

OUR PRIORITIES 2011/2012



WITH OUR PARTNERS

 brighton and sussex
medical school

KSS NHS Postgraduate
Deanery for Kent,
Surrey and
Sussex

A word from our Chief Executive



Duncan Selbie
May 2011

This is the fourth year that we have published *Our Priorities* in this form – a brief overview of the previous year and a ‘to do’ list for the year ahead. The format has remained constant but as we continue to make improvements and grow into our role as a young teaching hospital and trauma and tertiary centre, the language we use to describe who we are, what we do and our ambition has changed in emphasis.

By taking as seriously as we do our role as a teaching hospital and major trauma centre, and growing the capability of our specialised and tertiary services, it is assumed by our GPs we are paying less attention to our DGH responsibilities and especially to looking after our most elderly patients. For these patients it is the smallest of interactions that make them feel safe and well cared for and it is the absence of these which can make them feel frightened and anxious. We cannot mandate our staff to get this right. We all have a personal responsibility to make eye contact, say hello with a smile, speak with kindness, listen with sympathy, treat our patients with the kindness and compassion we want for our own loved ones; and not walk by when we witness someone behaving unacceptably, whatever the circumstances or seniority.

The teams who look after our elderly patients are amongst the most able and hardworking in our hospital and the people they care for amongst the most complex and vulnerable. We know this to be true but it is not what we are known for and this is something we must change and demonstrate in ways which are recognised by everyone.

We are serious about the fundamentals of good clinical and bedside care, the cleanliness of the toilets, the quality of the food we serve, about being financially responsible with taxpayers’ money and making the experience of every patient as free from stress and anxiety as it can possibly be. It is my responsibility and the responsibility of every person who manages others to lead by example and actively demonstrate this every day; particularly when the going gets tough. It is not good enough to rely on an abstract ‘they’ to blame when things go wrong or to make things better. We all have to think in terms of what ‘I’ can do, do our best and demand the same from everyone we work with.

What we do

BSUH is the regional teaching hospital working across two sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital, and the Haywards Heath campus includes the Hurstwood Park Regional Centre for Neurosciences.

We provide District General Hospital services to our local populations in and around the City of Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients across Sussex and the south east of England.

Both hospitals provide many of the same acute services for their local populations. In addition, the Princess Royal is our centre for elective surgery and the Royal Sussex County Hospital is our centre for emergency and tertiary care. Our specialised and tertiary services include neurosciences, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine. We are developing our capability as the designated major trauma centre for the region with a 'go live' of March 2012.

We treat over three quarters of a million patients each year. Working as one hospital across two sites, and playing to the strengths of both, gives us the flexibility to develop services which meet the needs of our patients at different stages of their treatment and care.

Central to our ambition is our role as a developing academic centre, a provider of high quality teaching, and a host hospital for cutting edge research and innovation; and on this we work with our partners, Brighton and Sussex Medical School (BSMS) and the Kent, Surrey and Sussex Postgraduate Deanery, and our local universities.

We also work in close partnership with our local GPs to ensure that we are especially attentive to the quality of our District General Hospital services, especially how well we look after our most elderly patients, and that these services are provided and improved in ways which best meet the needs of those patients and their families.





Our vision

Our vision is to be locally and nationally renowned for delivering safe, high quality and compassionate care and to be the regional centre of clinical and academic excellence

What we want to be known for



- Leading clinically and academically, treating the most difficult and complex cases, and striving for excellence in everything we do
- The safety and quality of our clinical services and for treating our patients, their carers and each other with kindness and compassion
- Being tough on performance and decent with people
- Developing strong clinical partnerships with our GPs, neighbouring hospitals and tertiary referrers and working together to the benefit of our catchment populations, clinical service developments, the recruitment and retention of excellent staff and our teaching, research and development responsibilities



What we value

The way we behave matters so we will:

- Lead not blame
- Work together not undermine each other
- Solve not excuse
- Speak well of each other, in public and in private
- Consistently spend our time on what we say we care about
- Behave well, especially when things go wrong
- Keep our promises, small or large

