

THE PATIENT FIRST



Brighton and Sussex University Hospitals NHS Trust
Annual Review 2017-18





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University of Brighton

Brighton and Sussex
University Hospitals
NHS Trust
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“...we are regularly humbled by the resilience and determination of staff to do the very best for their patients in even the most testing of circumstances.”

15-18



Welcome from the Chief Executive



2017-18 was the first year of our new executive team's leadership of Brighton and Sussex University Hospitals. The past 12 months have been a period of learning for all of us – the new executive team getting to the root of the challenges facing the Trust and the organisation coming to understand the approach we are taking to address them – but, above all, it has been a period of huge positivity and of hugely positive change.

Credit for that lies entirely with the fantastic people who work in our hospitals. From day one here we have been overwhelmed by the welcome and openness extended to us and we are regularly humbled by the resilience and determination of staff to do the very best for their patients in even the most testing of circumstances. The Care Quality Commission's recognition of the "significant improvements" made when they visited in April 2017 is testament to that attitude; it is no surprise that the inspectors recognised quality of care as "good" across all services too.

That is a great foundation for improvement and has been at the heart of the continuing progress we have made together over the 12 months since. For example, we have earned Hyper-Acute Stroke Unit status, which means we can now provide a full seven-day service for patients. Our Accident & Emergency team at the Royal Sussex County Hospital developed a flexible, annualised self-roster system that ensures consultant cover 24 hours a day, every day, an innovation that was named as the Royal College of Emergency Medicine's Quality Improvement Project of the Year. And we opened one of the first Emergency Ambulatory Care Units in the country to bring medical and surgical teams together in treating emergency patients, enabling more responsive care, freeing up space in A&E and reducing pressure on other wards.

Our job as an executive team is to unlock more of this vast potential, so our primary focus is on empowering the innovative and resourceful people of this great organisation to identify and deliver more and more positive change. We have implemented a new divisional structure that streamlines decision-making and have secured funding to invest in a leadership development programme. Most importantly, though, we have introduced a new, long-term approach to transforming hospital services for the better, called Patient First.

Patient First is a programme of continuous improvement that empowers front-line staff to identify and drive through sustainable change, equipping them with the training, tools and freedom to work out where the opportunities lie, and the skills and support to deliver on them. Patient First has been embraced by staff across the organisation and the enthusiasm they have shown will be crucial to building a transformational culture that puts the patient at the heart of everything we do and creates a positive, open working environment in which everyone feels inspired to do the best possible job for every patient every day.

Of course, we know there is much more to do, but we are looking forward to the challenge. Thank you to all staff for their incredible efforts over the past year. We are extremely fortunate to have such exceptional people throughout our hospitals. They are the reason so much has been achieved in the past 12 months, and the source of our confidence in the improvements that are still to come.

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

25 May 2018

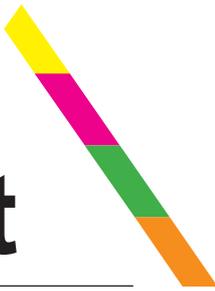


EMERGENCY CARE
B. J. HUNTS TRUST

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About the Trust



Brighton and Sussex University Hospitals (BSUH) is an acute teaching hospital working across two main 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 is also the Major Trauma Centre for the region.

We provide District General Hospital services to our local populations in and around Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients from across Sussex and the south east of England.

The Princess Royal Hospital has a 24/7 Emergency Department for its local population and is also our centre for elective surgery. 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. In addition to our two main hospital sites we also provide services from Brighton General Hospital, Hove Polyclinic, Lewes Victoria Hospital, the Park Centre for Breast Care and a renal dialysis satellite service in Bexhill, East Sussex.

Central to our ambition is our role as an academic centre, provider of high quality teaching, and a host hospital for cutting edge research and innovation. On this we work in partnership with Brighton and Sussex Medical School, Health Education England, Kent, Surrey and Sussex Postgraduate Deanery and the Universities of Brighton and Sussex.

Our Future

The redevelopment programme at the Royal Sussex County Hospital is in the full construction phase for both the helideck and the larger of the two new clinical buildings it will deliver. The programme of works has been planned to ensure all clinical services can be delivered on site throughout the redevelopment.

Stage 1 Building

The Stage 1 Building will be an eleven-storey structure standing on the south east quarter of the hospital site. It will house a mixture of specialist, general and outpatient services in state-of-the-art, clinical accommodation.

At the beginning of the year two small buildings remained to be deconstructed ahead of full construction starting on site. These were removed and piling works commenced. In total 412 piles were installed of between 15 and 35 metres length. These act as the foundation support for the outer framework of the building. They also held back the surrounding soil whilst the space for the building's plant rooms and underground car parks was excavated. In total 90,000 cubic metres of soil and chalk were removed, the equivalent of 40 Olympic swimming pools.

The foundation slab for the building has been completed and work has started on both the upper basement and ground floors of the building. By the end of 2018 the framework for the entire building will be in place. Wards and services from the Barry Building and surrounding facilities will move into the Stage 1 Building when it is complete in the winter of 2020/21. This will clear the way for the construction of the Stage 2 Building on the south west quarter of the site.

Helideck

The helideck is being built three storeys above the top of the Thomas Kemp Tower, making it eighteen storeys high compared to the front of the hospital. It is also, as far as can be ascertained, the highest helideck in the NHS, measuring from sea level.

At the start of the year the roof was being prepared for construction to begin. Since then approximately 100 tonnes of scaffold have been added to the roof to enable the use of two motorised platforms, required for the construction of the helideck. The framework for the helideck's dedicated lift is being installed on the side of the Thomas Kemp Tower.

Work on the structure of the helideck is progressing well, with only the framework's final support beams, the deck's surface and the high strength safety netting to be installed. These elements will be completed in the coming year and the helideck lift's framework will be incorporated into fabric of the tower block. An existing lift will be extended upwards to the roof of the tower to act as a back-up, should there be a problem with the main lift. The helideck will come into operation at the beginning of 2019.

Improvements made to our hospitals in 2017-18

Royal Sussex County Hospital Emergency Department

In 2017/18 approval was given for capital investment to support the redevelopment of Emergency Care services at the Royal Sussex County Hospital in Brighton. Emergency care is currently delivered in cramped and outdated facilities which are not in line with national standards for delivering high quality emergency care and the department struggles to meet the national performance standards. Existing capacity in the emergency department is not sufficient to meet current demand and the present configuration of services does not optimise the flow of patients through the Emergency Department into the main hospital.

The proposed redevelopment will radically change to the way in which Emergency Care is delivered in Brighton, will help address the current operational and performance challenges, and will significantly improve patient experience. The ED will be refurbished through a phased series of works in the following patient areas designed to deliver the proposed model of care, streamline departmental subdivisions and minimise soft space and circulation:

- ✓ Patient Assessment & Treatment
- ✓ Majors
- ✓ Resus
- ✓ Acute Assessment/Observation
- ✓ Ambulatory Care

Capacity for up to 70 new short stay beds over two floors, within a new building located over the existing A&E and Urgent Care public and ambulance entrances.

