

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>21<sup>st</sup> December 2015</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**

This report updates the Board with progress on key strategic developments following final approval of the 3Ts development and in relation to tertiary services; progress in operational performance; developments in the Values and Behaviours programme; and the Trust plans to address the findings of the Lord Carter review of productivity in NHS providers.

The appendix to the report formally transfers the appointment of the Care Quality Commission (nominated individual) to the Interim Chief Executive.

<b>Links to corporate objectives</b>	This report focuses on <i><b>the delivery of the clinical strategy</b></i> , through the 3Ts programme; and performance and finance challenges which concern <i><b>excellent outcomes; great experience and high productivity</b></i>
<b>Identified risks and risk management actions</b>	Key risks are aligned with the risks to the Trust objectives described in the Board Assurance Framework.
<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>	Care Quality Commission (Nominated Individual)

### **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.

The Board is further asked to note that the Care Quality Commission (Nominated Individual) will be Amanda Fadero, Interim Chief Executive, effective from 24<sup>th</sup> December 2015.

## **Report to the Board of Directors, 21<sup>st</sup> December 2015**

### **Chief Executive's Report**

#### **1. 3Ts Programme**

The Board will be aware that we received the final approval letter for the 3Ts development on 2 December. Given the preparations we had in place, we were able to move quickly to sign the contract with Laing O'Rourke on 7 December. This is a very significant milestone for the Trust and health care across the region. As I have said previously, this means that 3Ts – as a set of new buildings but also an opportunity to transform the way we provide services – is no longer just a plan, but the very core of our strategy for the Trust as the regional teaching and trauma centre but also as the key provider for local services.

The Trust teams are now working with Laing O'Rourke to start works on site on 4 January. This will initially be fairly low key and focus on preparations on the roof of Thomas Kemp Tower for the helideck and in the boiler house area where the new energy centre will be located. Activity will increase demonstrably across the front section of the site until the Summer, when the main demolitions will be complete and excavations will begin in earnest. We will be publishing six monthly "look forwards" on our website, as well as more detailed plans for the coming month. This will start early in the New Year.

#### **2. National productivity review**

The Trust has been part of a national productivity review and is currently assessing the findings of the Lord Carter review of NHS providers in some detail. We intend to align and triangulate the outputs with that of our own 'Service Line Reporting' information and a range of specialty level benchmarking comparative data which we regularly review in partnership with 'Civil Eyes'.

The estimated £45.7m potential savings opportunity for Brighton and Sussex University Hospitals would appear to be very challenging and particularly within the context of our expected £35m cost improvement plans for 2016/17. Further discussions will help us identify where our existing cost reduction plans either dovetail or are consistent with the opportunities indicated in the report.

The top 10 services identified as those with the greatest opportunity for the Trust, contain a mix of tertiary and more local services. Further benchmarking will be undertaken to establish robust, comparative information and the potential opportunities for efficiencies across this range of services.

#### **3. Safeguarding update**

Publication of the Savile review resulted in all NHS Trusts being asked to ensure that their children's safeguarding policies and procedures were robust. BSUH responded formally to the NHS Trust Development Authority (TDA) in respect of the recommendations made in this report, following discussion at the board in June.

The Board was appraised, in September, of the Trust's intention to commission an independent review of our arrangements for safeguarding children and young people to provide further assurance of our policies and processes. Contextually, two members of staff had been subject to criminal proceedings in the previous eighteen months; one, in relation to a relationship with a juvenile elsewhere in the country and another, in respect of making or possessing illegal images of children. In both instances, the members of staff were immediately suspended from work once the

Trust became aware of the police investigations and they were subsequently dismissed. Police and Trust inquiries, undertaken at the time, found no evidence of any offences being committed at, or connected to, the hospital. However, as part of the wider review of safeguarding practices, it was considered important to ensure that all systems and processes were reviewed and any necessary lessons identified and learned.

The safeguarding children review was commissioned from Ineqe, led by Mr Jim Gamble. Mr Gamble has significant experience in the field of safeguarding children having been the founding chief executive of the Child Exploitation and Online Protection Centre (CEOP) and he is currently the Independent Chair of the City & Hackney Safeguarding Children Board.

Mr Gamble's interviews with staff and partner agencies have been concluded and his report is in the process of being completed. A formal presentation of his findings will be made to the January meeting of the Trust Board. In the interim, the annual review of children's safeguarding is presented to the December board for information. This provides a valuable summary of the work undertaken across the trust on supporting and promoting the safeguarding of children.

#### **4. University of Brighton Vice-Chancellor**

Amanda and I have recently met with Debra Humphris, the newly appointed Vice-Chancellor at the University of Brighton. This was a very positive session and enhancing this relationship is key along with the University of Sussex, who are also recruiting to a new VC at this time. Building on the successful and strong links that already exist is key to help us develop our strategy to support our teaching, training and research objectives. Further work on this will be undertaken in the New Year and as part of business planning for 2016/17 and beyond.

#### **5. Positive developments**

In the run up to World Aids Day on 1 December our HIV team a week of activity to encourage more people to be tested. This involved some very moving and honest, personal stories which were generously shared by some of our patients. It was also a moment to remember Martin Fisher and the work he led to treat patients with HIV with dignity, compassion and respect and on the development of new strategies for effective treatment and prevention. The Martin Fisher Foundation has been established to celebrate and take forward the legacy of Martin's work which was centred on Brighton and Hove but has had a global reach.

