

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>24<sup>th</sup> August 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 on progress with our key strategic development, including 3Ts, in relation to which the Board is advised that the NHS Trust Development Authority has approved the Full Business Case (FBC) which is now pending Her Majesty's Treasury (HMT) approval; and the full implementation of the major trauma pathway at the Royal Sussex County Hospital (RSCH), following the successful relocation of neurosurgery services to RSCH through the site reconfiguration programme. Work has also started on the radiotherapy developments at the Park Centre in Brighton and at Eastbourne District General Hospital which will significantly improve care for our cancer patients.

The report further advises the Board on progress with the transition of soft Facilities Management from Sodexo to the Trust which is effective from 1<sup>st</sup> September; and the current challenges in performance and our plans to address those challenges, which will be discussed in detail at the Board.

The report also describes a number of positive developments in education and training and research, including ground-breaking work in HIV and Alzheimer's research.

<b>Links to corporate objectives</b>	There is a particular focus in this report on <b><i>the delivery of the clinical strategy</i></b> , through the 3Ts, site reconfiguration and radiotherapy developments;
<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

### **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, 24<sup>th</sup> August 2015**

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

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

The NHS Trust Development Authority approved the Full Business Case for the 3Ts Development at its meeting on 15 July 2015, and we are now working to secure the approval of the Department of Health and HM Treasury.

We are now providing further detailed information which is necessary to provide the approving bodies with the assurance that they need to be able to make that final approval.

Additional assurance is now required with regard to our financial recovery plan and future financial sustainability as we are reporting deficits for the next two years. This does not make us unusual in the provider sector, but it has added a further level of assurance required to secure the major investment which we are seeking.

We are working now to a final approval in September. This will allow us to maintain the date of a substantive start on site for the main project in January 2016 as planned.

In order to achieve that, we will be starting some service diversion works on the site in early September, which were approved earlier this year as part of the continuing support for the design and decant programme. We will provide further information on this in the coming weeks to ensure that staff and patients are aware of these works.

The fit out of the Front of Site and Courtyard buildings continues to allow occupation in early 2016 and late 2015 respectively

#### **2. Site reconfiguration**

In June 2015 the neurosurgery service successfully relocated from Hurstwood Park to their new location on the acute floor at the Royal Sussex County Hospital. This enables the Major Trauma Centre to provide 24/7 enhanced care to the most severely injured patients within the Sussex Trauma Network with the necessary clinical services, including neuro-trauma, based on one hospital site.

In July the Sussex Trauma Network undertook a table-top exercise with stakeholders from across the trauma network to test the new pathways prior to implementing the full major trauma pathways. As a result of this exercise it was agreed to switch off the major trauma by-pass protocols and implement the full major trauma pathways from 27 July 2015.

Patients within the Sussex trauma network with major trauma, including traumatic brain injury, will now be treated locally in Brighton rather than transferred to other MTCs.

### **3. Unscheduled Care**

The Trust continues to experience difficulties in meeting the four hour A& E standard and following the recent CQC review, ECIST visit and risk summit a programme of work is underway to make significant and sustained changes and improvements to the whole unscheduled care pathway; these changes must be implemented by the end of September 2015.

A new model of unscheduled care has been developed by the senior clinical leadership team on the acute floor and this model will include the recommendations made in the recent ECIST report. An Acute Floor Project Board has been established which meets weekly to lead on the implementation of a number of changes including adopting a clinical navigation model to stream patients early to the appropriate clinical area, the development of a medical assessment area, a larger surgical assessment area and short stay beds, an acute medical unit including a fragility unit & RACOP, and process changes to improve flow to the wards.

This project will be complemented by other projects boards which will focus on making changes to remove current exit blocks from the acute floor and to improve flow to the inpatient wards; this work will include implementing SAFER, progressing Discharge To Assessment, a reconfiguration of medical wards in the Barry building and many other improvements to ward processes. It is essential that all of these changes are planned and implemented concurrently across the whole unscheduled care pathway if the changes to the acute floor are to be successful.

There has been an impact on planned care capacity from the unscheduled care challenges and this has impacted on waiting time performance. We are now working on the recovery of this position which will be covered separately in the Board meeting.

### **4. Soft Facilities Management**

The transfer of Soft FM service from Sodexo (SDX) to an In-House provision will take place on 1st September 2015.

