

Annual Safe Staffing Report 2018-19

9th April 2019

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.

The report makes the following assertions:

1. 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.
4. The Board should use this report to support their judgements and decisions about safe staffing at SPH.

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, 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

This safe staffing improvement resource provides a set of expectations for nursing care staffing to help SPH make decisions that will support the delivery of high quality care for patients within the available staffing resource. The resource set out the key principles that the SPH Senior Management Team use to measure and improve their use of staffing resources to

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ensure a safe, sustainable and productive service, including the care hours per patient day (CHPPD) metric.

The resource identifies three updated NQB expectations that forms 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. Utilizing 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 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

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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.

3. The Review Process.

The Carter review identified 9 key practices that are the elements to a successful hospital. This is the concept of the Model Hospital. This review supported the NHSI's guidance published in Aug 18 which aims to support healthcare providers to give patients safe, high quality compassionate care that is financially sustainable.

The ward nurse staffing reviews have been undertaken with the Senior Management Team (SMT) enabling sufficient challenge and scrutiny of the workforce and has enabled a clear view of the support required in the coming year. The review included an overview of the budgeted establishment and the vacancy, sickness, and training data relating to the nursing workforce.

Quality measures were also reviewed for each area including Datix Incident reporting, Harm Free Care statistics, complaints, patient experience surveys, and Friends and Family feedback. The organisations quality assurance system was additionally reviewed along with any staff and patient feedback relating to staffing and patient safety.

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 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

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applicable to all healthcare providers, and the National Quality Boards (NQB's) Nursing Workforce Program.

4.1. Spencer Staffing Data.

In 2018 - 19 SPH continued to publish Safe 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.

4.2. Current Contracted Ward Nursing Establishment.

4.2.1 Margate.

Qualified Nursing Establishment	11.72	WTE
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HCA Establishment	2.60	WTE
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(Recruitment on-going)

4.2.2 Ashford.

Qualified Nursing Establishment	6.90	WTE
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HCA	3.00	WTE
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Note: HCA positions refer to overseas nursing staff until their recruitment process are finalised. Once complete these will change to RN status

SPHs have a Registered Manager and Matron at Ashford and at Hospital Director and Matron at Margate. The Matrons are overseen by the Senior Matron who works across both sites. 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

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these roles 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.

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 Associate Nurse role has been explored during 2018 - 19 to ascertain its value to the organisation. Internal staff have expressed an interest in working towards the programs admission criteria and SPH will work closely with Canterbury Christ Church University to move this staffing resource forward in 2019 - 20

5. Summary.

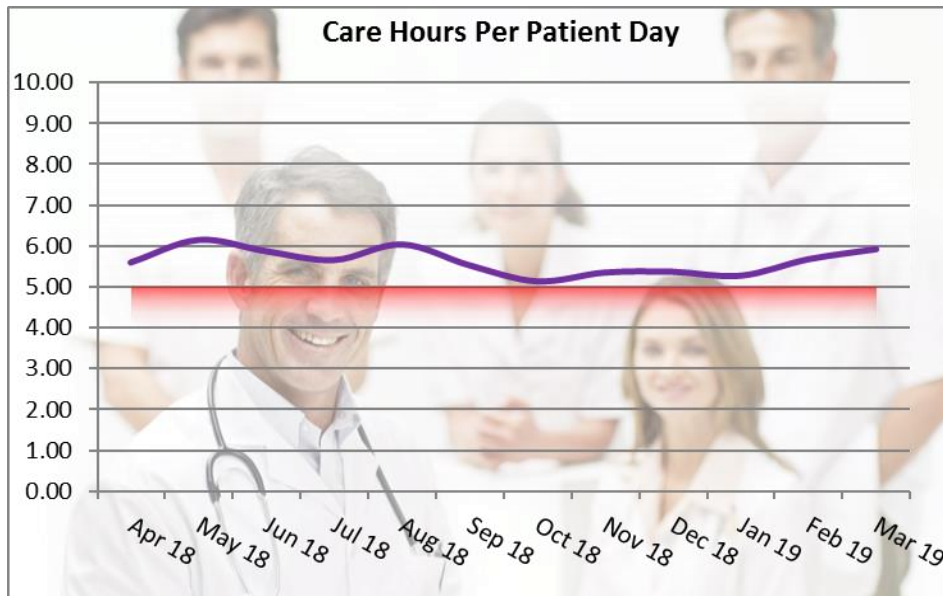
In line with the NQBs resource and other available resources SPH reviewed its Nursing Dependency Tool in 2018 - 19 to ensure it met with the organisations clinical ward requirements. Our clinical workforce has also been reviewed regularly during the year to improve efficiencies and ensure agency usage in the ward area are only for emergency / unforeseen staff shortages. Recruitment of clinical ward staff has been difficult over the past year; however, vacancies are slowly being filled.

Staff clinical training programs have also been reviewed and the Relias training system is working very well 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 2018-19.

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 (2019 - 22).

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	Care Hours Per Patient Day
Current Month	5.93
QTD	5.63
YTD	5.63

The current establishment, supported by the self-employed staff has enabled the organisation to achieve the annual staffing objective of **providing every patient over 5 hours of the nurse's daily hours spent on actual patient care per day.**

6. Conclusion and 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.
9th April 2019.