Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
NURSING AND MIDWIFERY WORKFORCE QUARTERLY BOARD REPORT
THURSDAY 12 DECEMBER 2024

Title:	**Quarter 2 Nursing and Midwifery Workforce Report**
Responsible executive:	**Avey Bhatia, Chief Nurse**
Paper author:	**Sue Cox, Associate Chief Nurse and Director of Nursing for Workforce and Education**
Purpose of paper:	To assure the Board and the public regarding Nursing and Midwifery safe staffing levels
Main strategic priority:	All Trust Strategic Priorities
Relevant BAF risk(s):	• Risk 4: Failure to hire and retain staff with the right skills and behaviours may undermine the Trust's ability to deliver services in line with agreed quality standards and strategic priorities • Risk 5: The Trust may be unable to ensure the resilience of its workforce by failing to maintain staff health & wellbeing, which could undermine the Trust's ability to deliver services
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 above Trust target of <10% for Q2. • PDR compliance increased overall throughout Q2 whilst Mandatory Training compliance decreased throughout Q2 with both remaining below the Trust target of 95%. 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. 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.
Paper previously presented at:	• To be presented at Nursing and Midwifery Executive Council for noting in December 2024
Recommendation(s):	The COMMITTEE is asked to: Note this 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 2 (July-September 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 2 is for Nursing Workforce Trust level.

Key Performance Indicator	Target	July 2024 Performance	August 2024 Performance	September 2024 Performance	Context and actions
Vacancy rate	10%	11.0	11.5%	11.5%	There were 252 new starters and 276 leavers throughout Q2. If the current external applicants for September 2024 were added to the staff in post figure, the overall vacancy rate would be 6.2%. 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 19.6 WTE and reduction in staff in post by 52.7 WTE compared to end of Q1
Agency spend	3.3%	2.7%	2.8%	2.7%	Agency spend rate increased by 0.5% in Q2 as of September 2024 compared to Q1 as of June 2024 and remaining within target throughout Q2. 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%	10.7%	10.4%	10.5%	In month turnover rate decreased for the first month in Q2, increasing over the last two months: 0.6% (July 2024), 0.7% (August 2024) and 1.1% (September 2024). Annual turnover rate decreased by 0.2% from July 2024 to September 2024 remaining within Trust target. There is ongoing work within the Directorates and from central Retention Team to reduce this.
Sickness rate	3.0%	5.9%	5.9%	5.9%	Sickness rate remained at 5.9% throughout Q2 and was the same as of end of Q1 (5.9% June 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%	81.5%	80.4%	81.2%	PDR rate fluctuated throughout Q2, with a slight increase from the end of Q1 (June, 81.0%). Directorate plans have been formulated to continue to address areas with PDR rate below expected target.
Mandatory training	95%	92.2%	91.4%	91.1%	Mandatory Training decreased by 1.1% throughout Q2 ending at 91.1% (September 2024). This is below the Trust target and individual Directorate plans formulated to improve compliance.

Table 1

Trust Level	KPI	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trendline
Trust	Agency spend	3.7%	3.8%	3.1%	3.6%	3.6%	3.9%	2.8%	3.2%	2.2%	2.7%	2.8%	2.7%	
Trust	Sickness	5.4%	5.7%	5.6%	5.7%	5.7%	5.7%	5.8%	5.9%	5.9%	5.9%	5.9%	5.9%	
Trust	Voluntary Turnover	11.8%	11.8%	12.0%	11.5%	11.5%	11.3%	11.3%	10.7%	10.9%	10.7%	10.4%	10.5%	
Trust	Vacancies	10.8%	10.4%	10.6%	10.1%	10.1%	9.2%	9.6%	9.9%	10.7%	11.0%	11.5%	11.5%	
Trust	PDR Compliance	66.0%	67.5%	70.1%		70.2%	75.3%	77.0%	79.2%	81.0%	81.5%	80.4%	81.2%	
Trust	Mandatory Training	88.1%	89.1%	89.8%		90.0%	90.5%	90.4%	91.4%	91.5%	92.1%	92.2%	91.1%	

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	September 2023	September 2024	Difference	Change
Nursing & Midwifery Establishment WTE	9336.0	9443.8	107.8	▲
Nursing & Midwifery Staff in Post WTE	8233.9	8361.4	127.5	▲
Vacancies WTE	1102.1	1082.4	-19.7	▼
Vacancy rate	11.8%	11.5%	-0.3%	▼
Annual turnover	12.4%	10.5%	-1.9%	▼
Red Flags raised (Only Legacy GSTT areas)	199.0	151.0	-48.0	▼
Agency % of Pay bill	3.2%	2.7%	-0.5%	▼
Actual v Planned Hrs used	84.3%	80.0%	-4.3%	▼

Table 2 – Trust Nursing and Midwifery Workforce Metrics

3.1.2 There was a 1.2% increase in budgeted establishment (increase by 107.8 WTE) and a 1.5% increase in staff in post (increase by 127.5 WTE) 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 July, August and September 2024 are outlined in table 3 below. The overall fill rate was 80.0% in September 2024, an increase of 2.8% in comparison to June 2024 (77.2%).