Emergency Ambulatory Care Centre opened

The first phase of our £30 million physical improvements to the A&E department was opened by two of Brighton and Hove Albion's top players, Bruno and Anthony Knockaert in March 2018. The new Emergency Ambulatory Care Unit (EACU) at the Royal Sussex County Hospital is one of the first units in the country to combine medical and surgical teams to treat emergency patients who do not need to stay in overnight. This allows patients to move quickly from their initial diagnosis to receiving treatment, which both frees up space in A&E and reduces demand on other wards.

The Emergency Ambulatory Care unit has nine treatment rooms, six treatment spaces, three procedure rooms, two side rooms and an IV therapy area that can accommodate 14 patients.

£1 million upgrade works at Princess Royal Hospital A&E

In October 2017 improvement works started on the A&E department of the Princess Royal Hospital in Haywards Heath. The investment will bring significant benefits for patients who need urgent treatment at the hospital. Two extra consulting rooms are being built, along with six larger trolley spaces that will be equipped with piped oxygen and suction apparatus, along with full monitoring equipment. This will improve patient safety and make it easier to assess, treat and discharge emergency patients. We will also create a new spacious resuscitation area and a new rapid assessment area with room for two beds, where patients can be more readily be treated. We will also install new lighting, signage and flooring to make the department more welcoming and accessible to patients.

The Patient First Approach



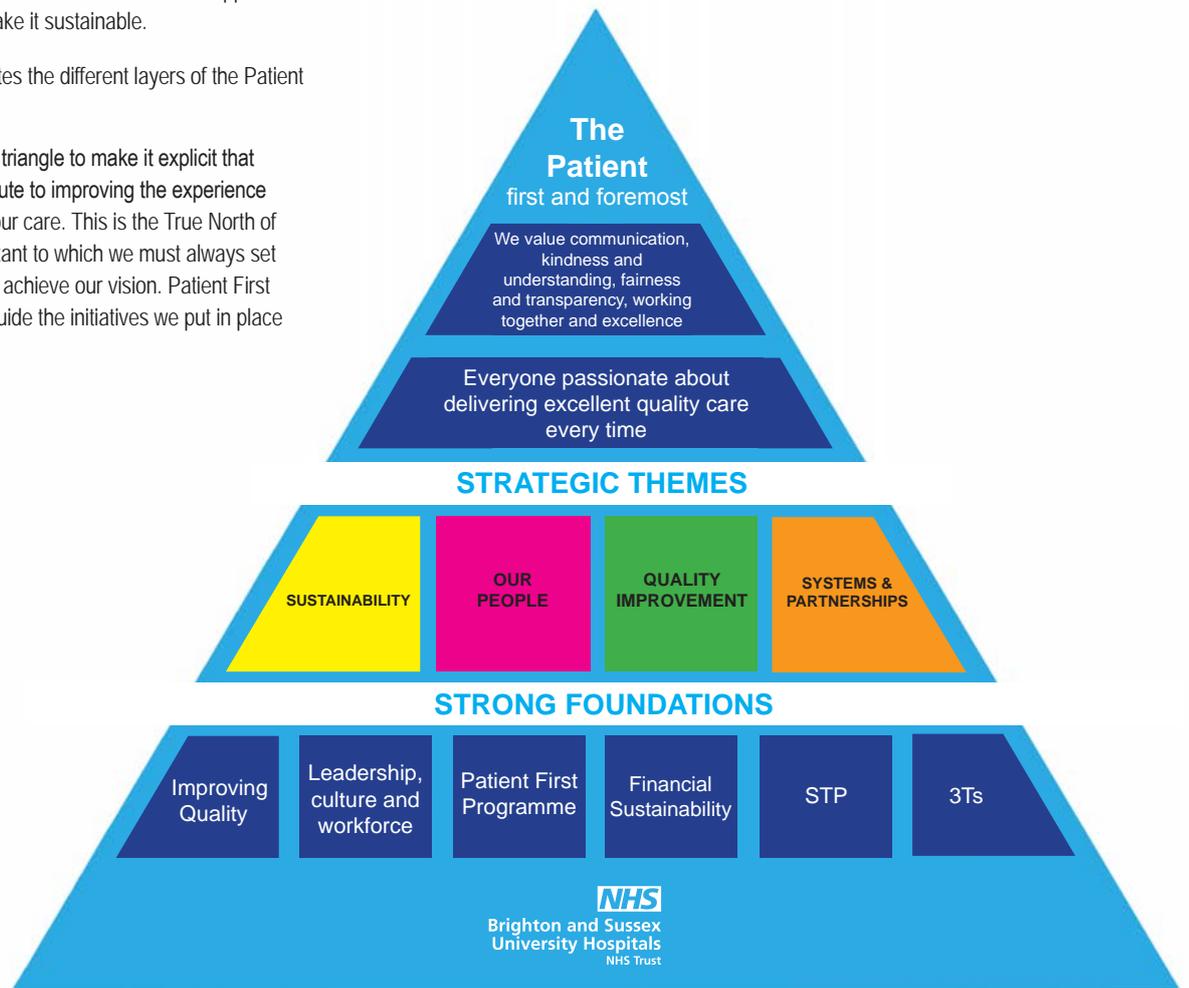
In 2017-18 a long-term approach to transforming hospital services for the better, known as Patient First, was introduced to Brighton and Sussex University Hospitals. Whether it's small steps or complex change, Patient First is a continuous process of improvement within existing processes and pathways that leads to measurable improvements for our patients and staff.

It is all about empowering front-line staff to make improvements themselves – by providing the training, the tools and the freedom to work out where the opportunities are; and the skills and support to make change happen and to make it sustainable.

The Patient First triangle illustrates the different layers of the Patient First programme.

The patient is at the apex of the triangle to make it explicit that everything we do should contribute to improving the experience and outcomes of the people in our care. This is the True North of the organisation – the one constant to which we must always set our direction of travel in order to achieve our vision. Patient First has four strategic themes that guide the initiatives we put in place across the hospitals:

-  Sustainability
-  People
-  Quality improvement
-  Systems and partnerships



Each of the strategic themes has a number of breakthrough objectives that will take us furthest and fastest towards our overall True North. This means that: our True North focus around the PATIENT is on patient satisfaction.

- ✦ Around OUR PEOPLE, it's about improving staff engagement
- ✦ In QUALITY IMPROVEMENT, it's reducing mortality and avoiding harm
- ✦ For SUSTAINABILITY, it's on managing our budget
- ✦ And for SYSTEMS AND PARTNERSHIPS, it's improving patient flow.

