

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	4th November 2015
Board Sponsor:	Chief Executive
Paper Author:	Chief Executive
Subject:	Chief Executive's Report

Executive Summary

The Trust has now received formal notification that HM Treasury has given the final approval for the 3Ts Redevelopment of the Royal Sussex County Hospital which is the culmination of many years' hard work and persistence by staff across all parts of the Trust. We are also grateful for the support of partners in reaching this point.

The report also updates the Board on progress with other key strategic developments around vascular, stroke, burns and plastics and radiotherapy services.

The CQC report on urgent and emergency services at the Royal Sussex County Hospital was published on 23rd October and the level 5 plan at RSCH was implemented in October to address the challenges highlighted in the CQC report. Work also continues to address the challenges around 18 weeks and financial performance.

Links to corporate objectives	This report focuses on <i>the delivery of the clinical strategy</i> , through the 3Ts programme and other clinical developments; performance and finance challenges which concern <i>excellent outcomes; great experience and high productivity</i>
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, 4th November 2015 Chief Executive's Report

1. Performance and finance challenges

The Trust continues to focus on three priorities, which will be discussed in detail at the Board:

- Securing delivery of unscheduled care
- 18 weeks (this includes our cancer targets)
- Financial control.

This month the acute floor team has implemented changes to the way we work in the Emergency Department at the Royal Sussex County Hospital. The new way of working will see specialist medical and surgical clinicians working as part of an acute care hub on level 5 alongside the Emergency Department team. These changes will help us ensure patients are seen by the right clinical teams earlier which should lead to swifter assessment and treatment.

We have also, with partners, mobilised additional capacity at Newhaven Community Ward, for patients who are well enough to be treated outside of hospital but need further skilled nursing care. Newhaven Community Ward will open on 2nd November. Plumpton Ward, at the Princess Royal Hospital, opened in October, providing step-down beds for patients prior to their leaving hospital.

Alongside these changes to urgent care, we are improving ward processes through the *Right Care, Right Place, Each Time* programme. These changes are about making sure tests, treatments and therapies are all carried out in a timely way so that we are working towards each patient's going home date from the moment they arrive on the ward.

We currently have too many patients waiting over 18 weeks for their treatment and each of our Directorates has an action plan reduce this number to an acceptable level. These plans include making best use of what we have through consistent application of annual and study leave policies, effective job planning, improvements in triage, booking systems and overall utilisation. In some cases our specialities will need to arrange for additional work to be done or for work to go elsewhere and discussions have concluded with the CCGs to secure funding to support this work starting.

Each of our Directorates is now holding regular meetings to ensure there are plans in place to treat our longest waiting patients but there is a great deal more to do before we will see an overall reduction in waiting times.

As part of our financial controls, our action on agency staffing is now visible in the monthly pay figures and we will continue to make sure we invest in our permanent staff and only use temporary support where there is no alternative. Non-clinical agency spend has stopped and all clinical agency requests are now made via the Bank Office. Medical locums must be authorised in advance by the clinical director or directorate manager.

The national requirement that we do not spend more than 4% of our nursing pay budget on agency staff has been a significant challenge. This is a delicate balance where we work hard to ensure we protect the quality of the services we provide at the same time as reducing agency spend and is being managed on a day to day basis by the Chief Nurse and her deputies.

2. Care Quality Commission (CQC) & Risk Summit

The pressures on the urgent care system were discussed at a Risk Summit on 12th October, where our plans for improvement, and those of our partners, were discussed. We will update the Risk Summit on our progress with the progress we have made at a further meeting in December

The Care Quality Commission report on urgent and emergency services at the Royal Sussex County Hospital was published on 23rd October. Two aspects of those services were rated inadequate: safety and well-led. In respect of the latter, CQC found that the changes the Trust has made had not yet made the improvements required. The report also illustrates the challenges we have in that we do not always have the capacity to properly accommodate the number of patients present in the Emergency Department.

