

# C

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>31<sup>st</sup> May 2016</b>
<b>Board Sponsor:</b>	<b>Chief Executive</b>
<b>Paper Author:</b>	<b>Chief Executive</b>
<b>Subject:</b>	<b>Chief Executive's Report</b>

## **Executive Summary**

The Chief Executive's report advises the Board of local and national issues of importance.

This includes the national financial position in the NHS and the announcement of the Financial Improvement Programme, which the Trust has been selected to participate in; national Accident and Emergency performance, which demonstrates relative improvement in the Trust position; and the publication of the Care Quality Commission's strategy.

The opening of the radiotherapy facility at Preston Park marks an important milestone in the development of radiotherapy services in Sussex. The Board also welcomes Antony Kildare as Interim Chairman of the Trust, with the former Chairman, Julian Lee, having stood down after 7 years' service to the Trust in April, and Martin Sinclair and Kirstin Baker as Non-Executive Directors.

<b>Links to corporate objectives</b>	This report concerns all of the Trust corporate objectives
<b>Identified risks and risk management actions</b>	The key risks concern financial and operational performance, which will be discussed in detail at the Board.
<b>Resource implications</b>	None specific to recommendations in this report
<b>Report history</b>	The Chief Executive reports formally to each Board meeting
<b>Appendix</b>	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.

# C

## Report to the Board of Directors, 31<sup>st</sup> May 2016

### Chief Executive's Report

#### NATIONAL NEWS

##### National financial position

Official figures published by NHS Improvement on Friday showed the NHS provider sector ended 2015-16 with an overall deficit of £2.45 billion. This was £460m worse than the revised plan, and £650m worse than the £1.8 billion set aside in 2016-17 to support financially challenged Trusts.

This will have major implications for how the whole NHS is managed going forward and makes the work we are doing as part of the Sussex and Surrey Sustainable Transformation Plan (STP) all the more important. The emerging work in the STP will be discussed further at the Board meeting.

##### Financial Improvement Programme

The Trust has been selected to participate in the NHS Improvement (NHSI) sponsored Financial Improvement Programme, working with McKinsey and Company. The Trust is one of 16 Trusts which were chosen by NHS Improvement, out of 80 applicants, because of the potential impact on financial performance and stability resulting from intensive support. The work with McKinsey has commenced and the Board will continue to be updated on the details of the programme.

##### Lead: Chief Financial Officer

##### National A&E Data

The national performance data for March 2016 published by NHS England showed that on average 81% of Accident and Emergency patients were seen within 4 hours. While Trust performance remained challenged at 81%, the Trust's relative position improved as performance deteriorated nationally.

The Trust performance has also shown some improvement in April, where performance against the four-hour standard was 84%.

##### Lead: Chief Operating Officer

##### Junior Doctor's Industrial Action

Government negotiators and the British Medical Association leadership have reached an agreement after eight days of talks at conciliation service ACAS. The agreement will now be put to a vote of over 40,000 BMA members. The details of the agreement, released last Wednesday, include several major changes:

- the basic pay rise is to be reduced from 13.5% to between 10% and 11%
- weekends will no longer be divided up between normal and unsocial hours, instead a system of supplements will be paid which depend on how many weekends a doctor works over the course of a year
- extra pay for night shifts is to be reduced from 50% to 37%

## C

- extra support will be made available for doctors who take time out, such as women who go on maternity leave, to enable them to catch up on their training and thus qualify for pay rises, after claims women were being unfairly penalised
- junior doctors will get an enhanced role in advising and liaising with the independent guardians who keep an eye on the hours doctors work

A new draft contract will now be produced and published by the end of May, which will be followed by a referendum by the BMA on whether to accept the contract. NHS organisations will suspend work on preparing for the introduction of the contract from 3 August, pending this referendum.

There was very effective planning within the Trust for the Junior Doctor's Industrial Action and an *After Action Review* was discussed at the Senior Management Team on 23<sup>rd</sup> May, which identified lessons learned and actions for the future.

