

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	6th July 2015
Board Sponsor:	Chief Executive
Paper Author:	Chief Executive
Subject:	Chief Executive's Report

Executive Summary

This report updates the Board on progress with progress on the site reconfiguration programme, and the service moves have been completed successfully thanks to meticulous planning; superb teamwork, and the commitment and professionalism of all those involved. Discussions continue with partners to progress the approval of the 3Ts Full Business Case.

In respect of teaching and research, we have received initial positive feedback following the General Medical Council (GMC) visit at the end of May; and on 22nd June I opened the Trust's annual research strategy day which demonstrated the wide spread of activity and high level of enthusiasm for research within the organisation.

We underwent an unannounced inspection by the Care Quality Commission on 22nd and 23rd June which focused on the Acute Floor at the Royal Sussex County Hospital, and also included a brief visit to the Princess Royal Hospital. We are awaiting formal feedback from CQC. The Board will discuss performance against the 4 hour unscheduled care standard later on the agenda and the report notes on-going challenges in performance

The Board is also advised that the transition of soft Facilities Management (FM) from Sodexo to the Trust will now take place on 1st September

Links to corporate objectives	There is a particular focus in this report on <i>the delivery of the clinical strategy</i> , through the site reconfiguration developments; and supporting <i>empowered skilled staff</i> through the Values and Behaviours programme
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
Report history	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, 6th July 2015

Chief Executive's Report

1. Site reconfiguration

The major component of the site reconfiguration programme – the move of neurosurgery to the RSCH site, and the establishment of single site fractured neck of femur and urology pathways at PRH was completed successfully across the weekend of 19th to 21st June. A very detailed and well thought through plan, particularly around neurosciences, minimised the movement of patients between sites, and in particular meant no neuro ICU or HDU patients had to be moved. In total only 6 patients moved between PRH and RSCH – reducing any potential risk to patients significantly.

The most complex component of the moves was the switch of services between 8a East and West, establishing the areas as the Trauma and Neurosurgery/ENT wards respectively. Activity on 8a West has increased steadily over the first week post moves, and a full emergency neurosurgical service at RSCH resumed from 22nd June. Some urgent operations were also carried out in the first week, and neurosurgery has now moved into the 2 new theatres on level 5. Patients are also scheduled for treatment on the new bi-planar imaging equipment this week.

At PRH the fractured neck of femur pathway has been working well; a formal review of this and all other pathways affected by the move of services is being managed by the site reconfiguration team, and there are meetings planned with external stakeholders to monitor and manage any impact across the broader system. In the first week we performed seven fractured neck of femur repairs at PRH, and feedback from the staff is extremely positive. Patient feedback will be gathered and shared as part of the review process.

Building work: a combination of backlog maintenance, and some work to extend theatres recovery in the Hurstwood Park Centre, is underway ahead of day case ENT, oral surgery and all Breast surgery starting there from 6th July. This move enables the elective spinal service to start at PRH, with 10 operating sessions a week and a dedicated ward that will enable the development of enhanced recovery pathways in spinal surgery. Further work at PRH including the refurbishment of Ansty, the development of a Urology procedures unit, and at RSCH the new mortuary and the Theatre admissions area are also progressing.

The move of neurosurgery to RSCH is a significant achievement, particularly given the complex and crowded nature of the RSCH site. That the move itself went so smoothly is a testament to the commitment of countless staff across the Trust to making the move a success. To echo Keith Willett, the National Director for Acute Episodes of care, in a note congratulating us on the successful move, I am certain patients will benefit.

2. 3Ts

There is still good progress on site for the Front Car Park and Courtyard buildings and they will be available for use in December and October this year, respectively. We have also submitted a Full Planning Application for a new building at the north east corner of the site to replace the old temporary buildings which are currently there. This is another important aspect of our plan to relocate all facilities away from the area where the first main stage of the 3Ts building will happen. This is also planned to have a positive impact on patient flow.

We are continuing to work with the NHS Trust Development Authority, NHS England, the Department of Health and HM Treasury to progress the approval of the Full Business Case – which is the final approval stage.

We are providing further detailed information which is necessary to provide the approving bodies with the assurance that they need to be able to make that final approval, which we hope to receive in July.

This allows us to maintain the date of a substantive start on site for the main project in January 2016.

3. Care Quality Commission (CQC)

The CQC carried out a two-day unannounced visit to the Trust on 22nd and 23rd June. This visit was primarily focused on the Acute Floor at the County to assess the changes we have made since their full inspection last year. They also had a brief visit to the Emergency Department at PRH. We are awaiting formal feedback on this ahead of further discussions with commissioning and regulatory colleagues in the coming weeks.

Emergency and Unscheduled Care

The challenges we face on the Acute Floor and in urgent care are complex, wide-ranging and not unique to us and, unfortunately, there are no quick and easy ways of overcoming them. However we can and need to do more to address them. We will use the formal feedback from the CQC and the work of the Emergency Care Intensive Support Team (ECIST), who we also invited in to review our service earlier this month, to build on the work we have already started.

We will ensure that we all continue to work together to continue to make progress in these areas for our patients and staff. We will update the Board with further information on this when the formal feedback from the CQC is received.

4. Soft Facilities Management (FM)

Concerns relating to the classification of casual staff and the assessment of assets presented significant risks to the planned transfer of Soft FM on 1st August and the Trust decided to utilise the option to extend the transfer which was confirmed on Thursday 25th June. The Trust officially takes over Soft FM

provision on 1 September. . This has significantly reduced levels of risk, however all work streams are tasked with maintaining all deadlines, unless they are unable to be separated from the expiry date.