Our strategic goals

BEST AND SAFEST CARE

We will demonstrate the best and safest care in our District General Hospital services, more specialised and tertiary services, evidenced by regulatory compliance, health outcomes, patient satisfaction and clinical opinion

We will deliver a step change in the level of safety our patients can expect by building on innovations such as the appointment of the first Chief of Safety in a UK hospital

ACADEMIC EXCELLENCE

We will work with our partner Medical School and the Kent, Surrey and Sussex Postgraduate Deanery to deliver excellent teaching and training of current and future NHS professionals across primary and secondary care

We will treat the most complex clinical cases

We will contribute to medical research in clearly defined areas; currently these are oncology, neurosciences, infectious diseases, ageing and paediatrics

HIGH PERFORMING

We will deliver national and local standards, and establish stretch targets for best and safest care that match the aspirations of our public and staff

We will support and develop our doctors, nurses, allied health professionals and our managers as natural leaders at every level across the hospital

We will invest in succession planning and attract the best and most able people, where appropriate, of international standing

We will be financially responsible

We will consistently seek productivity and efficiency gains to enable continuing investment



2010/11 Summary

BEST AND SAFEST CARE

We maintained our unconditional registration with the Care Quality Commission (CQC)

We also:

- Achieved a 32% reduction in the number of avoidable falls in our highest risk wards. This equates to 171 fewer patient falls compared with the previous year
- Began offering, as routine, HIV screening to adult emergency admissions to the Royal Sussex County Hospital in Brighton
- Ensured that at least 90% of our adult inpatients received a VTE Risk Assessment and that their pre and post operative care was tailored to the outcome of this assessment

As a first step in moving paediatric A&E at the County Hospital from the adult department into our Children's Hospital, from 1 April 2011 parents who bring babies under the age of one are directed straight to the Children's Assessment Unit in The Alex. This will be extended to all children and young people up to 19 during 2011/12

In a major review by the Care Quality Commission on stroke care in England – relating to hospital services, aftercare and rehabilitation – Brighton and Hove was rated second best in the country

Over 50 BSUH patients had their end of life wish to donate organs and tissues fulfilled. These choices, and all the clinical and support staff involved in making them a reality, have resulted in the saving or enhancement of many lives

We launched a new service at the Princess Royal Hospital for people with dementia who are admitted for an acute medical problem. The dedicated area has been specially adapted to minimise the risk of a hospital stay compounding their dementia symptoms and includes two spacious four-bedded bays, a quiet room, a cognitive therapy room and a day room

We launched our Hospital Stars Recognition and Reward Scheme in association with the Argus, one of our local newspapers. Over 400 individuals and teams were nominated by colleagues, patients and their families and the shortlisted individuals and teams attended an evening award ceremony where the winners were announced and presented with prizes generously donated by local businesses

Our Health Employee Learning and Psychotherapy (HELP) Service employed a second counsellor and therapist and dealt with 250 individual referrals. The service offers free counselling and support for all BSUH staff experiencing professional or personal issues and stress

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

We had 7 MRSA hospital-acquired bloodstream infections, a reduction of 50% on the previous year, and 135 cases of hospital-acquired C. difficile, 13 fewer than the previous year

BUILDING FOR THE FUTURE

We completed the latest phase of the modernisation of the Emergency Floor at the Royal Sussex County Hospital including the opening of a High Dependency Unit, a first for BSUH, significant improvements to the Day Surgery Unit and the installation of two CT scanners and a new wide-bore CT scanner in the Sussex Cancer Centre

We refurbished Level 8 of the Thomas Kemp Tower and Catherine James and Egremont Ward in the Barry Building

We further developed our capability as the designated Major Trauma Centre for the South East and gained the Secretary of State's commitment to our 3Ts development, subject to planning permission and Treasury agreement

