Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
NURSING AND MIDWIFERY WORKFORCE QUARTERLY BOARD REPORT
WEDNESDAY 16 OCTOBER 2024

Title:	**Quarterly Board Briefing of Nursing and Midwifery Staffing Levels for April - June 2024**
Responsible Director:	**Sue Cox, Associate Chief Nurse & Director of Nursing for Workforce and Education**
Contact:	**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 remained within Trust target of <10% with the exception of June 2024. • PDR and Mandatory Training compliance improved throughout Q1 although remained below the Trust target of 95% and was affected by the ongoing staffing and operational pressures experienced due to the IT Synnovis incident in June 2024. 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 has completed to combine all workforce key performance indicators with a complete 12month data set of both legacy organisations and combined Trust data. From April 2024 workforce data is presented as single Trust data with sub reporting by Clinical Groups and Directorates. The roll out of Allocate Healthroster to legacy RBHH nursing teams was complete in Q1, with further work required to support the rollout of Safe Care®. 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 during the reporting period significantly impacted on both elective and emergency care affecting patient and staff activity, and requiring 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 1 (April - June 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.

The combining of data sets from legacy RBHH and legacy GSTT into one data set for the combined Trust was completed in Q1, with ongoing work in progress to ensure alignment of 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 1 is for Nursing Workforce Trust level.

Key Performance Indicator	Target	April 2024 Performance	May 2024 Performance	June 2024 Performance	Context and actions
Vacancy rate	10%	9.6%	9.9%	10.7%	There were 245 new starters and 203 leavers throughout Q1. If the current external applicants for June 2024 were added to the staff in post figure, the overall vacancy rate would be 4.7%. The Recruitment Team continues to work on reducing this with the individual Directorates concerned. The increase in vacancy rate for the given quarter relates to increase in establishment by 140.7 WTE compared to end of Q4
Agency spend	3.3%	2.8%	3.2%	2.2%	Agency spend rate decreased by 1.6% in Q1 as at June 2024 compared to Q4 as at March 2024 and below target throughout Q1. 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%	11.3%	10.7%	10.9%	In month turnover rate fluctuated throughout Q1 and was at 0.7% (April 2024), 0.6% (May 2024) and 0.7% (June 2024). Annual turnover rate decreased by 0.4% from April 2024 to June 2024 remaining within Trust target. There is ongoing work within the Directorates and from central Retention Team to reduce this.
Sickness rate	3.0%	5.8%	5.9%	5.9%	Sickness rate increased, ending Q1 at 0.2% higher than end of Q4 (5.7% March 2024). 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%	77.0%	79.2%	81.0%	PDR rate increased throughout Q1. Directorate plans have been formulated to continue to address areas with PDR rate below expected target.
Mandatory training	95%	90.4%	91.4%	91.5%	Mandatory Training increased by 1.1% throughout Q1 ending at 91.5% (June 2024). This is below the Trust target with ongoing collaborative work with ET&D and individual Directorate plans formulated to improve compliance. for RBHH areas.

Table 1

Board Briefing of Nursing and Midwifery Staffing Levels for April - June 2024

Trust Level	KPI	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trendline
Trust	Agency spend	3.9%	3.5%	3.2%	3.7%	3.8%	3.1%	3.6%	3.6%	3.9%	2.8%	3.2%	2.2%	
Trust	Sickness	5.7%	5.7%	5.7%	5.4%	5.7%	5.6%	5.7%	5.7%	5.7%	5.8%	5.9%	5.9%	
Trust	Voluntary Turnover	13.8%	12.9%	12.4%	11.8%	11.8%	12.0%	11.5%	11.5%	11.3%	11.3%	10.7%	10.9%	
Trust	Vacancies	11.5%	11.5%	11.8%	10.8%	10.4%	10.6%	10.1%	10.1%	9.2%	9.6%	9.9%	10.7%	
Trust	PDR Compliance	71.3%	71.8%	75.8%	66.0%	67.5%	70.1%		70.2%	75.3%	77.0%	79.2%	81.0%	
Trust	Mandatory Training	90.1%		88.2%	88.1%	89.1%	89.8%		90.0%	90.5%	90.4%	91.4%	91.5%	

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	June 2023	June 2024	Difference	Change
Nursing & Midwifery Establishment WTE	9290.9	9424.17	133.25	▲
Nursing & Midwifery Staff in Post WTE	8270.0	8414.11	144.12	▲
Vacancies WTE	1020.9	1010.06	-10.87	▼
Vacancy rate	11.0%	10.7%	-0.3%	▼
Annual turnover	14.0%	10.9%	-3.1%	▼
Red Flags raised		54.0	54.0	
Agency % of Pay bill	3.88%	2.2%	-1.6%	▼
Actual v Planned Hrs used	87.8%	77.2%	-10.6%	▼

Table 2a – Trust Nursing and Midwifery Workforce Metrics

3.1.2 There was a 1.4% increase in budgeted establishment (increase by 133.25 FTE) and a 1.7% increase in staff in post (increase by 144.12 FTE) across the Trust compared to same period last year (2023). Figures 1 shows that performance against this expectation remains stable. The actual hours used against planned hours and associated fill rates during April, May and June 2024 are outlined in table 3 below. The overall fill rate was 77.2% in June 2024, a decrease of 2.5% in comparison to March 2024.

