

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	23rd February 2015
Board Sponsor:	Chief Executive
Paper Author:	Chief Executive
Subject:	Chief Executive's Report

Executive Summary

This report updates the Board on progress with key strategic developments in relation to: radiotherapy, site reconfiguration, the 3Ts programme and the vascular network.

The report also notes the recent Norovirus outbreak at the Princess Royal Hospital and the exceptional work of our staff and partners to minimise the impact of the outbreak on patients.

Work continues to embed the Values and Behaviours programme; and we have welcomed the first cohort of nurses from our international recruitment programme.

Links to strategic objectives	Best and Safest Care ✓ High Performing ✓ Academic Excellence ✓
Identified risks and risk management actions	Key risks are aligned with the risks to the Trust objectives described in the Board Assurance Framework.
Resource implications	None specific to recommendations in this report
Legal implications	Not applicable
Report history	Not applicable
Appendices	Not applicable

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, 23rd February 2015 Chief Executive's Report

1. Whistle-blowing

Sir Robert Francis, QC, published *'Freedom to Speak Up'* an *'independent review into creating an open and honest reporting culture in the NHS'* on 11th February. The review was set up in response to continuing disquiet about the way some NHS organisations deal with concerns raised by staff and the treatment of some staff who have spoken up.

In line with our values of fairness and transparency, the Trust takes whistleblowing extremely seriously and is constantly working to ensure processes are in place to allow staff and patients to easily report any concerns they have, to properly investigate them and to be open about the outcomes and learning from these investigations.

There is, as always, more we can do but in some areas of this we have made real progress. For example, one of the recommendations from the review is that all NHS organisations develop a role, akin to the Patient Safety Ombudsman role that Delilah Hesling has been undertaking here since September 2010. It describes how this person would act as an independent or impartial 'honest broker' of staff concerns.

We also have other initiatives in place to help us be more open and to learn from our mistakes including a monthly 'Patients 1st' story and a monthly open forum called 'Staff Stories'; both talk about a clinical serious incident and how we can learn from what happened to improve the quality and safety of what we do.

Last year the CQC praised our openness and the fact that staff were encouraged to talk to inspectors. We have also recently updated our whistleblowing policy to reassure staff that it is safe and acceptable to speak up and to enable them to raise any concern at an early stage and in the right way. As an organisation we fully support the duty of candour and are working to ensure a culture where all staff feel safe to speak out in order to meet our professional and moral obligations, be open and honest with patients when things go wrong and use this to improve services going forward.

2. Unscheduled care

The Infection Prevention and Control report to the Board describes the impact of the outbreak of a particularly virulent strain of Norovirus at the Princess Royal Hospital which has affected over 60 patients and more than 30 staff.

This led to another exceptionally challenging week across our hospitals which we managed with invaluable support from other hospitals in our area, the Ambulance Trust and primary, community and social care partners. At a time when our services were already stretched this added another layer of complexity and challenge and, once again, Trust staff and partners responded brilliantly and helped us to prioritise the safety and comfort of our patients in very difficult circumstances. The Norovirus outbreak started to slowly improve from Monday 16 February but we need to continue to address the overall situation with patient flow through our hospitals, both internally and in our work with partners.

3. Nurse recruitment

The monthly Board paper on nurse staffing highlights the positive outcome of our on-going domestic and international recruitment programme, which will serve to reduce the number of vacancies on our wards to the benefit of patients and staff. 206 nurses have now accepted offers following our international recruitment programme with the first cohort of 24

nurses already working on the wards and 23 more starting in the week of the Board meeting. Newly qualified nurses from the University of Brighton will also be in post by the time of the next Board meeting in March.

4. Board to Board meeting with the NHS Trust Development Authority (TDA)

The Trust Board had a *Board to Board meeting* with the the Board of the NHS Trust Development Authority on 10th February, as part of routine TDA governance processes and the Trust's development towards Foundation Trust status. In my presentation at the start of the meeting I highlighted our vision and ambitions; our context, successes and the challenges we face; and our plans to meet those challenges in terms of sustainability, quality and delivery. The meeting was open and constructive and discussed both our successes and the further work we need to do in our development as an organisation.

5. Values and Behaviours programme

The Values & Behaviours (V&Bs) programme is continuing to rollout, with work in 2014/15 focusing in three areas: (i) **developing individuals & teams**, (ii) **aligning our people processes** and (iii) **engaging for improvement**.

