

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> November 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 advises that the Chancellor's Spending Review and Autumn Statement confirmed funding for the Royal Sussex County Hospital (RSCH) redevelopment.

Significant progress has been made in the *Right Care Right Place Each Time* programme and this along with the implementation of the new clinical model for the Acute Floor and additional capacity across the Trust has led to some encouraging initial performance improvement against the four hour Accident and Emergency standard.

The Annual Star Awards ceremony took place on 17<sup>th</sup> November where the Trust celebrated the exceptional people who work for BSUH.

Important progress in the implementation of the *Safety, Quality and Patient Experience Strategy* and the Trust's research performance is also described in the report.

<b>Links to corporate objectives</b>	This report focuses on <b><i>the delivery of the clinical strategy</i></b> , through the 3Ts programme; and performance and finance challenges which concern <b><i>excellent outcomes; great experience and high productivity</i></b>
<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, 30<sup>th</sup> November 2015**

### **Chief Executive's Report**

#### **1. Operational and financial performance**

The Finance, People and Performance Committee discussed detailed reports on the three priorities within our Turnaround Programme: urgent care transformation, 18-week performance and financial performance. While the Board will have separate discussions on these reports, it is important for me to note the significant progress made to date through the *Right Care, Right Place, Each Time* programme in improving patient care and flow, together with the implementation of the new clinical model for the Acute Floor, which began on 21<sup>st</sup> October. Recent performance against the four hour Accident and Emergency standard is encouraging, and better than the comparable period last year, although we recognise that performance improvement is likely to be uneven before the changes we have made are fully embedded.

Financial performance remains challenged, although progress has been made in reducing agency spending, and the Trust is forecasting a £27m deficit for the full year.

The unscheduled care issues were discussed at the follow up risk summit and then again at the system wide tripartite meeting which included partners from across the local health and social care economy and also covered 18 week performance. The conclusion of both sessions was support for the work we have set out and an agreement to continue to implement the plans we have set out and have progressed. It was also agreed to have a further review in late December at which point assurance may be returned to established local governance processes.

#### **2. 3Ts Programme**

The Board will recall from my report earlier this month that we had received informal notification that the Full Business Case for the 3Ts Programme had received a final approval. The Chancellor's Spending Review and Autumn Statement confirmed funding for the Royal Sussex County Hospital (RSCH) redevelopment. Once we have received formal written confirmation and met any immediate approval conditions, then we can move quickly to sign the main scheme contract with Laing O'Rourke. I will be able to say more about this at the Board meeting.

This will mean that we can secure the plan of commencing work on site on 4 January 2016 with works on and around the Thomas Kemp Tower to provide the new helideck and site-wide energy centre: both will be complete at the end of 2017.

We are also working to complete the decant programme which will free up the rest of the Stage 1 construction site over the coming months.

A significant amount of work is going on behind the scenes in preparation for all of these as we work to minimise disruption to patients, staff and local people.

#### **3. Star awards**

On Tuesday 17 November we held our sixth annual Hospital Star Awards. The winners, runners-up and over 250 of their colleagues, friends and families attended along with the Chair, Executive Team and the mayors of Brighton and Hove and Haywards Heath. This year our winners and runners-up included a theatre manager, PALS advisor, physiotherapist, night porter, volunteer, our manual handling trainers,

an Healthcare Assistant (HCA), a cleaner, our community midwives, Chichester Ward, nurses from a variety of specialities and a doctor. What they all had in common is how visibly humbled they were to have been chosen as a winner and how passionate they all were about their roles. It was an absolute pleasure to hear so many of our staff talk so eloquently and positively about how much they enjoy their jobs, how enabled they feel to do their jobs well and how they feel valued and appreciated by their managers, their teams and their patients. It was, as ever, a truly special and uplifting occasion and a celebration of the huge amount of good and important work we do and the exceptional people who work for BSUH.

#### **4. Junior Doctors Industrial Action**

In preparation for the Junior Doctors Industrial Action, we have had detailed and positive discussions with the junior doctor representatives and all clinical directorates have developed plans for the planned first day of action on 1st December to ensure as much of our clinical services are maintained. Clinical directorates have also identified the risks to other services which may be affected by the day of action and their mitigation plans. Further work will continue for the 1<sup>st</sup> but also the further days of planned action on 8<sup>th</sup> and 16<sup>th</sup> December.

A command and control centre will be in place for the days of the strike and the control room will run out of the Clinical Operations room for the duration of the industrial action.

#### **5. Annual Plan 2016/17**

The Trust has begun business planning preparations for 2016/17, reviewing the Trust's capacity against forecast demand and income and expenditure expectations for the year.

Given the current operational and financial pressures, there will be a strong focus on improvements in urgent and elective care and financial recovery. The business planning round will seek to ensure that we recover performance in these issues and, crucially, put them on a sustainable footing for the future. Directorate by directorate reviews are planned for December, and in January, following publication of NHS England guidance for 2016/17, a framework for the Trust's Annual Plan with updated Corporate Objectives, will be presented to the Trust Board for review. A finalised Annual Plan will be considered by the Trust Board in March 2016.

