

Margate Annual Safe Staffing Report 2023-24

1. Executive Summary.

Purpose:

1. To inform the Board of Directors on the hospitals developments against national requirements for staffing data reporting as outlined in The National Quality Boards (NQB), NHS Improvement (NHSI), NICE guidelines and RCN standards 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.

The report makes the following assertions:

1. The Board are responsible for workforce planning, practice, and safeguards. The Board should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times.
2. Safe staffing is a fundamental part of good quality care and the CQC will, therefore, always include a focus on staffing in the inspection frameworks for Spencer Private Hospitals (SPH) as a healthcare provider.
3. It is critical that the Board reviews workforce metrics, indicators of quality and outcomes and measures of productivity on a quarterly basis. Monthly reporting is submitted to the Senior Management Team (SMT) and Executive Team (ET) for continual oversight.
4. The Board should use this report to support their judgements and decisions about safe staffing at SPH Margate.

2. Safe Staffing Background

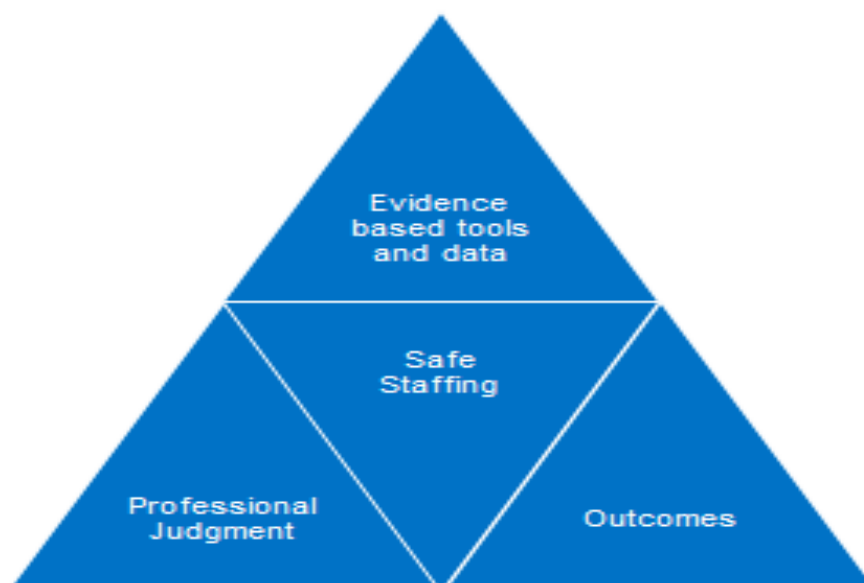
This review observes the recommendations set out by the National Quality Board (NQB) guidance published in July 2016 ***“Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe,***

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sustainable and productive staffing” and the NQB’s subsequent guidance ‘Safe sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals’ in December 2016, the NHS Improvements (NHSI) Developing Workforce Safeguards - **Supporting providers to deliver high quality care through safe and effective staffing**, published in 2018, NHSI development review of leadership and governance using the Well Led Framework: guidance for NHS trusts and NHS foundation trusts published in 2017.

In addition to these recommendations in May 2021 the RCN published the RCNs **Nursing Workforce Standards** which have been developed by the RCNs Professional Nursing Committee to tackle the nursing shortages across the UK. These standards enforce the NQB and NHSI focus on having the right number of nursing staff, with the right skills, in the right place, at the right time to improve health outcomes, the quality of care and patient safety

Principles of Safe Staffing



The safe staffing improvement resources highlighted provide a set of expectations for nursing care staffing to help SPH make decisions that will support the delivery of high-

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quality care for patients within the available staffing resource. The resources set out the key principles that the SPH SMT use to measure and improve their use of staffing resources to ensure a safe, sustainable, and productive service, including the care hours per patient day (CHPPD) metric.



The NQB identified three expectations that form a ‘triangulated’ approach (‘Right Staff, Right Skills, Right Place and Time’) to staffing decisions; and offers guidance to SPH on using other measures of quality alongside CHPPD, to understand how staff capacity may affect the quality of care provided. Utilising these resources assists SPH to ensure it has 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. 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. The NQB’s resource has been used by SPH for the past six years alongside our CHPPD to demonstrate and understand the impact of

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our staffing decisions on the quality of care that patients are receiving in our ward area.

4. Workforce Review.

The past year has continued to see an increase in NHS activity / occupancy providing clinical care for patients from a wider range of clinical specialities with increasing acuity due to supporting NHS services within EKHUFT. This support has assisted EKHUFT to deliver the care required to the local population. SPH staff have risen to this challenge and have provided outstanding support and care. The staff have continued to develop their clinical skills and have adopted flexible approaches to their roles along with improving efficiencies. This in turn has maximised their impact on patients' lives by the care and support they have provided. It has been a challenging year but one that has provided opportunities for SPH's clinical workforce to continue to develop their clinical skills.

