

OUR PRIORITIES 2012/2013



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
April 2012

We publish 'Our Priorities' annually to remind everyone with an interest in our hospital of how we fared in relation to the previous year's goals and objectives and what we will be focusing on over the next year.

Our priorities remain constant although in emphasis they change each year and whilst our success against each *will* be judged by Government and regulators, more importantly it will be judged by the patients in our care and their families; the outcomes we achieve for them and their perception of the experience they have. For five straight years BSUH has not dropped the ball on performance and this coming year will be no different. The difference is that the next few years will be characterised by taking out costs *and* maintaining and improving the quality of care. This is eminently achievable and in many respects a gift because for too many years we have assumed that spending more money on something will make it better, when experience tells us the essentials of good care have very little to do with money.

For 2012/13 and beyond we will continue to focus on improving the fundamentals of good bedside care. These include whether patients are clean and comfortable and given the support and encouragement they need to eat, drink, go to the bathroom or change position; reducing the number of avoidable falls, the incidence of hospital-acquired pressure damage and medication omissions and misdoses. An open and accountable organisation, which owns up to its problems and shortcomings and acts on them, will always be safer than one which accepts a culture of silent apathy, and this is absolutely the approach we are taking to improving the quality of care we provide. As well as the practical elements, our focus also remains on the way we behave, why this matters so much, and the very reasonable expectation that staff are polite, sympathetic and deliver care with the kindness and compassion we would want for our own loved ones.

There are four principles of behaviour which separate successful teams from those who do less well and these are: first, spending time, and being seen to spend time, on the things you say you care about. Trust and confidence are built by actions not words. If you say you care about something and then spend your time on other things not only will people doubt your word, they ask what else you are not being truthful about. The second is keeping your promises, whenever and wherever possible, and for those you can't keep, being seen to have tried. People expect this. Third is being decent to be around when things go wrong. It is easy to behave well when things are going according to plan. Stress brings out the worst in most people, which is why how you behave under stress can promote or undermine confidence. The final principle is speaking well of each other, in private and in public and especially when we think no-one is listening, because someone always is. Speaking well of each other is never about not telling the truth, quite the opposite. Of course we know that everything is not as we would wish it. But we also know that on most days and for most patients we are making a positive, lasting and sometimes life-changing difference and we should remember and speak about this as often as we can.

What we do

Brighton and Sussex University Hospitals (BSUH) is an acute 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, arterial vascular surgery, neonatal, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine. We are also the major trauma centre for Sussex and the South East.

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.

We also work in close partnership with our local GPs to ensure that we are particularly 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.

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.





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 outstanding staff and our teaching and research 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 and 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 appointments of the first Chief of Safety and Safety Ombudsman in a UK hospital

ACADEMIC EXCELLENCE

We will work with our partner Medical School and the Kent, Surrey and Sussex Postgraduate Deanery to deliver the best 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 clinical 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





2011/12 Highlights

- We maintained our unconditional registration with the Care Quality Commission (CQC)
- Our 3Ts planning application to replace the oldest buildings in the NHS still used for acute care was unanimously approved by Brighton & Hove City Council and the Outline Business Case was approved by the Strategic Health Authority for the South of England in March 2012
- We designed and introduced 'Comfort Rounds' across the hospital; a two-hourly, rolling schedule of checks focused on the essentials of good nursing care: whether patients are clean, comfortable, whether they need a drink, to go to the bathroom, help to eat or change position
- Through an award-winning initiative we reduced the number of avoidable falls on our wards by 16.6%; 11 wards reduced their falls by 25% or more and 24 had lower rates than last year
- We reported 5 hospital-acquired MRSA cases, 2 fewer than 2010/11, and 72 C. difficile cases, 45% less than 2010/11
- We became the host organisation for the Kent, Surrey and Sussex Postgraduate Deanery, a national first
- We introduced a new medical model which increased Consultant presence in our Acute Medical Unit (AMU) in Brighton and the presence of Consultants from gastroenterology, diabetes and endocrinology and respiratory medicine in the hospital at weekends. In addition our Elderly Care Consultants now cover the Emergency Floor every weekday afternoon and have introduced 7-day working
- We signed the lease for the Sussex Orthopaedic Treatment Centre (SOTC) on the PRH campus to transfer from Care UK to BSUH on 1 April 2012
- In January 2012, in the Royal Alexandra Children's Hospital, we opened the first stand-alone Children's Emergency Department in the South East
- We exceeded the national standards for 18 weeks, cancer, stroke and A&E performance
- We received 560 nominations for our annual Hospital Star Awards which recognise outstanding staff contributions