#### **6. Staff Engagement**

On 3 November, the Medical Director wrote to all BSUH consultants as part of a renewed conversation between the Executive Directors and our medical workforce. The letter described the Turnaround approach and the significant role that our senior doctors play in this, as those who both make and spend the majority of the Trust's money.

In the three days immediately following this, members of the Executive Team held four face to face meetings with consultants. The Trust's new strategy for medical engagement includes improved processes for some of the key issues raised by our doctors such as values-based recruitment; leadership talent spotting and development; as well as more direct communication and engagement and this will be discussed further at the Board meeting.

In respect of other engagement and Values & Behaviours (V&B) work-streams, a total of 97 managers have so far attended the *Leading the Way Too* programme with a

further 14 managers booked to attend before Christmas. The next round of dates (February to July 2016) will be launched before Christmas and medical managers are being encouraged to attend. Staff forums are continuing at RSCH and PRH and all feedback from staff is collected and will be shared on info-net. There are now 230 V&B Champions and a Champions training event is planned for January 2016. Team coaching is ongoing with 38 teams having completed the V&B workshop. A further 42 teams are lined up for sessions and 10 new internal coaches have been recruited to help deliver the programme.

## 7. Safety, Quality and Patient Experience Strategy

The Trust Safety, Quality and Patient Experience Strategy published earlier this year sets out a series of six key questions that are important to patients, their families and their carers.

The first of these questions is: ***how can I be sure that the care I receive will not harm me?*** As a consequence of the learning derived from the investigation of six Never Events, theatre staff now receive Human Factors training based on a course developed by Dr Rob Galloway in the emergency Department. Over 50 staff have attended this training to date and this training will be extended to include surgeons and anaesthetists with a launch date in April 2016. In addition whole team simulation training is being developed for theatre teams with a focus on human factors and the non-technical skills required to reduce the likelihood of adverse events. The Faculty of Simulation and Human Factors continues to deliver a full programme of courses and educational events.

In response to the question: ***how can I be sure I will receive the best possible care?*** the Trust Mortality Review Group (TMRG) is reviewing mortality data on a monthly basis. It commissions more in-depth review of notes reviews and quality improvement projects where concerns are identified. Data is triangulated with other sources of information such as patient safety incidents and National Audits. The group is also working alongside the Medical Examiners to improve the documentation of mortality reviews and cause of death on a central database with a view to identifying themes in both mortality and the quality of care. .

The sub-title of this year's strategy is: *acting with kindness and compassion*. The question: ***how can I be sure that I will be treated with kindness and compassion?*** is monitored via our Patient Voice feedback programme. In the past 12 months 9,225 inpatients have been completed the Patient Voice survey. Of these patients only 31 (0.3%) have disagreed with the statement "*they have been treated with kindness and compassion*". Acting on feedback is the fifth of the six questions posed in the strategy. As a result of feedback received from the Patient Voice survey, a programme to reduce noise at night has been initiated, the safety of patient showers has been reviewed and all wards now display a clock with a calendar as a number of patients said that they became disorientated when in hospital.

Both of the final two questions in the strategy, ***how can I be sure that I will be involved in decisions that affect me and how can I be sure that I will be treated fairly?*** are asked in the Patient Voice survey. One hundred and ninety-six inpatients (2.0%) out of 8982 respondents felt they had insufficient involvement in their care, whilst 1.1% (n=99) did not feel that they were treated as an individual.

## 8. Research

The core research performance measures that the Trust is judged upon are closely aligned to national funding streams. Recruitment to trials is the measure used to

determine how much funding we receive from the Local Comprehensive Network (LCRN). Performance in relation to research delivery also has a bearing on other funding sources such as our research capability funding awarded by the National Institute for Health Research (NIHR).

### **Recruitment by Kent Surrey & Sussex Member Organisations**

Due to the complexities of collating and auditing recruitment data from a wide number of NHS providers, there can be up to a 3 month lag between submission and production of accurate figures. Our final year recruitment figure for research for the 2014-15 year was 3647. This exceeded our target of 3100; this was largely due to some locally led studies in infectious disease and reproductive health, which the Trust held national grant awards from the NIHR to run.

Setting precise targets is difficult as the vast majority of research this, or any other NHS Trust conducts, is delivered collaboratively throughout the NHS. Approximately 90% of our work is generated by external Trusts, universities and commercial organisations, so we have little control over flow or the complexity of work that we may be asked to support in coming years. With our current resources our main objective is to consistently recruit between 2800 - 3200 patients a year into research studies. Any stretch beyond this is largely achieved on the back projects we have developed locally and secured appropriate funding to deliver.

At this stage in the cycle the Trust is currently within 5% of its designated recurrent target for 2015-16.

Comparison of performance between all KSS organisations is of limited use as a marker of excellence as the type of research conducted by each organisation will vary considerably, even amongst acute hospital trusts. However based on the current data the Trust is ahead of the comparable organisations in the area and also provides exceptional value for money.

**Matthew Kershaw**  
**Chief Executive**  
**November 2015**