True North Domain	Breakthrough Objective	Executive Lead
Patient	Reduction in negative feedback where staff attitude is cited as an issue	Nicola Ranger (Chief Nursing Officer)
Sustainability	Achieve the Efficiency plan for 2017/18	Karen Geoghegan (Chief Financial Officer)
People	Staff believe that Care is the top priority for the organisation	Denise Farmer (Chief Workforce Officer)
Quality	Improvement in recognition and management of deteriorating patients	Dr George Findlay (Chief Medical Officer)
Systems and partnerships	Reduction in the numbers of patients waiting >4hrs in A&E who are not admitted	Pete Landstrom (Chief Delivery Officer)
Systems and partnerships	Ensure no patients wait over 52 weeks for elective treatments	Pete Landstrom (Chief Delivery Officer)

Delivery of the Patient First programme is supported by five pillars which will help us achieve our objectives:

1. **Kaizen office** – Kaizen is a Japanese concept that, loosely translated, means continuous improvement. The principle is at the heart of the philosophy that made Toyota and others, including the Virginia Mason Medical Centre, so successful and sustainable. It is about getting front-line staff to approach problem-solving and root cause analysis from a different, ceaselessly inquisitive perspective.
2. **Patient First Improvement Systems (PFIS)** – PFIS is the Lean management programme designed to develop our people's ability to solve problems and improve performance. During the programme, teams receive specialist training to introduce tools and techniques that will help eliminate waste from everyday processes and begin to improve them on a continuing basis.
3. **Capability** – The Patient First Capability Programme provides the skills and training necessary to help teams understand and use the principles and tools available through Patient First.
4. **Improvement projects** – our improvement approach involves using "Lean" principles pioneered by Japanese car producer Toyota after the Second World War. Lean is a systematic method of removing waste from a process. In a hospital setting, examples of waste could include moving patients from department to department or ward to ward unnecessarily, holding more supplies than we actually need, or delays in discharge or diagnostic tests.
5. **Strategy deployment** – where theory becomes reality. Strategy deployment is the process through which we identify and review the True North objectives for each strategic theme and cascade these throughout the organisation. It provides a framework to enable staff at all levels to be clear about our priorities, our progress against them and how best they can contribute.

How we did in 2017-18 on our True North objectives

The Patient – True North objective: an overall score of over 96% for patient satisfactions when measured through the Friends and Family Test.

Our long-term objective is to achieve an overall Friends and Family Test score in excess of 96%. In the medium term, we want to reduce the number of occasions where staff attitude is cited as an issue. Currently our A&E score is 90%, 4% higher than the England average, while our inpatient score is 96%, in line with the England average.

Our People – True North objective: to be in the top 20% in the country for staff engagement.

Our long-term objective is to achieve a staff engagement score within the top 20% in the country. In the medium term, we want to increase the number of staff who believe care is this organisation's top priority. In the last year, the staff survey score for "I believe care is this organisation's top priority" has increased by 4%, from 62% in 2016 to 66% in 2017. Levels of staff engagement are low due to inconsistent leadership, poor Care Quality Commission (CQC) ratings and a long-term lack of investment in the hospitals and services. This is changing. Our Executive Team, led by Chief Executive, Marianne Griffiths, has been in place for one year with a commitment for at least another two years. The Executive Team has reviewed leadership structures across the Trust, appointed new senior leaders and is investing in their learning and development to provide better organisational leadership.

The 3Ts hospital redevelopment is a £485 million project to replace some of the NHS's oldest buildings and provide purpose-built, future-ready clinical facilities. These will enable existing staff to provide high quality care more easily, while making the organisation more attractive for new recruits.

Quality Improvement – True North objective: to be in the top 20% of Trusts for preventable mortality and provide 100% harm free care.

Our long-term quality objective is to be in the top 20% for HSMR (Hospital Standardised Morality Rate – the standard measure for mortality rates) and provide harm free care. In the medium term we are focused on improving our recognition and management of deteriorating patients. We are running campaigns throughout our hospitals to educate staff on the prevention of pressure sores. On our Emerald Unit for dementia care, the team's dedicated falls prevention campaign has reduced patient falls by 67% to below the national rate in the last year. High patient numbers and continued challenges with staffing numbers both present risks to us achieving

these objectives.

Sustainability – True North objective: to reduce our deficit until we balance our budget.

Our long-term sustainability objective is to balance our budget. In the medium term, we are committed to annual budget plans that reduce our deficit. In 2017/18 we met our control target. As an NHS organisation, there are multiple risks to meeting our control targets, from national changes and restructures to meeting local staffing needs and the increasing costs of goods and services. Our control targets take these risks into account and we have plans in place for dealing with financial uncertainties.

Systems and Partnerships – True North objective: to have 95% of A&E patients waiting less than four hours to be admitted or discharged and to reduce referral to treatment below 18 weeks for 92% of patients.

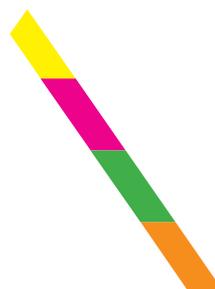
Our long-term systems and partnerships objectives are to have 95% of A&E patients waiting less than four hours and to maintain a referral to treatment (RTT) time below 18 weeks for 92% of patients. In the medium term, we are concentrating on reducing the numbers of patients who visit A&E and wait over four hours and then aren't admitted. We are committed to ensuring no patients wait over 52 weeks for elective treatments.

Trust performance for RTT increased to 87% by July 2017. However, following significant emergency pressure in the winter of 2017/18, RTT performance reduced to 83.1% as clinically urgent, cancer and emergency patients were prioritised ahead of routine elective procedures.

A&E performance was also challenging throughout 2017/18. However, the Trust achieved an average 2% improvement in our performance throughout the year relative to 2016/17 (including Brighton Station Walk in Centre). The Trust has worked collaboratively with partners, developed estate, and enhanced internal process improvements through a nationally recognized Kaizen improvement programme, which will continue to mature and deliver improvements into 2018/19.



