

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> March 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 key strategic developments in relation to: the 3Ts and site reconfiguration programmes (which is discussed in detail elsewhere on the agenda); the contract position for 2015/16; the status of the soft Facilities Management contract; progress in the areas of research, teaching, training and innovation; and important developments in our safety, quality and patient experience strategy.

<b>Links to strategic objectives</b>	Best and Safest Care ✓ High Performing ✓ Academic Excellence ✓
<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>Legal implications</b>	Not applicable
<b>Report history</b>	Not applicable
<b>Appendices</b>	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, 30<sup>th</sup> March 2015**  
**Chief Executive's Report**

**1. Safety, Quality and Patient Experience Strategy**

The Safety, Quality and Patient Experience Strategy has been shared in early draft form with the patient safety team, Patient Safety Ombudsman and Associate Director of Transformation. The strategy is being updated to incorporate essential elements around equality and diversity and race equality. The vision of the strategy is to move to a person centred view of safety and quality with a particular focus on kindness and compassion as the driver for the delivery of the high quality services desired by the population we serve. The strategic questions posed by the strategy have been shared with CMB, Quality and Risk Committee, CCG partners and Heath-watch. Safety and Quality metrics for the Board and Directorates are being aligned to these same person centred domains. The strategy once finalised will be widely publicised and will sit alongside the work within the annual plan.

**2. Sodexo**

It has been agreed that on 31st July 2015 the Sodexo contract with the Trust will end early and from 1st August 2015 all "Soft" FM services which include housekeeping, catering, portering and cleaning will be brought in-house and managed by the Trust. This also means that all the staff who provide those services (who have substantive contracts of employment with Sodexo) will transfer across to the Trust from that date.

The Sodexo staff who are directly affected were informed last week by representatives from Sodexo and I have also written to them personally. Open drop-in sessions have also been held at both the Royal Sussex County and Princess Royal Hospitals for these staff.

Work is in hand to ensure the transition is as smooth and well-managed as possible. Following transition, the Trust will take a period of time to review the soft FM activity and to explore any lessons which can be learned from outsourcing to Sodexo. This will involve discussions with both Sodexo and Trust staff on how to provide these services in the best way for our patients.

A Programme Management Group has been established and a full-time, dedicated Programme Management Office (PMO) will lead on the transfer. The PMO will comprise people who have experience of managing and providing Soft FM services. Trust work stream leads are also being identified for key services including HR, payroll and procurement. A transfer of this size and complexity is a huge undertaking and there will inevitably be challenges along the way. It is however the right thing to do, at this point in time, for everyone involved and for the organisation as whole.

**3. Site Reconfiguration**

Work is progressing 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 executive team led an internal assurance process with the programme team which reviewed a number of key programme risks and issues and the appropriate mitigations. The risks and issues include operational flow across the hospitals, timely access to neurosurgery critical care beds, medical and surgical cover at PRH, new clinical pathways, and staff transport. Further executive assurance sessions are taking place in March to review progress and to determine a date for the service moves and pathway changes; once determined the date of the moves and the operational arrangements will be widely

communicated. These assurance meetings are in addition to the regular quality impact assessment meetings which take place with the individual clinical services.

The capital programme is nearing completion and the four new additional critical care beds and works to Twineham & Albourne wards at PRH have been finished; the new neuro-theatres, recovery and ITU beds at RSCH are scheduled to be completed available in May and the bi planer angiography suite is expected to be complete during June.

#### **4. Saville**

Kate Lampard's overarching report into the '*Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville*' was published on 26<sup>th</sup> February, together with a further 16 investigation reports from individual Trusts. The Lampard report makes a number of recommendations on access, volunteering, safeguarding, complaints and governance, which the Trust will consider, building on our existing arrangements. A further report will be made to the Board in May which will provide assurance that the necessary action has been taken, or where this is in progress, the date by which it will be completed.

#### **5. 3Ts Programme**

The Secretary of State for Health visited us on 26 February and confirmed his strong support for our plans including the allocation of a further £60m to address the increase in costs due to inflation since the original costings were finalised. The work now is focussed on securing the final approval to the full business case and this continues as a major priority for the 3Ts team and myself.

The Board will be aware that there is now a much more visible manifestation of our two main decant projects in front of the Barry Building. The modules for the Front Car Park building will start to be lifted into place on 30 March, and the ones for the Courtyard ward later in April.

This will mean that the new ward will be available in the late Summer and the Front Car park will be occupied in the run up to Christmas. This is substantial progress but there is still much to do to prepare the way for the start of the main development in the first few days of 2016, subject to our Full Business Case approval.