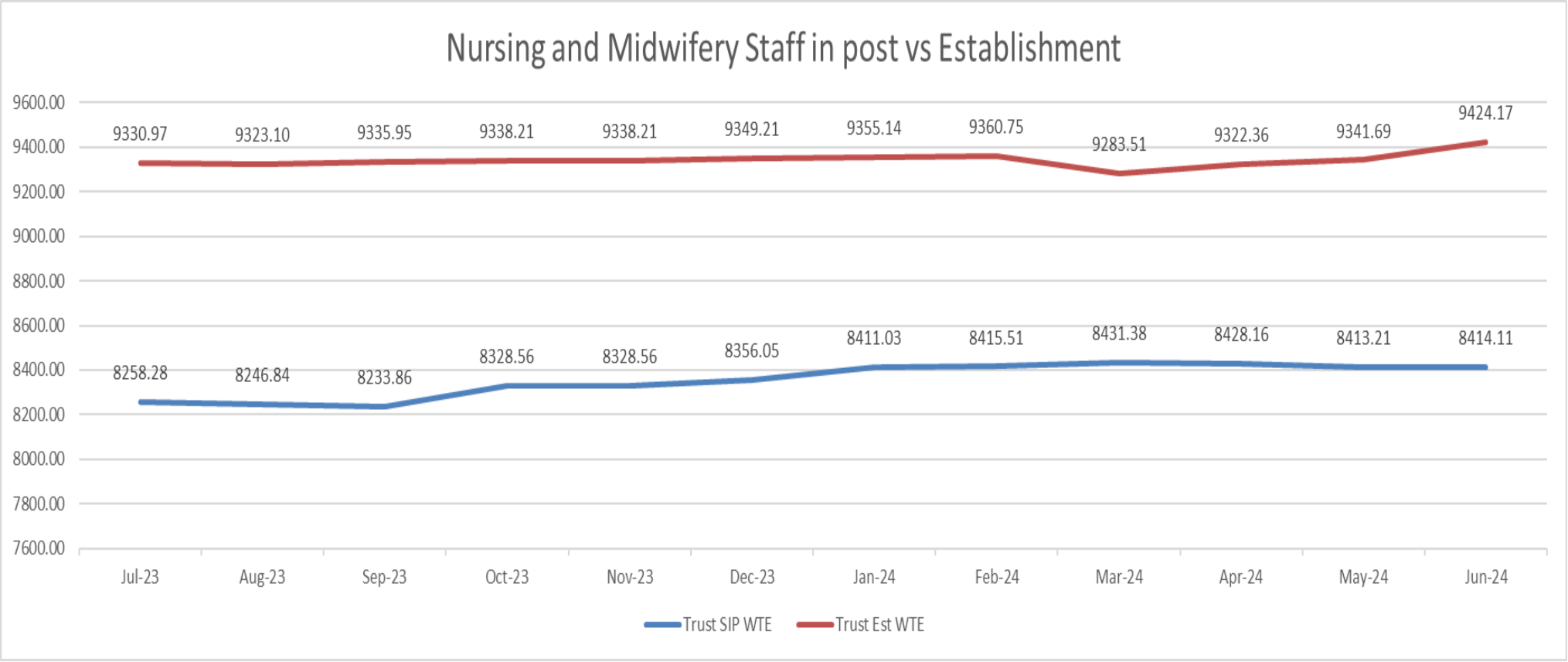
Nursing and Midwifery Staff in post vs Establishment
9600.00
9400.00
9200.00
9000.00
8800.00
8600.00
8400.00
8200.00
8000.00
7800.00
7600.00
9330.97
9323.10
9335.95
9338.21
9338.21
9349.21
9355.14
9360.75
9283.51
9322.36
9341.69
9424.17
8258.28
8246.84
8233.86
8328.56
8328.56
8356.05
8411.03
8415.51
8431.38
8428.16
8413.21
8414.11
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Trust SIP WTE
Trust Est WTE

Figure 1

Period	Trust Level	Total Planned Hour	Total Actual Hour
Apr-24	Combined Trust	576781.4	457596.1
May-24	Combined Trust	592390.2	473804.8
Jun-24	Combined Trust	565298.9	436482.4

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 188 host and non host students have been successfully recruited, with these newly qualified nurses (NQNs) due to start within clinical teams from September 2024 following receipt of NMC registration. Further recruitment of NQNs is planned for October 2024 to support students with required later start dates.

International recruitment (IR) continued into Q1 using the Capital Nurse Consortium and external agencies (Resource Finder, Charkos, Pulse and Cromwell) to support the reduced 2024/25 target of maximum 57 nurses depending on departmental need. During Q1 (April- June 2024), 22 nurses commenced across the Trust; Heart Lung and Critical care (n=16), Cancer and Surgery (n=1), Evelina (n=3), Integrated Specialist Medicine (n=2).

3.2.3 Retention activities were maintained throughout Q1. Career and Wellbeing trolley visits continued supporting with International Nurses and Midwives day celebrations incorporating visits to staff within clinical areas. Further visits to clinical areas continued throughout the quarter, visiting 23 departments and reaching out to 326 staff. There is ongoing work to understand retention initiatives across the organisation, using the NHSE retention self-assessment tool, with Clinical Groups supporting the ongoing collation of information. Programmes of work

continue to develop flexible working/ self-directed rostering practice in collaboration Critical Care, Acute and General Medicine, Inpatient services, and Cedar ward. The Timewise consultancy flexible working pilot within AAW is complete with evaluation in progress with planned external national publication in Q2. Further work is planned with pilot areas to refine the required self-directed rostering framework to allow further roll out across the Trust.

3.2.4 The sickness absence rate for the Trust increased slightly throughout Q1 and was 5.9% as at end of Q1 (June 2024). Top directorates with high sickness rates were Clinical Imaging & Med Physics (9.1%), Dental Services (8.6%), Evelina Community Services (8.3%), Inpatient Services (7.8%) and Specialist Ambulatory Services (7.6%). Sickness rate of >6.0%were also recorded for the following directorates: Evelina Children's Surgery Theatres and Anaesthesia (CSTA), Lung - RBH, PACCS, Gastrointestinal Medicine & Surgery, Transplant, Renal and Urology, Surgery, Evelina Children's Cardio Respiratory & Critical Care (CRIC) and Heart - Harefield. 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.

