

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>1<sup>st</sup> June 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 including: the 3Ts and site reconfiguration programmes, which is discussed elsewhere on the agenda; and developments in Sussex-wide services and plans for 7-day working.

The report also updates the Board on the contractual position for 2015/16; progress and with the transition of the soft Facilities Management contract; and recognises the achievements of our nursing staff on International Nurses Day.

The Board will discuss performance against the Accident and Emergency and Referral to Treatment (RTT) standards later on the agenda and the report notes on-going challenges in performance, and trajectories for recovery in performance which are being finalised with partners.

<b>Links to corporate objectives</b>	There is a particular focus in this report on <b><i>the delivery of the clinical strategy</i></b> , through the site reconfiguration developments; supporting <b><i>empowered skilled staff</i></b> through the Values and Behaviours programme
<b>Identified risks and risk management actions</b>	Key risks are aligned with the risks to the Trust objectives described in the Board Assurance Framework.
<b>Resource implications</b>	None specific to recommendations in this report
<b>Report history</b>	The Chief Executive reports formally to each Board meeting

### **Action required by the Board**

The Board is asked to note the Chief Executive's report and ask for further information or clarification as required.

# Report to the Board of Directors, 1<sup>st</sup> June 2015

## Chief Executive's Report

### 1. Site Reconfiguration

Final preparations are being made for the moves of elective and emergency cranial neurosurgery from Hurstwood Park Neurosciences Centre (HPNC) to the Royal Sussex County Hospital (RSCH) and the move of the fractured neck of femur and inpatient urology services to the Princess Royal Hospital (PRH) which will take place on the 19th, 20th and 21st June. Considerable planning for the moves has been undertaken with a number of clinical directorates and corporate functions including the identification and mitigation of a number of potential risks and scenarios.

The new MRI scanner and bi planar angiography scanner have recently been delivered to the Trust for installation and commissioning at RSCH and the main capital works (which are on the critical path for the moves) are due to be completed in June; this includes the new neuro-theatres, recovery and ITU beds and improvements to Level 8A West. The schemes at PRH, including four new HDU beds and works to Twineham ward, are complete. Other works schemes not on the critical path are in progress including the new mortuary and theatre admissions unit on level 5 of the Thomas Kemp Tower at RSCH, and at PRH a new urology outpatient investigations suite is currently being designed.

In May a meeting was held with local Clinical Commissioning Groups (CCGs), SECamb and acute providers within Sussex to discuss a range of issues relating to the forthcoming changes with a particular focus on the new fractured neck of femur pathway, the potential impact on the emergency department at PRH, the operational implications for SECamb, and the potential impact of the new pathway for other acute providers within Sussex. The site reconfiguration team continues to work closely and engage with all the key stakeholders to identify and mitigate against all risks and issues and provide reassurance on the resilience of PRH and RSCH to absorb the changes. Internally the site reconfiguration team has met regularly with the executive team and clinical directors to ensure that all the necessary actions and plans are in place to enable the service moves to take place safely and efficiently in June. Further and wider communication to patient groups and the public are planned in advance of the moves. The changes will be closely monitored and audited to ensure any issues are highlighted and acted on quickly.

### 2. 7-day Services

By April 2017, healthcare providers will need to have implemented all ten of the national seven day services clinical standards which are:-

- Patient experience
- Time to first consultant review
- Multidisciplinary team (MDT) review
- Shift handovers
- Diagnostics
- Intervention/key services

- Mental health
- Ongoing review
- Transfer to community, primary and social care
- Quality improvement

Seven day services forms part of our Clinical Strategy and we have allocated £500,000 to assist us in delivering the clinical standards required. We have undertaken a seven day assessment of our services and we will be loading our data into the NHS 7 day self-assessment tool so that we can benchmark with other organisations and collate information in order to track progress. Using this information we will update our action plan in line with the 10 point implementation check list in order for us to deliver at least 5 of the clinical standards by March 2016. This plan will also align to our Service Development Improvement Plans (SDIPs) and provide us with information to deliver and monitor our delivery plan so that we can provide sustainable and affordable improvements.

### **3. Changes in the Acute Floor**

As we report later on the Board agenda, recovery trajectories are being finalised with the NHS Trust Development Authority (TDA) and Clinical Commissioning Groups (CCGs) in respect of the 4 hour Accident & Emergency Standard and Referral to Treatment Standards (RTT). Performance against the Accident & Emergency standard remains extremely challenged with a number of 12 hour breaches of the standard in April and May. Performance against the RTT standards also remains vulnerable to unscheduled care demands which impact on available bed and theatre capacity.