There are a wide range of issues that are being managed to deliver this significant change and these fall broadly into the two categories of pay and non-pay. To manage these, the Trust's Project Management Office (PMO) has been working with all parties to minimise any risks and also to ensure that service models can be delivered from the transfer date. Patient care and safety is at the forefront of everyone involved.

The pay issues have been and remain complex. SDX currently employs staff using a variety of contracts of employment relating to AfC, previous contractors and SDX own contracts. This has been further compounded by the time required for SDX to discuss annual pay rounds with staff.

The time allowed for the transfer has not allowed for a wholesale review of staffing structures and service models. The staffing model has therefore been taken from the original specification and tendered service models put forward

by SDX in their bid submission in 2013. This will be followed up within the next 6 to 12 months or more so that services can be matched to clinical requirements and any impacts arising from the 3T's project.

In preparation towards the transition of service on 1 September 2015, a significant activity has been undertaken to collect information on the suppliers used by SDX. This has required considerable individual engagement with each of their suppliers to establish the detail of the particular service/product range. Specifications and service level agreements have been sought from the suppliers in the absence of any from SDX.

Various non-pay issues have been reviewed and appropriate actions taken to ensure supplies will be available. There will also need to be significant capital investment in equipment.

The Trust Board will be aware of the issues relating to the delivery of consistent standards across the two sites during SDX's tenure and it is imperative that the in-house service model delivers consistently higher results. There will be an initial cost for this but it will be managed down by reviewing specifications and introducing new technologies.

The new service model will be called Hotel Services to replace the generic Soft FM title currently used.

Due to the significant efforts of the PMO and other colleagues around the Trust supporting the transition activity, together with the goodwill of the staff who are transferring into the Trust on 1st September, there is strong confidence that the new service will be a considerable improvement on that of the last two and a half years which can only be of benefit to our patients.

## **5. Research**

### **Brighton and Sussex Clinical Trials Unit (CTU)**

The CTU is up and running and an application to the UK Clinical Research Collaboration (CRC) for CTU provisional accreditation has been submitted. Accreditation would be recognition of the quality of work the CTU is undertaking, and we expect to be notified by the beginning of September 2015. The CTU is currently managing studies in oncology, paediatrics, sexual health and liver disease. It is named on 8 grant applications, pending outcomes over the next few months.

### **Cardiology Research**

NHS England has commissioned three additional cardiology procedures as part of its innovative Commissioning through Evaluation (CtE) programme, and the Trust has been selected for two of these specialised treatments.

- Patent Foramen Ovale Closure for the prevention of recurrent stroke
- Left Atrial Appendage Occlusion for the prevention of stroke

The CtE programme is testing an innovative approach to evaluating potentially promising specialised treatments, but for which there is currently

insufficient evidence available to support routine commissioning within the NHS.

### **HIV Research**

The late Professor Martin Fisher and the research team in the Elton John Centre, were part of the 'Strategic Timing of Antiretroviral Treatment (START) study, which has recently published ground breaking results which will change HIV treatment guidelines across the world. Firstly, they will change the way HIV treatment is prescribed, with treatment commencing sooner after an HIV diagnosis. Secondly, the results show that the benefits of treatment and prevention overlap. Using treatment as prevention (TasP) reduces HIV transmission, but also has direct benefits for patients' own health as well. Thirdly, these results will make it easier to design future programmes to end the AIDS epidemic.

### **Medicines and Healthcare Products Regulatory Agency (MHRA) Inspection**

The MHRA is carrying out an inspection of non-commercial Clinical Drug studies that are sponsored or hosted by BSUH. The inspection is planned for 15<sup>th</sup> – 17<sup>th</sup> September. All investigators have been informed, as they will be interviewed by the Inspectors. The Inspectors will be reviewing all BSUH systems and processes for conducting clinical trials, as well as visiting the clinical research areas.

### **International Clinical Trials Day**

The Trust agreed to focus the National Clinical Trials day on the promotion of the national 'OK To Ask' campaign.

The 'OK To Ask' Campaign is designed to encourage more patients/carers to ask about research opportunities that could be available to them or their loved ones.

A survey conducted by the NIHR Clinical Research Network showed that 95% of people surveyed said it was important to them that the NHS carries out clinical research, but less than 21% said they would feel very confident about asking their doctor about research opportunities.

Two Senior Research Nurses based themselves in the foyer of a Kemptown supermarket, and our paediatric researcher team were in the reception of RACH.

Over 200 leaflets were distributed and this event was well received by the public and hospital visitors.

