

# Our Priorities for 2009/10



# A word from our Chief Executive

Eighteen months ago we set out six priorities to guide us through the remainder of 2007/08 and through 2008/09. It is not accidental that these priorities relate to the national standards against which we are externally judged. Through focussing on these six priorities, and making significant improvements in relation to them, we have changed what we are known for and what it feels like to work for Brighton and Sussex University Hospitals (BSUH).

In 2009/10 our six priorities will remain unchanged but our focus is moving on from delivering the national standards which 'England expects' to sustaining them whilst improving the quality and safety of everything we do. And our hospitals are going to be led, in every sense, by our doctors and nurses. That means being in charge of today, including how patients move through our hospitals and the experience they have when in our care. It means being in charge of our future, what this looks like and how we get there. And it also means that our doctors and nurses are in charge of the money, reinforcing our commitment to improving patient care by laying down the strongest foundations to support these improvements for decades to come.

As the regional teaching hospital, BSUH has the brightest of futures and is set to thrive over the next 20 years, delivering the very best local services, complex tertiary care and cutting-edge research, training, teaching and innovation. Set out in this summary of our 2009/10 Business Plan are our objectives - our 'to do' list - for the year ahead.



Duncan Selbie

April 2009

# What we do

Brighton and Sussex University Hospitals provides general acute services to our local populations in the City of Brighton and Hove and in Mid Sussex and more specialist services for patients across Sussex and the South East.

We want to be known for the quality and safety of our clinical services *and* for treating our patients, their families and each other with kindness and compassion.

We will have succeeded if our patients feel we have done the best we can by them and our staff feel their contribution is recognised and valued.

As the regional teaching hospital we work with our partner medical school and Brighton and Sussex Universities to undertake research and to educate and train the health professionals of the future.

# Our ambition

Our ambition is to become a leading UK Teaching Hospital. We will lead clinically and academically, treat the most difficult and complex cases and strive for excellence in our local services.

We will achieve and maintain a position in the top 20% of hospitals for clinical outcomes, patient experience, staff morale and teaching and research.





# The way we behave matters



“We want to be known for being tough on performance and decent with people”

## OUR RULES

To lead, not blame

To work together, not undermine each other

To solve, not excuse



## PEOPLE WILL TRUST US BECAUSE

We speak well of each other

We consistently spend our time on what we say we care about

We behave well, especially when things go wrong

We keep our promises, small or large



“When things go wrong, poor organisations first fix the blame. We fix the problem”

# 2008/09 Overview

## ■ BEST AND SAFEST CARE

This is about being known for the quality and safety of our clinical services *and* for treating our patients, their carers and each other with kindness and compassion.

In the Healthcare Commission's most recent annual health check the quality of our services were given the best possible rating of 'excellent', a two-step improvement on the previous year's rating of 'fair'.

According to the 2008 Good Hospital Guide published by Dr Foster, our Hospital Standardised Mortality Rates, which are 20% lower than expected, put our survival rates in the top 10% in England.

Our maternity services were ranked the third best in England by the Healthcare Commission and as part of the Surrey and Sussex Neonatal Network our Special Care Baby Units have the best survival rates in England.

We appointed England's first Chief of Safety to accelerate our work on patient safety, alongside the work of our Chief Nurse on improving the patient experience.

## ■ REDUCE THE INCIDENCE OF MRSA AND C. DIFFICILE ON OUR WARDS

In 2007/08 we had 66 MRSA bloodstream infections; in 2008/09 we had 36, a reduction of 45%.

In 2007/08 there were 322 cases of C.difficile acquired in BSUH; in 2008/09 we reduced the number of cases by 43%.

All elective inpatients are now being screened for MRSA colonisation.

## ■ BUILDING FOR THE FUTURE

The future of the Princess Royal Hospital as the local acute hospital for the people of Mid Sussex is no longer in question and our plans to increase and strengthen the clinical services we provide there have been taking shape. Alongside this, our Strategic Outline Case for the redevelopment of the Royal

Sussex County Hospital as the tertiary and major trauma centre for the South East has been approved, we have selected our preferred design and we will be submitting the Outline Business Case to the Strategic Health Authority in June 2009.