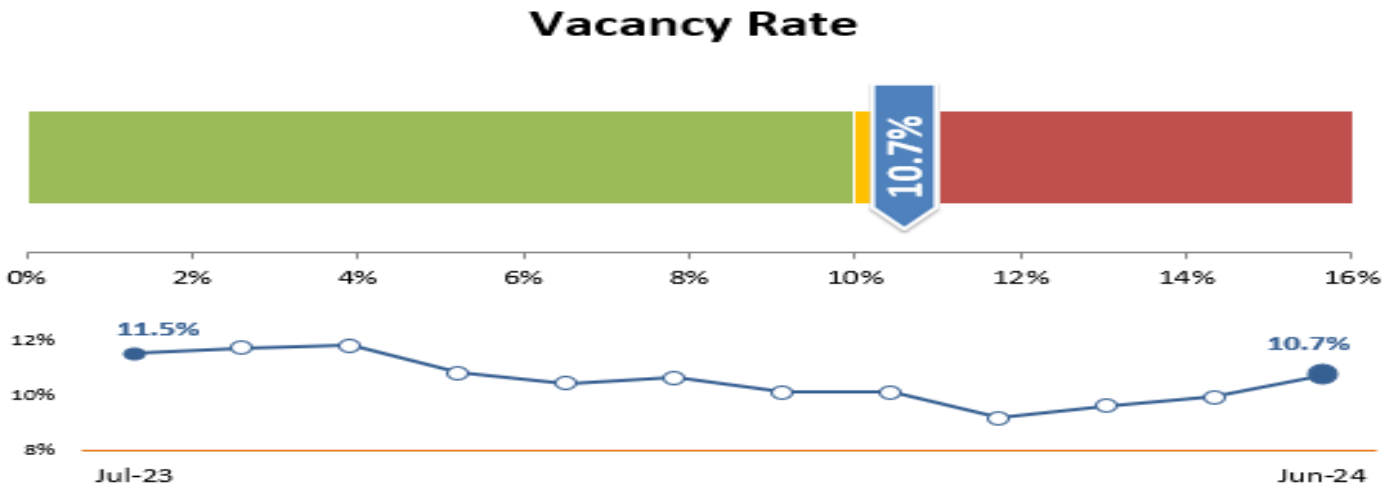

Figure 3 Trust Level

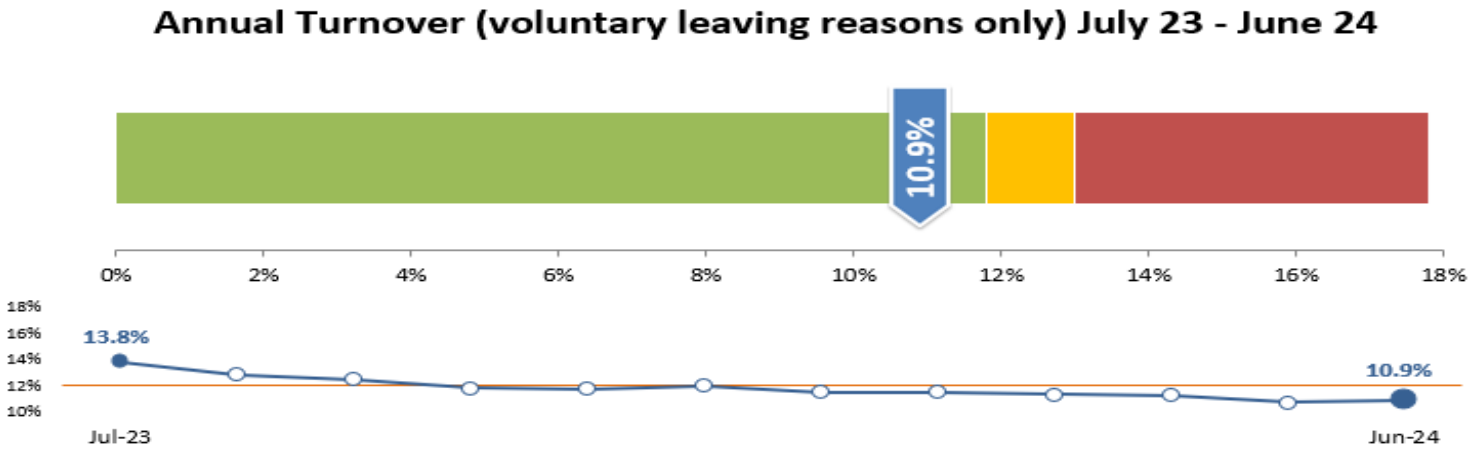

Figure 4 Trust Level

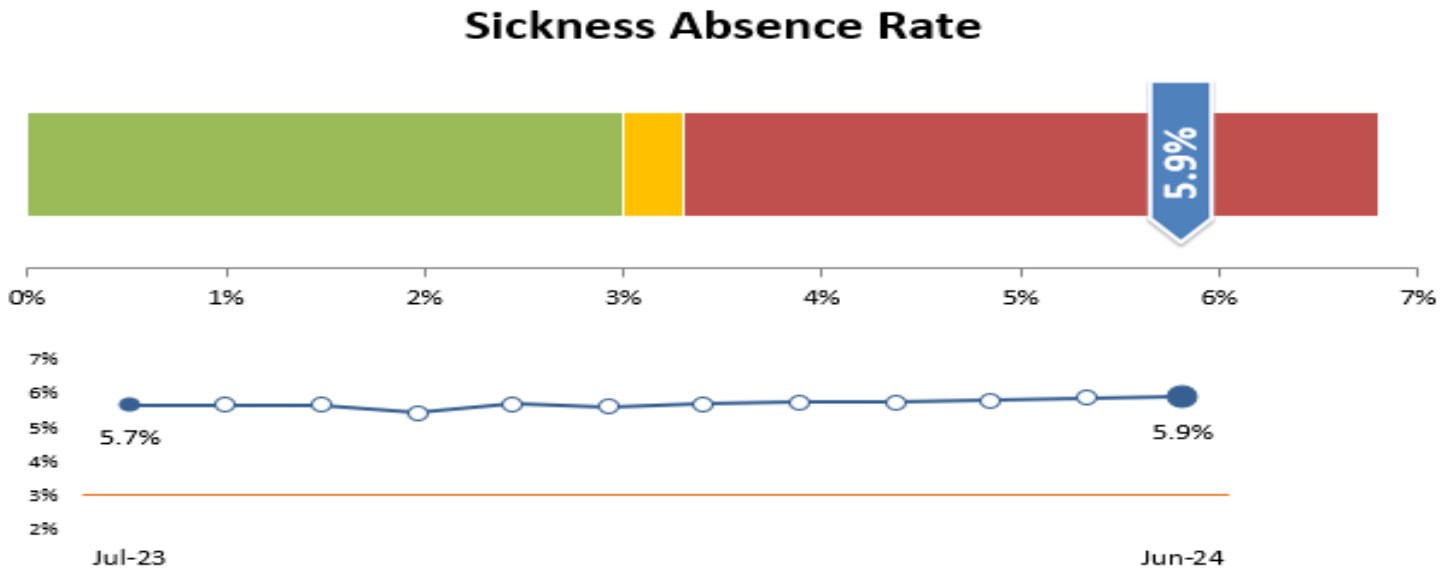

Figure 5 Trust Level

3.3 Activity and Acuity

3.3.1 The number of bed days fluctuated during Q1 and is depicted in table 4 below (RBHH data is unavailable for inclusion within this report). In June 2024 the Legacy GSTT site had 36,254 bed days, representing a decrease of 5,642 bed days from the same period in 2023, the June 2024 cyberattack on Synnovis significantly impacted on service delivery and patient activity. 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
June 2024	9,323	9,376	16,414	982	159	36,254	25.7%	25.9%	45.3%	2.7%	0.4%
May 2024	12,171	12,526	19,720	1,293	170	45,880	26.5%	27.3%	43.0%	2.8%	0.4%
April 2024	9,908	9,778	18,746	1,451	192	40,075	24.7%	24.4%	46.8%	3.6%	0.5%

Table 4 Legacy GSTT

3.3.2 Table 5 provides the Trust average fill rate by department / ward which fluctuated during Q1 with registered staff having a lower average fill rate in comparison to unregistered staff, the overall average fill rate was between 82% - 85%. The average Registered Nurse fill rates for Q1(April 2024 to June 2024: 77.0%) decreased by 4% compared to Q4. These fill rates are not representative of staffing levels.

Period (Q1)	Day Average fill rate - Registered (%)	Day Average fill rate - Non-registered (%)	Night Average fill rate - Registered (%)	Night Average fill rate - Non-registered (%)	Average Trust Level Fill rate %
Apr-24	77%	82%	80%	101%	85%
May-24	77%	83%	81%	101%	85%
Jun-24	74%	80%	77%	99%	82%

Table 5 Trust Level

The Trust 'Care hours per patient day' (CHPPD) for Q1 was 11.7 as of June 2024, an increase of 0.3 from April 2024 (11.4 CHPPD). 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 10.2 for June 2024. 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 Trust increased by 1.0% for Q1 from Q4, 90.5% (March 2024). This is a 1.7% increase when compared to same period in 2023. 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.

