GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY & PERFORMANCE BOARD COMMITTEE
WEDNESDAY 16 JULY 2025

Report title:	**Quarter 4 Nursing and Midwifery Safe Staffing Report**
Executive sponsor:	**Avey Bhatia, Chief Nurse**
Paper author:	**Rob Lewis, Head of Nursing for Workforce and Education**
Purpose of paper:	To provide assurance
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 4: inability to recruit and retain staff
Key points of paper:	• 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 fluctuated during Q4 (9.7% - 10.3%) and at Trust target of 10.0% (March 2025). • Changes to PDR process and reporting timeframe resulted in the figure being lower than previous reporting months as only includes those with PDR completed from 1st October 2024 onwards. Average 12 months PDR rate as of February 2025 was 78.8%. Mandatory Training compliance decreased by 0.5% (89.8% March 2025) compared to end of Q3. Both PDR compliance and mandatory training remained 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 Optima (Healthroster) to legacy RBH and HH nursing teams was complete in Q1 with further work required to support the rollout of SafeCare® and the standardisation of staffing level reporting to include all inpatient areas and extension to outpatient areas where appropriate. • The RBH and HH directorate establishments require ongoing review against the financial ledger to ensure establishments are aligned with executive Clinical Group and Trust establishment review process.

Paper previously presented at:	Presented at Trust Risk and Assurance Committee (12 June 2025)
Recommendation(s):	The COMMITTEE is asked to: 1. Note the contents of this paper

Introduction

This report provides the Trust Board with an overview of the Nursing and Midwifery workforce, for Quarter 4 (January-March 2025) 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 and demonstrates that the Trust meets these expectations.

Key Headlines

The objectives under each of the expectations were successfully maintained throughout Q4. There was an overall improvement in annual turnover within expected Trust target (12%), while vacancy rates fluctuated throughout Q4 and at target at end of Q4. Sickness rate increased slightly by 0.1% throughout Q4 (6.0%, December 2024, 6.1% March 2025) and agency spend rate decreased by 0.4% (1.6%, March 2025) compared to end of Q3 (2.0%, December 2024). The focus on career development and wellbeing of existing staff and those joining through recruitment campaigns remain a key priority. A total of 155 newly qualified adult nurses (NQNs) and 83 newly qualified paediatric nurses have successfully commenced in post NQNs from September 2024.

The Nursing and Midwifery vacancy rate ended Q4 within the Trust target (<=10%) at 10.0% for the Trust and 9.4% for Legacy GSTT (March 2025) with reduction by 0.9% compared to end of Q3.There was a decrease in LGST establishment by 51.4WTE and an increase in staff in post by 19.2 WTE from end Q4 compared to end Q3 and a reported increase in LRBH &HH establishment by 58.8WTE and a decrease in staff in post by 5.7 WTE for the same time period. Due to the reported RBH and HH establishment WTE providing an inflated metric there is ongoing reconciliation with the finance ledger to ensure establishments are aligned with executive Clinical Group and Trust establishment review processes. There is continued progress made with local recruitment initiatives and newly qualified nurse recruitment. The overall Nursing and Midwifery Annual Turnover decreased from 9.5% (December 2024) to 9.0% (March 2025). Q4 ended with a 7.8% overall Trust vacancy rate inclusive of external applicants within the pipeline. Benchmarked Model Hospital data for March 2025 for Region and National (latest data available) Annual Turnover percentage is detailed in table 1.

	Registered Nurse Annual Turnover	Registered Midwife Annual Turnover	Nursing Support Annual Turnover
Trust	11.7%	13.5%	17%
Region (Peer)	11.8%	13.4%	18%
National	8.9%	8.4%	20%

Table 1

Local recruitment drives, newly qualified nurse recruitment, and focused work with individual Directorates continue to mature. International recruitment continued at a significantly reduced rate in Q4, with 2 nurses joining the Trust. Further international recruitment is in line Trust with vacancies and turnover with recruitment of 15 nurses in progress with a planned June 2025 start date. A focus on retention initiatives is a key priority with a review of our retention and career development activities across the organisation in progress supported by the Recruitment and Retention Operational group, with key objectives to share best practice and identify areas of further focus.

