

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	29th March 2016
Board Sponsor:	Chief Executive
Paper Author:	Chief Executive
Subject:	Chief Executive's Report

Executive Summary

The Chief Executives' report advises the Board of preparations in advance of the CQC inspection in April; and progress on the priority areas presented to the January Board

Links to corporate objectives	This report concerns all of the Trust corporate objectives
Identified risks and risk management actions	The key risks concern performance in unscheduled care and planned care and financial control, which are addressed in detail in the Board agenda
Resource implications	None specific to recommendations in this report
Report history	The Chief Executive reports formally to each Board meeting
Appendix	None

Action required by the Board

The Board is asked to note the Chief Executive's report and ask for further information or clarification as required.

Report to the Board of Directors, 29th March 2016 Chief Executive's Report

Introduction

A week today, around 40 CQC inspectors will arrive on site to begin a comprehensive, four-day inspection of our hospitals. Last week on Tuesday 15 March at the Royal Sussex County Hospital and on Wednesday 16 March at the Princess Royal they held a series of staff forums which we understand were very well attended.

The strapline which we have used throughout the run up to this inspection, and in preparing our staff, is 'be prepared, be honest, be proud'. We have made progress in some areas since their last visit; whilst in some key areas we have not delivered the necessary improvement and, as ever, the only approach we can take is to be proud of what we do well and be clear and honest about the areas where our performance is below the required standards – and our plans to raise those standards to meet national requirements and, more importantly, the expectations of our patients and their families.

In my last Board Report I set out what we need to do, under six priority areas, and these remain unaltered. For each of these we have continued to invest significant time, resource and energy and some examples of the actions we are taking are summarized below.

To build on the work we already underway to **address the significant challenges we have in unscheduled care** we have:

- Introduced a new transformation team to work alongside the clinicians in the Emergency Department at the Royal Sussex County Hospital to bring more pace and rigour to the work to improve the physical environment and support the introduction and maintenance of new systems and processes, as recommended by ECIP, to improve the efficiency of the ED and the experience of our patients, including, for example, the implementation of single clerking and the redevelopment of the Urgent Care Centre.
- Commenced the roll out of a programme of work to ensure ward-based staff are using the software available via their electronic whiteboards to improve the real time information we have about our bed state, the pace at which we can admit patients from the ED and the overall flow of patients through the hospital.

To **progress the £485 million redevelopment of the Royal Sussex County Hospital whilst managing and mitigating the impact of this on the day-to-day operational running of the hospital** we have:

- Introduced a new satellite parking scheme for staff permit holders working at the Royal Sussex County Hospital. From Monday 14 March we asked to staff

to stop using the multi-story car park on the north of the site and instead use a 100-space care parking facility we have secured at the far end of Eastern Road. The implementation of this has been relatively unproblematic and well-received and the benefits are already being felt by patients and visitors who previously had to queue for up to 90 minutes for a space in the multi-story car park. In addition, because the queue for the car park has been entirely removed, the North Service Road is less congested and more accessible to the increased traffic associated with the 3Ts redevelopment.

To improve support for and the engagement of our staff; appraisal rates; uptake of statutory and mandatory training, and leadership development (with particular focus on medical engagement) we have:

- Continued to build on the prolific programme of staff engagement and development events and opportunities including the team coaching approach which has now been delivered to 32 teams (or nearly 400 staff) and the Leading the Way Too management development course
- Improved our staff appraisal rates from 50% to 70% in the last twelve months.
- Run an extremely well-received engagement event, attended by speciality Lead Clinicians and Clinical Directors to begin a series of conversations about the changes which they perceive would enable us to decompress the Royal Sussex County Hospital site and achieve a better balance between urgent, planned and specialist care.

To proactively work with our partners and stakeholders to build strong, productive and collaborative relationships we:

- Attended the first Sussex and East Surrey Sustainability and Transformation Plan Programme Board to work with health and social care partners from across the patch in the development of our local health economy Sustainability and Transformation Plan – as set out in the National NHS Planning Guidance 2016/17-2020/21.
- Continue to work with Queen Victoria Hospital on the Strategic Outline Case for an innovative and collaborative approach to the provision of paediatric burns and lower limb trauma care. This case, which has been 18 months in the development, will be submitted to NHS England in early April.

Conclusion

I want to finish by thanking all our staff, partners and stakeholders for their ongoing hard work and support during my tenure as interim Chief Executive and to warmly welcome our incoming Chief Executive, Dr Gillian Fairfield, to BSUH.

**Amanda Fadero
Chief Executive
March 2016**