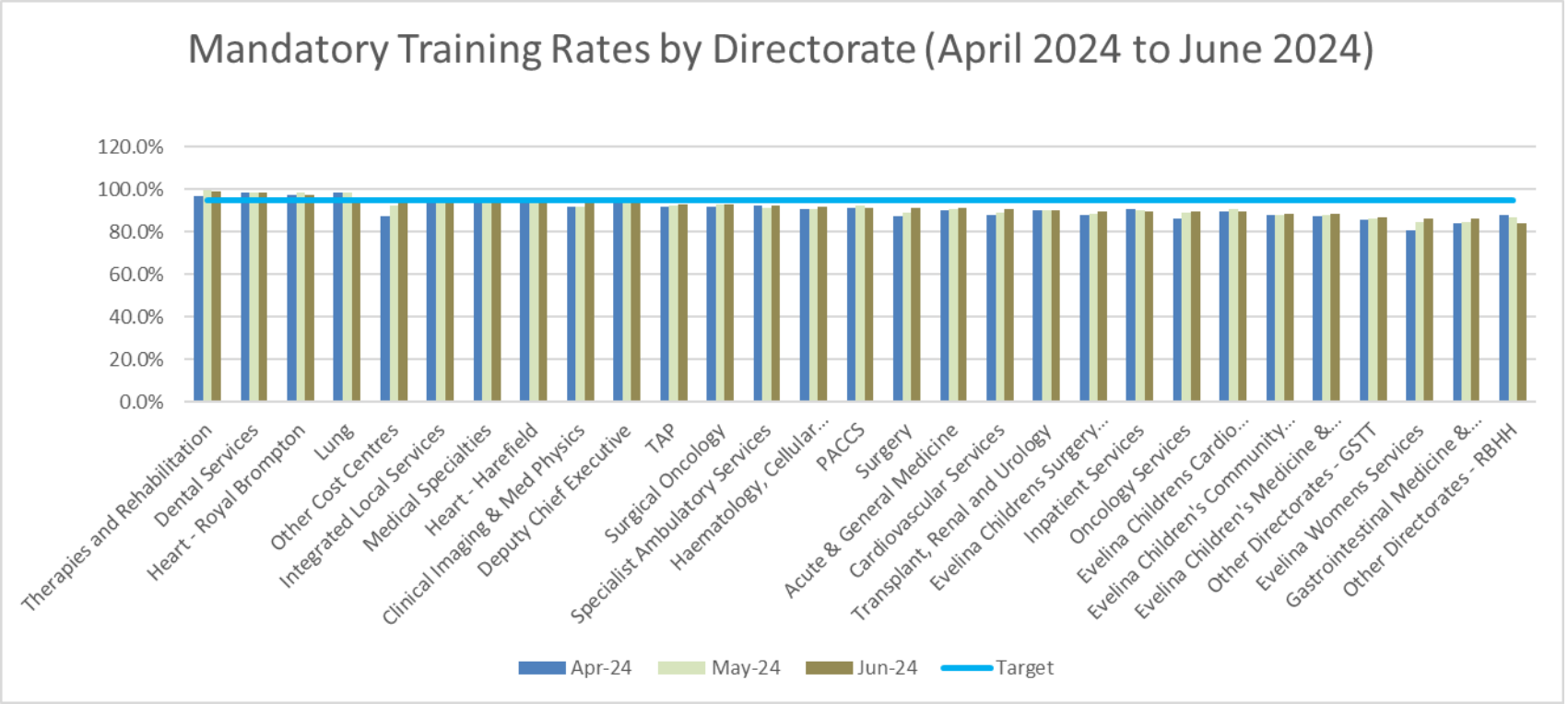

Figure 6 Trust Level Mandatory Training Rates by Directorate

4.1.2 The Nursing & Midwifery PDR rate for the Trust at the end of Q1 was 81.0%, an increase of 5.7% from end Q4 (75.3% March 2024). PDR rate increased throughout Q1 and 8.7% higher than the same period in 2023. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

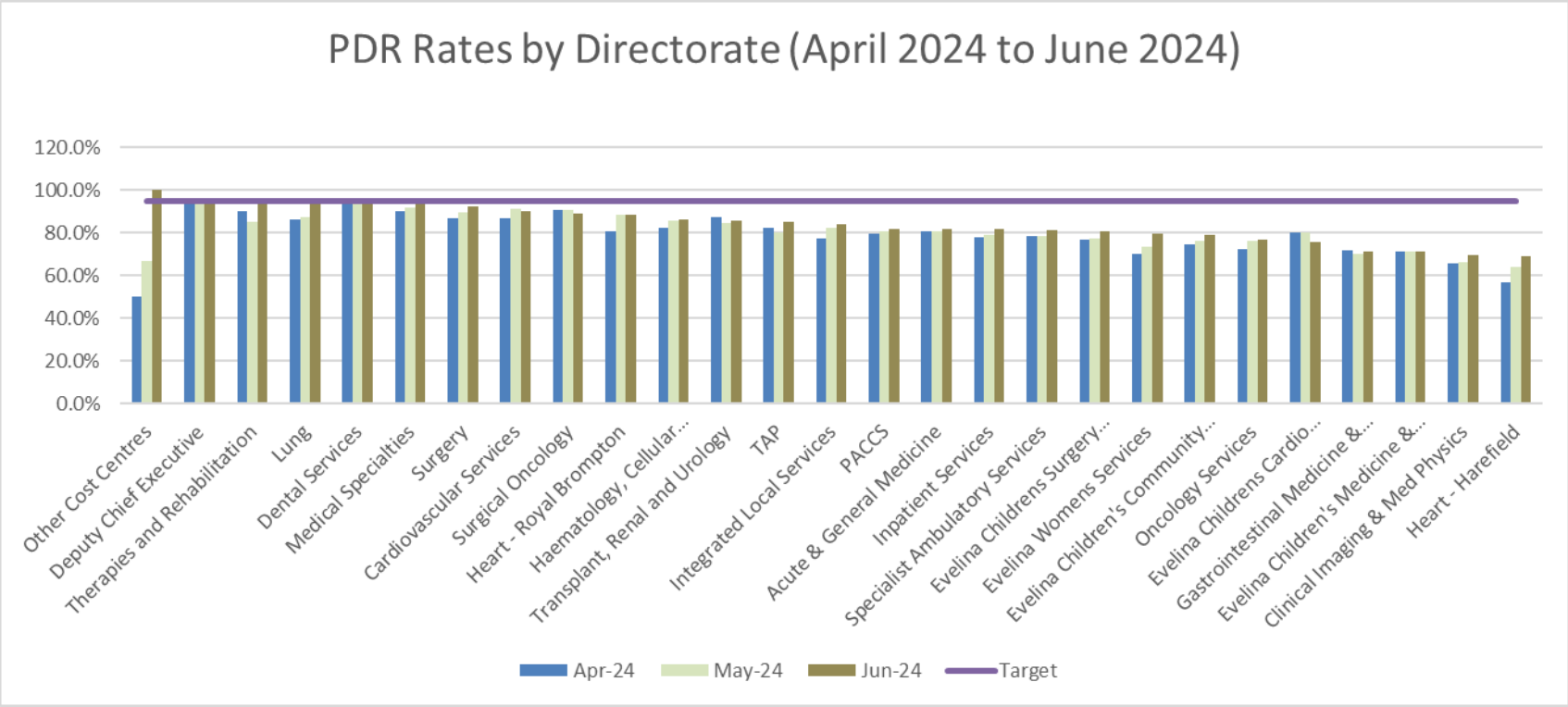

Figure 7 Trust Level PDR rates by directorate

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® with a programme of work planned to rollout to RBHH inpatient areas in Q3. Healthroster systems are now aligned, and there is ongoing support to ensure 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 (Legacy RBHH not presently on Safe Care®) decreased during Q1 from 106 (April 2024), 92 (May 2024) and 54 (June 2024) 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. The reduction in Red Flags raised in June may in part be due to the Synnovis critical incident and its impact on patient activity. 15 Red flags remained open as of 30 June 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.