A look back at 2017-18



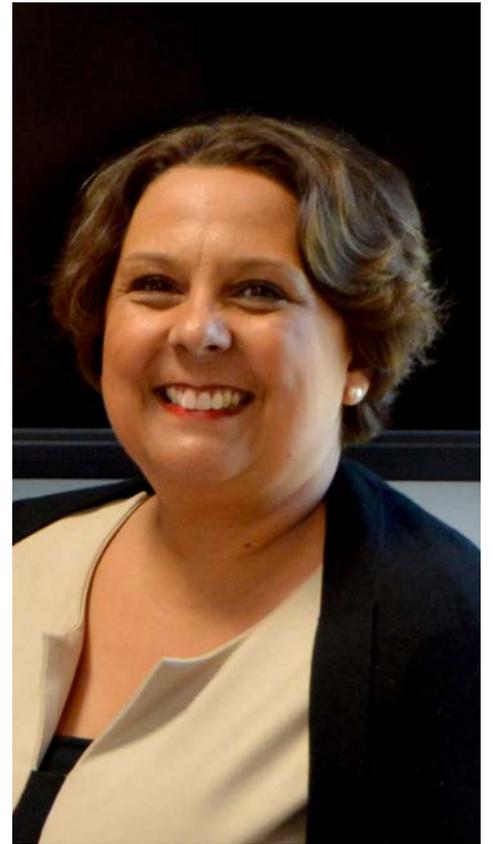
A new leadership team for the Trust

From 1 April 2017, for a period of three years, the leadership team from Western Sussex Hospitals NHS Foundation Trust, were appointed to also lead Brighton and Sussex University Hospitals. This Agreement identified five key priorities:

- ✓ delivering the improvements necessary to enable BSUH to exit Financial Special Measures;
- ✓ delivering the improvements necessary to enable BSUH to exit Quality Special Measures;
- ✓ addressing the underlying issues at BSUH relating to leadership and culture which were inhibiting the delivery of improvements to services;
- ✓ effective implementation of a three-year plan to improve accident and emergency performance; and
- ✓ effective oversight of the 3Ts Programme (the £485 million programme to replace all the buildings at the front of the main Royal Sussex County Hospital site).



Marianne Griffiths



Top L-R – Mike Viggers, Dr George Findlay, Nicola Ranger,
Bottom L-R – Denise Farmer, Karen Geoghegan, Pete Landstrom

A look back at 2017-18



Top L-R – Kirstin Baker, Mr Mike Rymer, Patrick Boyle
Bottom L-R – Professor Malcolm Reed, Martin Sinclair, Joanna Crane

Our Board of Directors

01 April 2017 to 31 March 2018

NON-EXECUTIVE DIRECTORS

Mike Viggers, Chairman
Chair of the Finance and Investment Committee

Joanna Crane
Non-Executive Director

Mr Mike Rymer
Non-Executive Director and Deputy Chair

Martin Sinclair
Non-Executive Director

Malcolm Reed
Non-Executive Director

Kirstin Baker
Non-Executive Director

Graham Hodgson
Non-Executive Director (to 30 November 2017)

EXECUTIVE DIRECTORS

Marianne Griffiths, Chief Executive

Pete Landstrom, Chief Operating Officer and Chief Delivery and Strategy Officer

Denise Farmer, Chief Workforce and Organisational Development Director

Dr George Findlay, Chief Medical Officer

Karen Geoghegan, Chief Financial Officer

Nicola Ranger, Chief Nurse

Evelyn Barker, Managing Director (to 19 January 2018)

How the Board Operates

The Board sets the Trust's strategic aims and provides active leadership of the Trust. It is collectively responsible for the exercise of its powers and the performance of the Trust, relevant statutory requirements and contractual obligations, and for ensuring the quality and safety of services. It does this through the approval of key policies and procedures, the annual plan and budget for the year, and schemes for investment or disinvestment.

The Non-Executive Directors play a key role in taking a broad, strategic view, ensuring constructive challenge is made and supporting and scrutinising the performance of the Executive Directors, whilst helping to develop proposals on strategy.

Board meetings are held in Public every two months and there is the opportunity for members of the public to ask questions of the Board.

Board meetings follow a formal agenda which includes Patient Safety and Experience and a range of Strategic and Operational items including: clinical governance, financial and non-financial performance, together with performance against quality indicators set by the Care Quality Commission (CQC), NHS Improvement and by the Executive. These include measures for infection control targets, patient access to the Trust, waiting times, length of stay, complaints data and the results of the Friends and Family Test.

Our People

Brighton and Sussex University Hospitals NHS Trust is the proud employer of almost 9,000 people. Each and every one of those people enables us to provide high quality care to the people of Brighton and Hove and East and West Sussex.

Average number of employees (WTE basis)

Registered Nurses	Bank Staff	Admin, clerical & estates
2,088	1,543	1,305
Medical and Dental	Healthcare Assistants	Ancillary Support
1,157	776	658
Allied Health Professionals	Healthcare Science	Scientific, therapeutic & technical staff
429	383	336
Registered Midwives	Nursing Pre-Reg Learners	Other
194	33	1
Total average numbers		8,903



Star awards

In June 2018 we celebrated and rewarded the contribution of our staff at the Patient First Star Awards. Chief Executive Marianne Griffiths, who presented the awards on the night, said: "Every single one of the 370 nominations we received told a story of individuals passionate about patient care, about their colleagues and about making a difference to the communities served by our hospitals." Our winners were:

Patient's Champion – Matthew Jackson, Senior Theatre Nurse, Royal Sussex County Hospital (RSCH)

Leader of the Future – Kim Vallier – Manager, A&E, RSCH

Care for the Future – Catherine Medlow – Lifelong Learning Lead, Practice Development, RSCH

Innovator of the Year – Mr Shafique Sajid – Consultant GI Surgeon

Extra Mile – Pat Leonard – Healthcare Assistant, Critical Care, RSCH

Team of the Year – Haematology Unit – RSCH

Compassionate Care – Dr David Tayler – Consultant Anaesthetist, Princess Royal Hospital and Sussex Orthopaedic Trauma Centre

Volunteer of the Year – Peter Hay (1932 – 2018) – Volunteer, Sussex Cancer Centre, RSCH. Sadly Peter passed away shortly before the STARS event, but he was proudly represented on the evening by two of his four children. We were honoured that they attended to receive the award on his behalf

Hospital Hero – Joanne Simpson – Ward Manager 8A West, RSCH

Education – Sonia Blundell – Practice Development Sister, RSCH

Employee of the Year – David Phillips – Senior Staff Nurse, CCU, Royal Alexandra Children's Hospital

Chairman's Award – Andrew Abbs – Healthcare Assistant, Clinical Infection Service, Courtyard 6 & 7, RSCH



Improving Quality

Continuous improvement is a key strand of the philosophy behind our Patient First programme and is guided by our Quality Strategy.

Care Quality Commission Inspection

The Care Quality Commission (CQC) recognised “significant improvements” at the Trust and increased the rating of our hospitals to “requires improvement” following its inspections of the Royal Sussex County Hospital and the Princess Royal Hospital in April 2017.

The inspectors took account of those services that performed well at the 2016 inspection and only inspected emergency care, medical services, surgery, critical care, maternity and gynaecology and outpatients and diagnostics. Because of recent changes in the executive, the inspectors did not complete a full assessment of Trust wide leadership.

The inspectors found improvements at both hospitals and found that the quality of caring was “good” across all services: patients received compassionate care, were involved in decisions about their treatment and care and were very positive about the care they received. They recognised that staff had responded positively to their findings the previous year and made real, tangible efforts to provide better care for patients. The inspectors also noted improvements in the culture of the Trust over the past year.

The CQC improved the rating at the Royal Sussex County Hospital in thirteen specific measures and moved maternity and gynaecology services up from ‘requires improvement’ to ‘good’. Their rating of the Princess Royal Hospital was ‘good’ for nearly half of all measures against which the hospital was assessed (16 out of 35) and no areas were rated ‘inadequate’.