Our 'to do' list 2012/13

There is always more to do than a list can capture and this is not exhaustive

BEDSIDE CARE

- We will reduce the number of avoidable falls across the Hospital by a further 15% (CN)
- We will eliminate avoidable Category 3, and further reduce the incidence of Category 2 pressure damage (CN)
- We will audit the implementation of our Comfort Rounds across the Hospital to ensure they are carried out every two hours, every day on every ward, and publish the results (CN)
- We will continue to make improvements in the identification and treatment of dehydration and malnutrition, with specific focus on the frail and elderly and patients with dementia, ensuring that when they need it, 100% of patients receive appropriate help with eating and drinking (CN)
- We will establish a dementia unit, extend our RACOP facility and open a Medical Day Unit in Brighton (CM)
- We will collect, monitor and publish the data around Catheter Associated Urinary Tract Infections to establish a baseline against which we will reduce the incidence (MD)
- We will ensure all patients are treated in single-sex bays or wards unless clinically inappropriate (CN)
- We will introduce electronic rostering for nursing staff to ensure safe and efficient staffing levels in all clinical areas and aim to reduce nursing sickness absence to 3% (CN)

STREAMLINING EMERGENCY & PLANNED CARE

- We will work with our clinical commissioners, social, mental health, ambulance and community services to deliver our share of a 15% reduction in unscheduled hospital admissions; including a further reduction in the number of emergency readmissions within 30 days (COO)
- We will sustain the national standards for 18 weeks, cancer, stroke and A&E performance (COO)





- Working with our partners in East Sussex we will take forward plans for a new satellite haemodialysis facility in the Eastbourne area (CSS)
- Working with and through a network comprising BSUH, East and Western Sussex Hospitals and Surrey and Sussex Healthcare we will implement the agreement to centralise all arterial vascular surgery in Brighton (CS)
- We will work with our NHS partners across Sussex to establish the Royal Alexandra Children's Hospital (the Alex) as the principal paediatric centre in Sussex (CWC)
- We will begin the introduction of an Electronic Patient Record (EPR) (DHI)
- We will introduce a new Picture Archiving and Communications System and Radiology Information System (PACS & RIS) (DHI)
- We will upgrade and modernise our connectivity to all other NHS organisations through a new wide area IT network (DHI)
- We will work with NHS Sussex and the Sussex Cancer Network to improve access to modern Radiotherapy (CSS)
- We will begin building our third cardiac theatre (D3Ts)