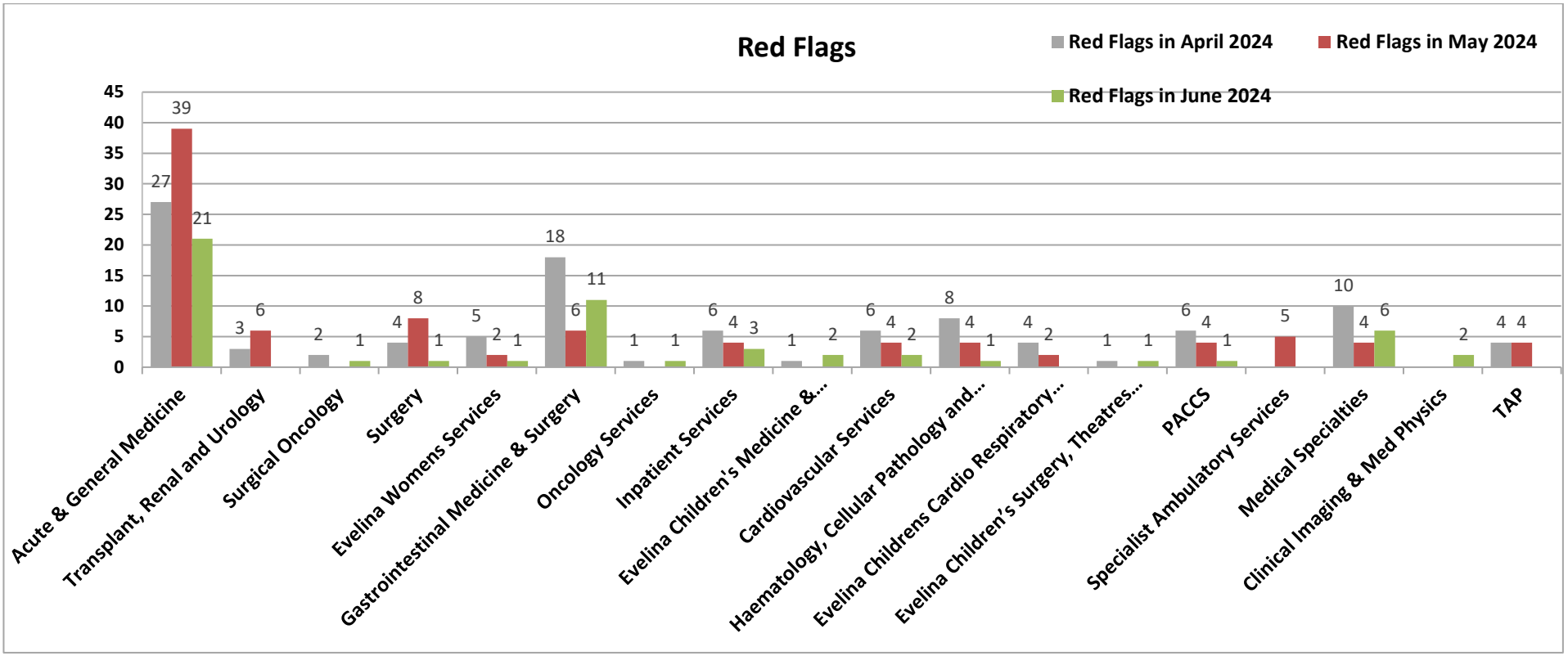

Figure 8 Legacy GSTT Red flags by Directorate

5.2 Efficient Employment, Minimising Agency Use

Roster reviews take place to support individual Directorates as required across Trust. Performance continues to be addressed with the individual areas who have not met the Key Performance Indicators (KPI). Annual Roster Assurance Reviews remained paused through Q1 to allow the Healthroster team to support roster demand template and financial alignment reviews within all departments. Annual Roster Assurance reviews will be recommenced in Q3 and will be held with all Directorates providing stronger assurance around the

systematic approach to providing guidance and support in maintaining a fair, safe and cost-effective roster. Allocate healthroster review and rollout at RBHH for all Trust staff is now complete, with Healthroster KPIs available and exception reported from April 2024. This data is included within table 7 below (with the exception of Red Flags) and accounts for the increase in planned hours and net hours as rosters were built as part of the RBHH healthroster project.

All nursing areas	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	18th March 2024 to 14th April 2024	15th April 2024 to 12th May 2024	13th May 2024 to 9th June 2024
All Red Flags	75	113	161	79	89	86	94	62	119	104	128	90	72
Resolved Red Flags	67	85	104	46	61	64	64	51	97	82	93	74	62
Planned Hours	853,550	830,458	837,499	842,880	908,670	860,934	853,872	859,935	962,418	1,063,161	1,107,657	1,134,830	1,136,524
Actual Hours	681,498	648,921	626,027	655,705	715,547	708,251	702,679	646,832	749,618	790,939	780,082	853,412	843,011
Actual CHPPD	11.1	12.9	8.7	10.9	11.5	11.2	11.1	11.0	10.5	10.6	11.1	10.8	11.2
Required CHPPD	7.4	7.4	6.5	7.4	7.1	7.2	7.0	6.9	7.1	7.3	7.0	6.7	6.8
Additional Duties (No of shifts over budget)	2,828	2,493	2,383	2,352	2,805	2,623	2,558	2,236	2,369	2,481	2,363	2,920	2,587
Overall Owed Hours (Net Hours)	83,594	87,681	81,463	89,004	108,104	92,864	93,052	112,959	108,095	117,177	147,250	151,600	116,118
Annual Leave % - Target 11-17%	12.3%	13.7%	18.6%	13.3%	11.1%	10.6%	11.1%	20.6%	12.7%	14.2%	20.6%	11.3%	13.5%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	25.8%	27.1%	31.9%	27.7%	24.9%	24.2%	24.7%	32.8%	25.4%	26.4%	31.7%	24.1%	26.0%
Roster Approval (Full) Lead Time Days - Target 42 days	39	40	39	40	40	38	38	41	34	34	34	36	37