Over the last couple of weeks it has been my absolute pleasure to join over 200 of our volunteers at their Christmas Receptions at the PRH and the Royal Sussex County Hospital. There are currently around 450 people who volunteer their time, energy and compassion across all the sites and locations from which we provide services, and who range in age from 16 to over 90. At the Christmas Receptions they were treated to a lovely two-course meal and we present certificates to our longest serving volunteers. The 74 volunteers who received long-service awards this year have collectively given over 400 years of service to the Trust. One of these, who received a certificate for ten years' service, was Chaplaincy Volunteer Lorraine Mercer who was recently presented with an MBE for her services to the community including her work as a BSUH volunteer. Also there, were four volunteers who have gained employment within the NHS this year; as a Maternity Care Assistant, a Phlebotomy Assistant, a student Midwife and a porter; and all attributed their volunteering as a significant contributory factor in securing permanent employment. Individually and collectively the contribution made by our small army of volunteers is remarkable and I know that many wards and departments would struggle to manage

without them. At the Receptions I said thank you in person to as many as I could but I would like to take this opportunity to extend that thank you to all our volunteers.

The team who work in our Children's Emergency Department in the Royal Alexandra Children's Hospital delivered outstanding performance for the 4-hour A&E standard in the month of November. The month saw 2349 attendances - an increase of 10% on the number of patients seen in October - and our busiest month of the year so far. Of these, 2347 (or 99.9%) were triaged, treated and either discharged or admitted within 4 hours; and the two patients who weren't needed to stay longer for clinical reasons. By anybody's standard this is a brilliant service for our youngest patients and their families and everyone involved should be very proud.

## **6. Operational performance**

### **Unscheduled Care**

The Acute Floor and Specialty Medicine teams continue to make changes and improvements to the unscheduled care at the Trust including the development of new clinical pathways, which will help us ensure patients are seen by the right clinical teams earlier - leading to quicker assessment and treatment. Recent developments include the implementation of a new ambulance handover process to ensure patients are seen and assessed quicker on arrival at the hospital; plans are also being developed for a single-clerking process on the acute floor, which should deliver real benefits. At PRH work is underway to reduce the number of patients admitted to ED and to improve 4-hr performance through the establishment of a fully integrated 24/7 primary care provision in ED to see patients presenting with minor injury and illness.

In November, Newhaven Community Ward with 20 beds opened for patients who are well enough to be treated outside of hospital but need further skilled nursing care. Plumpton Ward - at the PRH - opened in October, providing step-down beds for patients prior to their leaving hospital.

In addition the *Right Care, Right Place, Each Time* programme is delivering real improvements in our ward processes across our hospitals, which is already resulting in reduced lengths of stay in a number of wards across the hospital and patients being discharged earlier; this in turn is helping to create better patient flow across the hospital. There has been positive progress with the key measures we are using to assess impact and this has improved the position for patients and staff and will continue going forward.

### **Referral to Treatment (RTT)**

RTT remains a challenge for the organisation and the key priorities are to stem the deteriorating backlog growth and provide a realistic trajectory. A high-level review of current performance against the previous trajectory has been undertaken and shared with all Directorate Managers so that they can:

- a) develop recovery plans to stem the deteriorating position and
- b) support delivering a realistic trajectory

It is anticipated that the trajectories will be completed by 18 December in preparation for national submission on 22 December. Directorate Managers are meeting with CIU and the 18-week manager to work through in detail planned activity, any capacity constraints and challenges that may hinder performance.

Validation of the incomplete list had taken a 'back seat' whilst all staff concentrated on validating the 'Patients with Unknown Status' (PUS), the NULL cohort is nearly

completed, just awaiting updates on the secondary validation that has been requested from the clinicians. The Trust is committed to expand the validation team from January so that the existing validation team can concentrate on validating the incomplete, (suspension of validating our incomplete position has contributed to the deteriorating position), whilst the additional staff will spend time cleaning the remaining data. Simultaneously, work has commenced on training and process change within administrative teams, to ensure that all patient pathways are transparent, and we capture all patient events and Directorate Managers have been requested to identify 5 key pathways that would benefit from redesign going forward.

## **7. Values and behaviours**

Over 110 managers have now attended *Leading the Way Too* programme and managers are booking for the next round of dates which will take place in February to July 2016.

Staff forums are continuing at RSCH and PRH and all feedback from staff is collected and will be shared widely on info-net. Open sessions have now been planned up to June 2016. The next session on 17 December is a focus on HR, with members of the HR team attending to talk to staff.

Theming of the SHINE week feedback from staff is now complete and will be shared in due course. The Team brief and verbal cascade will be re-launched in the New Year. The communications charter which contains guidelines for emails and meetings will be launched after Christmas.

There are now over 230 V&B Champions and a Champion training event is planned for January 2016. Team coaching is ongoing with 45 teams having completed the V&B workshop and nearly 50 teams lined up for workshops in the New Year.

Planning for V&B activities during 2016/17 is now underway.

## **8. Tertiary Services**

The Trust recently met with the senior specialist commissioning team from NHS England to review the Trust's strategic intentions in the development of its tertiary services. This included a wide ranging review covering Vascular Services, Cardiac Services, Cancer, Burns services and the Major Trauma Centre, Renal Care and specialist Paediatrics services. NHS England gave their unequivocal support to developing BSUH further as a Tertiary centre, including opportunities for potential repatriation of tertiary care from more distant centres and closer collaborative commissioning with local CCGs.

Following the final agreement of capital funding for the 3Ts programme, the Trust has established a Strategic Partnership Group, with NHS England and the local CCGs, to strengthen and better align our strategic plans with the inaugural meeting to be held in January. Securing improvements in patient care through redesigned pathways, workforce modernisation and utilising our estate over the next five to ten years will be the primary purpose of this group.

**Matthew Kershaw**  
**Chief Executive**  
**December 2015**