These improvements provide the foundations upon which the Trust can continue to improve. The CQC identified a number of areas that required attention. For example, the Royal Sussex County Hospital continues to be rated ‘inadequate’ on safety. The CQC also highlighted that the lack of consistent leadership had prevented the Trust from making further improvements between the two inspections.

The new executive leadership team developed an action plan in response to this inspection. Our objectives focus on improving the care we deliver and the experience patients receive when they visit one of our hospitals. Our Trust-wide action plan focuses on adoption of the safer sharps initiative, staff development, fire safety and improvements to information available to patients that do not speak English as a first language. We are also making a number of other improvements at our individual hospitals.

The plan was submitted and accepted by the CQC in August 2017. Our aim is to ensure that the CQC rates the Trust as “good” by the time of its next inspection and we are committed to creating a culture of continuous improvement through the introduction of Patient First..

Best of BSUH Eastbourne Radiotherapy Centre opened

A new centre run by BSUH opened in July 2017 and provides local cancer patients with state-of-the-art treatment. The £14.5 million centre at Eastbourne District Hospital is an extension of the Brighton-based Sussex Cancer Centre. The Eastbourne centre is equipped with two of the latest linear accelerators (LINACs) which enable patients to receive the best-possible radiotherapy treatment – and to receive it closer to home.

The centre’s opening means patients can receive all their care in the local hospital, instead of having to travel to Brighton or Maidstone every day for treatment. The new machines provide faster, more precise treatment, which will allow more patients to receive better cancer treatment.

The centre is a key part of the strategy to improve radiotherapy services across Sussex and will treat 60-80 patients every day.

Research and Innovation

Clinical research is essential for improving care for patients, providing evidence on the efficacy of new healthcare treatments and furthering our understanding of the underlying causes of illness. That said, it is only possible to answer those important questions if the public and patients continue to volunteer to take part in research studies. It is commonly cited that patients cared for in a research study and, more generally, those treated in a research-active environment have better outcomes. Whilst this is often the case for those engaged in clinical trials which offer novel treatment options, a number of patients volunteer to take part in research projects which have no personal clinical benefits. These patients complete questionnaires, donate blood and tissue samples, and attend the hospital to have scans and physiological measurements that offer little or no direct benefit to their clinical condition, but which are important for wider clinical research purposes.

Regardless of this, more than 3,500 patients volunteered to participate in one of the 180 clinical research projects being conducted at our hospitals in Brighton and Haywards Heath during 2017/18. On behalf of all the researchers working for the Trust a big thank you is extended to all of the patients, carers and parents who have given up their time to support our research programme.

It is because the Trust has such an engaged local patient population that it is able to attract funders and research sponsors to locate their studies here. It is difficult to highlight all of the excellent work and achievements of the past year. In summarising a few points of note: our researchers have secured new grants from industry to run a HIV/Hepatitis drug trial and two cardiovascular disease interventional projects; an American National Institute of Health-funded project developing tools to detect foetal alcohol syndrome in new born babies; and an Arthritis UK-funded study looking into causes of chronic fatigue.

In terms of translational research, study highlights include being one of only two hospitals in the UK running four heart valve repair and replacement trials, which are testing devices for the first time in humans. We were also the only site in the UK to treat a patient in a first in-human trial of a new drug for blood cancer.

Best of BSUH World first innovation: the HIV self-testing kit vending machine

Our HIV team - with the Martin Fisher Foundation - installed a hi-tech vending machine that dispenses HIV testing kits in the reception area of the Brighton Sauna in June 2017. This world-first innovation was used over 200 times in the first six months, reaching people who would not normally attend a sexual health clinic and allowing them to test themselves.

Current treatments can reduce the amount of HIV virus in the bloodstream down to undetectable levels, and our HIV team has seen a dramatic decline in the rate of transmission of HIV through their approach of increasing testing across health care settings in the city, getting people into treatment and using PrEP (pre-exposure prophylaxis).

The self-testing machine was shortlisted for a British Medical Journal award for best innovation.



HIV testing kits are available from this vending machine in Brighton

A year of important anniversaries

Best of BSUH Princess Alexandra visits Royal Alexandra Children's Hospital

In July, Her Royal Highness Princess Alexandra visited the Royal Alexandra Children's Hospital to mark the tenth anniversary of the hospital's opening on the Royal Sussex County site. The Princess had formally opened the new hospital in 2007 and she has been the children's hospital's Patron since 1954.

The Alex cares for 45,000 children every year from right across the South East and the Care Quality Commission rated it as Outstanding last summer – a reflection of the skill, compassion, and exemplary care that all the staff provide for their patients.

During the visit, Her Royal Highness spent time visiting staff, patients, and their families during a tour of the dedicated Children's Emergency Department and the hospital's surgical ward and critical care unit, before being welcomed at a reception hosted by the Trust and Rockinghorse, our children's charity.



Best of BSUH TAVI: Ten years of pioneering heart surgery in Brighton

December marked the 10th anniversary of Brighton's first TAVI operation, a revolutionary technique that has allowed hundreds of seriously-ill patients to have major heart surgery. Instead of cutting into a patient's chest to perform open-heart surgery, surgeons reach the heart by cutting a hole in the groin and inserting a new valve from there. The procedure can be carried out under local anaesthetic in less than an hour and patients recover more quickly when compared to open-heart surgery, with patients often leaving hospital in less than a week.

Surgeons at the Royal Sussex County Hospital have carried out over 800 TAVI operations since their first operation in December 2007.



The contribution of the BSUH Charity

The BSUH Charity has existed in its current form for over 20 years and has received many kind donations over that time. As the Trust's own dedicated charity, BSUH Charity supports fundraising for all wards and departments at BSUH including the Royal Sussex County Hospital, the Royal Alexandra Children's Hospital, the Sussex Eye Hospital and the Princess Royal Hospital. The kind donations received are then used to enhance the care and services provided to BSUH patients above and beyond what we can do with core government funding.

Our Charity vision: Improving the experience of every patient

Our core priorities:

- ✓ Creating more patient-friendly environments
- ✓ Providing equipment for diagnosis and treatment
- ✓ Supporting staff development to provide even better care
- ✓ Advancing our understanding through research projects

Some of the ways we've helped in 2017-18 are:

Staff in the Sussex Eye Hospital have solved the problem of patients experiencing discomfort after operations as the building is so cold by purchasing a blanket warmer which can safely and evenly warm 10-12 blankets at a time. The warm blankets ensure continuity of warmth from when patients leave operating theatres and are transferred to recover on Pickford Ward.

The Children's and Young Person's Diabetes Team have purchased portable Ketone meters. The new meters allow the team to quickly assess Ketone levels at the bedside for patients with a simple prick of the finger, allowing staff to make informed and faster decisions about the diagnosis and treatment of patients with diabetes.