Developing Individuals & Teams

- 50 days of support over 9 months have been commissioned from a **Team Coach**, Rebecca Muggerridge, starting on 5th March. Rebecca will work with clinical/non-clinical teams to support development, run the 'how do we work as a team' workshop and hone/rollout the 'bringing the behaviours to life' toolkit.
- 20+ staff have volunteered as **internal team coaches**, to spend on average 1.5 days/month working with Rebecca to support team development – and themselves be coached/developed (as a sustainable model).
- 67 Directors/direct reports complete the five modules of **Leading the Way** and facilitated **Action Learning Sets** in April. This investment has recognised the additional responsibility leaders have for role modelling the behaviours and fostering a supportive workplace environment.
- V&Bs development sessions have been undertaken with three cohorts of **Band 7s nurses and midwives**.
- Planning is underway for the **April leadership conference**, which, for the first time, will be an open to a wider group of staff who are identified as leaders rather than staff only of a certain Band.
- Rollout of V&Bs training for the **300+ frontline supervisors/managers** will form the centrepiece of the 2015/16 programme, which is currently in development as part of Business Planning.

Aligning our People Processes

- The Behavioural Blueprint is being integrated throughout the recruitment selection process. It is now referenced in adverts and Job Descriptions. **Values-Based Recruitment** (currently in operation for pool nurses) is being refreshed to align with the Behavioural Blueprint and will be extended to all staff groups in 2015/16.
- The HR team is leading the refresh of the **appraisal/performance development process**, which will roll out from April and includes the Behavioural Blueprint.
- A **People & Wellbeing Strategy** is in development (for presentation to the Board in April), framed by the Trust's V&Bs.

Engaging for Improvement

- 140+ staff have signed-up as **V&Bs Champions**, with the aim of creating a 'tipping point' of 350 by end 2015/16. They have offered feedback/ideas, are hosting 'back to the floor' senior leadership team visits, will support the rollout of Team Brief and appraisal, and in 2015/15 will be invited to welcome new starters at corporate induction.
- Monthly **open staff meetings** are continuing (c. 20 staff/session). These and the steady stream of emails to the V&Bs general email provides relevant, real-time data on staff concerns and ideas.
- The new **monthly Talkback** has been introduced, with a more informal, staff focus.
- A **meetings 'spring clean'** is underway, suggested through *Leading the Way*, to ensure managers and staff are freed up to focus on work that makes the most difference to frontline staff and patient care.

6. Strategic developments

Radiotherapy

The Trust has recently been advised by the NHS Trust Development Authority that the outline business cases for satellite radiotherapy in East Sussex and West Sussex have both been approved. Recognising the urgent need for modern radiotherapy facilities, intensive work has already commenced on the full business cases - with a view to the East Sussex full business case being received by the Board in March. The West Sussex case will follow at a later date.

The development of radiotherapy facilities at Preston Road in Brighton has been delayed due to unforeseen design and construction problems, and related commercial matters. A detailed survey has recently been completed, which has helped to identify a practical solution, and it is expected that the Board will receive a paper in March recommending how to proceed with the project.

The impact of delays is that new radiotherapy facilities will not be available until late in 2015 at the earliest or more likely 2016. The executive team is focussing on solutions to avoid further delays in approval processes, and will seek where possible to proceed with implementation at risk using operational capital, pending approval of the cases and securing of external financing.

Site reconfiguration

Significant work is underway in preparation for the move of elective and emergency cranial neurosurgery from HPNC to RSCH and the move of the fractured neck of femur and inpatient urology services to PRH. In February the programme will be subject to an internal assurance process led by the executive team which will critically review a number of key programme risks and issues to ensure they are managed and mitigated including operational flow and timely access to neurosurgery critical care beds, medical and surgical cover at PRH, new clinical pathways, and staff transport; this process will determine on which date the clinical services can safely move.

The building of four new additional critical care beds at PRH is complete and the new neuro-theatres, recovery and ITU beds at RSCH are scheduled to be completed in April 2015 and available in early May. The bi-planer angiography suite is expected to be complete by June.

While there has been much progress with the programme there is still significant work to be completed by the programme team including the planning of the physical moves of clinical services between sites. The programme team and clinical directorates continue to engage in the internal QIA process and with external providers and other organisations in planning and assessing the impact of the new pathways, particularly the fractured neck of femur pathway.

On 26 February the Sussex Trauma Network and Major Trauma Centre will be undergoing its annual national peer review process which will include a review of issues highlighted at the 2014 MTC peer review including a co-located neurosurgery service, interventional radiology facilities and on-call availability, and the development of the plastics service.

Vascular network

The Vascular network development is progressing well. The appointments to the four substantive consultant posts took place on the 17th February and are an important next step in the establishment of the network. Plans are underway with East Sussex Health Care NHS Trust to secure the transfer of the elective vascular work from the end of February. In order to accommodate the work we have secured additional theatre sessions and will be ring fencing the 31 vascular beds until the site reconfiguration allows the bed base to further expand.

3Ts programme

We have responded to the queries and clarifications on the Full Business Case raised by the Trust Development Authority and the Department of Health thus far.