#### ■ A&E

We have gone from being amongst the worst performing Trusts in England and one of a handful not delivering the national 4-hour standard for at least 98% of patients, to the best performing A&E in England since September 2007. For 2008/09 we delivered the 4-hour standard for 99.6% of patients.

#### ■ 18 WEEKS

We exceeded the new standard to treat 90% of admitted and 95% of non-admitted patients within 18 weeks of referral ahead of time in December 2008. At the end of March 2009 admitted patients had waited on average 10 weeks for their treatment, and the average wait for non-admitted patients was 6 weeks.

#### ■ FINANCIAL SUSTAINABILITY

In 2007/08 we achieved financial breakeven for the first time in six years and in 2008/09 we delivered a surplus of £9.9 million. As a result we were able to pay off a significant amount of our historic debt.

**THESE PRIORITIES REMAIN UNCHANGED FOR 2009/10**





# Our 'to do' list for 2009/10

## ■ 1. BEST AND SAFEST CARE

- 1.1 Under the new regulatory regime of the Care Quality Commission, we will achieve the equivalent of an 'excellent' rating for the quality of our services and work towards achieving NHSLA Level Three. (CN)
- 1.2 We will maintain our position amongst the best (top 20%) of hospitals in England for survival rates based on Hospital Standardised Mortality Rates. (CS)
- 1.3 Working with our local Primary Care Trusts (PCTs) we will develop quality initiatives which will be captured within performance agreements, delivered through Commissioning for Quality Innovation Schemes (CQIN) and Patient Recorded Outcome Measures (PROMs), and reported through the publication of Quality Accounts from April 2010. (CFO)
- 1.4 We will ensure medical rotas are EWTD compliant by August 2009. (CF/ODHR)
- 1.5 We will improve end of life care by ensuring that we deliver co-ordinated and responsive care, utilising the Liverpool Care Pathway for the dying where possible. (CN)
- 1.6 We will ensure that there are robust systems in place to safeguard our most vulnerable patients (children and adults, including those with learning disabilities). (CN)
- 1.7 We will accelerate Brighton Centric Higher Specialist Training in collaboration with the KSS Deanery and ensure that all of our Educational Supervisors will be fully trained by 2010 in line with Deanery guidance. (DME)
- 1.8 We will continue to roll out the 'productive ward' programme across our hospitals. (CN)
- 1.9 We will collect, analyse and act on feedback from patients across our services and deliver demonstrable improvements. (CN)
- 1.10 We will ensure that patient information, both written and verbal, is as clear and relevant as it can be and that systems are in place to ensure we provide equal access to this information and the related services for our patients. (CD)
- 1.11 We will reduce our sickness absence by developing and introducing a more responsive approach to promoting the health and wellbeing of our staff; providing better

## KEY OF EXECUTIVE AND CLINICAL LEADS

CFO Chief Financial Officer ODF Operational Director of Finance CCF Clinical Chief, Finance  
CN Chief Nurse CS Chief of Safety CC Clinical Chiefs ODHR Operational Director of HR  
DME Director of Medical Education DRD Director of R&D CCO Chief of Clinical Operations  
CD Communications Director DFE Director of Facilities and Estates CASD Clinical Academic  
Sub Dean DD Development Director 3TPD 3T Programme Director MD Medical Director

psychological support to them and better ways of helping and supporting staff who have been unwell in getting back to work. (CASD)

- 1.12 Using the results of the National NHS staff survey 2008 we will focus on improvement in the areas where we scored 'worse than average' and demonstrate improved staff morale through our results for the 2009 survey. (ODHR)
- 1.13 We will improve the quality of staff appraisals as measured in the National NHS staff survey 2009. (ODHR)
- 1.14 We will promote race equality through investing in a positive, solution-led Commitment to Change Programme for Race Equality. This will include the establishment of an independent Race Equality Commission for BSUH and the publishing of a quarterly progress report on race equality matters. (DD)
- 1.15 We will develop and introduce recognition and reward schemes for staff to highlight individuals and teams who excel and help ensure that staff feel their contribution is recognised and valued. (CD)