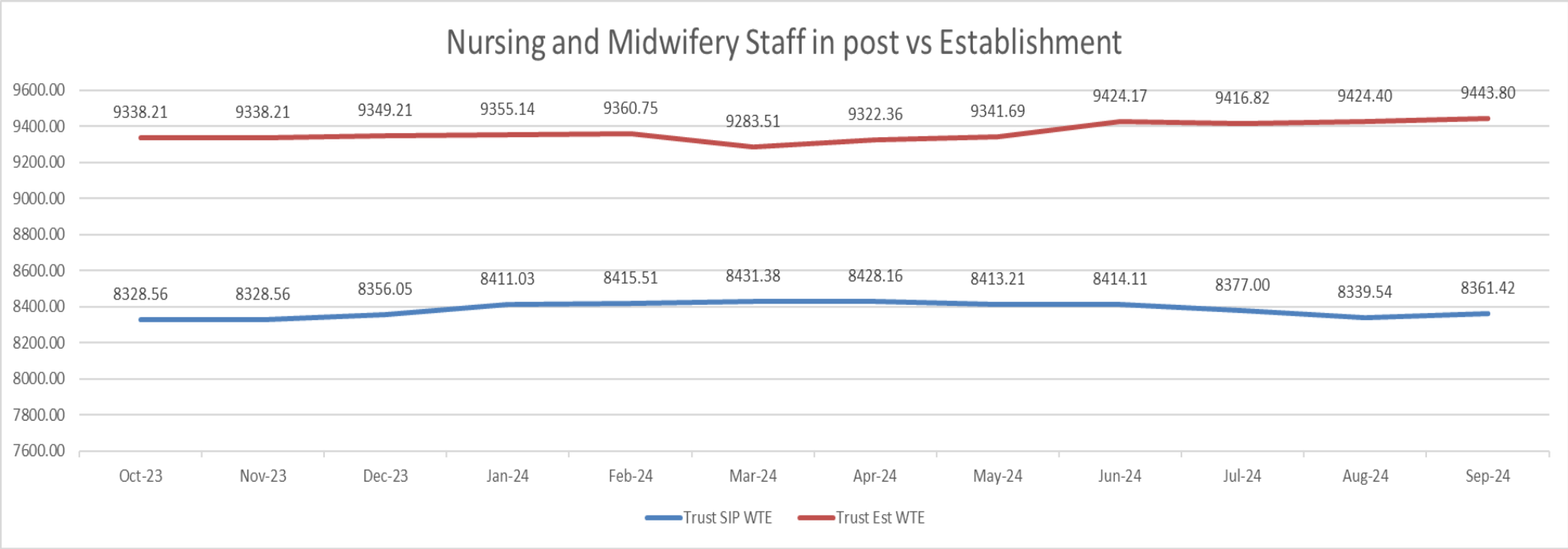
Nursing and Midwifery Staff in post vs Establishment
9600.00
9400.00
9200.00
9000.00
8800.00
8600.00
8400.00
8200.00
8000.00
7800.00
7600.00
9338.21
9338.21
9349.21
9355.14
9360.75
9283.51
9322.36
9341.69
9424.17
9416.82
9424.40
9443.80
8328.56
8328.56
8356.05
8411.03
8415.51
8431.38
8428.16
8413.21
8414.11
8377.00
8339.54
8361.42
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Trust SIP WTE
Trust Est WTE

Figure 1

Trust Level	Jul-24	Aug-24	Sep-24
Planned Hour	581736.3	583560.5	562249.2
Actual Hour	462769.7	458179.5	449616.9
Difference	118966.6	125381.0	112632.3

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 onboarding of host NQNs is planned for October 2024 to support students with required later start dates.

International recruitment (IR) continued into Q2 using the Capital Nurse Consortium and external agencies (Resource Finder and Pulse) to support the reduced 2024/25 target of maximum 57 nurses depending on departmental need. During Q2 (July-Sept 2024) 3 nurses commenced in the Trust (HL&CC n=2, ISM n=1) with International recruitment activity significantly reduced in Q2 in line with clinical vacancies and NQN recruitment.

3.2.3 Retention activities were maintained throughout Q2. Career and Wellbeing trolley visits continued incorporating visits to staff within inpatient, ambulatory departments across many different sites and community areas. 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, Emergency medicine, Inpatient Services, and Cedar ward. 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 remained at 5.9% throughout Q 2. Top directorates with high sickness rates were Clinical Imaging & Med Physics (9.6%), Dental Services (8.6%), Evelina Community Services (7.8%), Inpatient Services (6.8%), Specialist Ambulatory Services (6.6%). Sickness rate of >6.0% were also recorded for the following directorates: PACCS, Evelina Childrens Cardio Respiratory & Critical Care (CRIC), Heart - Harefield, Evelina Childrens Surgery Theatres and Anaesthesia (CSTA), Transplant, Renal and Urology and Surgery. 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.

