Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
NURSING AND MIDWIFERY WORKFORCE QUARTERLY BOARD REPORT
FRIDAY 28 FEBRUARY 2025

Title:	**Quarter 3 Nursing and Midwifery Workforce Report**
Responsible executive:	**Avey Bhatia, Chief Nurse**
Paper author:	**Rob Lewis. Head 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 improved throughout Q3 and within Trust target (<10%) for October and November 2024. • There was an overall decrease in both PDR and Mandatory Training compliance within Q3 and 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. • 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 March 2025
Recommendation(s):	The COMMITTEE is asked to: Note this paper

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

APPENDIX FOR Q3 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 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, critical care, theatres 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 for Nursing and Midwifery Workforce Trust level.

Key Performance Indicator	Target	October 2024 Performance	November 2024 Performance	December 2024 Performance	Context and actions
Vacancy rate	10%	9.7%	9.4%	10.1%	There were 381 new starters and 204 leavers throughout Q3. If the current external applicants for December 2024 were added to the staff in post figure, the overall vacancy rate would be 7.8%. 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 the increase in staff in post by 144.9 WTE compared to end of Q2
Agency spend	3.3%	1.9%	2.9%	2.0%	Agency spend decreased by 0.7% in Q3 as of December 2024 compared to Q2 as of September 2024 and remained within target throughout Q3. 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%	10.0%	9.8%	9.5%	Annual turnover rate decreased by 1.0% from September 2024 to December 2024 remaining within Trust target. In month turnover rate decreased by 0.4% at end of Q3 compared to end of Q2 (1.1%, September 2024). There is ongoing work within the Directorates and from central Workforce Team retention initiatives to reduce this.
Sickness rate	3.0%	5.9%	6.0%	6.0%	Sickness rate increased by 0.1% within Q3. 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%	80.7%	82.3%	78.4%	PDR rate fluctuated throughout Q3, with a decrease from the end of Q2 (September, 81.2%). Directorate plans have been formulated to continue to address areas with PDR rate below expected target.
Mandatory training	95%	90.7%	90.0%	90.3%	Mandatory Training decreased by 0.8% from end Q2 ending Q3 at 90.3% (December 2024). This is below the Trust target and individual Directorate plans formulated to improve compliance.

Table 1

Combined Trust	KPI	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trendline
Trust	Agency spend	3.6%	3.6%	3.9%	2.8%	3.2%	2.2%	2.7%	2.8%	2.7%	1.9%	2.4%	2.0%	
Trust	Sickness	5.7%	5.7%	5.7%	5.8%	5.9%	5.9%	5.9%	5.9%	5.9%	5.9%	6.0%	6.0%	
Trust	Voluntary Turnover	11.5%	11.5%	11.3%	11.3%	10.7%	10.9%	10.7%	10.4%	10.5%	10.0%	9.8%	9.5%	
Trust	Vacancies	10.1%	10.1%	9.2%	9.6%	9.9%	10.7%	11.0%	11.5%	11.5%	9.7%	9.4%	10.1%	
Trust	PDR Compliance		70.2%	75.3%	77.0%	79.2%	81.0%	81.5%	80.4%	81.2%	80.7%	82.3%	78.4%	
Trust	Mandatory Training		90.0%	90.5%	90.4%	91.4%	91.5%	92.1%	92.2%	91.1%	90.7%	90.0%	90.3%	

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 2023	December 2024	Difference	Change
Nursing & Midwifery Establishment WTE	9349.2	9465.8	116.6	▲
Nursing & Midwifery Staff in Post WTE	8356.0	8506.3	150.3	▲
Vacancies WTE	993.2	959.5	-33.7	▼
Vacancy rate	10.6%	10.1%	-0.5%	▼
Annual turnover	12.0%	9.5%	-2.5%	▼
Red Flags raised (Only Legacy GSTT areas)	87.0	221.0	134.0	▲
Agency % of Pay bill	3.1%	2.0%	-1.1%	▼
Actual v Planned Hrs used	88.2%	82.6%	-5.6%	▼

Table 3 – Trust Nursing and Midwifery Workforce Metrics

3.1.2 There was a 1.2% increase in budgeted establishment (increase by 116.6 WTE) and a 1.8% increase in staff in post (increase by 150.3WTE) 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 October, November and December 2024 are outlined in table 4 below. The overall fill rate was 82.6% in December 2024, an increase of 2.6% in comparison to September 2024 (80.0%).