Temporary staffing requirements continued throughout Q4 reflecting the ongoing high sickness levels (6.1% March 2025), vacancies, and the reliance on temporary staffing required to ensure all areas are safely staffed. The agency spends (which represents invoices paid in month) fluctuated throughout Q4 and was 1.6% of the total Nursing and Midwifery staff pay bill for Trust (March 2025), a 0.4% decrease compared to December 2024. Bank usage increased by 216.2 WTE in month usage from end Q3 2025 to end Q4 (March 2025), with agency usage increasing by 31.0 WTE. The overall nursing and midwifery fill rates fluctuated slightly during Q4 (83.7%, 84.2%) ending Q4 at 83.7% (Table 2) with an increase of 1.1% in comparison to end of Q3 (December 2024 at 82.6%). A summary of the 'Planned v Actual hours during this period can be seen in table 3 followed by average fill rates across Q4 detailed in table 4. The low registered nurse fill rates are in part due to Q1 roster build issues at RBH and HH 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 for inpatient areas. Further work to align ambulatory and community rosters is in progress. Bank and agency spend continued to be required

to meet the ongoing short notice absence enhanced care and RMN requirements across the organisation. Measures are in place to monitor and reduce bank and agency spend within the individual Directorates and through the Workforce Team recruitment and retention initiatives.

Trust Level	Jan-25	Feb-25	Mar-25
Combined Trust	84.1%	84.2%	83.7%

Table 2 – overall fill rate %

Trust Level	Jan-25	Feb-25	Mar-25
Planned Hour	555971.7	501835.6	554657.0
Actual Hour	467365.5	422727.5	464354.1
Difference	88606.2	79108.1	90302.9

Table 3 – Planned and Actual Hours for Inpatient areas

Period (Q4)	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 %
Jan-25	79%	82%	85%	105%	88%
Feb-25	80%	79%	86%	105%	87%
Mar-25	79%	79%	85%	105%	87%

Table 4 - Average Trust fill rate for department/wards categorised by Registered and Unregistered Shift Pattern (Day and Night)

Sickness rates for the Trust increased by 0.1% throughout Q4 compared to end of Q3 (6.0%, December 2024). Temporary staffing and deployment of staff were used to maintain safe staffing across all areas.

Activity increased for Legacy GSTT (Legacy RBH and HH data not available for inclusion within the report) throughout Q4 as identified in table 5 below. In March 2025 there was 44,507 bed days, representing increase of 9109 bed days when compared to end of Q3 (December 2024) and a decrease of 622 bed days from the same period in 2024. Throughout Q4 Level 1b (acutely dependent) for patients in non-critical care beds, continued 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 2025	13,320	11,468	18,299	1,355	65	44,507	29.9%	25.8%	41.1%	3.0%	0.1%
February 2025	11,420	9,013	15,734	1,051	45	37,263	30.6%	24.2%	42.2%	2.8%	0.1%
January 2025	10,937	9,487	17,310	938	196	38,868	28.1%	24.4%	44.5%	2.4%	0.5%

Table 5 legacy GSTT bed days data

The Trust 'Care hours per patient day' (CHPPD) was 10.7 as of March 2025, a decrease of 0.6 from December 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 9.79 for the same period. This demonstrates the Trust had on average higher staffing levels providing a greater number of patient care hours when compared to peers.

Changes to Personal Development Reviews (PDR) process and reporting timeframe only included those staff that completed their PDR from 1 October 2024 onwards resulting in significant decrease in PDR compliance rate for March 2025 (22.5%) compared to 73.6% (February 2025). Prior to this change the 12 months average PDR rate as of February 2025 was 78.8%. Mandatory Training (MDT) compliance decreased by 0.5% from end Q3 (90.3%) to end Q4 (89.8%). Both MDT and PDR compliance remained below Trust target of 95%. Directorate and ET&D plans continuing in order to maintain and improve compliance further.

Summary

The Board of Directors are asked to note the information contained in this report. Detailed quarterly Nursing and Midwifery Board Report for January 2025 – March 2025 is within the appendix.

APPENDIX

Appendix for Q4 Nursing and Midwifery Safe Staffing Report for January 2025 - March 2025.