A key focus of the past year was to reduce registered nurse vacancies and improve the Registered Nursing establishment, to ensure the skill mix aligns with the organisation's 3-year strategy, taking into account the national picture regarding the shortage of qualified nurses. By achieving this aim, the organisation will ensure staffing capacity and capabilities are sustainable and sufficient to provide safe and effective care to patients, taking account of any variation in demand. In addition this will minimise the need for expensive agency staff by effectively planning the workforce needed for service requirements. This aligns with the RCNs Workforce Standards as it is recognised that relying on agency staffing can impact on safe staffing and patient safety.

In addition to Safe Staffing metrics, additional quality measures have continually been reviewed and monitored including Datix Incident Reporting, Harm Free Care statistics, Complaints, Patient Experience Surveys, and Friends and Family feedback. The organisations quality assurance framework is currently under further review along with any staff and patient feedback relating to staffing and patient safety.

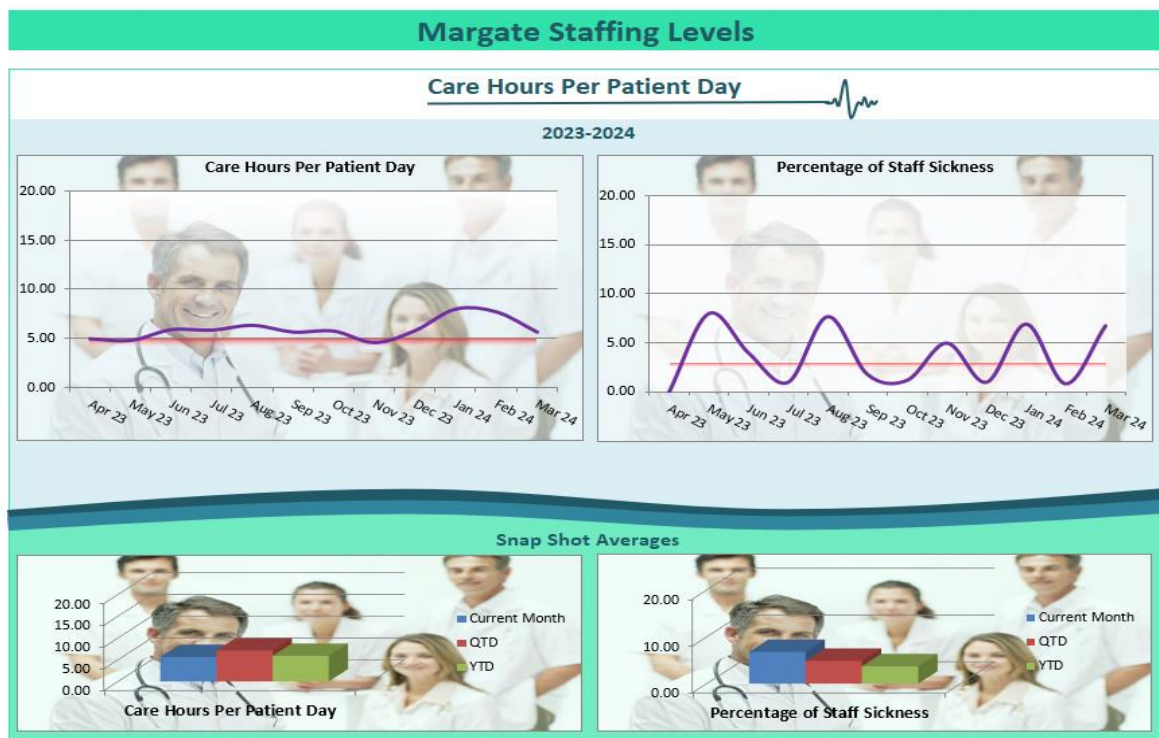
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4. Current Position.

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 utilise its Nursing Dependency Analysis Tool to ensure safe staffing levels are maintained which is demonstrated by the hospital’s quality metrics. This practice is reflected within the Care Quality Commissions (CQC’s) six standards and well Led Framework applicable to all healthcare providers, and the National Quality Boards (NQB’s) Nursing Workforce Program.

4.1. Spencer Staffing Data.

In 2023-24 SPH continued to publish Safe Staffing data internally from Ward to Board. 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 will be published on the organisation’s web site.