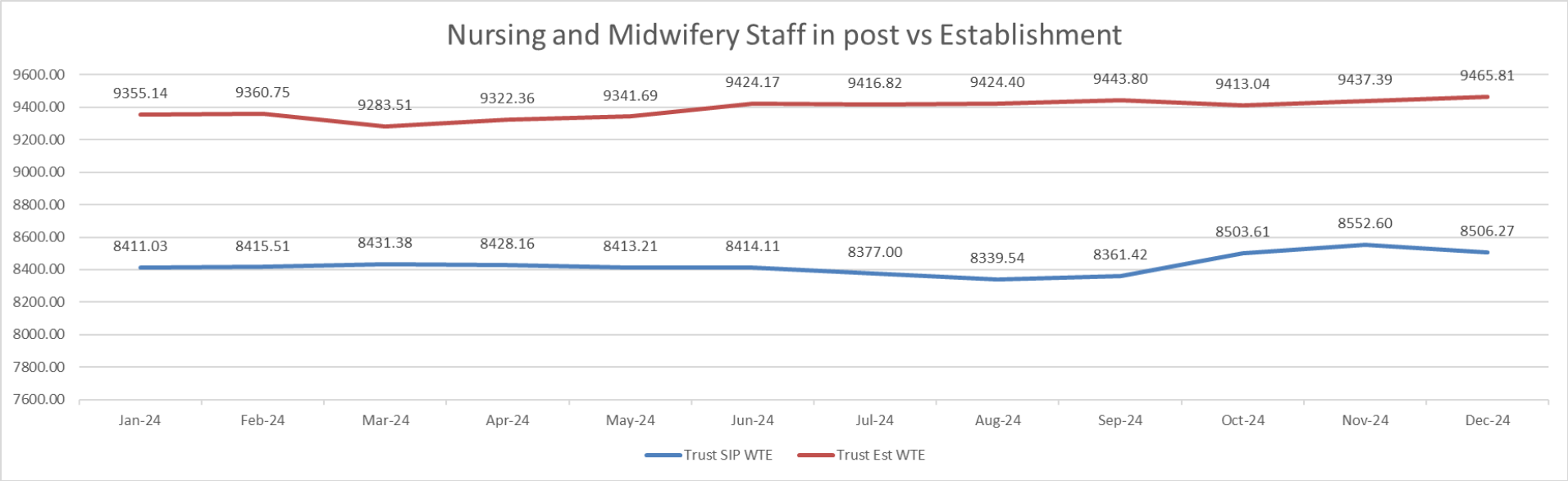

Figure 1

Trust Level	Oct-24	Nov-24	Dec-24
Planned Hour	565274.7	535034.4	554884.4
Actual Hour	465369.7	454949.4	458476.9
Difference	99905.0	80085.0	96407.5

Table 4

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 162 Newly Qualified Nurses (NQNs) have successfully commenced within clinical teams from September 2024 onwards with a further 39 NQNs to commence in Q4.

International recruitment activity significantly reduced in Q3 in line with clinical vacancies and NQN recruitment with 1 nurse commencing in the Trust within HL&CC.

3.2.3 Retention activities were maintained throughout Q3. 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 and embed flexible working/ self-directed rostering practice to allow ongoing roll out to all N&M areas across the Trust. Self-directed rostering continues as BAU in Critical Care, Emergency medicine, Inpatient services, and Cedar ward, with planned rollout progressing in Neonatal unit, Oncology, and Cardiovascular.

3.2.4 The sickness absence rate for the Trust increased slightly by 0.1% throughout Q3 compared to end of Q2 (5.9%, September 2024). Top directorates with high sickness rates were Clinical Imaging & Med Physics (8.9%), Dental Services (8.9%), Evelina Community Services (7.6%), Specialist Ambulatory Services (7.2%), Heart - Harefield (6.6%). Sickness rate of > 6.0% were also recorded for the following directorates: Evelina Childrens Surgery Theatres and Anaesthesia (CSTA), Inpatient Services, Surgery, PACCS, Integrated Local

Services, Lung, Transplant, Renal and Urology and Surgery, TAP and Evelina Women's Services. 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.