## **6. Education and Training**

### **Developing Multi-professional Health Educators**

The 'Developing Multi-professional Health Educators of the Future' was held in London on Tuesday 7<sup>th</sup> July. This is the first time a multi-professional conference on education has taken place through the collaboration of teams from London and the South East. Registration closed early due to the high demand and overall the event has been rated highly.

Both the Trust and our Directorate of Education & Knowledge were ably represented with our staff facilitating important workshops, giving plenary presentations and successful poster displays to share the important work that we have been doing to promote and develop multi-disciplinary education.

Congratulations to all our staff who contributed and in particular to our prize winners;

- Carrie Weller, Strategic Education Development Manager, won first prize in the 'Quality Improvement in Education' poster category, on behalf of the Directorate of Education and the Multi-disciplinary Education Group (MEG)
- Claire Martin, Head of Nursing & Midwifery Education, was awarded joint 2<sup>nd</sup> best in the plenary session for 'Quality Improvement in Education Category – Cultivating a Compassion Discourse in the Workplace', a collaborative work with colleagues from Brighton Medical School and both the Universities of Brighton and Surrey
- Jude Benharoch, Occupational Therapist, joint runner up in plenary presentations and highest score for undergrad education category

## **7. Positive developments**

### **Alzheimer's research**

The Trust received national media coverage regarding breakthrough research carried out at the County on the treatment of patients with Alzheimer's.

Mr Roy Fuller, a grandfather-of-three, started a trial for the drug solanezumab in 2009 in our research unit in Brighton, which he attends once a month for treatment, and he is one of the first patients in the world to benefit from its effects. Initial findings from the study have shown the drug reduces the rate of mental decline in patients who took it by a third and experts have hailed it as a turning point in the fight against the disease.

### **New bi-planar system used for the first time**

The new state-of-the art neuro-interventional bi-planar system was used for the first time to treat patients with potentially life-threatening brain conditions. The scanner produces highly detailed three-dimensional views of blood vessels within the brain to help the diagnosis and treatment of patients. The machine offers a less invasive way of treating some abnormalities of the blood vessels in the brain than surgery and the equipment can also be used to remove clots from an artery in the brain in patients who have suffered a stroke and to reduce blood flow to tumours prior to an operation.

### **Sussex Eye Hospital renovation**

The Sussex Eye Hospital is currently undergoing a £3 million renovation to improve the facilities for patients and staff. New consultation and treatment rooms are being created as part of the work, as well as a separate waiting area for young patients. The hospital has two dedicated operating theatres and this work will create an additional minor operations room. The building, which was built in the 1930s, is also having all the windows replaced with new triple glazed units and having its roof repaired. Work is also starting to improve the signage around the hospital to make it easier for patients to get to where they need to go for treatment. The signs are being specially tailored

with easy-to-see colours to better suit patients with visual impairment. A significant part of this work is being funded through donations received from individual patients, which are being used for vital equipment such as overhead procedure lights, microscopes and reclining patient chairs.

### **Work starts on new radiotherapy centres**

Building work officially started on two new radiotherapy centres at the Park Centre in Brighton and at Eastbourne District General Hospital to significantly improve the care for our cancer patients. The new centre in Brighton will enable more patients requiring radiotherapy treatment to be seen quicker, while the centre in Eastbourne will reduce the need for cancer patients to have to travel outside East Sussex for treatment. Currently, patients who live in East Sussex have to travel to Brighton or Maidstone in Kent for radiotherapy treatment. The centres will be satellite units of the radiotherapy centre operated by the Sussex Cancer Centre and both have additional linear accelerator machines, or Linacs, which use high energy x-rays to treat a patient's tumour. Both are being funded by the Trust and are expected to be completed by Spring 2016.

### **SEQOHS – Safe Effective Quality Occupational Health Service**

The national SEQOHS (Safe Effective Quality OH Service) Standards provide a system of accreditation that gives reassurance to our staff and clients that we have a safe and quality Occupational Health service. The main on-site accreditation audit and assessment takes place every five years and requires the OH service to provide detailed evidence to the assessors that OH policies and practice meet the independent quality standards set by SEQOHS and is then re-assessed on an annual basis. We received a letter from the President of Occupational Medicine, congratulating BSUH for being one of the first of 150 OH Services to become SEQOHS accredited nationally. BSUH OH was awarded accreditation in 2013 and since then OH has successfully renewed accreditation annually.

**Matthew Kershaw**  
**Chief Executive**  
**August 2015**