The first phase of the Ultimate Urgent Care Centre Campaign – Welcoming Waiting area - is complete. Patients now enjoy a professional-looking waiting area with comfortable seating and creative décor. Fundraising is still on-going for Phase 2, which will support Rapid Assessment Kits: kits of the tools needed for efficient and effective patient care in every consultation room, at every treatment pod.

The successful Charity of the Year partnership with the Southern Co-Op store on Franklyn Road in Haywards Heath has been renewed. The Co-Op raised £490.00 last year to improve the experience of our patients at the Princess Royal Hospital.

Community Fundraising has also thrived this year, with nine fundraisers running the Brighton Half Marathon on Team BSUH Charity. The team raised over £3,000 for many areas within the Trust such as the Urgent Care Centre, The Alex, The Elton John Clinic, and ICU.



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Chief Executive Marianne Griffiths with colleagues at Brighton and Hove Pride 2017



Our commitment to Equality, Diversity and Inclusion

BSUH is committed to delivering accessible, equitable and fair services for our patients, service users and their relatives. The Trust is also committed to providing a workplace that is free from discrimination for our staff, and where everyone is given equal opportunities to develop and progress. These commitments are central to the Trust's values and are underpinned by the Equality Act 2010, the NHS Constitution and the Care Quality Commission's regulatory framework standards.

During 2017/18 there has been much work to support the Equality, Diversity and Inclusion agenda, some notable achievements include:

- ✔ We have released our community information site, called the 'Equality Hub' (<https://equalityhub.org>)
- ✔ Continuing to review, plan and replace signage at the RSCH site
- ✔ Providing training regarding the needs of Transgender patients for paediatric staff
- ✔ Continual support of the Annual Trans and Non-Binary Conference in Brighton and Hove
- ✔ Continuing engaging with local disability groups through the Trust's disability and service user group
- ✔ Completed a review of mandatory and induction training for our staff
- ✔ The Trust has signed up for a new recruitment service (VERCIDA), which will help to reach a much wider applicant pool for our vacancies
- ✔ The Trust has signed up to the Inclusive Employers programme, which is an excellent source of best practice
- ✔ Working with Western Sussex Hospitals Foundation Trust to deliver a stronger equality, diversity and inclusion agenda
- ✔ Retendered the communication support contract which includes; face-to-face overseas and British Sign Language interpretation, written translation, and telephone and video interpretation.

Our operational performance in 2017-18

We continually assess our performance against a range of internal and external measures. Some of these are standards which apply to all hospitals, others we have identified as being particularly relevant to our strategic objectives or the needs of our community.

Indicator	Standard/Threshold	2017-18	2016-17
18w RTT - Percentage of admitted RTT pathways completed within 18 weeks	90%	70.72%	66.1%
18w RTT - Percentage of non-admitted RTT pathways completed within 18 weeks	95%	79.18%	78.3%
18w RTT - Percentage of incomplete pathways waiting less than 18 weeks	92%	85.5%	78.0%
18w RTT - Numbers of over 52-week waiters at month end	0	9	95
Diagnostic Tests waiting longer than six weeks - percentage of all waiters	1%	2.0%	1.9%
Operations cancelled on the day not re-booked within 28 days	5%	12%	10.47%
Number of urgent operations being cancelled for the second time	0	16	14
A&E - Percentage of patients who spent four hours or less in A&E	95%	84.28%	82.69%
A&E - Numbers of patients who have waited >12 hours in A&E from decision to admit	0	146	50
Cancer: Two week wait referral to date first seen	93%	94.15%	93.3%
Cancer: Two week wait referral to date first seen - breast symptomatic	93%	95.84%	97.18%
Cancer: 31 day wait from diagnosis to first treatment	96%	99.20%	98.1%
Cancer: 62 day wait for first treatment from urgent GP referral	85%	76.62%	76.69%
Cancer: 31 day wait for second or subsequent treatment - surgery	94%	99.11%	95%
Cancer: 31 day wait for second or subsequent treatment - chemotherapy	98%	99.50%	99.18%
Cancer: 31 day wait for second or subsequent treatment - radiotherapy	94%	99.53%	97.99%
Cancer: 62 day wait for first treatment from referral from NHS cancer screening service	90%	69.95%	76.23%
Cancer: 62 day wait for first treatment from referral following consultant decision to upgrade	90%	84.55%	86.1%

Indicator	Standard/ Threshold	2017-18	2016-17
Emergency re-admissions within 30 days of discharge (%)	10.5%	8.56%	11.96%
Stroke: % of patients who spend > 90% of time on stroke unit	80%	81.92%	85.71%
Stroke: % admitted directly to stroke unit	90%	63.35%	67.52%
Stroke: % scanned in less than one hours of hospital arrival	50%	70%	67.31%
Stroke: % of patients scanned within 24 hours	100%	100%	98.95%
Stroke: % of high risk TIA cases treated in 24 hours	60%	77.53%	85.31%
Stroke: % of low risk TIA patients seen in seven days	100%	99.48%	98.76%
Delayed Transfers of Care (DToC)	3.5%	6.37%	8.05%
Number of falls resulting in moderate or severe injury, or death	-	21	19
Number of cases of MRSA bloodstream infections	0	1	2
Number of C. Difficile infections	46	56	51
"Never Events" reported	0	4	5
Summary Hospital Mortality Indicator (SHMI)	100	98.19	97.59
Hospital Standardised Mortality Ratio (HSMR) - all week	100	98.4	93.75
Hospital Standardised Mortality Ratio (HSMR) - weekends	100	96.36	102.58
Emergency Caesarean Section rate	13%	17%	14.52%
Percentage of completed VTE risk assessments	95%	93.14%	91.5%
Number of single sex accommodation breaches	0	661	923*

*Prior to May 2016 the Trust reported in line with a local agreement that was established between NHS Sussex and BSUH in 2011 and is now out of date. This stated that if there was a screen dividing women and men, they could sleep in the same bays. In the reporting year NHSI, our CCG and deputy chief nurse agreed that this did not address the issue and we began reporting all incidents of mixed sex, if not for clinical reasons, hence the significant increase in numbers reported. There is an ongoing piece of work across Sussex to look at how this is reported, as each Trust seems to use different criteria. Ongoing work is being undertaken across the Trust to reduce the frequency of mixed sex accommodation breaches.

A&E

It has been a challenging environment throughout 2017/18, with performance below National 95% target throughout the year. However, for the BSUH A&E catchment there was a marginal improvement to 84.3% average performance 2017/18 compared to 82.6% (which includes attendance figures for Brighton Station Walk in Centre 2017/18).

The Trust has undertaken a focussed programme of work from Quarter 3 2017/18 to improve performance through nationally-recognised improvement methodologies with support from the in-house Kaizen team to target process improvements throughout the patient emergency pathway. The Trust has also undertaken development of estate and configuration of the emergency departments to increase capacity and enhance flow (such as for ambulatory care patients and GP streaming in 17/18), with large scale additional bed capacity planned at the Royal Sussex County Hospital in 18/19.