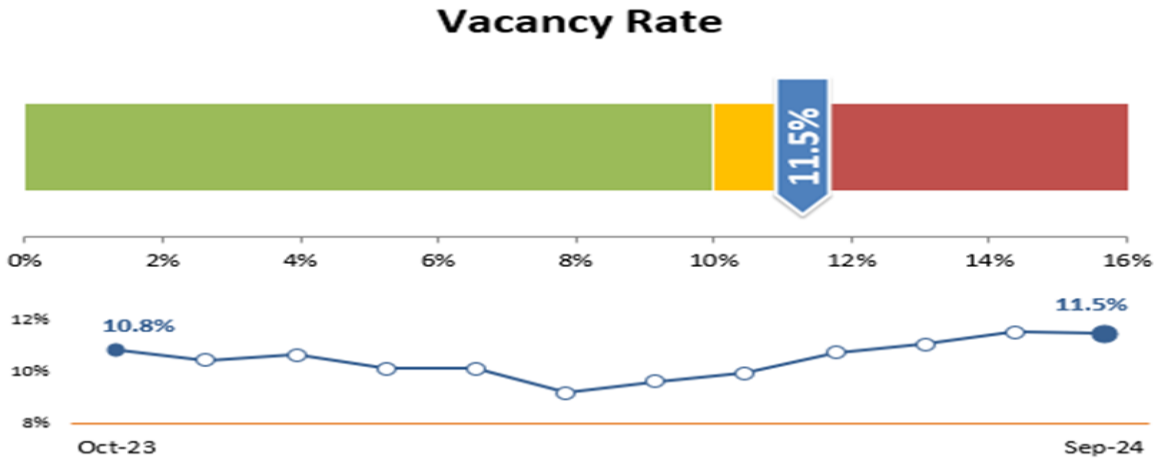

Figure 3 Trust Level

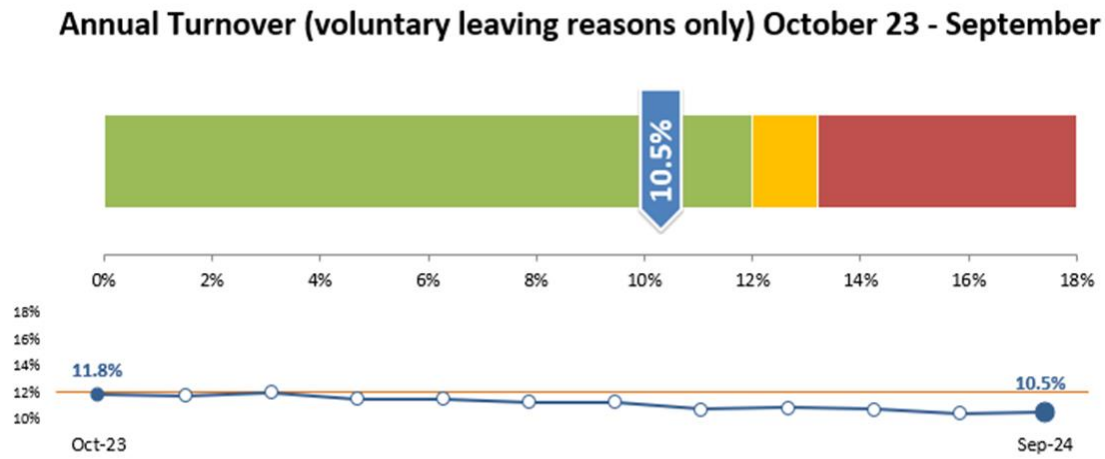

Figure 4 Trust Level

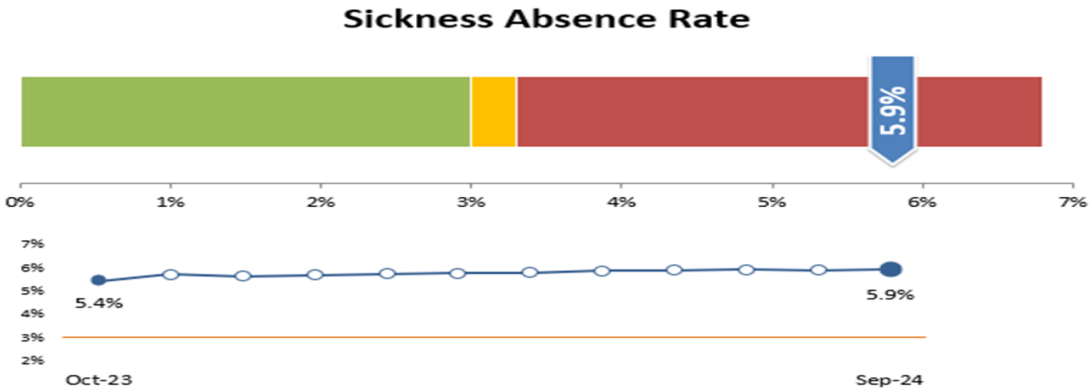

Figure 5 Trust Level

3.3 Activity and Acuity

3.3.1 The number of bed days increased during Q2 and is depicted in table 4 below (RBHH data is unavailable for inclusion within this report). In September 2024 the Legacy GSTT site had 38,048 bed days, representing a decrease of 5,095 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
September 2024	12,144	8,567	16,073	1,169	95	38,048	31.9%	22.5%	42.2%	3.1%	0.2%
August 2024	9,834	9,542	16,942	1,158	145	37,621	26.1%	25.4%	45.0%	3.1%	0.4%
July 2024	9,323	9,376	16,414	982	159	36,254	25.7%	25.9%	45.3%	2.7%	0.4%