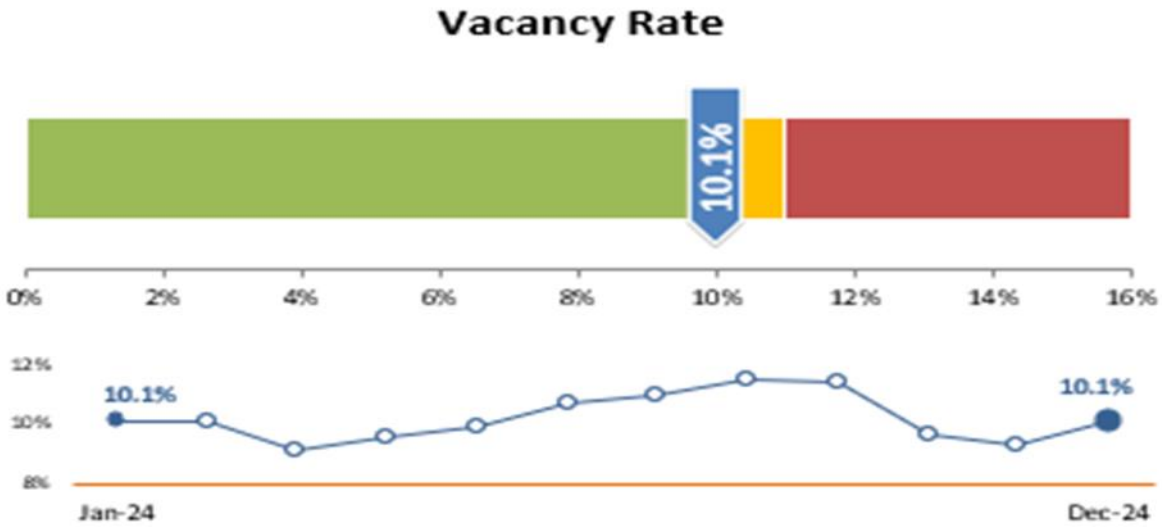

Figure 3 Trust Level

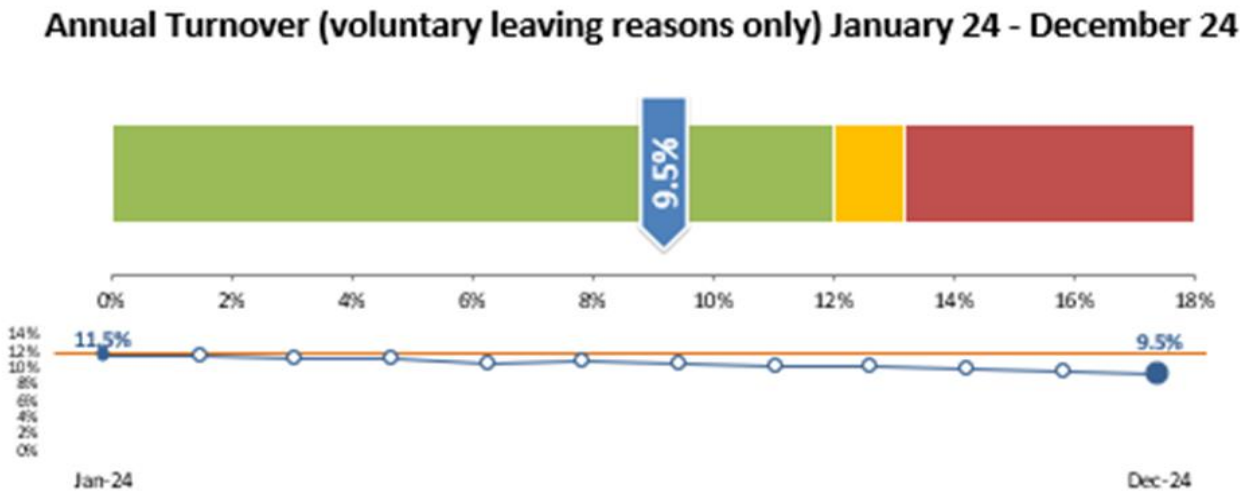

Figure 4 Trust Level

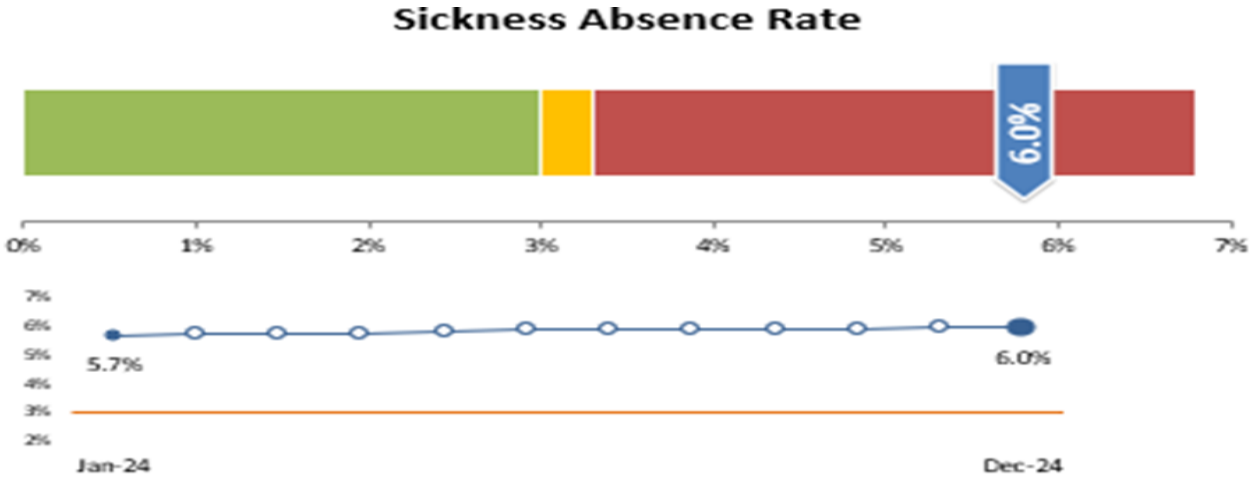

Figure 5 Trust Level

3.3 Activity and Acuity

3.3.1 The number of bed days decreased during Q3 and is depicted in table 5 below (RBHH data is unavailable for inclusion within this report). In December 2024 the Legacy GSTT site had 35,898 bed days, representing a decrease of 6,762 bed days from the same period in 2023. The reduction in activity during December was in part due to preparations for potential Synnovis industrial action which did not progress. 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 2024	9,887	8,273	16,564	1,068	106	35,898	27.5%	23.0%	46.1%	3.0%	0.3%
November 2024	11,174	8,468	15,746	1,189	77	36,654	30.5%	23.1%	43.0%	3.2%	0.2%
October 2024	12,462	8,533	16,539	1,351	49	38,934	32.0%	21.9%	42.5%	3.5%	0.1%

Table 5 Legacy GSTT

3.3.2 Table 6 provides the 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 87% - 90%. The average Registered Nurse fill rates for Q3 (Oct 2024- Dec 2024: 80.7%) increased by 3.4% compared to Q2. 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 with improvement in aligned planned and actual hours becoming evident from October 2024 as some of these new rosters started to come on line, with further aligned rosters coming on line in Q4. These fill rates are not representative of staffing levels.

Period (Q3)	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 %
Oct-24	78%	84%	82%	105%	87%
Nov-24	80%	88%	84%	109%	90%
Dec-24	77%	85%	83%	105%	88%

Table 6 Trust Level

The Trust 'Care hours per patient day' (CHPPD) for Q3 was 11.3 as of December 2024, an increase of 0.3 from September 2024 (11.0 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 9.9 for November 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 0.8% for Q3 (90.3%, December 2024) from Q2, 91.1% (September 2024). This is a 0.5% 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.