There will be further works starting on other parts of the site in the coming months and the 3Ts team will publish further details of those in the coming weeks.

These essential preparatory works will make a significant improvement to the patient and staff environment in the departments affected.

I have also pleased to say that the Trust will be endorsing European Healthcare Design 2015, a new conference examining the design of healthcare systems and buildings internationally. This conference will be held in London in June and has attracted research and practice papers internationally. Our Director of 3Ts will be involved in this conference which is also being supported by Great Ormond Street and Guy's and St. Thomas' Trusts, both of whom have major redevelopment programmes in train. It is also supported by, amongst others, the RIBA and the Design Council.

#### **2015/16 BSUH Contract with Commissioners - Update**

The process to agree contracts with our commissioners has been determined by the publication of national directives and associated revised planning timetables which have been significantly delayed in comparison to previous years. As a result, the

original requirement to agree contracts by March 31st will not be met and the Trust is doing all that it can to comply with the published timelines.

Since the last Board meeting the Trust has agreed one of the 2 national tariff options on offer. The 'Enhanced tariff' option, has a revised set of business rules, adjusted tariff structures and a reduction in the proposed level of tariff deflation although overall tariffs have still been reduced by circa 1.6%.

An initial Sussex CCG financial 'offer' was shared with the Trust on March 12th and there is currently a not insignificant gap between Trust and commissioner expectations. This is being worked through in detail in an attempt to finalise contracts for 2015/16. The Trust is yet to receive an offer from NHS England for the portfolio of specialised services we provide and this is expected imminently. The National Contract was finally published on March 17<sup>th</sup> and there are a revised set of mandated obligations and business rules which the Trust will need to comply with and these will be discussed with commissioners and progress outlined at a future Board meeting.

## 6. Corporate objectives 2015/16

As part of our planning for next year we have been progressing the annual plan with significant input from across the directorates and corporate teams. The plan will be presented in its current form later in this meeting but the top 5 corporate objectives are contained within our draft corporate plan and are as follows:

- i. **Excellent Outcomes.** Driving up quality, reducing avoidable harm, developing the workforce and creating a learning culture.
- ii. **Great Experience.** Meeting core access standards, learning from and improving patient experience and staff experience of giving care.
- iii. **Empowered, Skilled Staff.** Actions to recruit, retain and develop the Trust's workforce and to engage them in the values and behaviours.
- iv. **High Productivity.** Delivering a financial plan that secures sustainability and supports effective investment in delivery of the strategy.
- v. **Deliver the Clinical Strategy.** The programme of clinical service improvements and developments that deliver the clinical strategy.

## 7. Local Comprehensive Research Network (LCRN) - Performance and contribution

The trust remains on track to meet its annual LCRN recruitment target by the end of the financial year. In recognition of this we have been awarded a slight increase on last year's baseline budget with an allocation of £1.7 million, to support an enhanced recruitment target of 3200 patients next year. The target will be challenging but every endeavour will be made to reach it.

Over the past 2 years we have looked to invest this money imaginatively to grow research across the organisation. In recognition of this, there have been a number of good news stories since the last report, in relation to these developments in areas such as A&E, orthopaedics and heart failure.

The Injuries and Emergencies research portfolio is varied and challenging due to the acuity of patients' condition and the unpredictability of their presentation. At BSUH these Consultant-led studies are delivered by a small team of 3 research nurses led by Carrie Ridley and Consultant Maria Finn. The nurses provide a 24/7 on-call service for out-of-hours patients to ensure that all eligible patients are screened for entry into trials. They demonstrate advanced clinical skills delivering complex research protocols on unwell patients, as well as an expert working knowledge of the

emergency consent process including entering adults lacking capacity and use of emergency consent. This is without doubt a very challenging and busy environment to work in, let alone try to conduct research that requires time and space. We are delighted this investment has paid off and thanks to the team, we have successfully recruited our first ever patient to a commercial drug study in A&E and only the 2<sup>nd</sup> patient to this study in the UK. It is hoped that this will pave the way for more research in this niche area.

Trauma research has also taken off successfully in the past 12 months, thanks to the hard work of the research team, led by Consultant Orthopaedic Surgeon Mr Benedict Rogers whose enthusiasm and energy have led to the expansion of this challenging research portfolio. BSUH has become established as a respected centre for Trauma & Orthopaedic research and is now highly regarded by national and international collaborators. BSUH's recruitment to the recent Hip fracture was amongst the highest in the country, surpassing recruitment targets by 187%.