There are two main reasons for this.

- Difficulties in setting up the right support for patients at home means we often have significant numbers of patients in hospital who no longer need hospital care. This in turn makes it impossible to move patients from ED into our wards.
- As the tertiary and trauma centre for Sussex our Emergency Department sees some of the sickest patients in the region.

We always assess patients on arrival in the Emergency Department and prioritise those who are most seriously injured or unwell but we are very aware of the comfort and anxiety levels of patients who have to wait. We are working hard to improve that.

We are pleased that the CQC recognised that our staff provide good clinical care and treat patients with compassion, dignity and respect. The CQC said that the patients they spoke to during this visit were universally positive about the care they received. However we accept the overall findings of the report and are working internally and with our partners to make the necessary improvements.

3. 3Ts Programme

The Trust has received formal notification that HM Treasury has given the final approval for the 3Ts Redevelopment of the Royal Sussex County Hospital. This is the culmination of many years' hard work and persistence by hundreds of staff across all parts of the Trust. I am also grateful to our partners in Clinical Commissioning Groups, NHS England and the Trust Development Authority (and their predecessor organisations) who have always been extremely supportive of the need for the redevelopment and the benefits it will bring to patients across the region.

Following approval, and signing of the construction contract with Laing O'Rourke, we will begin the preparation works for the main scheme construction to start in early 2016.

To achieve that, we will be continuing with the decant and enabling projects which are currently underway and which are now very evident on the County site. These projects will, in and of themselves, provide far higher quality accommodation for our patients and staff in advance of the main development being completed.

The next few years will be exciting for us as we prepare for the first main stage of the development to be completed and the really profound changes that this will bring to our services. It will sometimes be difficult, particularly in the first few years as the excavations for the new buildings will be the most disruptive. We will do all we can to

ensure that disruption is minimised but it will take patience and understanding from all involved as the final prize will be more than worth it.

4. Vascular Services

The Sussex Vascular Network has made significant progress since its establishment in February 2014. The network is centred around RSCH as the hub for major arterial surgery for Sussex, with spoke hospitals across the county. The development of the model has involved considerable collaborative working with the acute providers, NHS England and commissioners across Sussex, including:

- Increasing the number of Consultant Vascular Surgeons, from 6 to 9, all of whom are now employed through the hub.
- Each spoke hospital is now supported by a Vascular Nurse Specialist.
- There is now a 24/7 Interventional Radiology rota supporting the provision of vascular services
- Bed and theatre capacity have been made within the hub to accommodate the additional activity
- The onward care policy has been reviewed and remains under review to ensure smooth pathways for patients across the network

There continues to be further work required on ensuring equity of access, development of network clinical pathways and assurance of these, as well as further work on the equitable provision of vascular laboratories across the county.

5. Radiotherapy

The Trust continues to progress with its programme to develop Radiotherapy satellite capacity across Sussex. Building work is underway in Eastbourne for a centre with two Linear Accelerators, and at the Park Centre in Brighton for two Tomotherapy machines. These satellite units, which will be operational in early 2016, will provide much needed alternative capacity to the current aging machines at the Royal Sussex County Hospital in advance of the completion of the 3Ts programme. Work is continuing with partners to develop a further unit in Chichester which will serve the West Sussex population covered by the Sussex Cancer Centre. A Full Business Case is scheduled to be submitted to the Trust Development Agency in November for this development.

6. Stroke Services

As part of the Sussex Collaborative review of stroke services, which began in 2014, and which has been conducted by the South East Clinical Senate, the Trust has developed a number of options which were considered by the Expert Panel established by the Clinical Senate on 16th October 2015.

The Senate will produce their draft report on 9th November and the Board will be updated on the outcome of the review.