Table 4 Legacy GSTT

3.3.2 Table 5 provides the Trust average fill rate by department / ward which fluctuated during Q2 with registered staff having a lower average fill rate in comparison to unregistered staff, the overall average fill rate was between 83% - 85%. The average Registered Nurse fill rates for Q2 (Jul 2024- Sep 2024: 77.3%) increased by 0.3% compared to Q1. The low registered nurse fill rates are in part due to Q1 roster build issues at RBHH stating a higher number of staff required than actual need within the roster demand templates. Work to address this through the Allocate roster implementation project and financial alignment process is now complete and closer aligned planned and actual hours will be evident within Q3 as these new rosters come on line. These fill rates are not representative of staffing levels.

Period (Q2)	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 %
Jul-24	76%	81%	80%	102%	84%
Aug-24	74%	80%	78%	101%	83%
Sep-24	76%	81%	80%	103%	85%

Table 5 Trust Level

The Trust 'Care hours per patient day' (CHPPD) for Q2 was 11.0 as of September 2024, a decrease of 0.3 from June 2024 (11.3 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 9.7 for September 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 decreased by 0.4% for Q2 from Q1, 91.5% (June 2024). This is a 2.9% 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.

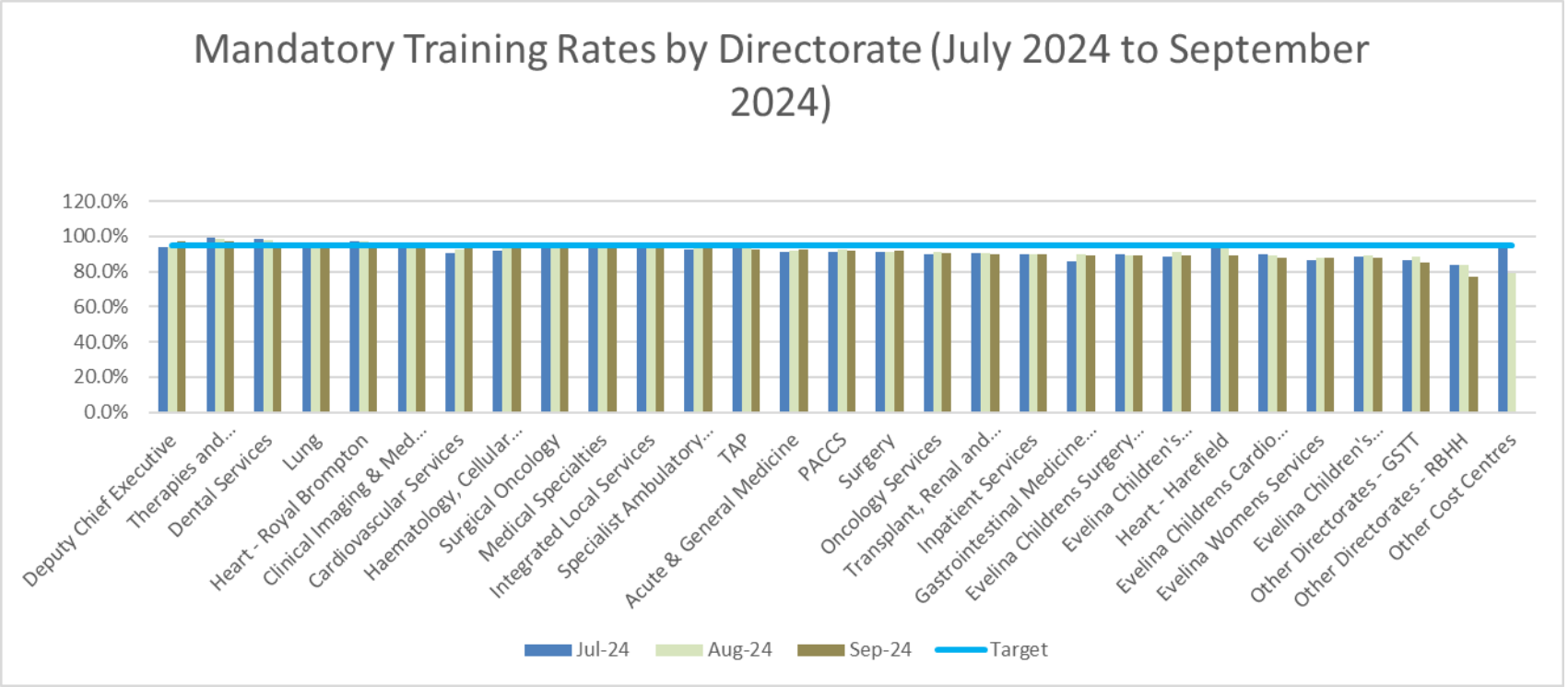

Figure 6 Trust Level Mandatory Training Rates by Directorate

4.1.2 The Nursing & Midwifery Performance and Development Rate (PDR) for the Trust at the end of Q2 was 81.2%, an increase of 0.2% from end Q1 (81.0% June 2024). PDR rate increased throughout Q2 and 5.4% higher than the same period in 2023. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