### **Lead: Chief Operating Officer/Director of People**

#### **Care Quality Commission (CQC) Strategy**

CQC published its five-year strategy, 2016 to 2021, on 24<sup>th</sup> May, setting out its ambition to develop a more targeted, responsive and collaborative approach to regulation. In practice this will mean:

- More resources will be put into assessing services with poor ratings or where the rating is likely to change, and less where care quality is good and likely to remain so
- More unannounced inspections focused on areas where risk is greatest or quality is improving
- A greater focus on the quality of care for specific population groups and coordination across organisations
- New ratings of how well NHS trusts and foundation trusts are using their resources to deliver high quality care.

CQC will also work with its partners, providers and the public to agree a shared definition of quality based on the five key questions used in CQC inspections and a shared data set so that providers are only asked for information once. CQC will also hold an annual review of each provider to determine where to focus inspection activity for the year ahead. It will also expect providers to describe their own quality against the five key questions, and feed this information into the annual reporting processes.

### **Lead: Chief Nurse and Chief Executive**

#### **Healthcare Safety Investigation Branch**

The new Healthcare Safety Investigation Branch will be operating from this autumn with a budget of £3.6m for around 30 investigations per annum. A new chief investigator, reporting to the Secretary of State for Health, will be appointed in the next few months and will be tasked with establishing the branch and how it will operate.

#### **The Chief Executive's tale**

A new report from the King's Fund highlights the challenging role faced by trust chief executives. The chief executive's tale draws on the views and experiences of some of the most long-standing chief executives in the NHS. The picture revealed is complex – being a chief executive in the NHS is very rewarding, bringing high levels of achievement and

# C

fulfilment, but is also very challenging. A number of those interviewed highlighted the burden of regulation and some behaviours that can be described as bullying. There was a high personal cost for these individuals and arguably an even greater cost for the NHS.

The report highlights concerns that the pressures of the role and difficult environment in which chief executives are operating is deterring the next generation from putting themselves forward for the role. It underlines the need to foster a positive culture in which NHS leaders are supported, talent is nurtured and innovation is encouraged.

## **LOCAL NEWS**

### **Chairman and Non-Executive Directors**

The former Chairman, Julian Lee, stood down at the end of April, having been Chairman of the Trust since 2009. The Trust and NHS Improvement thanked Julian for his service to the NHS over the last ten years both as chairman of BSUH and in his previous role as Chair of Brighton and Hove City Primary Care Trust. Christine Farnish, Non-Executive Director, also stood down in April and Antony Kildare agreed to act as Interim Chair pending the appointment of a new Chair.

We are also pleased to welcome Martin Sinclair and Kirstin Baker to the Trust as new Non-Executive Directors, and their experience and expertise will be critical, particularly in the context of the financial challenges faced by the Trust.

### **3Ts Redevelopment Update**

The focus of the 3Ts development has been on the implementation of the revised decant plan to ensure effective handover of the site. The most visible impact of the programme has been the successful installation of a tower crane on top of the Thomas Kemp Tower, The crane will be used to construct the helipad on the top of Tower which is due for completion in December 2017.

The 3Ts Programme Board will be chaired by a Non-Executive Director from June 2016, as agreed by the Board in April and the governance of the programme will be further refined taking into account the recent Internal Audit report on the programme.

### **Lead: Director of Strategy and Change**

#### **Garden Party**

Four staff from children's services - Ryan Watkins (Clinical Director), Helene Smith (Ward Manager HDU) Rebecca Sadler (Ward Manager - Daycase) and Sandra Crayford (Senior Secretary) - were guests at the Royal Garden Party at Buckingham Palace the week before last. HRH Princess Alexandra invited up to four representatives from the children's hospital in her role as patron and those attending were nominated by their peers and colleagues in the hospital to attend on behalf of everyone. They were presented to HRH Princess Alexandra who was interested to hear how the Alex has flourished since she opened the new hospital.

**Dr Gillian Fairfield**  
**Chief Executive**  
**May 2016**