Table 7 Trust KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from June 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) decreased throughout Q1 and was 2.2% of the total Nursing and Midwifery staff pay bill as of June 2024 remaining below the Trust target of <3.3% (Figure 9) and was 3.9% 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.

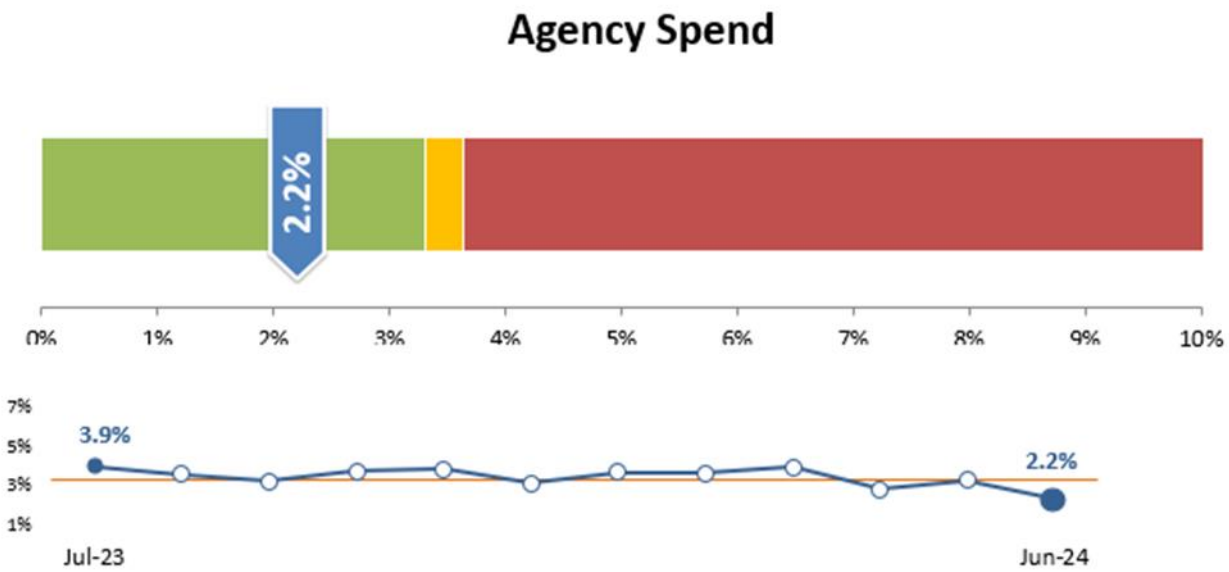