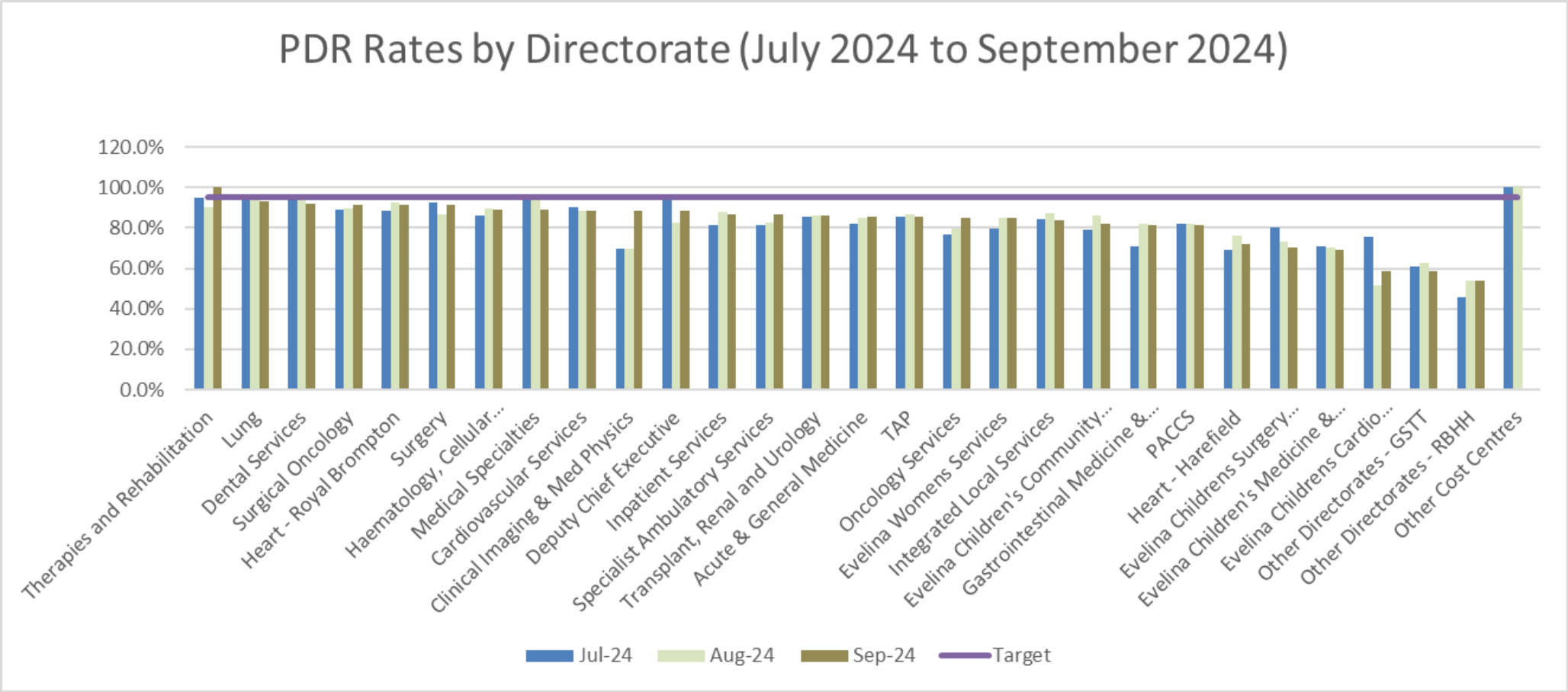

Figure 7 Trust Level PDR rates by directorate

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®) increased during Q2 from 112 (July 2024), 151 (August 2024) and 224 (September 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 increase in Red Flags is in part due to focused work within Acute and General Medicine (AGM) on enhanced care staffing review and focused staff training on the use of Red Flags within AGM, PACCS and Medical Specialties and SAS with the latter two Directorates newly adopting Safe Care®. 49 Red flags remained open as of 30 September 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.

