

Annual Safe Staffing Report 2017-18

6th April 2018

1. Executive Summary.

Purpose:

1. To inform the Board of Directors of the progress against national requirements for staffing data reporting as outlined in The National Quality Boards (NQB) and NICE guidelines on safe staffing levels.
2. To bring to the attention of the Board of Directors any workforce issues / areas of concern.
3. To seek Board of Directors approval of the hospitals nursing establishment.

2. Background of Safe Staffing.

On 6th July 2016, the National Quality Board (NQB) published “*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing*”. This safe staffing improvement resource provided an updated set of expectations for nursing and midwifery care staffing, to help NHS provider boards and other health care providers such as Spencer Private Hospitals (SPH) to make local decisions that would support the delivery of high quality care for patients within the available staffing resource. The resource set out the key principles that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive service, including introducing the care hours per patient day (CHPPD) metric.

The resource identified three updated NQB expectations that formed a ‘triangulated’ approach (‘Right Staff, Right Skills, Right Place and Time’) to staffing decisions; and offered guidance for local providers on using other measures of quality alongside CHPPD, to understand how staff capacity may affect the quality of care. Utilizing these resources assist organisations such as SPH ensure we have the right culture, leadership and skills in place for safe, sustainable and productive staffing whilst maintaining proactive, robust and consistent approaches to measurement and continuous improvement to support safe, effective, caring, responsive and well-led care.

The NQB published ‘*Safe sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals*’ on 26th December 2016. Setting appropriate planned levels of staffing is, therefore, fundamental to ensure SPH reduces any potential risk of patient’s not experiencing high quality nursing care.

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Since the documents was published the NQB and its members have continued to work together to oversee the safe staffing programme, working closely with its members; NHS England, Authority, Monitor, Health Education England, the Care Quality Commission and NICE.

The NQB resource shown below has been used by SPH alongside our CHPPD to demonstrate and understand the impact of our staffing decisions on the quality of care that patients are receiving in our ward areas at Margate and Ashford.

Safe, Effective, Caring, Responsive and Well- Led Care		
Measure and Improve -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-		
-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Because adult inpatient environments, whether they are in the NHS or Independent sectors, vary so much, no standard definition of them exists. The NQB and its members have therefore adopted NICE's definition for consistency. They recognise that variations exist, and that leader's must take into account factors such as ward layout, geography and estate when calculating staffing needs. They recognise the need to consider the wider multidisciplinary team when looking at the size and composition of staff for any setting, but as there is little workforce modelling or planning evidence on how this has been successfully achieved, they have concentrated on nursing and signpost evidence we found to inform multi-professional workforce planning.

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3. Current Position.

Spencer Private Hospitals (SPH) have a duty of care to ensure that all patients are cared for by appropriately qualified and experienced staff within a safe environment. To support this objective, the organisation continues to utilize its Nursing Dependency Analysis Tool to ensure safe staffing levels are maintained which is demonstrated by the hospitals quality metrics. This practice is reflected within the Care Quality Commissions (CQC's) six standards applicable to all healthcare providers, and more recently, the National Quality Boards (NQB's) Nursing Workforce Program.

3.1. Spencer Staffing Data.

In 2017-18 SPH continued to publish Safer Staffing data internally on patient information boards in ward areas. The published data demonstrates levels of contracted staff, self-employed staff, agency usage and skill mix and the number of Care Hours Per Patient Day (CHPPD). The information is also published on the organisations web site.

In addition to the above mentioned data each month '*Harm Free Care*' statistics are published along with '*Never Event*' data.

Monthly Health and Safety and Complaints reports are also provided to all staff and the Board of Directors; lessons learnt are shared with all concerned.

3.2. Current Contracted Ward Nursing Establishment.

3.2.1 Margate.

Qualified Nursing Establishment (Recruitment on-going)	15.65	WTE
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HCA Establishment	2.80	WTE
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3.2.2 Ashford.

Qualified Nursing Establishment	7.13	WTE
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SPHs have a Matron/ Registered Manager at Ashford and at Matron at Margate. These senior clinical staff members are supported by a Clinical Effectiveness Nurse and their roles are not generally included in the nurse staffing levels as they provide leadership, management and support in addition to the staff who deliver patient care. The importance of these roles being supernumerary to the agreed staffing levels was recommended by NICE. Both staff work

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between sites to support the nursing team. The organisation also has Physiotherapists who are not included in the nursing staff numbers but are part of the organisations commitment to providing safe and effective patient centred care.

4. Summary.

In line with the NQBs resource and other available resources SPH reviewed its Nursing Dependency Tool in 2017-18 to ensure it met with the organisations clinical ward requirements. Our clinical workforce has also been reviewed regularly to improve efficiencies and ensure agency usage in the ward area are only for emergency / unforeseen staff shortages. In addition, we reviewed our clinical training programs and implemented a new system (Relias) to ensure all our staff maintain the appropriate skills to continue to deliver safe, effective, caring, responsive and well led care in line with CQC and NQB expectations.

No Red Flag events were reported relating to safe staffing levels during 2017-18.

Our patient satisfaction, clinical outcomes, low infection rates and clinical incident statistics, PLACE, ISO and CQC audit and inspection results and maintenance of staffing KPI's

supports our view that the SPH has a clear vision in relation to safe staffing and is maintaining and continuing to achieve company objectives within the organisations strategic 3-year plan (2016-19).

The current establishment, supported by the self-employed staff has enabled the organisation to achieve the staffing objective of **providing every patient 5 Hours of actual patient care per day.**

5. Recommendation.

Spencer Private Hospitals will continue to review staffing resources and staff skills to ensure we provide safe, sustainable and productive staffing.

The Board of Directors are asked to receive this paper for information and assurance of the Safe Staffing System in operation.

Lynn Orrin
Hospital Director.
6th April 2018.