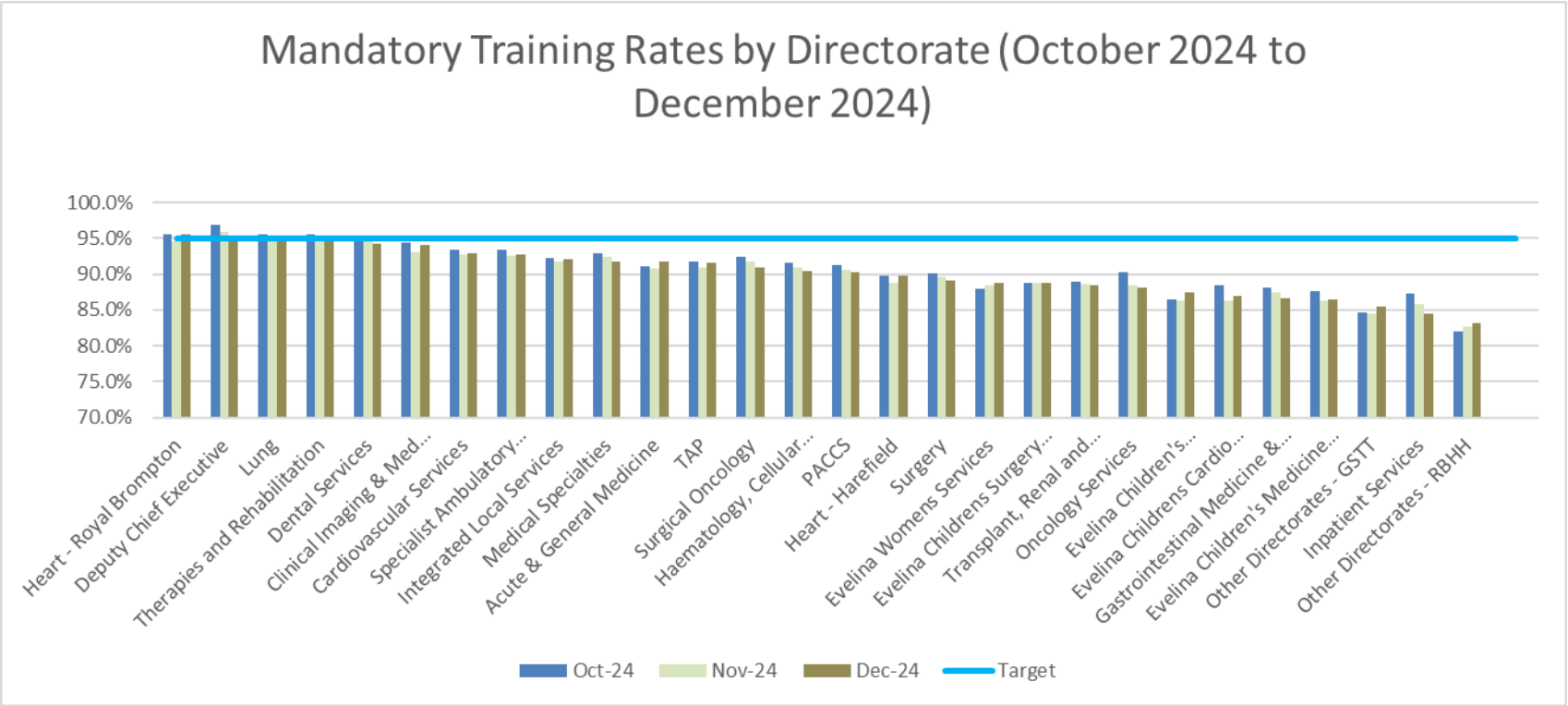

Figure 6 Trust Level Mandatory Training Rates by Directorate

4.1.2 The Nursing & Midwifery Performance and Development Rate (PDR) for the Trust at the end of Q3 was 78.4%, a decrease of 2.8% from end Q2 (81.2% September 2024). PDR rate fluctuated throughout Q3 and 8.3% higher than the same period in 2023. Figure 7 demonstrates the breakdown of PDR compliance by Directorate.

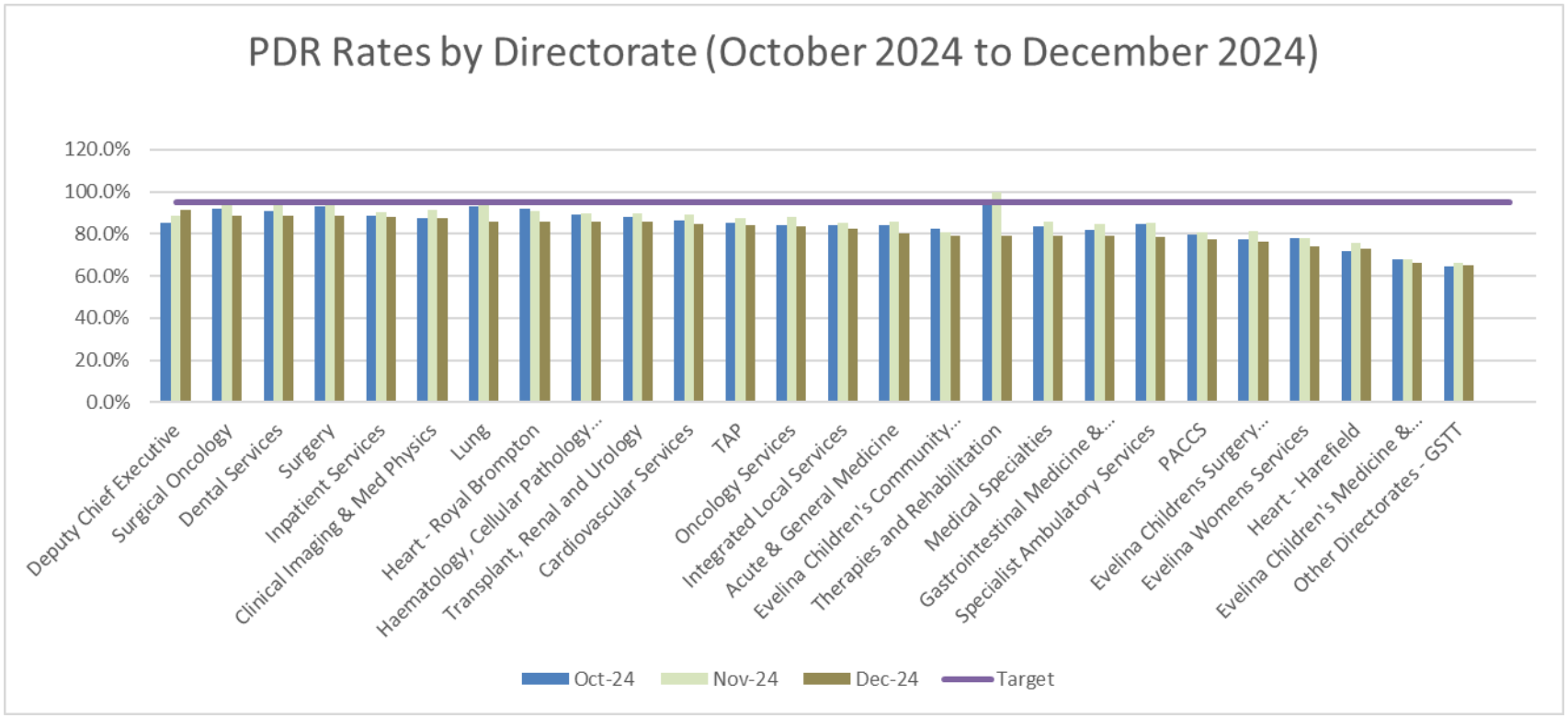

Figure 7 Trust Level PDR rates by directorate

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 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. 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®) fluctuated during Q3 ending Q3 with 221 raised (December 2024) with a similar reporting level to September 2024 (224 raised) 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. 38 Red flags remained open as of 31 December 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.