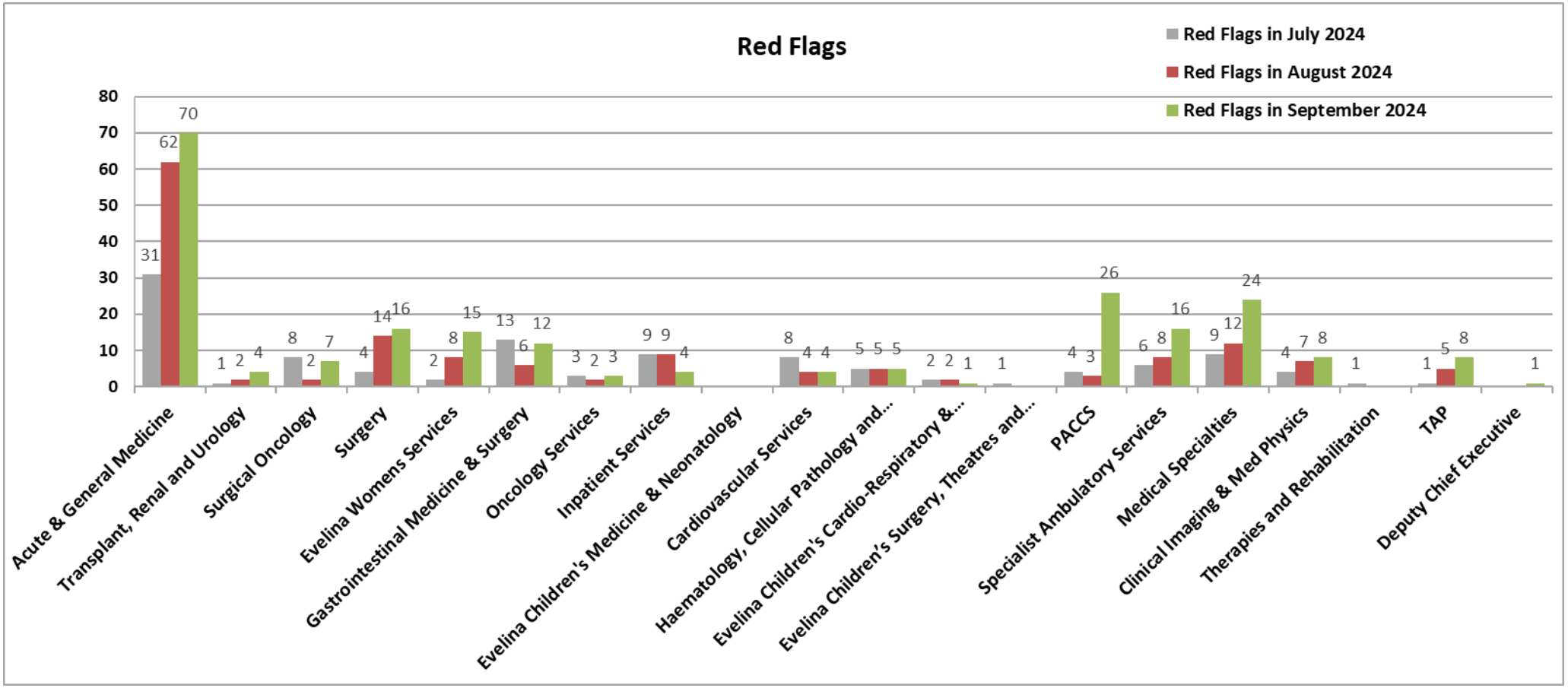

Figure 8 Legacy GSTT Red flags by Directorate

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 Q2 to allow the Healthroster team to support roster demand template and financial alignment reviews within all departments. Annual Roster Assurance reviews will be recommenced once the financial alignment reviews are complete (in Q4) 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 CHPPD) 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	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	10th June 2024 to 7th July 2024	8th July 2024 to 4th August 2024	5th August 2024 to 1st September 2024	2nd September 2024 to 29th September 2024
All Red Flags	113	161	79	89	86	94	62	119	104	128	90	72	76	108	142	220
Resolved Red Flags	85	104	46	61	64	64	51	97	82	93	74	62	69	87	116	165
Planned Hours	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	1,070,754	1,137,291	1,135,390	1,129,649
Actual Hours	648,921	626,027	655,705	715,547	708,251	702,679	646,832	749,618	790,939	780,082	853,412	843,011	808,244	850,303	813,819	841,112
Actual CHPPD	12.9	8.7	10.9	11.5	11.2	11.1	11.0	10.5	10.6	11.1	10.8	11.2	11.9	10.8	10.5	10.4
Required CHPPD	7.4	6.5	7.4	7.1	7.2	7.0	6.9	7.1	7.3	7.0	6.7	6.8	6.9	6.6	6.6	6.7
Additional Duties (No of shifts over budget)	2,493	2,383	2,352	2,805	2,623	2,558	2,236	2,369	2,481	2,363	2,920	2,587	2,692	2,298	2,153	2,336
Overall Owed Hours (Net Hours)	87,681	81,463	89,004	108,104	92,864	93,052	112,959	108,095	117,177	147,250	151,600	116,118	102,730	117,632	145,229	135,525
Annual Leave % - Target 11-17%	13.7%	18.6%	13.3%	11.1%	10.6%	11.1%	20.6%	12.7%	14.2%	20.6%	11.3%	13.5%	12.3%	13.3%	19.2%	12.7%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	27.1%	31.9%	27.7%	24.9%	24.2%	24.7%	32.8%	25.4%	26.4%	31.7%	24.1%	26.0%	25.5%	25.3%	30.3%	25.3%
Roster Approval (Full) Lead Time Days - Target 42 days	40	39	40	40	38	38	41	34	34	34	36	37	38	36	35	36

Table 7 Trust KPIs and other key metrics relating to the efficient deployment of staff at Trust level for the specified roster period from July 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) fluctuated throughout Q2 (2.7% - 2.8%) and was

2.7% of the total Nursing and Midwifery staff pay bill as of September 2024 remaining within the Trust target of <3.3% (Figure 9) and was 3.2% 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.