Figure 9 ***Trust*** **Agency spend**

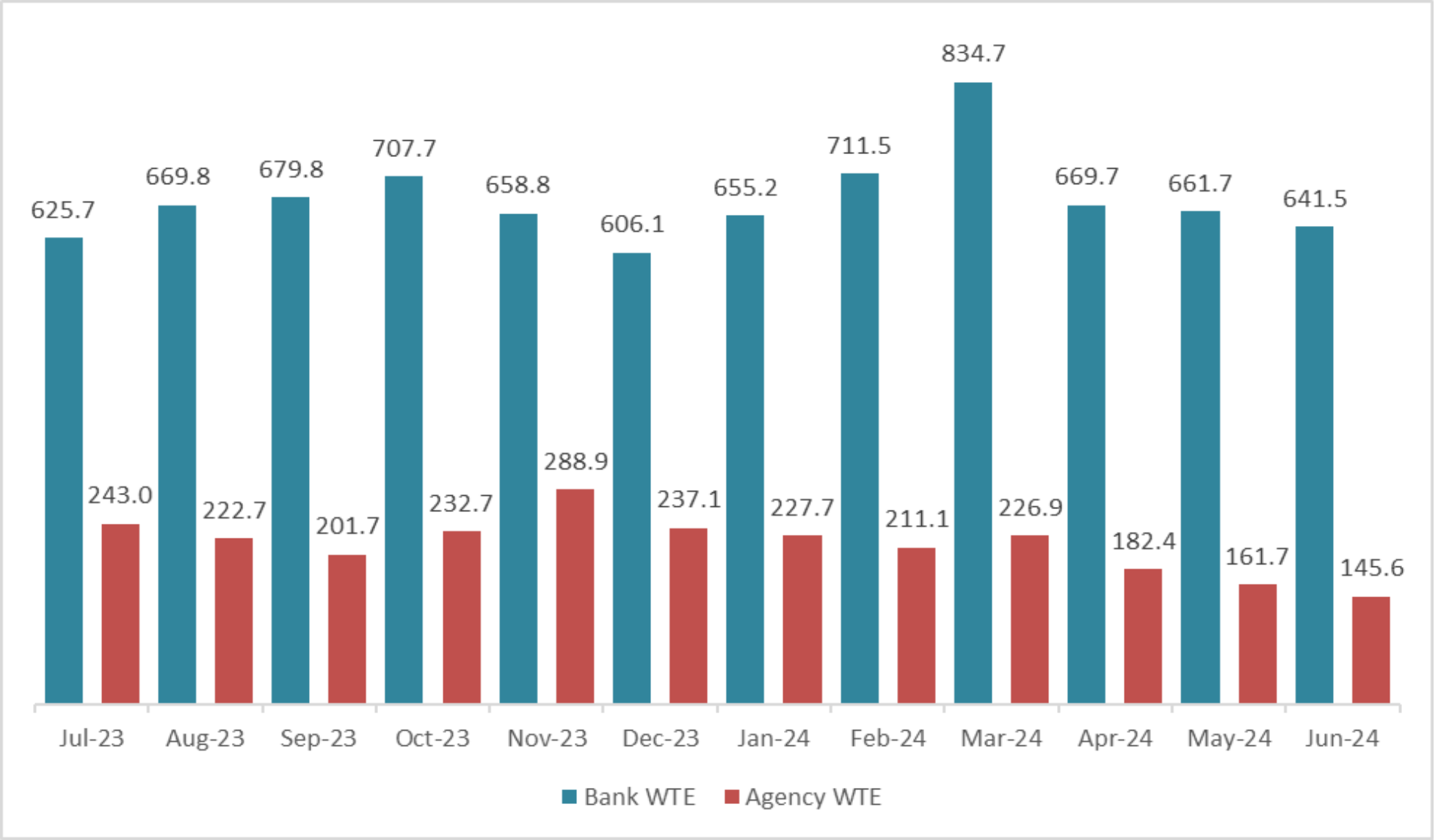

Figure 10 Trust Level - Actual usage of temporary staffing (February 2024 onward includes RBHH areas)

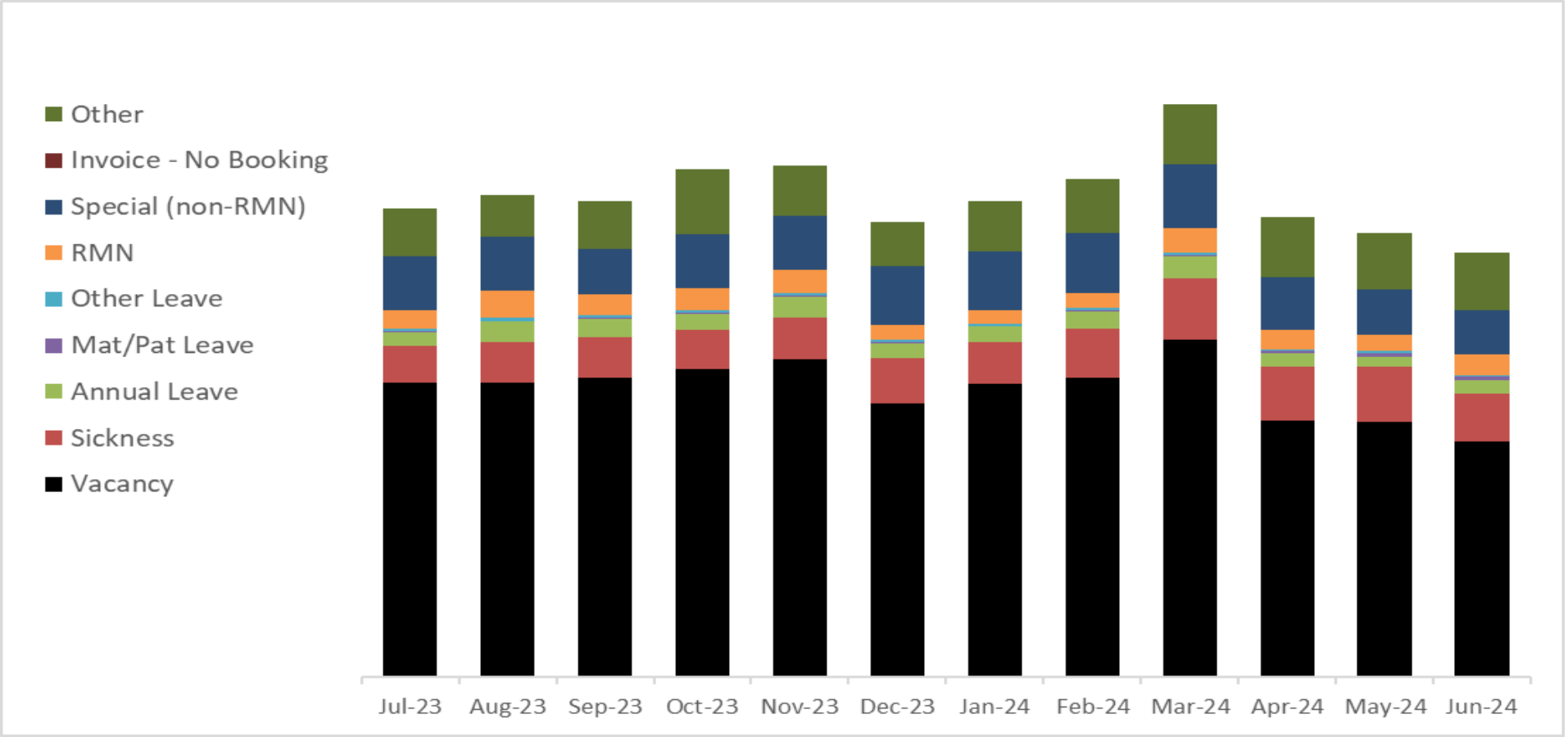

Figure 11 Trust Level - Temporary staffing usage, including the reasons

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 1 (April – June 2024).