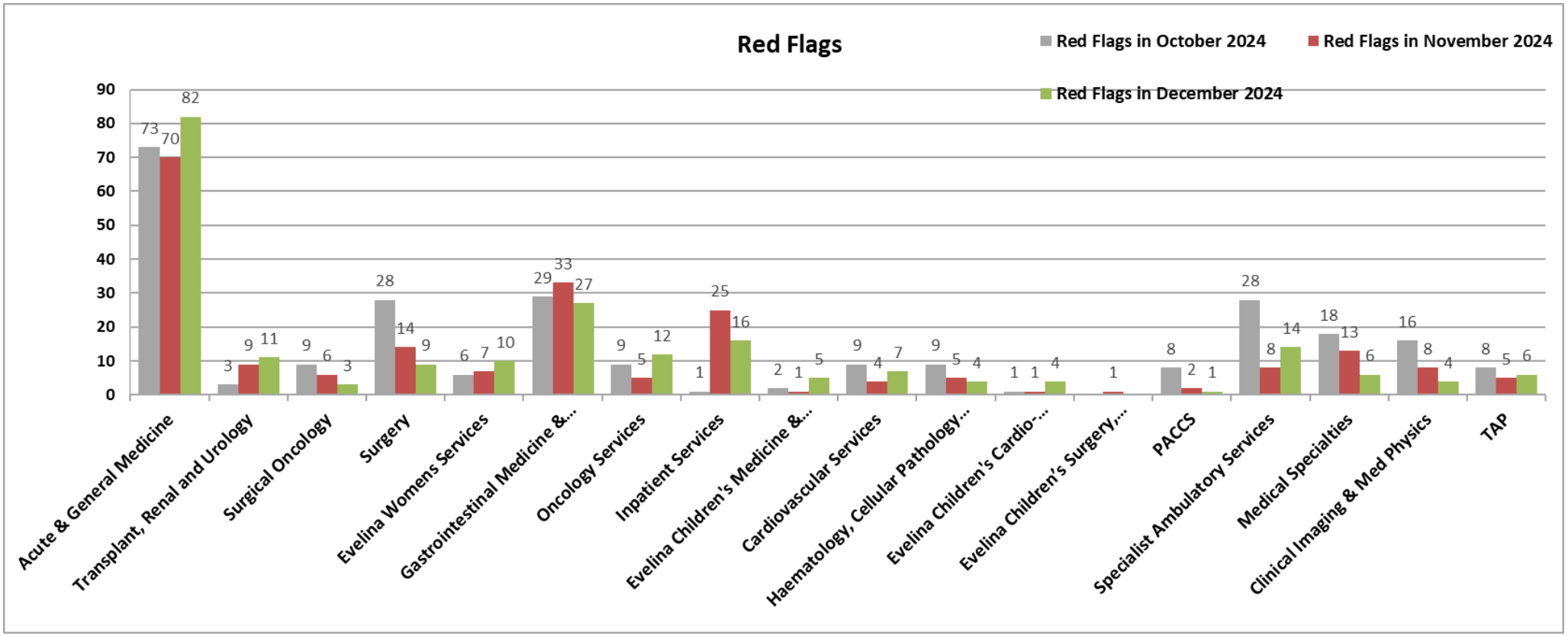

Figure 8 Legacy GSTT Red flags by Directorate

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 Q3 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 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	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	30th September 2024 to 27th October 2024	28th October 2024 to 24th November 2024	25th November 2024 to 22nd December 2024
All Red Flags	86	94	62	119	104	128	90	72	76	108	142	220	228	220	224
Resolved Red Flags	64	64	51	97	82	93	74	62	69	87	116	165	205	178	185
Planned Hours	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	1,117,429	1,102,546	1,102,395
Actual Hours	708,251	702,679	646,832	749,618	790,939	780,082	853,412	843,011	808,244	850,303	813,819	841,112	855,645	858,553	865,657
Actual CHPPD	11.2	11.1	11.0	10.5	10.6	11.1	10.8	11.2	11.9	10.8	10.5	10.4	9.9	10.1	10.1
Required CHPPD	7.2	7.0	6.9	7.1	7.3	7.0	6.7	6.8	6.9	6.6	6.6	6.7	6.5	6.7	6.5
Additional Duties (No of shifts over budget)	2,623	2,558	2,236	2,369	2,481	2,363	2,920	2,587	2,692	2,298	2,153	2,336	2,728	2,868	2,869
Overall Owed Hours (Net Hours)	92,864	93,052	112,959	108,095	117,177	147,250	151,600	116,118	102,730	117,632	145,229	135,525	114,534	128,383	100,855
Annual Leave % - Target 11-17%	10.6%	11.1%	20.6%	12.7%	14.2%	20.6%	11.3%	13.5%	12.3%	13.3%	19.2%	12.7%	10.4%	10.8%	10.5%
Total Unavailability % - Headroom/uplift Allowance - Target 24%	24.2%	24.7%	32.8%	25.4%	26.4%	31.7%	24.1%	26.0%	25.5%	25.3%	30.3%	25.3%	24.3%	24.5%	24.3%
Roster Approval (Full) Lead Time Days - Target 42 days	38	38	41	34	34	34	36	37	38	36	35	36	37	37	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 October 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 Q3 (1.9% - 2.4%) and was 2.0% of the total Nursing and Midwifery staff pay bill as of December 2024 remaining within the Trust target of <3.3% (Figure 9) and was 3.1% 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.