All work streams have gathered pace noticeably on HR and TUPE with the majority of one to ones and group consultations having been completed for all staff with permanent contracts. We have also commenced group meetings for casual staff currently employed by Sodexo.

5. General Medical Council (GMC) visit

The GMC visit on the 27th of May went very well with the GMC meeting over 50 consultants who are involved in training and obtaining feedback from nearly 100 trainees and medical students. They also met other professionals who are involved in training our doctors (and this was not something they do routinely). The feedback from the visiting team was that there were no areas of significant concern and the following were commendable:

- The trainees and students felt supported and were generally happy at BSUH
- There was very good engagement between the senior executive team and Board with educational matters
- The Friendly Pharmacist initiative was an excellent area of multidisciplinary learning.

They identified a number of areas for development:

- Better use of Simulation activity in improving education
- Improving medical handover and making it more supportive for juniors
- Making some changes to the actual structure of the Integrated Education meetings and staff.

There was good engagement with Brighton and Sussex Medical School (BSMS) and Health Education England, Kent, Surrey and Sussex (HEEKSS) before, during and after the visit and we will continue to work with them as we further improve our teaching, training and education provision.

6. Research day

On Monday 22nd June I opened the Trust's annual research strategy day. The event is organised by the R&D department to bring together members of the organisation who devise and deliver our research strategy. The day focused broadly on three themes; strategy; research themes; and facilities and support.

Our strategic objectives and links in with the wider academic community, notably BSMS and the University of Brighton's Health Faculty were discussed in the morning session. Presentations covered the core policy drivers of the Department of Health (DoH) and National Institute for Health Research (NIHR), namely around recruitment targets, efficient delivery of trials and interactions with industry. The morning was complemented by presentations from two pharmaceutical company medical directors, both of whom highlighted the quality of the NHS as environment to conduct research. They also noted the challenges of working with the NHS not least in relation to high

costs in comparison to all other developed health sectors such as USA, Canada & Germany.

Presentations on 12 of our core research themes were presented by our research team leaders. Each presenter highlighted some of their core achievements of the past 12 months. This demonstrated that a wide spread of activity and high level of enthusiasm exists within the organisation.

In terms of support and facilities the audience were given the opportunity to discuss development needs to support the growth of research. This covered support available from the Clinical Trials Unit (CTU). The Public Involvement Jaffa Panel also presented to the group setting out how they can assist in the research design process. The final session focused on the long term needs of the Clinical Investigations Research Unit (CIRU) and concluded that the best solution for patients and research work, prior to 3Ts completion, would be to make further adjustments to the unit at the Alex and stay in situ.

7. Values and Behaviours

As set out in the separate Board paper, the rollout of the Values & Behaviours (V&Bs) programme continues at pace. Three developments are of particular note:

i) V&Bs Team Coaching

- This programme is underway. A dedicated V&Bs Team Coach, and 13 Trust staff have been recruited as part-time internal coaches (released from substantive roles for an average 1.5 days/month), are leading coaching sessions with clinical and non-clinical teams. Evaluation from 'early adopter' teams has been consistently positive.
- The programme is helping teams identify the domains and behaviours in the Behavioural Blueprint they most need to address themselves, and plan remedial action to strengthen teamwork. The follow-up will reflect on progress (using the After Action Review format).
- The format is flexible: a single three-hour session (plus follow-up), a series of 'bite size' 10 minute sessions ('handover model') or a hybrid, depending on the team's operational needs.
- The programme will have worked with around 480 staff (30 teams) by the end of September 2015, with a target further 1,800 staff by the end of 2015/16 (assuming a second cohort of internal coaches can be recruited).

ii) Leading the Way Too

- Leading the Way (for 67 Directors and direct reports) concluded in April 2015. Leading the Way Too represents the next wave of rollout. It will distil and update the earlier programme, drawing on learning from the current V&Bs Team Coaching.
- Detailed content is in development but will include individual psychometric profiles to support both personal insight (e.g. behavioural preferences at work and potential impact on others) and skills development (against the five domains of the Behavioural Blueprint).

- Format: 500 managers in 40 cohorts of 12-15 x two-day training (each day likely two weeks apart). This will be piloted in September 2015 and conclude full rollout in August 2016.
- Aim to academically accredit the programme (e.g. with the Institute of Leadership & Management) as an option for participants willing to undertake the additional assignments.
- Additionally, planning is underway for a people-management skills development programme (per People & Wellbeing Strategy), and funding has been earmarked for a clinical leadership development programme (Education & Knowledge Directorate). These will be aligned.

iii) October Leadership Event

- Details: Wednesday 14th October 2015, Amex Stadium, 12pm onwards..
Topic: 'Knowledge Management: How are we Learning?' This will be a mixture of seminars and discussion groups, focusing on individual, team and organisational learning.
- Planning is currently underway, building on previous experiences. The aim is to engage, develop and inspire a wide range of staff, and to draw on collective expertise and experience to solve real world problems.
- Invitees: Board/Exec. members plus around 300 Trust leaders at all levels (i.e. leaders responsible for managing people and/or resources). Places will be allocated between Clinical Directorates and corporate services based on headcount, and with the expectation of representation from different professional groups and sites.

As set out in the People & Wellbeing Strategy, management of the V&Bs programme will transition into the HR/People team from the end of July 2015, with governance through the People Board.

Matthew Kershaw
Chief Executive
June 2015