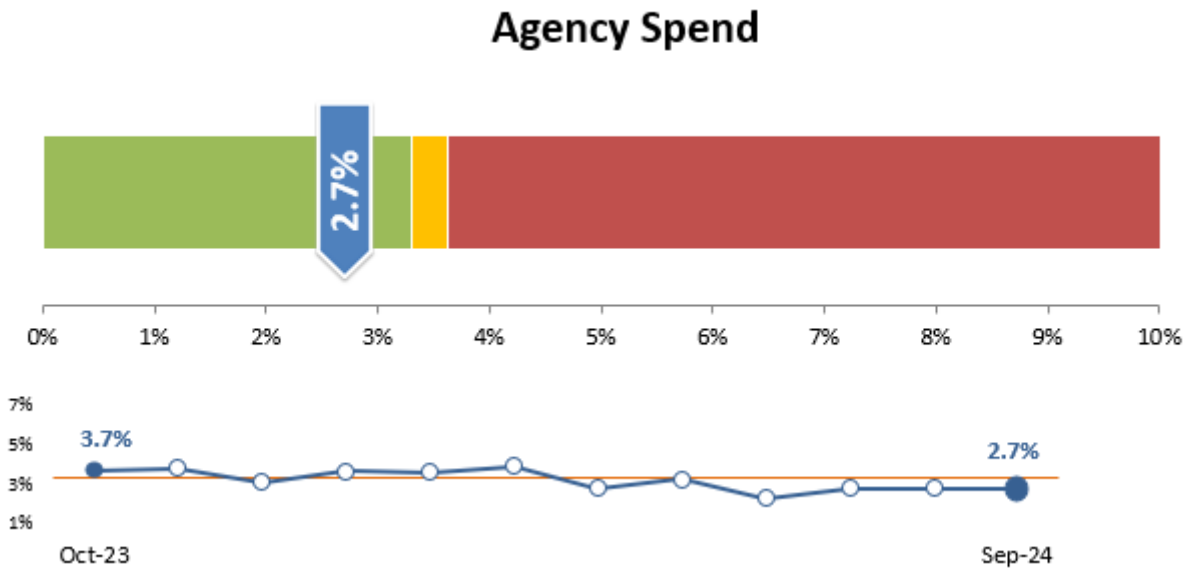

Figure 9 Trust Agency spend

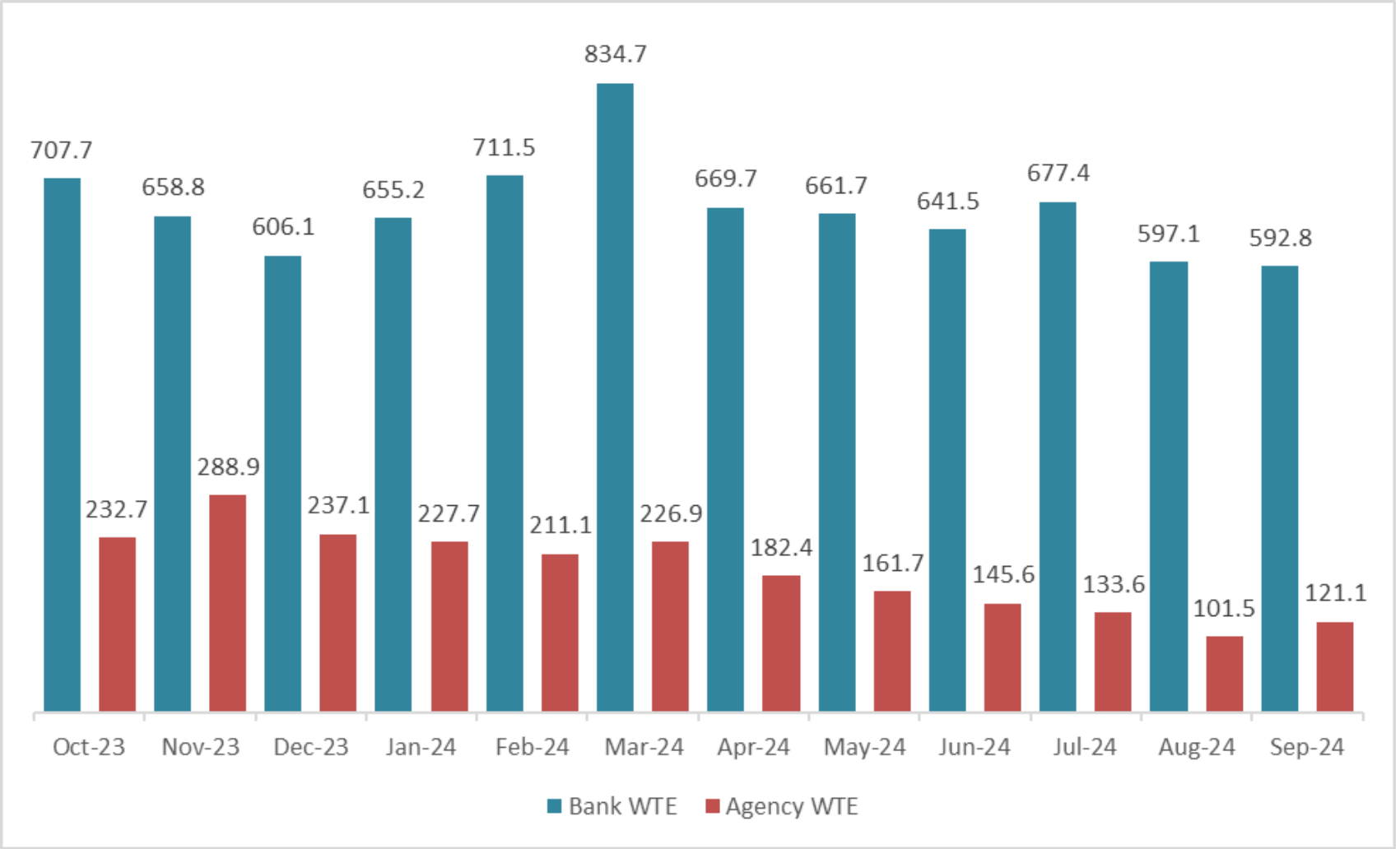

Figure 10 Trust Level - Actual usage of temporary staffing (February 2024 onward includes RBHH areas).