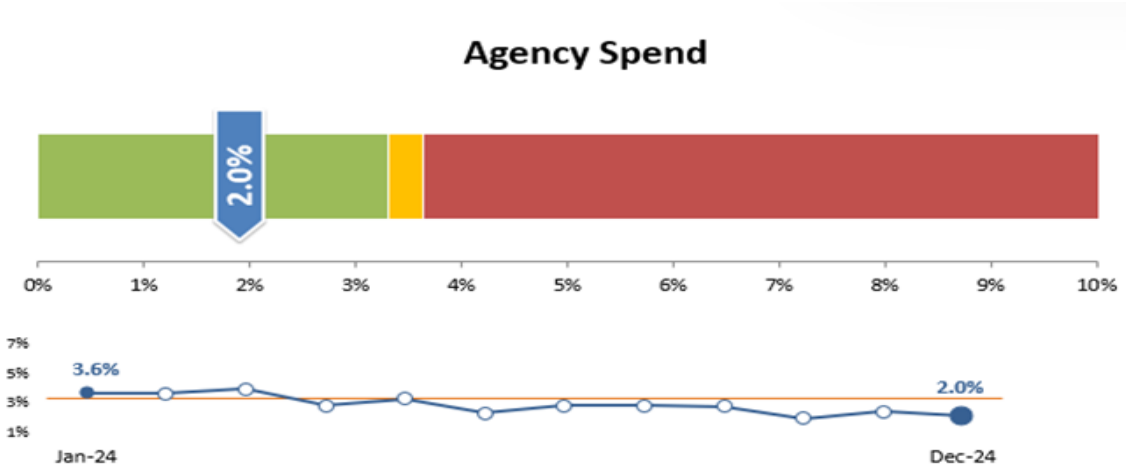

Figure 9 Trust Agency spend

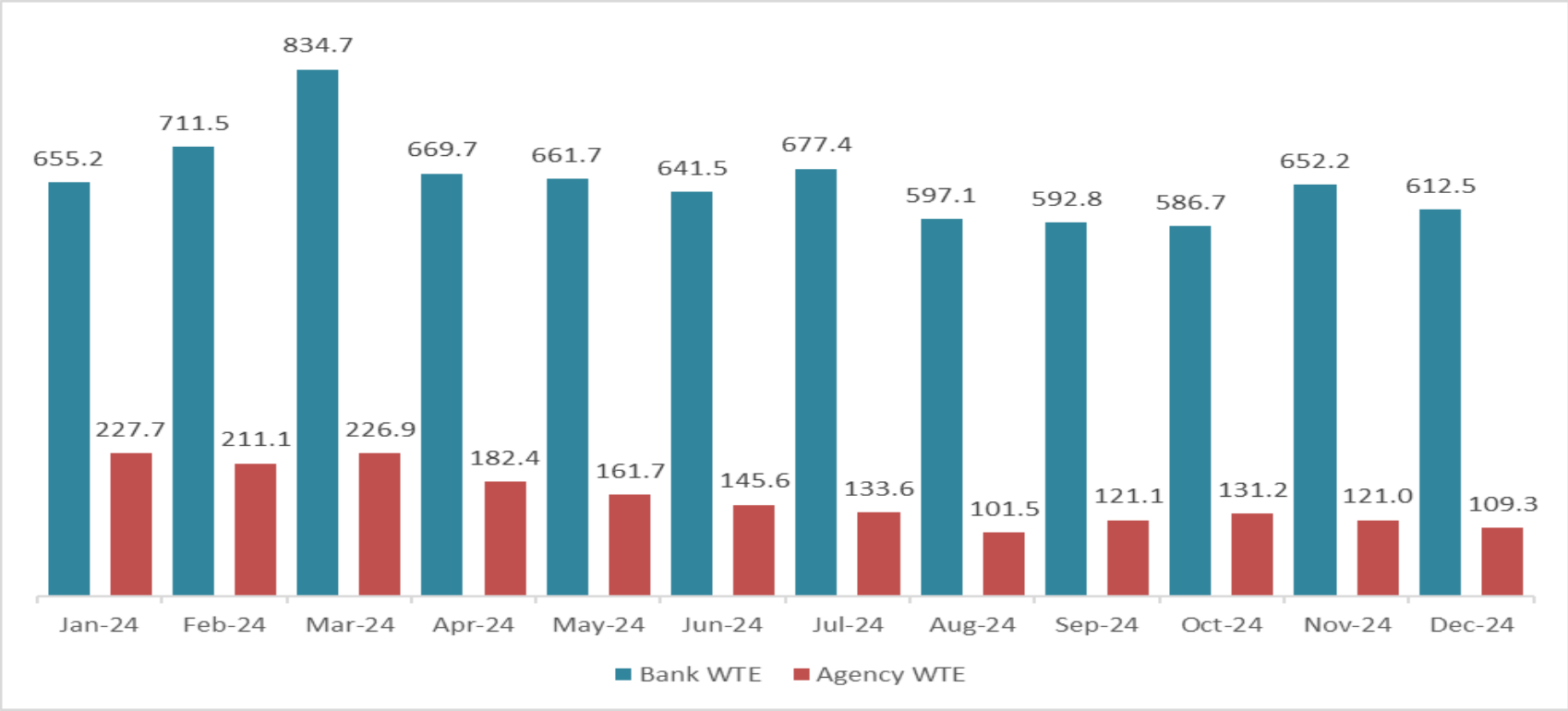

Figure 10 Trust Level - Actual usage of temporary staffing (February 2024 onward includes RBHH areas).