7. Burns and Plastics

Work is continuing between the Trust and Queen Victoria Hospital NHS Foundation Trust in East Grinstead to develop a new model of service across the two Trusts for Burns and Plastics services. This will provide the BSUH Major Trauma Centre with the Burns and Plastic support it requires, and ensures that the unit meets the national specifications for Burns units. A detailed project plan which sets out the model of care and the pathway for implementation is being developed and will be considered by the Boards of each of the Trusts involved. As reported last month, the bid had

been shortlisted as a Vanguard site under the Five Year Forward View programme; unfortunately the bid was not one of those finally selected; since this decision, both Trusts have reaffirmed their commitment to the development, which is not dependent on Vanguard status to succeed.

8. Research

National league tables patient recruitment 2014-15

The National Institute for Health Research (NIHR) Clinical Research Network has published its annual league table, revealing an increase in clinical research activity across the NHS in England. The league table, now in its fifth year, details the number of clinical research studies undertaken by each individual trust, and the number of participants recruited into those studies.

BSUH is the 26th best performer of all 241 participating NHS organisations in respect of the number of studies open to recruitment and 32nd best performer in respect of total number of patients recruited.

Performance Initiating Delivery of Research

The Trust continues to improve its performance in relation to Department of Health Metrics on recruiting patients to time and target in commercial clinical trials. 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.

We were highlighted in the last report as being the best performer for R&D approval times meeting an average of less than 2 days.

Jaffa Panel Award

NHS England awarded 11 community grants to organisations who are delivering excellence in patient and public participation. The Celebrating Participation in Healthcare grants are made available to community groups who have been demonstrating innovative and creative approaches to getting patients and the public involved in shaping healthcare. Creative approaches to participation are happening all over the country, but community groups often do not have the resources available to showcase their valuable work. As part of its commitment to spread and highlight good practice, NHS England has made a community grant fund available to enable these community organisations to share their learning with others.

The 'Jaffa' Panel, the Trust's patient and public involvement (PPI) lay research panel based teamed up with teamed up with Healthwatch Brighton and Hove to receive an award for their work under the banner of 'Patients and the public helping to shape and design NHS health research'.

MHRA Inspection September 2015

The Trust had a statutory systems audit by the Medicines and Healthcare products agency in September. The official report is still pending but we can report that there were no critical findings. These would be findings that suggested the integrity of the research conducted or patient safety was compromised. It is anticipated that there will be some recommendations to improve some of the sponsorship and governance standard operating procedures processes for the management clinical trials that the Trust sponsors.

Clinical Trial Unit (CTU) Registration Outcome

Our application for national registration with the UKCRN of the CTU registration was not successful. Given that the unit had only been formally established in the past 12 months this was not unexpected. Overall, the review committee concluded that the development of the Brighton CTU was still very much work in progress and that the unit was not yet sufficiently well-established to meet the criteria for a number of key competencies required for Registration. The committee was impressed by the level of support received from the host institution and in their opinion; the unit should be encouraged to address the issues raised and make new application for registration at the next opportunity. They noted that this did not actually impact on the ability of the unit to support clinical trials.

Genetic Medicine Centre

The Trust is currently in negotiations with the Wessex Genomics Medicine Centre to become a local delivery partner. This will give us an opportunity to join a 3 year research based project that aims to improve diagnosis and treatment for patients with cancer and rare diseases. The UK wide initiative involves collecting and decoding 100,000 human genomes – complete sets of people's genes. This will ultimately lead to improvements in health care and opportunities to participate in research. If all goes to plan we could become a formal partner early next year.

Project News

Prof Nigel Leigh has just started to run an ambitious European research project is testing a molecule that could help slow the progression of motor neurone disease (MND). The Modifying Immune Response and Outcomes in Amyotrophic Lateral Sclerosis (MIROCALS) project, is funded by the EU and supported by the Brighton CTU and will run for 4 years.

8 research fellows have just taken up post in CIRU to work on MD and PhD projects. The scheme has been funded from a mixture of grants, charitable funds and R&D reserves that have been generated from commercial research studies. Fellows will be working on projects in cardiology, cancer, hepatology, HIV and ageing.