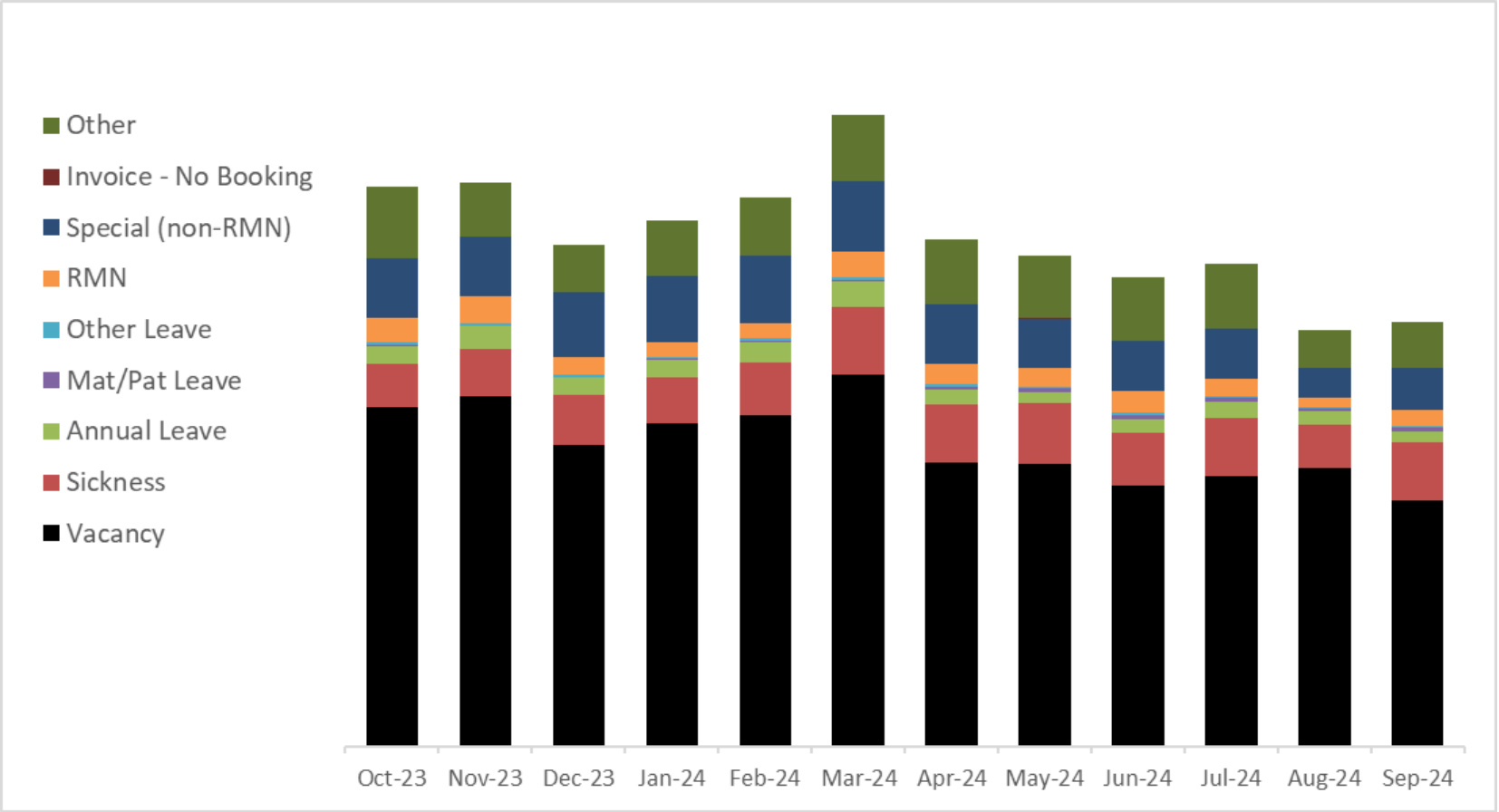

Figure 11 Trust Level - Temporary staffing usage, including the reasons

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 2 (July – September 2024).