Additionally, the Trust has engaged and co-ordinated aligned resilience plans in the wider Local Health Economy, through the Brighton CCG chaired Local A&E Delivery Board, and wider regional acute partners for escalation to target reduced delayed transfers of care, to free up bed capacity and enhance patient flow.

Referral to Treatment (RTT)

The Trust saw significant improvements in RTT performance from 73.5% April 2016, to 85.2% April 2017, through focussed recovery actions to reduce 18 week waits in challenged specialties. Performance continued to improve to 87% July 2017 and sustained at 86% until November 2017. Winter pressure has deleteriously affected RTT performance however, with planned reductions in routine elective inpatient activity in favour of clinically urgent, cancer or emergency patients between December 2017 to March 2018. This has meant the Trust performance at the end of 2018/19 was 83.1%.

Cancer 62-day Performance

The Trust met the 85% 62-day target in April 2017 and has achieved an average of 77.1% (to February 2018) in 2017/18, a marginal improvement from 76.3% April 2016 to Feb 2017.

Diagnostic 6-week waits

The Trust performed well against 6-week target to November with on average over 6-week waiters of 0.83% against the 1% national target. The Trust observed a decline in performance from December however, with a range of capacity issues arising throughout winter, particularly relating to equipment failure within imaging services, resulting in March performance of 6.06% against the 1% target. The Trust has in place robust recovery plans into the first quarter of 2018/19 with plans to replace equipment and enhance capacity through substantive recruitment plans.

Best of BSUH Grade 'A' Stroke Services

Improvements in our stroke services secured national recognition during the year. Brighton and Sussex University Hospitals were granted Hyper-Acute Stroke Unit (HASU) status in August 2017 and rated Level A by the Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP) survey in spring 2018. We have employed more therapy staff and provide a truly seven-day service for our patients – and undertake new procedures in the treatment of stroke. Our Intra Arterial Thrombectomy (IAT) service enables our interventional neuroradiologists and expert team to remove clots through mechanical means. Working with the teams in the Emergency Department, stroke patients now also get faster treatment and faster admission onto the stroke unit than ever before.



Our financial performance in 2017-18

As a public organisation, we have a responsibility to ensure that we manage our finances well by providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.

The key headlines relating to the Trust's financial performance in 2017-18 were:

- Actual performance - against a challenging operational and commissioning landscape the Trust delivered a deficit for the year of £64.1m. After adjusting for the impact of impairments and adjustments in relation to the donated asset reserve the adjusted retained deficit is £55.6m
- Control total performance - as a result of the new management arrangements, the Trust was able to agree a revised control total for 2017/18. The control total was set at a deficit of £65.4m and was based on a series of negotiated principles. The Trust delivered the control total as planned; achieving a comparable deficit of £63.8m
- Sustainability and Transformation Funding (STF) – having delivered the control total the Trust received confirmation from NHS Improvement that it was eligible for an allocation from the STF Incentive Fund. The allocation was £8.3m; improving the performance against the control total by the same amount and decreasing the reported deficit to £55.6m
- Efficiency Programme - underpinning both the control total achievement and in-year investment in services was the delivery of £20.0m of savings; in line with the plan. During the year significant investment was made in the development of a Programme Management Office to both improve and embed robust governance arrangements and to support the identification and delivery of sustainable savings opportunities
- Capital - expenditure on capital schemes of £60.6m, including £41.2m on the 3Ts building development, £3.9m on estates, £7.1m on Information Technology, £2.9m on replacement equipment and £5.5m on service development.

Summary

2017/18 was a successful yet challenging year. The Trust made significant progress in understanding and stabilising the financial position, identifying and delivering the planned savings, improving the control environment and most importantly delivering the agreed financial target. 2018/19 will bring further challenges but, given the improvement work undertaken during 2017/18, the Trust will be better able to respond.



What our patients say

We actively encourage patient feedback and use this to make improvements to our services whenever possible. In 2017/18 we have been able to resolve 75% of informal concerns raised with our PALS team in two working days.

The Friends and Family Test

The Friends and Family Test (FFT) is an initiative to provide a national benchmark for all NHS hospitals. All adult inpatients who

have stayed at least one night in hospital, attended out patients or attended A&E are asked the question: "How likely are you to recommend your ward, Outpatient or A&E Department to friends or family if they needed similar care or treatment." They can respond with one of six options ranging from 'extremely likely' to 'extremely unlikely' and the results of this are also reported to the Trust Board each month.

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	De 17	Jan 18	Feb 18
National	95.79%	95.90%	95.91%	95.63%	95.62%	95.60%	95.62%	95.59%	95.39%	95.50%	95.53%
BSUH	96.67%	96.88%	95.43%	95.01%	96.18%	94.36%	96.15%	94.69%	93.65%	95.63%	97.10%

Annual NHS Inpatient Survey results

Each year BSUH surveys a selection of adult inpatients; this survey is undertaken on our behalf by a company called Picker, who provide this service for around two-thirds of NHS Trusts. In 2017 we surveyed 1,239 adult inpatients in the month of July and 496 patients returned a completed questionnaire. As this survey is undertaken every year we are able to compare how we have improved care over a long period of time. The survey looks at eight key areas:

- Admission to Hospital
- The Hospital and Ward
- Doctors
- Nurses
- Your care and treatments
- Operations and procedures
- Leaving Hospital
- Overall

Following last year's Picker results we focused on developing the discharge process for patients and this year 76% of the scores for questions in the Leaving Hospital section of the survey were the same or better. Overall in 2017, 56% of our results in the National Inpatient Survey were the same or better than last year.

When we compare ourselves with our 2016 results, and questions where we scored significantly worse than average, we can show the following improvements:

- The time it takes for patients to receive elective treatment (Referral To Treatment) improved by a total of 8% over two questions
- Being involved in planning their discharge from hospital improved by 8%, and the score also improved for the number of patients being kept informed about when they would be discharged
- Patients receiving full explanations of surgical procedures improved by 8%

We ask our patients which questions in the survey are the most important to them – and the answers are compared to the overall rating for those questions. It isn't always the questions with the lowest scores which are the most important. This information is then used to focus our efforts for the year ahead – onto the areas which matter most to our patients.

- Patients being involved in decision making on the wards
- Working with patients to improve the quality of information provided whilst on the ward
- Ensure patients have the opportunity to give their view on the quality of care received

Informal Concerns

Our Patient Advice and Liaison Service (PALS) triage concerns raised by patients, their relatives and carers in order to help assist them as quickly as possible.