## ■ 2. REDUCE THE INCIDENCE OF MRSA & C.DIFFICILE ON OUR WARDS

- 2.1 We will have no more than 36 cases of MRSA. (MD)
- 2.2 We will have no more than 163 cases of C. difficile acquired in our hospitals. (MD)

## ■ 3. BUILDING FOR THE FUTURE

- 3.1 Through our partnership with BSMS, and the Universities of Brighton and Sussex, we will widen the scope of our research activity and take a leading role in taking forward the NHS Innovation Strategy. (DD/DRD)
- 3.2 We will implement the recommendations from the National Clinical Director for Trauma to further strengthen our trauma and orthopaedic services in preparation for our development as the major trauma centre for the South East. (CCF)
- 3.3 We will improve our Patient Environment Action Teams (PEAT) scores on catering, environment and cleaning standards, privacy and dignity. In particular we will reduce (and where possible eliminate) mixed sex accommodation in our hospitals. (CN/DFE)
- 3.4 We will work with the Strategic Health Authority and the University of Brighton to establish a School of Radiography. (DD)
- 3.5 We will complete and submit the Outline Business Case (OBC) for our 3T Programme to develop BSUH as the regional centre for teaching, trauma and tertiary care. Following approval of the OBC we will develop a detailed and robust Full Business Case with the proper engagement and involvement of staff, patients and external stakeholders. (3TPD)

3.6 We will ensure we have an effective Estates Strategy which includes plans for energy use, transport, food, waste and recycling that are in line with the NHS sustainable development strategy. (DFE)

#### ■ 4. A&E

4.1 We will continue to deliver the required levels of performance for all existing and new national standards including the 4-hour A&E standard. (CCO/CC)

4.2 We will improve the flow of patients through our hospitals by reviewing capacity and demand across all specialities and implementing improved arrangements for the way we admit and discharge all our patients. (CCO)

4.3 We will complete the redevelopment of Level 5 at the Royal Sussex County Hospital to modernise and expand the Medical Assessment Unit, open a High Dependency Unit and make improvements to the Day Surgery Unit. (CCO)

#### ■ 5. 18 WEEKS

5.1 We will continue to deliver the national standard for treating patients within 18 weeks of referral. (CCO/CC)

5.2 We will review and revise booking services to ensure high quality, standardised booking arrangements for all our patients and an improved standard of communication with GPs and patients. (CCO)

#### ■ 6. FINANCIAL SUSTAINABILITY

6.1 We will pay off the remaining £10 million historic debt by March 2010. (CFO)

6.2 We will deliver a financial surplus in line with the Medium Term Financial Plan and as required for the 3T Outline Business Case. (CFO)

6.3 We will deliver our financial targets in a sustainable way ensuring all specialities and directorates deliver 3.5% financial efficiencies on their baseline budget. (ODF)

6.4 We will continue to develop our financial performance, governance, reporting and systems in line with that required for a high performing Foundation Trust. (ODF)

6.5 We will develop Speciality level productivity and quality performance information and establish a robust performance and accountability process to allow greater delegation of budgetary accountability. (ODF/CCF)

6.6 We will continue to make the best and most cost effective use of our facilities, equipment and buildings and prioritise improvements to the existing assets by making the best use of our operational capital resources. We will continue to develop our Information Technology infrastructure to support our clinical activities. (CFO/DFE)

# Looking ahead...



The case for investment in the redevelopment of the Royal Sussex County Hospital as the tertiary and major trauma centre for the South East has been accepted. We have selected the above design as our preferred option and we will be submitting the Outline Business Case to the Strategic Health Authority in June 2009.

Brighton and Sussex  
University Hospitals

NHS Trust



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