

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	26th January 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 including: the 3Ts programme, following the Board meeting on 19th January; and the Values and Behaviours and site reconfiguration programmes.

The report also describes progress in Education and Training, with the new Dean of the Medical School, having recently come into post; and with Research and Development where the Trust is on track to meet its recruitment targets for research studies.

Finally the report highlights a number of positive developments within the Trust since the November Board meeting.

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, 26th January 2015
Chief Executive's Report

1. Values and Behaviours Programme

Following the appointment of the Trust Programme Co-Leads, progress is being made against the work plan agreed at the 14th November 2014 Values & Behaviours Programme Board, in line with the priority areas agreed at the February 2014 Board of Directors meeting: communication from/with the senior team; leadership/behavioural development; and performance management system. Principle areas of work:-

- Integrating the Behavioural Blueprint into core 'people management' processes (including job adverts, Values-Based Recruitment, corporate induction, appraisal, statutory and mandatory training), and the development and implementation of the People Strategy
- 'Leading the Way' leadership development programme for around 65 senior leaders (all four cohorts have now completed the first two modules: Fairness & Transparency, Communication)
- Staff engagement (107 staff have signed up as 'Values & Behaviours Champions'; an Engagement Plan has been agreed and is being implemented; Values & Behaviours open staff meetings are continuing; a dedicated six-month Team Coach is being recruited to support teams with meetings, appraisal and effective team working);
- Enhanced communication (Board committee and major project team minutes to be published on the intranet, which also addresses issues raised in 2013 Board Health review; new monthly staff magazine to replace quarterly *Talkback*).

More detailed reports and a Delivery Confidence Assessment for 2014/15 and draft programme for 2015/16 will be discussed in a separate report at the Board.

2. Education and Training

Progress has been made in many areas of Education and Training including the signing of a contract with Chinese Health Authorities which has facilitated Chinese doctors spending 3 months at BSUH as observers. The first cohort of five is here at the moment in Paediatrics, Gynaecology and Emergency departments. A further 6 are expected in March.

The Dew dean of the medical school has now taken up his role. Professor Malcolm Reed is a breast surgeon and specialises in oncological research. We meet with the Dean on a formal basis every 3 months in the BSMS-BSUH forum. Malcolm is visiting the Children's Hospital in February to see at first hand the educational and research contributions of the regional Children's hospital.

The General Medical Council is due to visit the Medical School and the Foundation school in May this year. BSUH as the main provider of education for both these organisations will also be visited by the GMC. This is an important visit and we are preparing to show case the good work we do and to ensure that we deal with areas which need development. Our links with the newly configured HEE-KSS continues to grow and strengthen. We have been very successful in getting funding support from them for various new ventures including 6 simulation and human factors programmes as well as ongoing funding for the Integrated Education programme.

The Knowledgeshare website and software developed by our Library and Knowledge services has now been franchised to 10 Trusts across the region and we have expressions of interest for this from London, Oxford and West Midlands trusts.

3. Business planning 2015/16

The Trust is working to develop a Board approved 2015/16 business plan which will reflect the strategic context, Trust objectives, service changes and our assessment of local and national commissioning decisions by the end of March 2015.

This will dovetail with the national planning timetable which means that 'commissioner aligned plans' will be submitted by the end of February to the TDA for subsequent scrutiny and assurance. In tandem with that, the Trust has been an active participant in the Monitor led consultation regarding changes to the National Tariff and the Standard Contract which will be effective in 2015/16. Both will underpin our agreements with commissioners going forward and we are concerned that a range of conditions detailed within the proposals run contrary to the interests of the Trust, and other providers.

The national expectation is that the main contracts with our commissioners (Sussex CCGs and NHS England) will be agreed by mid-March. Following an exchange of commissioning intentions in October of last year, initial negotiation discussions have begun between Trust and commissioner and we are expecting 1st cut commissioner activity plans and an associated financial offer by the end of January.

4. 3Ts Programme

The Trust has continued discussions with the Trust Development Authority, NHS England and the Department of Health with regard to the Full Business Case for the 3Ts development. Over the last few months, the approving bodies have worked hard to review the documentation we have provided and to ensure that it meets their standards for approval. We have provided additional clarification and further documentation to assist them in arriving at a favourable conclusion.