We have answered some further clarifications from NHS England following the meeting of its Finance and Investment Committee in January and await confirmation that they are satisfied with that response.

Discussions are underway between the TDA, DH and HM Treasury and we remain hopeful of an approval by the end of March, although this remains a challenge in terms of timescales.

We are continuing the work to refine the internal detailed design of the building on a room by room basis, working with our clinical teams to inform the final re-tendered capital cost for the development as the necessary precursor for agreeing the final cost and agreeing the contract for construction later in the Summer. This is a huge piece of work and I am grateful for the unstinting effort by all concerned in making this happen alongside the operational issues we are facing.

7. Business planning 2015/16

The Business planning process for 2015/16 is in mid-process with the requirement that the Trust submit its Annual Plan to the TDA on the 5th April, 2015 following approval by the Trust Board on the 30th March 2015.

The directorates are leading the Business Planning process for 2015/16 with the support of the strategy and change directorate, delivery unit and contracts support teams. The directorates are developing their local directorate business plans and identifying their priority service improvements priorities, capacity planning, workforce changes and productivity improvements to meet the cost improvement challenge for the Trust.

All Directorates have been reviewing their plans against the vision, aims and corporate objectives of the Trust and they have been asked to undertake a local

prioritisation process against comparative criteria which have been developed to enable the Clinical Management Board (CMB) to prioritise corporate developments and where investment needs to be made in order to meet national standards, as well as the aspirations set out in our clinical strategy. The CMB will be undertaking a prioritisation process at its meeting on the 5th March 2015 and the outputs will be further refined in consultation with directorate leadership teams after this so that delivery plans can be agreed within each of the directorates.

Despite the uncertainty arising from delays issuing the National Contract and the withdrawal of the draft 2015/16 national tariffs by Monitor, the Trust is working closely with both local Sussex Commissioners and those representing NHS England to align our business planning assumptions as much as possible.

In the absence of a formal activity and associated financial offer which would normally have been received from our commissioners by this date, the Trust has constructed a consolidated planning proposal based on a range of assumptions including; an agreed baseline, expected 15/16 service developments and our current view of contract/business rule related adjustments. The service developments predominately affect the Specialised/NHS England contract and relate to a range of relatively long-standing initiatives aligned to the clinical strategy. This 'plan' is forming the basis of the discussions with both sets of commissioners as the Trust seeks to understand the impact on our services of their expected commissioning intentions and QIPP plans and any associated financial gap before the new year starts.

In addition to the above, there are a range of 'live' contract issues which are currently being worked through with them relating to a diverse range of underpinning issues such as pricing changes, CQUIN, mandated schedules such as the Service Development Improvement Plan & the Data Quality Improvement Plan and the application of contract rules and risk shares etc. It is currently unclear what business rules and tariff arrangements will be proposed if Monitor are unable to publish 15/16 tariffs and contracts by March 31st. However, the Trust is doing all that it can to foster a position of readiness within the Local Health Economy (LHE) in preparation for 15/16 agreements.

8. University Hospital

Over the last 10 years BSUH has become the main University teaching hospital for Brighton and Sussex Medical School (BSMS) and Health Education England (HEE) in Kent, Surrey and Sussex. This has brought many responsibilities and benefits, but has also posed significant challenges. The appointment of a new Dean of BSMS and the ongoing work with HEE as well as the Academic Health Science Network will help us to further develop these opportunities and further updates will be provided in coming months as this progresses.

The benefits are in the following areas:

- Recruitment of Consultant staff with excellent academic and research backgrounds
- The advancement of research – basic sciences, translational and clinical research
- Raising the morale of staff and helping with retention of staff (particularly medical), which has benefitted patients who are now able to receive care from high flying doctors and trainees.

The responsibilities that go with this may be categorised as follows:

- Providing the time and other forms of support to trainees and doctors who come to BSUH expecting the University hospital environment.
- Making education, training and research as much our core business as the delivery of high quality patient care
- Ensuring that we satisfy BSMS, STFS and HEE that we are able to support their students and trainees and deal with areas which have posed challenges.
- Using the opportunities provided by the 3Ts project to develop and train a workforce suited not just for BSUH but for the region
- Bringing to areas of nursing, AHPs and other staff the benefits that are being realised for Medical staff.

The challenges are directly connected to the above:

- Balancing the demands of day to day patient care while not affecting training and education commitments
- Providing equity across all professions and ensuring that all the staff in the Trust have the University Hospital Experience
- Increasing academic activity so that we attract enthusiastic young trainees and researchers who look to London as the place to go for high quality academic work.
- Making it clear to our staff that education and training is not “the icing on the cake”, but an integral part of what we do
- Continuing to work with our partners in BSMS, STFS and HEE to take forward our vision and strategy so that the region will pose a serious challenge to our more established London colleagues.

Matthew Kershaw
Chief Executive
February 2015