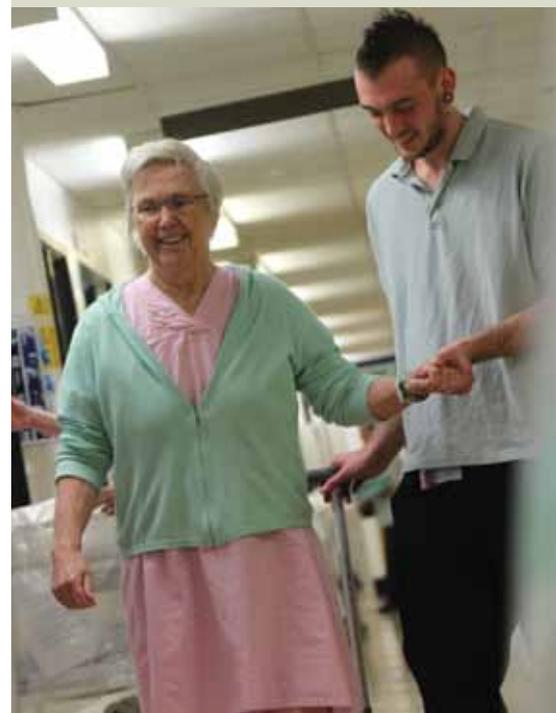
DEVELOPING AS THE MAJOR TRAUMA CENTRE

- Establish a neurotrauma service in Brighton (CT)
- Implement a 24/7 model of care including: resident emergency department consultants; rapid access CT scanning at the front door; new polytrauma and interventional radiology theatres (CT)
- Establish safe clinical pathways for all aspects of care, and all age groups, from the ambulance through to rehabilitation (CT)

BEST AND SAFEST CARE

- We will have no more than 3 hospital-acquired MRSA bloodstream infections and no more than 71 cases of hospital-acquired C. difficile (MD)
- We will further reduce the rate of medication omissions on all wards to less than 10% (MD)

- We will further improve our survival rates and reduce our Hospital Standardised Mortality Rate (HSMR) (MD)
- We will improve in-hospital identification of dementia and the specialist care we provide (CM)
- We will take forward plans for a Sussex Woman's Centre in Brighton and a midwife-led Birthing Unit at the County Hospital to improve the care we offer to pregnant women (CWC)
- We will work towards reducing the number of Caesarean sections undertaken to achieve a 'normal birth' rate of over 77% (CWC)
- We will participate in the national audit programme and ensure that all services have an active audit programme to assure their quality and safety (MD)
- We will survey 15% of inpatients and 2500 outpatients and ensure this information is used to improve our services (CN)
- As the opportunities available for Academic Health Science Networks become clearer, we will, with our partners within the NHS and academia, establish an academic community in the south east of England (CE)
- We will continue to build on the success of our Enhancing Quality and Recovery Programme to improve the consistency and quality of patient care, with a new emphasis on the diagnosis and management of people with dementia and acute kidney injury (MD)
- We will improve the experience of care for people potentially in the last year of their lives through 'The route to success in end of life care – achieving quality in acute hospitals' (MD)
- We will continue to build a culture where diversity is positively valued. We will promote equality and identify and tackle discrimination where it exists through innovative approaches like the Race Equality Commission and the Commitment to Change programme (CE)



FINANCIAL SUSTAINABILITY

- We will submit our application, on time, to become a Foundation Trust to the Department of Health in April 2013 (DCA)
- We will spend no more than we earn and generate a £2.9m surplus (CFO)
- Our Efficiency Programme, supported and performance managed by our enhanced Project Management Office (PMO), will deliver in-year savings of at least 7% (CFO)
- Through Service Line Management our 38 specialties will take ownership of their finances and the operational responsibilities and development of their service (CCF)
- We will submit, to NHS South of England and the Department of Health, the Full Business Case (FBC) for the 3Ts redevelopment of the Royal Sussex County Hospital (D3Ts)





Chief Executive (CE)
Duncan Selbie



Medical Director (MD)
Dr Steve Holmberg



Chief Nurse (CN)
Sherree Fagge



Chief Operating Officer (COO)
Nikki Luffingham



Chief Financial Officer (CFO)
Chris Adcock



Communications Director (CD)
Rachel Clinton



Chief of Surgery, Women & Children (CS) (CWC)
Peter Larsen-Disney



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Chief of Medicine (CM)
Dr Owen Boyd



Chief Physician (CP)
Professor Tony Frew



Director of Strategy (DS)
Dr Jo Andrews



Clinical Chief of 3Ts (CC3Ts) Director of Digestive Diseases (DDD) Mr Peter Hale



Clinical Chief of Finance (CCF)
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Chief of Specialised Services (CSS)
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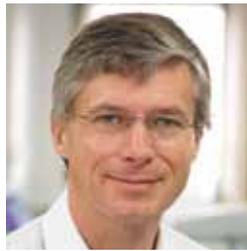
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Who's who



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