We have also started to expand within established research specialities, delivering equal success. Cardiology has long been a leading research area within the Trust, but in the last year we have diversified our portfolio to include studies across the speciality. Once more this has resulted in some excellent outcomes for our patients with the Royal Sussex becoming the joint top recruiter in the UK for a recent heart failure study.

### **Performance Initiating Delivery of Research**

The Trust continues to improve its in relation to Department of Health Metrics on recruiting patients to time and target to commercial clinical trials. Analysis from the first year is shown below; we are now meeting the target in 63% of cases. Measures taken to improve performance have included improving our pre-selection processes to ensure we only agree to take on studies where we have a guaranteed patient population that will fulfil the inclusion criteria for the trial. Over the coming year will concentrate on rebuilding the volume of studies, but in areas where we are confident we can deliver.

### **Brighton & Sussex Clinical Trial Unit**

The CTU is on track to submit an application for formal registration with the UKCRN. Operational Lead Nicky Perry is currently preparing the application in time for the May deadline.

### **Patient & Public Involvement & Engagement Group**

The 'Jaffa' Panel is a patient and public involvement (PPI) lay research panel based at Brighton and Sussex University Hospitals Trust (BSUHT). It meets weekly to give researchers the opportunity for an early lay review of their research ideas. The group helps to ensure that the research questions and topics are relevant to patients. It also reviews written materials, including plain English research summaries and patient information sheets. The panel currently has 10 active members, with ages ranging from 16 to 83. There is a very welcoming and inclusive dynamic, where discussion flows freely between the generations.

The Jaffa Panel (so called because Jaffa Cakes are their biscuit of choice at meetings) feature in the latest INVOLVE winter 2014-15 Newsletter [www.involve.nihr.ac.uk/posttypenewsletter/winter-2014-15/](http://www.involve.nihr.ac.uk/posttypenewsletter/winter-2014-15/) with a summary of the work they presented at the INVOLVE Conference in November 2014. The article recognises some of the excellent work undertaken by the panel on behalf of the Trust and highlights the benefits of patient and public involvement in research. It is

encouraging to see such enthusiasm and recognition for the work done by the Jaffa group for and on behalf of the Trust.

The panel are keen to recruit more members of all for further information contact: The Jaffa Panel Email: [bsuhlaypanel@gmail.com](mailto:bsuhlaypanel@gmail.com).

## **Innovation**

BSUH has continued to support the quarterly innovation forum which has now been running for two years and is led by a group of junior doctors with support from a wider group including the Associate Medical Director (AMD) for Innovation and Quality.

It has generated a number of exciting projects and one of these has formed the basis for a hospital wide solution for handover. Additionally, within the sexual health directorate the team have developed the *Connect* App which looks to provide HIV patients with tailored information regarding their monitoring. This work has been developed further during the last year and has attracted a £5 million European grant for further development and evaluation.

We plan to work with Health Education England, Kent, Surrey and Sussex (HEEKKS) the Academic Health Science Network (AHSN) and *Induct* to implement an innovation acceleration project across BSUH and related commissioning partners. The core focus of this work will be around the urgent care and frailty agendas.

## **8. Teaching and training**

The Trust will be hosting a GMC visit on the 27th of May. The visit is to assess the training provided by BSMS and HEE KSS. BSUH as the lead provider for education to both these organisations will be an important part of the GMC assessment. This is akin to a CQC visit for education. The visit will mainly cover the following areas: General Surgery, General Medicine, Emergency Medicine and the Foundation Trainees.

The Specialist training area of Paediatric Surgery had combined visit from HEE KSS and the Joint committee for higher specialty training. The initial verbal feedback was good and no areas of concerns were raised. The department also hosted the national Paediatric Surgery exit examination of the Royal Colleges' intercollegiate board last week and the external examiners praised all the arrangements. This was a first for the department.

## **9. Emergo exercise**

On 18<sup>th</sup> March, staff from across the Trust took part in an 'EMERGO' exercise to help strengthen our emergency preparedness and response in the event of a major incident. Representatives from different departments attended the day, run by Public Health England, which tested our responsiveness to the theoretical scenario of a train crash and chemical spill in Worthing. The teams had to track, transfer and discharge virtual patients; react appropriately to impromptu changes in circumstances and work together to ensure everyone who needed to be was kept informed as the situation developed. The day was assessed throughout to highlight the areas where improvements can be made. Taking a significant number of staff out of the hospital for a whole day is never an easy task but it was an important event and well supported by those staff involved in the exercise and those who provided cover to make it possible.

**Matthew Kershaw**  
**Chief Executive**  
**March 2015**