2014/15	2015/16	2016/17	2017/18
4066	4,352	4,465	4,293

Compliments

2014/15	2015/16	2016/17	2017/18
500	540	609	929

Best of BSUH

Freedom to Speak up Guardian

As part of the on-going work to develop the culture of Brighton and Sussex University Hospitals NHS Trust a new Freedom to Speak Up Guardian joined the Trust in March 2017. This new national role has three core elements: supporting the Trust to build an open and just culture where staff speaking up is the norm; ensuring that all processes helping staff to speak up are clear and effective; and working with staff to provide information and support with speaking up. The Freedom to Speak up Guardian works alongside Trust leadership teams to support BSUH in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

The Trust's Freedom to Speak Up
Guardian Caroline Owens





What our staff say

National NHS Staff Survey 2017

The National Staff Survey is undertaken each year by all NHS Trusts within England and Wales with the aim of capturing staff views on their experiences at work and of NHS services.

In 2017, all staff had the opportunity to take part in the survey between October and December and 4,274 staff contributed their views.

We are pleased that the Trust's response rate for 2017 was 56.3% which is a significant improvement on 2016 when it was 39.9%. The Trust's response rate is in the highest 20% of acute Trusts in England.

Our overall staff engagement score, ranked on a scale of 1 to 5 (low to high), was 3.62 which although this remains the same as 2016 we are pleased with the significant positive improvement of +4% in the Trust's objective "Care of patients/service users is the organisation's top priority". In the Key Finding in the advocacy domain, which is (KF1) "Staff recommendation of the organization as a place to work or receive treatment" the Trust's score improved from 3.42 to 3.49.

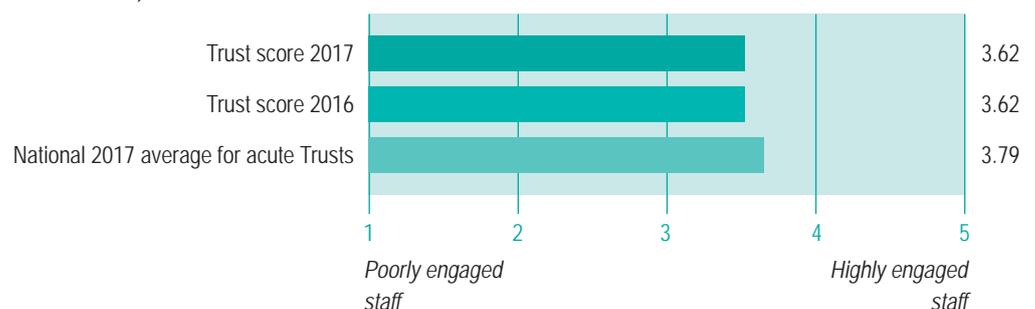
All staff were encouraged to participate in the Staff Survey throughout the survey period which was October to December 2017. There were dedicated survey events offering free refreshments including 'tea and cake', and various internal communications across the Trust, including "Buzz" the staff newsletter.

The advocacy domain comprises five questions, and shows a continual improvement in the last 12 months:

		Your Trust in 2017	Average (median) for acute Trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	68%	76%	64%
Q21b	"My organisation acts on concerns raised by patients / service users"	62%	73%	61%
Q21c	"I would recommend my organisation as a place to work"	47%	61%	42%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	58%	71%	55%
KF1	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.49	3.76	3.42

Overall staff engagement

(the higher the score the better)



Source: 2017 Staff Survey

There was an increase in the percentage of staff who agreed that care of our patients is our organisation's top priority (up 4%) and who would recommend BSUH to friends and family as a place to work (up 5%) or receive treatment (up 3%). These are key engagement metrics which form part of the Trust's True North objectives relating to our people.

Other areas where we saw some improvement were:

- Staff feeling supported by their managers
- Organisation interest in and action on health and wellbeing
- Percentage of staff appraised in last 12 months

There was also a reduction in the percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months.

As part of our Patient First programme, we are working to continue this reduction, using a wide range of problem solving methods to understand root causes and develop effective action plans.

The Human Resources team have prepared and circulated divisional staff survey reports, and 'At a Glance' divisional posters, detailing scores contributing to the staff engagement score and divisional top and bottom five staff survey results. Along with regular feedback obtained from the staff mini-surveys these will inform discussion with Divisional Management Teams to improve overall staff engagement.

In early 2018 the Trust introduced mini-surveys after statutory and mandatory training asking staff to complete the nine questions that make up the composite staff engagement scores. The results will be shared across the Trust's divisions helping to shape and focus improvement plans.

Future Priorities and Looking Ahead to 2018-19

The 2017 survey highlights key areas for improvement in staff engagement and we will focus on the following key areas in 2018:

- Continuing working towards achieving the Trust's breakthrough objective "Care of staff/patient users is the organisations top priority"
- Instigating corporate improvement plans to address three key issues arising from the results:
 - ensuring that communication between senior management and staff is effective;
 - initiatives to improve staff health and well-being; and aiming to prevent and reduce violence and aggression issues against staff, in particular from patients, relatives and members of the public.
- An Equality, Diversity and Inclusion initiative being led by the Chief Executive as part of the Trust's Leadership, Workforce and Culture programme
- Introducing a new Trust Ambassador initiative across the Trust to help improve staff engagement
- Developing a programme to reduce MSK injury and work-related stress to support delivery of the Trust's Health & Well-Being CQUIN target
- Continue the roll-out of the Patient First and Strategic Development programmes to improve opportunities for staff to contribute ideas towards making improvements in the workplace and ensure this is linked to the achievement of the breakthrough objective
- Raising the profile of the annual staff survey and its importance and working to ensure feedback and involvement of staff across the Trust.

Theatre 6



Look ahead

We have achieved so much in the past 12 months, and know that there is further to go as we work towards our aspiration of delivering outstanding care to every part of our community.

Throughout the Trust, we are applying focus and dedicated effort to achieving – and then maintaining – financial sustainability. This is a cornerstone of creating an environment where patient care is our complete focus and highest priority.

Our financial stability will be a significant part of our emergence from quality special measures, which we hope to achieve in the autumn of 2018.

There is significant work underway in A&E to help our teams deliver top quality patient care. We're investing in significant improvements to the physical environment at Princess Royal, and focusing on ensuring that we have the right level of clinical staffing at all times. We are actively working to ensure that our patients have access to the care they require with the shortest possible waiting time, and are discharged or referred for further treatment without avoidable delays.

Our 3Ts building work will forever alter the Royal Sussex County Hospital site. In the last year, we've created clarity over the building programme's direction, and are looking forward to seeing our new hospital rising from the ground in line with the revised timetable.

Over the next year, we are also focusing on our workplace culture. We will be improving dialogue between staff, creating new opportunities to allow colleagues to speak up about issues which concern them, and defining our expectation of an open, inclusive and respectful culture.

We can see how far we've come in twelve months, and we know how far we have yet to travel to fully deliver our aspiration of delivering outstanding care for everyone in our communities.

However, we are confident that, as demonstrated in this Annual Review, we are on the right pathway.







THE PATIENT FIRST