A&E

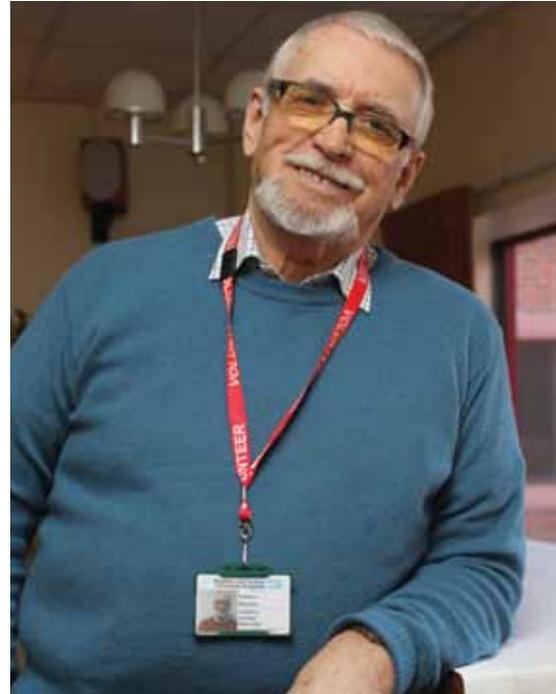
We exceeded the national 4-hour A&E standard; 97% of our patients were seen within this time

18 WEEKS

We exceeded the national standard to treat 90% of admitted and 95% of non-admitted patients within 18 weeks of referral. Admitted patients waited an average of 10 weeks for their treatment and the average wait for non-admitted patients was 5 weeks

FINANCIAL SUSTAINABILITY

We achieved a £4.5m financial surplus



Our 'to do' list for 2011/12

There is always more to do than we can achieve in any one year and this list is not exhaustive. Our Clinical Divisions and the corporate teams that support them are responsible for their implementation

1. BEST AND SAFEST CARE

For patients

- We will aim for zero avoidable infections and no more than 6 MRSA hospital-acquired bloodstream infections and no more than 103 cases of hospital-acquired C. difficile
- We will be in the 'best performing' category of hospitals in England for survival rates based on Hospital Standardised Mortality Rates (HSMR)
- We will assure the systems we have in place to safeguard children and vulnerable adults, strengthen the training we provide in relation to the Mental Capacity Act and refresh our resuscitation policy and the documentation we use to gain consent and
- We will ensure:
 - that adult inpatients are screened for HIV
 - that everyone receives a venous thrombo-embolism (VTE) Risk Assessment and appropriate prophylaxis
 - we further reduce avoidable patient falls
- We will extend Electronic Discharge Summaries to elective day surgery spells, ensure that 80% of Outpatient letters are sent to GP practices within 5 working days and explore whether correspondence can be provided via an automated solution directly to GP systems
- We will reduce our re-admission rates for four clinical pathways in partnership with primary care, namely asthma/COPD, alcohol/substance misuse, ascites/pleural taps and Urinary Tract Infection
- We will improve our information systems to support the effective management of patients through the hospital
- We will demonstrate improving patient outcomes in four areas namely Acute Myocardial Infarction, heart failure, hip and knee surgery and pneumonia
- We will survey at least 15% of inpatients and 2500 outpatients using our Patients' Voice questionnaires and we will improve on the level of patient satisfaction in last year's findings
- We will implement the Ward Round Safety Checklist training programme and complete the roll out of the World Health Organisation (WHO) Safer Surgery Checklist to promote leadership, communication and teamwork amongst our medical and surgical teams
- We will implement 'Comfort Rounds' across the hospital – a series of consistent five times daily checks on whether patients are clean, comfortable, whether they need a drink, to go to the toilet, help to eat or change position

For staff

- We will recognise and reward the contribution of our staff through our annual Hospital Star Awards
- We will actively promote our Single Equality Scheme and a culture where all our staff can do their jobs to the best of their ability without the fear or experience of prejudice, bullying or harassment
- Using our refreshed appraisal system, we will ensure every member of staff has a meaningful and relevant appraisal
- We will refresh and strengthen our management capability in support of our doctors, nurses and allied health professionals
- We will improve the level of staff satisfaction as demonstrated by the findings of the national NHS staff survey