To address these challenges we continue to develop new ways of working. On 18<sup>th</sup> May we opened a new Medical Assessment and Treatment Unit at the Royal Sussex County Hospital (RSCH) which combines the services previously provided in the Acute Care Unit and the Rapid Access Clinic for Older People into the space formerly occupied by the Clinical Investigation and Research Unit. The main aim of this change is to provide a dedicated and specialised area for medical patients who come into the Emergency Department and require urgent assessment and treatment but not necessarily admission. It will give these patients a better overall experience and help decongest the main Department. This is the first in a series of planned improvements, on the Acute Floor, in speciality medicine and all other directorates, which when they start to link together, will improve the flow of emergency patients through the hospital and reduce the adverse impact this is currently having on our specialist and scheduled care services and patients.

### **4. Sussex-wide Services**

The Trust continues to work on the provision of excellent specialist care to the Sussex-wide population, such as vascular services, cardiac services, cancer and renal services. The Trust already works closely with Providers across Sussex to provide joined up services, where patients are treated at their local hospital where appropriate, but have rapid access to specialist care at Brighton as the tertiary centre where needed.

To make sure that we can provide truly integrated care the Chief Executives and Medical Directors of the Acute Trusts in Sussex are meeting during June to discuss how we can best work together and secure sustainable services for the people of Sussex both now and into the future. Over the past years we have developed more specialist care which means fewer patients have had to travel to London for their treatment, and we are keen to see this trend continue.

## **5. Contractual Position 2015/16**

### **Clinical Commissioning Groups (CCGs)**

The Trust has agreed the terms and conditions, obligations and an associated 'risk share' with Sussex CCGs, which is the basis of the 2015/16 contract. The 'risk share', will enable a degree of financial certainty and underpins Local Health Economy (LHE) business plans for the year. A number of issues which weren't resolved at contract sign off, such as agreement of CQUIN schemes are subject to agreed long stop dates during Q1.

### **NHS England (NHSE - Specialist Commissioning)**

The Trust agreed the financial offer (circa £140m), the associated terms and underpinning principles in April. A 'Heads of Agreement' was signed in early May and the Trust is seeking to finalise the outstanding contractual issues in the next fortnight.

## **6. GMC Visit**

As I reported to the Board in April, the General Medical Council is due to visit the Medical School and Health Education England, Kent, Surrey and Sussex (HEE KSS) to assess the quality of training provided to undergraduates and post-graduates and the Trust as the lead provider of education for both these organisations on 27th May. I will update the Board on the outcome of this visit.

## **7. Sodexo Update**

The Trust continues to work closely with Sodexo to ensure the transition of Soft FM services is as smooth as possible. A dedicated project office has now been established on the ground floor of Sussex House to ensure that the numerous work streams are coordinated and that the risks that such a large undertaking brings are mitigated. Information is being provided by Sodexo in relation to staff and suppliers to facilitate the necessary legal and contractual changes that will be needed. Every effort is being made to ensure that the current Sodexo staff are kept up to date on progress with the complex transition and that we address any questions that may arise.

## **8. 3Ts Programme**

Further to last month's update, good progress continues to be made on site for the Front Car Park and Courtyard buildings and they will be available for use in December and October this year, respectively.

Unfortunately, the Trust did not receive a final approval to proceed with the Full Business Case before the General Election. However, we continue to work with the NHS Trust Development Authority, NHS England and the Department of Health to secure the final approval over the summer. This will allow us to start the main building works for the redevelopment in early 2016 as we have planned.

## **9. Savile Inquiry and Lessons Learnt**

In February 2015, the Department of Health published an independent report, authored by Kate Lampard, into the '*themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile*'. The report makes thirteen recommendations on issues including access, volunteering, complaints, governance and safeguarding.

The Trust has responded formally to the NHS Trust Development Authority (TDA) in respect of these recommendations. In line with the report a further review of safeguarding resources, structures and processes is also being undertaken to provide further assurance in respect of the adequacy of our current processes.

## **10. Health and Safety Executive**

The Trust attended Lewes Crown Court on 18th May for a sentencing hearing, following the guilty plea at Hove Crown Court in relation to a breach of the Health and Safety at Work etc Act (1974). This concerned the management and control of legionella in the period between 2007 and 2011. The hearing was adjourned until 11th June and a further report will be made to the Board on 6th July.

## **11. International Nurses Day**

The Trust celebrated International Nurses Day on 12<sup>th</sup> May with many different areas contributing to recognise the fantastic work of our nurses. Level 9A at the Royal Sussex County Hospital had a plaudit board where nurses could pin up their comments on why they became a nurse and why it is important to them. One of the comments said:

*"I cannot imagine doing any other job, meeting such unique patients and families and working with such interesting and committed members of the nursing team."*

There were many pictures and tweets and the Trust also had sweets made up with "BSUH loves nurses" printed on. Many staff also sported special sashes to mark the occasion.

This year's Nursing and Midwifery conference took place on 22nd May, (Florence Nightingale's birthday), with the theme of Innovation. The conference was very well attended, with excellent feedback.

**Matthew Kershaw**  
**Chief Executive**  
**May 2015**