

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>28<sup>th</sup> September 2015</b>
<b>Board Sponsor:</b>	<b>Chair Quality and Risk Committee</b>
<b>Paper Author:</b>	<b>Chair Quality and Risk Committee</b>
<b>Subject:</b>	<b>Quality and Risk Committee – September 2015</b>

### **Executive Summary**

The report describes the discussions at the September meeting of the Committee which: discussed nurse and midwifery staffing in the context of the Trust financial recovery plan; reviewed trends in pressure damage and the improvements made by the Trust; received assurance of the Trust position in respect of the recommendations made by the Morecambe Bay Inquiry; and noted plans to improve the coordination of local and national clinical audit.

<b>Links to corporate objectives</b>	Discussions at the Committee focused on the objectives of <b><i>excellent outcomes</i></b> ; and <b><i>great experience</i></b>
<b>Identified risks and risk management actions</b>	The Committee discussed the mitigations planned for the nurse staffing recovery plan
<b>Resource implications</b>	The Committee reviewed plans to reduce agency nurse staffing costs and the spending ceilings regarding agency staffing introduced by the NHS Trust Development Authority (TDA)
<b>Report history</b>	The Chair of the Committee reports to the Board following each meeting of the Committee

### **Action required by the Board**

The Board is asked to note the Quality and Risk Committee report.

## **Report to the Board of Directors, 28 September 2015 Quality and Risk Committee Report**

### **1. Nurse staffing**

The Chief Nurse and Deputy Chief Nurse introduced plans to reduce nurse staffing spend, including a cap on agency nurse spending, while continuing to maintain safe nurse staffing levels. The Chief Nurse advised the Committee that the TDA has set a ceiling for agency nurse spending which for BSUH was 4% in Quarters 3 and 4, significantly below the 7% agency spend in July. However, unlike other Trusts, BSUH has already stopped using agency nurses off framework, which supported reductions in agency spending.

The Committee discussed the importance of the ongoing nurse recruitment campaigns which would increase the numbers of substantive staff and limit the reliance on agency and bank staff, and also expressed concerns about the continuing delays in being able to complete the appointment of international recruits. The Committee also noted the challenge in reducing agency usage, while planning to open additional capacity.

The Committee also discussed nurse to patient ratios and agreed that they needed to be flexible to address the acuity and dependency of patients, while recognising that there was significant evidence of the impact of insufficient staffing levels on the care of patients. The Deputy Chief Nurse also described the actions and additional controls established to control nursing spend as part of the Turnaround programme.

The Committee agreed on the need to deploy staff flexibly and efficiently to maximise use of the nursing resource; to review the nursing templates to take account of acuity and dependency; and the importance of monitoring key nursing indicators, including pressure damage and falls, to ensure the control of nursing spend did not have a negative impact on the safety and experience of patients.

### **2. Pressure damage**

The Committee welcomed a report on pressure damage which illustrated the historic reduction in pressure damage in the Trust, and the positive performance in comparison with the national incidence of pressure damage, as demonstrated by safety thermometer data.

The Committee discussed the reasons for the reduction in pressure damage incidents, noting the strong leadership of work in this area, the impact of teaching and education and the effective engagement with wards in achieving sustained improvements in care.

### **3. Clinical audit**

The Committee discussed with the Safety and Quality lead for clinical audits, plans to improve the coordination of clinical audit work. The Committee was advised that while participation in national clinical audits had continued to be strong, local clinical audit activity had been less focused. Work was being undertaken with the specialties to develop stronger local clinical audit programmes, as part of a coordinated Trust clinical audit plan.

The Committee welcomed the plan, noting that it had been concerned about the quality and range of local clinical audit work and looked forward to receiving a further progress report, in January when work with the specialties and clinical directorates had developed further.

### **4. Morecambe Bay**

The Women's Directorate reported on work undertaken to benchmark the position of the Trust against the recommendations made in the Morecambe Bay inquiry.

Overall the Committee was assured that the governance in the directorate was strong, although there was further work to do to ensure full engagement from obstetricians in the directorate processes for reporting and learning.

**Professor Malcolm Reed**  
**Chair, Quality and Risk Committee**  
**September 2015**