We amended our Full Business Case in the light of these comments and responses, and the revised sections of the FBC were approved at a Special Closed Session of the Board on 19 January.

NHS England has reviewed our proposals from the perspective of their role as a commissioner of specialist services and taking the overview of the Clinical Commissioning Groups' plans. These were discussed at a meeting of the Finance and Investment Committee of NHS England on 12 January and they have been able to provide a positive recommendation to the Trust Development Authority.

The TDA is considering the FBC at a meeting of its Board on 22 January and we are hopeful of a positive recommendation from that, also.

Once the TDA and Department of Health are satisfied that the Business Case is robust, they will work with colleagues at the Treasury on the final approval. We remain hopeful that we will secure this before the election and allow the development as a whole to proceed in the timescales we have previously set out.

There has been a tremendous amount of work going on behind the scenes from all the team at the Trust (and our colleagues in the approving bodies) over the last few months and this cannot be underestimated in the context of the huge improvements that this will bring to patient care in the Trust: for the patients of Brighton & Hove, Sussex and beyond.

We are also continuing with the work of two of our largest decanting schemes to free up the space for the main development. Both will be operational later in 2015. We will be starting work on the other schemes in the Summer of this year.

5. Research and development

Local Comprehensive Research Network - Performance and contribution

Recruitment data presented in January shows the Trust to be on track to meet its objectives of recruiting nearly 3000 patients into research studies. This target is almost twice the number set by other Trusts of comparable size in the region.

FY14/15 Recruitment by Trust					
1 - 20 / 20					
Member Organisation	Target	FY14/5 Participants	Year to date target	On Target	Status
Ashford and St Peter's	942	1531	666	230%	
BSUH	2952	2349	2087	113%	
Dartford and Gravesham	600	323	424	76%	
EKHUFT	1800	1496	1272	118%	
East Sussex Healthcare	727	363	514	71%	
Frimley Park Hospital	1887	1295	1334	97%	
KMPT	250	198	177	112%	
Kent Community Health	100	113	71	160%	
Maidstone and Tunbridge Wells	1100	400	778	51%	
Medway Community Healthcare	40	0	28	0%	
Medway NHS Trust	1037	3202	733	437%	
Queen Victoria Hospital	126	169	89	190%	
Royal Surrey County Hospital	1090	765	770	99%	
SEC Ambulance	14	0	10	0%	
Surrey and Borders Partnership	362	220	256	86%	
Surrey and Sussex Healthcare	511	647	361	179%	
Sussex Community	545	372	385	97%	
Sussex Partnership	1747	964	1235	78%	
Western Sussex Hospitals	1108	691	783	88%	
CCGs	5200	2742	3576	75%	

Data is taken from the official weekly data cuts from the NIHR Portfolio Please note that both the figures for 14/5 Participants and the Year to date targets are presented with a 4 week delay, to counter delays in data being uploaded by study teams to the NIHR portfolio.	Date Reports Updated	Data as at
	13 January 2015	12 January 2015

2015-16

We are currently planning our recruitment strategy for 2015-16. The high level objectives set by the NIHR require research networks to set stretching targets to see a year on year increase in patient recruit of 15%. The LCRN team will be working with the R&D department to identify suitable new studies to run locally. In turn this will assist us in setting a stretched target for next year

Performance Initiating Delivery of Research

The Trust has made a huge improvement to its performance on set up times for clinical trials. The average time taken to give NHS permission is now 8 days compared to a KSS LCRN average of 15 days and a national average of 18 days.

Performance in relation to Department of Health Metrics on recruiting patients to time and target continues to improve. The number of studies recruiting to target in the last quarter increased from 42% to 50%.

Clinical Research Facility (CIRU)

In December the CIRU team successfully moved their clinical operations to the old academic department facilities on Level 10 of the Royal Alex. The move was agreed by the R&D Management Team in order to enable the unit on level 5 to be used to help ease the extra capacity demands being faced by the Trust. The Level 10 facility offers an ideal alternative to the one vacated. All research patients attending clinical visits for treatment are now being seen in the new facility. Feedback from patients and staff about the clinical environment has been extremely positive.

