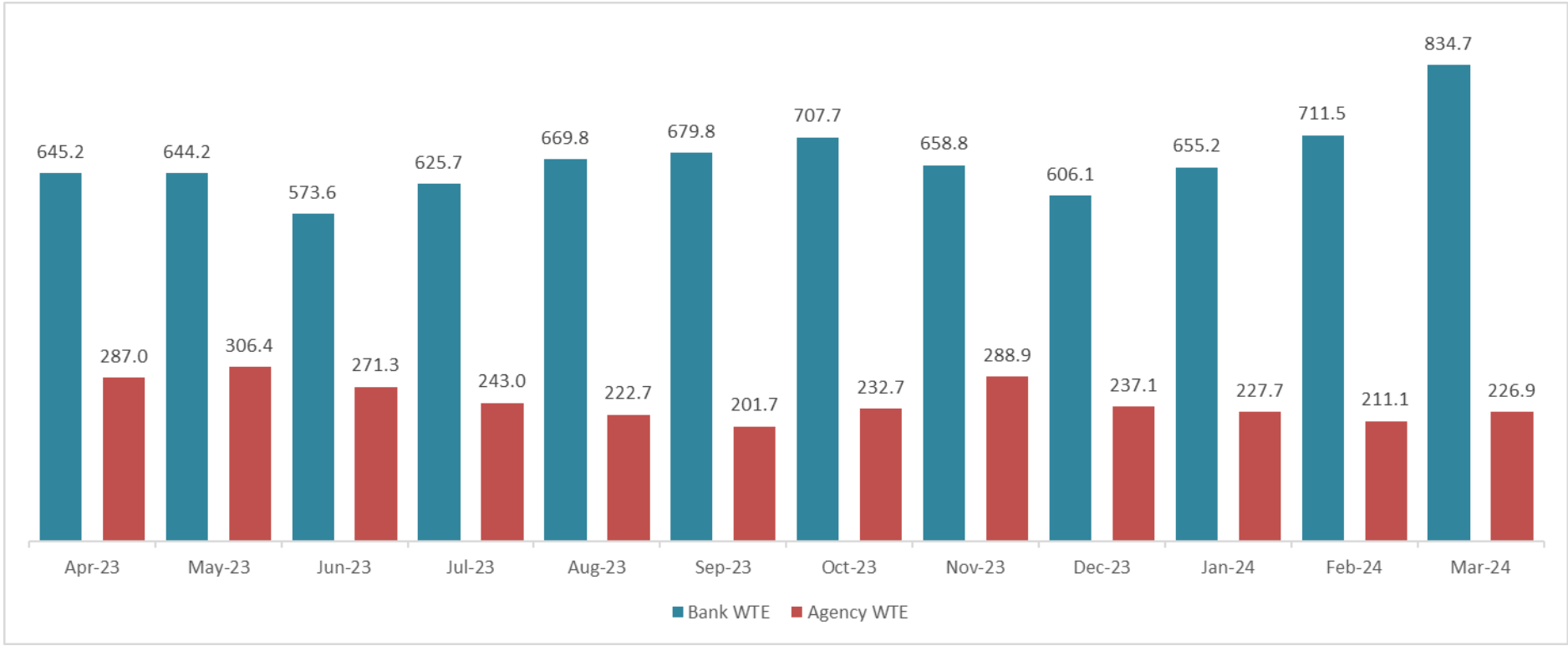

Figure 11 Legacy GSTT Actual usage up to and including January 2024 with inclusion of RBHH data as department rosters created and centralised from February 2024 onwards.

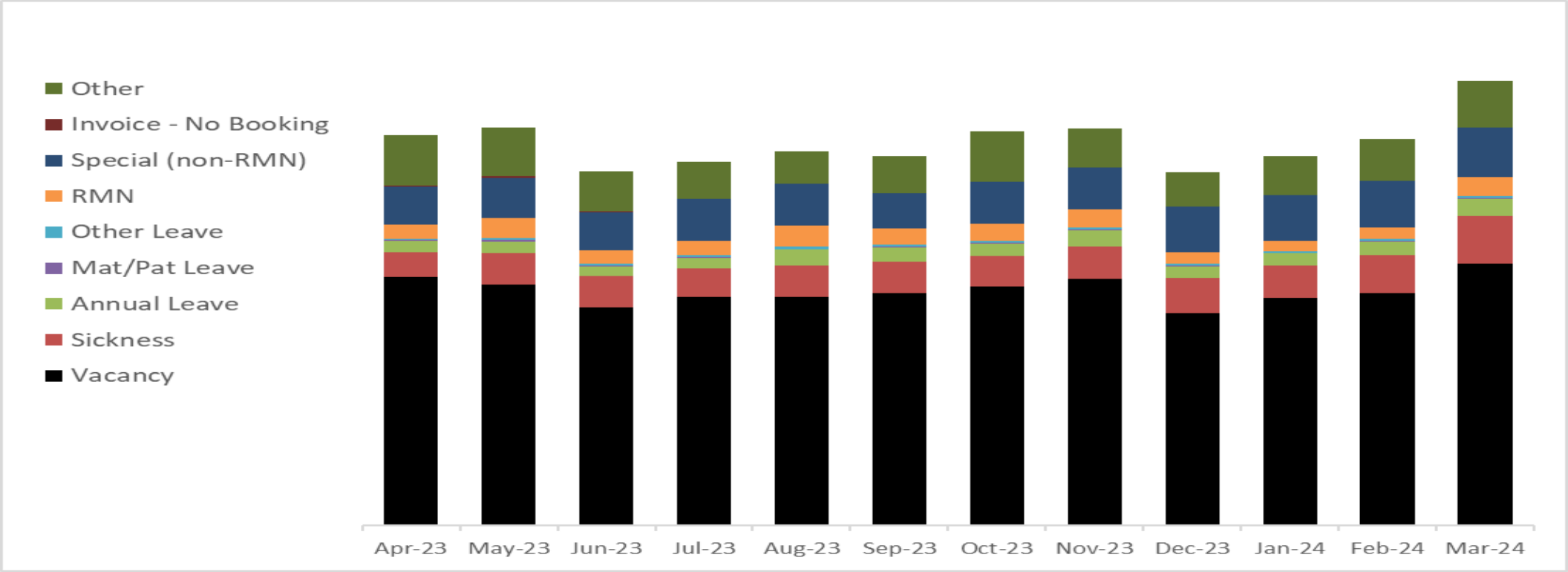

Figure 12 Legacy GSTT Temporary staffing usage, up to and including January 2024 with inclusion of RBHH data as department rosters created and centralised from February 2024 onwards.

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 4 (January - March 2024).