Targets	CHPPD	SICKNESS
	5.00	3.00

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CHPPD for 2023-24 was recorded at 5.8 – Target met.

Sickness rates were recorded at 3.6%. This included 2 staff members on long term sick.

4.2. Nursing Establishment V Current Establishment Fill Rate.

The below agreed staffing level is based on the organisation's occupancy KPI along with the safe staffing dependency tool, which is operation specific in line with best practice, and compliance with the CQC regulation of a minimum of 2 RN cover for each shift.

As the hospital is multi- specialist, the staffing skill mix has a current KPI ratio of **70 / 30 (RN / HCA)**.

- **15.7 WTE Qualified RN / Associate Nurse**
- **8.8 WTE HCA**

Current Clinical Establishment:

Qualified Nursing Establishment: 7.7 WTE Vacant 8 WTE

HCA Establishment: 5.8 WTE Vacant 3 WTE

SPH has a Matron who is not generally included in the nurse staffing levels as the role provides leadership, management and support in addition to the staff who deliver patient care. However, during the past year, due to recruitment shortages, the Matron has, where required, undertaken clinical shifts.

The importance of this role being supernumerary to the agreed staffing levels was recommended by NICE and supported further by the RCN 2010 and the Francis Report when recognising the importance of '*Time to Lead*' which can be defined as any duty that contributes to the delivery of safety, effectiveness, and patient experience.

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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.

The current establishment is supported by regular agency staff which has enabled the organisation to achieve the overall annual staffing objective of providing every patient over 5 hours of the nurse's daily hours spent on actual patient care per day.

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.

5. Summary.

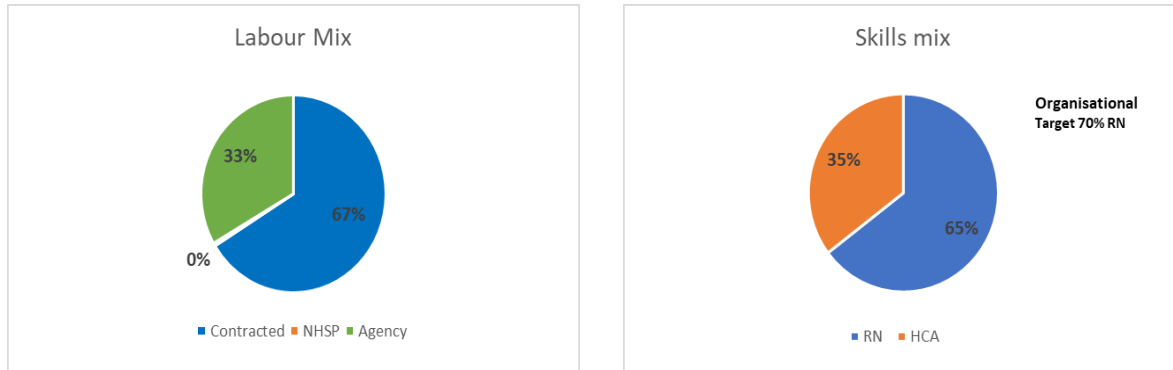
In line with the NQBs resource and other available resources, SPH continued to utilise its Nursing Dependency Tool in 2023-24 to ensure it met with the organisations clinical ward requirements.

Recruitment of qualified clinical ward staff has been difficult over the past year. Variances in ward occupancy and higher patient acuity, along with staffing shortages have affected the level of agency required. Our clinical workforce has been continually reviewed during the year to improve efficiencies and to ensure agency staff in the ward area are only used where clinically indicated. Agency lines of work have been utilised to support safe staffing and increase the ability to provide consistent care and quality outcomes for our patients.

A workforce pay review was recently undertaken which it is anticipated will improve nursing vacancy rates over the coming year.

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Labour and Skill Mix 2023-24.



No Red Flag events were identified relating to safe staffing levels during 2023-24.

SPH Patient Satisfaction results, clinical outcomes, low infection rates and clinical incident statistics along with ISO audit and inspection results supports the organisations' view that SPH Margate 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.

6. Conclusion and Recommendations.

1. The priority in 2024-25 is the recruitment of RNs and associated clinical staff members to ensure we provide safe, sustainable, and productive staffing. This will enable the organisation to further reduce its dependency on agency staffing which is not an option we wish to continue.
2. It is recommended that a review be undertaken of the current dependency tool and related supporting data to support the organisations staffing establishment.
3. There will be a continued focus on increasing internal training to maintain our clinical staff competencies.

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4. The organisation is currently reviewing a number of its IT solutions and it remains vital that significant improvements and investments are made to the organisations IT infrastructure to support clinical care and governance processes.

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.
3rd June 2024