Brighton & Sussex Clinical Trial Unit

Sussex University agreed to enter into a formal collaboration with the Trust to support the development of the CTU. As part of this agreement Sussex has agreed to be the named academic host and will lead the submission for registration. Discussions are still on going with regards to the level of financial support it will provide. The Trust continues to provide investment in the region of £400,000 to support the initiative. Since starting the process of setting up CTU 8 months ago the team have already been successful in securing new business to the value of approximately £200k, in order to support studies in Neurology, Hepatitis and Cancer. Application for registration is due to be submitted in May.

6. Site reconfiguration

The implementation of the site reconfiguration programme, to enable a 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, is at an advanced stage. The additional critical care beds which are being built at PRH will be ready by the end of January 2015 and the new neuro-theatres, recovery and ITU beds at RSCH are scheduled to be completed by the end of March 2015. The bi planer angiography suite is expected to be complete by June.

The programme will shortly be undergoing an internal assurance process led by the executive team to determine on which date the services can safely move between the sites; this process will critically review a number of key issues including medical and surgical levels of cover at PRH, new clinical pathways, staffing levels in critical care, and staff transport. Plans for the physical moves of the services and the operational considerations continue to be developed with the clinical directorates.

The programme team and clinical directorates continue to engage with external providers and other organisations in planning and assessing the impact of the new pathways, particularly the fractured neck of femur pathway.

The cardiovascular directorate is finalising plans to enable the transfer of elective arterial vascular activity from East Sussex Healthcare NHS Trust to RSCH (the Sussex Vascular Centre within the Sussex Vascular & IR Network) by February 2015

7. Positive developments

Our ongoing approach is to be proud of the things we do well, as well as open and honest about our issues and challenges and what we are doing about them. Positive developments since our last Board meeting include the news that a number of our microbiology staff have volunteered to go to Sierra Leone to work in the Public Health England laboratories which are carrying out diagnostic services for the local treatment centres and the community. Emily Clement and Tom Harman went for five weeks on 17 December and returned this weekend. Thomas Somassa is due to

leave this week and later this month and into February he will be joined by Adrian Atterbury, Fearghal Tucker and Jackie Longbone. It goes without saying what an immense personal sacrifice these individuals are making and how exceptionally proud we are of them.

At the beginning of January we jointly hosted, with the Brighton and Sussex Medical School, our first Patient Safety Conference which covered a range of cultural, educational and innovative issues including the work we are doing with the Clinical Human Factors Group. The importance and value of this work has been recognised by Health Education Kent, Surrey and Sussex to have awarded the Faculty of Simulation and Human Factors over £125,000 to help expand the scope and practice of simulation and human factors training across the Trust. And also on the theme of patient safety two of our most successful patient safety initiatives – Enhanced Recovery and reducing avoidable inpatient falls – were shortlisted for Improvement and Innovation Awards by the Kent, Surrey and Sussex Academic Health Science Network.

We continue to highlight examples where our staff readily go above and beyond the normal tasks and duties of their day job. Two examples, which happened over the festive period and which I shared in one of my weekly messages were, firstly, the story of a 28-year-old patient with infective endocarditis. She had been in hospital for many weeks having IV antibiotics every four hours following a valve repair. She had a six-month-old baby boy at home and two of our cardiac nurses, Emma McIntosh and Sylvia Goddard, made it possible for her to spend Christmas Day at home with her baby by making all the necessary arrangements and going themselves to her home to administer her antibiotics every four hours so that she didn't have to return to the hospital until 8.00pm that night. The second is the story of a patient who wanted to die at home and against all odds the team in ITU helped make that happen. He was taken home by ambulance with an ITU nurse and crew took a scenic route so he was able to see the areas of Brighton and Hove that were important to him. He was then met by the Martlet's Hospice at Home Team and, along with our nurse, they helped him settle and be as comfortable as he could be in his last hours.

Advanced Neonatal Nurse Practitioner Kathy Mellor was awarded an MBE in the Queen's New Year's Honours List for services to neonatal nursing and charitable work to improve the survival of newborn babies in developing countries. Kathy is the co-founder of the charity Birthlink, which supports maternal and neonatal healthcare in developing countries through training, equipment and support. The focus is on providing sustainable, low tech input and she has worked on projects in Armenia, Rwanda and Uganda as well as on developing and promoting innovations to improve the quality of neonatal care within BSUH.

Matthew Kershaw
Chief Executive
January 2015