2. EMERGENCY CARE

- We will make improvements in line with eight national A&E clinical quality indicators
- We will redesign the way we treat emergency medical and surgical patients to provide consultant led care for our sickest patients early in their treatment pathway
- We will improve the care provided for elderly patients admitted for emergency surgery by:
 - increasing the input from medical specialists in elderly care to meet the specific needs of the elderly, particularly those with orthopaedic problems
 - achieving best practice for patients with hip fractures including surgery within 36 hours of injury
 - tailoring nursing care to the specific needs of elderly patients especially regarding providing good nutrition
- We will work with our Local Authorities, community services and GPs to develop Ambulatory Emergency Care (AEC) pathways to prevent avoidable admissions
- We will develop our consultant-led Rapid Access Clinic for Older People (RACOP) offering an appointment within 48 hours and establish a consultant-led elderly medicine service in the community
- We will complete the relocation of paediatric A&E into the Children's Hospital
- We will go live as the major trauma centre for the South East in March 2012 by providing a 24/7 consultant-delivered major trauma service with all major specialist services including neurosurgery available on site; a dedicated major trauma theatre with interventional radiology capabilities; and further modernisation of the County Hospital Emergency Floor

3. PLANNED CARE

- We will treat 90% of admitted and 95% of non admitted patients within 18 weeks and within competitive specialty-specific median waiting times
- We will develop with our GPs a proposed end-to-end pathway for Musculoskeletal Services which embraces community-based care, the need for surgery – simple and complex – and aftercare

4. BUILDING OUR CLINICAL INFRASTRUCTURE AND CAPABILITY

- We will submit our 3Ts full planning application to Brighton and Hove City Council with the aim of approval by Christmas 2011
- We will commence building works – subject to planning consent – for our new four-theatre Day Surgery Unit at PRH
- We will complete the refurbishment of the former St Mary's Hall Senior School to accommodate our non-clinical services in readiness for 3Ts
- We will work in partnership with Western Sussex Hospitals and East Sussex Healthcare to establish NHS satellite radiotherapy units in Worthing and Eastbourne and with Sussex Health Care in Pease Pottage
- Working with our partners in East Sussex, we will develop plans for a new satellite haemodialysis facility in the Eastbourne area
- We will implement our Carbon Management Plan to reduce our emissions by 20% by 2015
- We will begin building our third cardiac theatre
- We will work with our neighbouring hospitals in East and West Sussex and Redhill to implement a Sussex-wide pathology network, subject to Full Business Case approval, including building a central hub laboratory at the preferred location, the Princess Royal Hospital
- We are taking part in a Sussex-wide review of vascular services, the outcome of which will provide sustainable and high-quality vascular services throughout the County
- We will maintain our commitment to high quality general paediatrics and continue to develop the range and depth of our sub-specialities, particularly focusing this year on gastroenterology, critical care, diabetes, oncology, cardiology, respiratory medicine and specialised surgery
- We will continue to refurbish and redecorate the buildings and departments not affected by 3Ts, and our other major developments, focusing on public areas
- We will continue to support and collaborate with Surrey and Sussex Healthcare (SASH) to strengthen our clinical and academic partnership

5. MAINTAINING A HEALTHY FINANCIAL POSITION

- We will spend no more than we earn and make a surplus to enable investment
- As we continue to progress our application for NHS foundation trust status and our 3Ts plans, we will demonstrate that we are financially responsible

6. ACADEMIC EXCELLENCE

- We will maintain and enhance with our academic partners the reputation of our undergraduate and pre-registration training and teaching
- We will continue to develop and improve post graduate medical teaching to meet the needs of doctors in training and the General Medical Council (GMC)
- We will build on the hosting arrangement we provide for the Kent, Surrey and Sussex Deanery and play a leading role in the Education and Training agenda for all staff groups across the South East
- We will establish with the Brighton and Sussex Medical School a Foundation Chair in Surgery
- We will continue to support the work of the Deanery to both manage and increase the number of higher specialist training posts for doctors across all of Kent, Surrey and Sussex
- We will work with the National Institute of Health Research (NIHR) to increase the number of our patients involved in clinical research trials



Brighton and Sussex 
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