9. Teaching and Training

The Learning and Development department moved into the Education Directorate in October 2015 which will help raise the profile of the L&D department and their activities within the Trust.

Foundation Year One teaching has been opened to other professions within BSUH after the success of pharmacy trainees attending teaching in the 2014/15 academic year, and Preregistration Pharmacist Trainees have in turn opened their training sessions to AHPs.

The multi-disciplinary education teams continue to work on the Quality Improvement Tool (QIT) for education together, which allows sharing of best practice and understanding of areas in need of development.

Simulation continues to play a major part in multi-disciplinary education including the Stroke Sim which is run by the BSUH stroke team and the faculty of simulation and human factors three times a year. This is a true multidisciplinary simulation course where candidates from the Emergency Department, Stroke wards, Rehabilitation and

other specialisms come together to learn how to rapidly assess and treat patients that have suffered from an acute stroke.

The human factors workshops provide health care staff from across Kent, Surrey and Sussex with an opportunity to learn more about the importance of human factors in healthcare. Each workshop raises awareness of situations where things can quickly escalate and how to be better prepared to help prevent near misses often caused by human error, unclear communication or lack of preparation before procedures.

10. Values and Behaviours

SHINE week

450 staff attended SHINE week events last week, which included staff engagement sessions at RSCH and PRH and a managers' event at the Amex. The week was all about putting staff first and encouraging our people to look after themselves and each other. The events offered different support and development opportunities and over 5% of our workforce gave up their time to get involved and share their honest thoughts about the organisation. Feedback has been overwhelmingly positive and all the resources and feedback from the week will be shared widely with staff and will help to shape future engagement events.

Leading the Way Too (LTW2)

LTW2 was launched on 7 October with the aim of getting all managers with direct reports to attend (circa 500 staff). It is anticipated to last 9-12 months in totality and so far all the courses published so far are almost fully booked, with less than five spaces left across the board.

Team coaching

32 teams have had team coaching to date (391 individuals). A further 42 teams have requested coaching. There are seven active team coaches (recruited internally) and a further ten going through induction who were recruited in the last couple of months and who will help to deliver the workshops.

V&B Champions

220 Values and Behaviours Champions have now been recruited from across the organisation.

11. Positive developments

Best Dementia Friendly Hospital 2015

The Trust has been chosen as one of the finalists in the above category at the forthcoming National Dementia Care Awards. There were 5 finalists shortlisted from over a hundred entered. Winners will be announced at the National Dementia Care Awards 2015 Gala Night, which will take place on 13th November.

Friendly Pharmacist initiative

F1 doctors are each linked with a pharmacist, who they meet regularly to talk about their progress and use feedback on real prescription cases as a learning tool. We already know that teaching in our hospitals contributes to the amazing 100% satisfaction rating for the medical school. The GMC's report on medical education and training in Kent, Surrey and

Sussex which was published last week highlights our Friendly Pharmacist initiative as an outstanding example of how to support doctors in training and inspire them to learn.

Falls

Another report published in the last few days also shows that listening to and encouraging staff has real benefits for patient care. The National Audit of Inpatients Falls shows we are one of the best performing Trusts in the country, having almost halved our falls rate since 2009. This excellent result comes from the open and honest participation of staff in post-falls After Action Reviews. Nationally inpatient falls remain the most commonly reported patient safety incidents, so we cannot be complacent but we can be proud of leading the way on this and creating a culture where we can all learn from each other's experiences.

Learning and training

On 26th October, IRIS was launched, a website that will bring together all education and learning in the Trust and make it easier to complete mandatory training. IRIS will make it simpler for staff to ensure they are up-to-date on the fundamentals of working in the hospital environment. As the centre for academic excellence in the region, we plan to develop IRIS to include the teaching and development programmes for all of our staff, clinical and non-clinical. Staff will be able to log into IRIS from work, home or mobiles

Matthew Kershaw
Chief Executive
November 2015