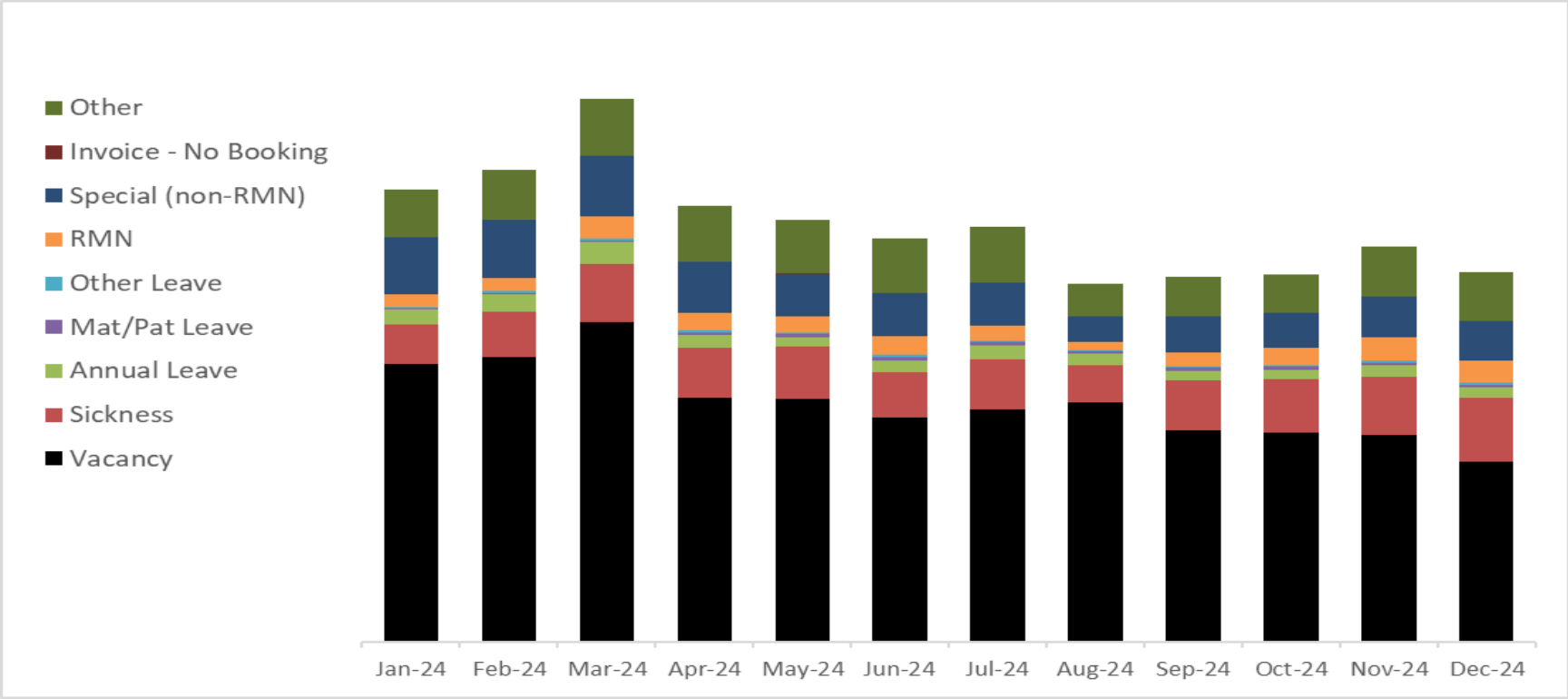

Figure 11 Trust Level - Temporary staffing usage, including the reasons

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 3 (October – December 2024).