Brighton and Sussex NHS
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Julie Blumgart
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Dear Julie

I am writing further to your letter to me of 12 December 2014, in which you outlined and confirmed the outputs of the meeting with our Executive clinical leadership on 8 December.

In your letter you sought further clarification and assurance, alongside the areas for assurance identified in the TDA's comments tracker; we believe that we have provided you with all the information you required in correspondence sent to you by Duane Passman and Amanda Fadero before Christmas and we discussed at the last Programme Board

However there was a specific point you raised in your letter with regards to the BSUH Workforce Plan 2014/15-2023/24. The plan was generated to support our internal planning processes, the 3Ts Full Business Case and the next step in our Business Planning process. Given that we are currently moving into our next Business Planning round, and are also developing our People Strategy, we have not taken the Workforce Plan we provided you to the Board as it is still a work in progress.

Our commitment is to take the outline of our People Strategy to the Trust Board on 26 January. Initial discussions have already been had with the Executive Management Board and the Finance & Workforce Committee to get a steer on the initial thinking which has been positive. We intend to have a draft of the People Strategy available for consultation with staff towards the end of February and will take the final version to the Board in March. This will include the next iteration of our Workforce Plan.

The second point I wanted to highlight in a little more detail relates to the issue of the redevelopment of the Emergency Department in 3Ts. It is worth recognising that the first stage of the 3Ts development will not be complete until late 2019 and therefore the inclusion or otherwise of the ED in 3Ts would provide us with no operational benefit or increased capacity until then. To improve the management of the system-wide unscheduled care situation we are working hard internally and with our partners externally on a range of initiatives. We will also implement the changes in line with those pathway changes identified in 3Ts in advance to secure operational and clinical effectiveness of our urgent care system.

As you are aware, we are once again looking at the interface with primary care with the CCGs and the pre-hospital care pathway with SECAmb to ensure that we are doing all we can, together, to manage that part of the pathway in the best way possible. We are also working with our partners in social care and primary care, to determine what more can be done with the Better Care Fund projects to ensure that we have the appropriate acute capacity to manage patient pathways through the hospital as a whole. This part of our task is not a quick fix but will happen in parallel with the internal process and physical improvements we are making.

We are in the process of reviewing our current flows and overall capacity and demand model from the front door across our emergency floor and the interface with the wards through a series of work streams that have been established across the Trust. The outputs will align to both our workforce plans around seven day working, hospital at night and modernising our workforce.

We are, however, getting some benefit from 3Ts decant by planning to include some additional space in one of the decant buildings to move some of the support accommodation out of the ED to provide some more clinical space. This and the recent freeing up of the CIRU space on level 5 equates to approximately 15% more space for the acute floor. Implementing this will be dependent upon the approval of the Full Business Case for 3Ts as that element of the decant programme is tied to this – which makes the approval crucial for our shorter term position as well as our longer term strategic position.

This element of the decant will allow us to start the implementation of the initial priorities we have for the acute floor of the hospital, which are the expansion of resuscitation facilities, the development of more appropriate assessment capacity and the modernisation of the major treatment areas. To this end approving 3Ts provides the quickest route to expanding ED and the acute floor in the short term and changes could be made by end 2015 if the approval runs to time and is signed off before middle March 2015 as planned.

Once the first stage of 3Ts is complete, this will free up further accommodation directly adjacent to the ED to allow for further reconfiguration of the space as required. This will allow us to develop appropriate facilities for an improved pathway for frail elderly patients, ambulatory care and short stay facilities alongside the facilities to be provided on the same floor in the first stage of 3Ts, to which these will be directly connected. This work is progressing in parallel with the 3Ts work and will have full clinical involvement.

Whether the ED is in 3Ts or not, this will not change the requirement to improve ED performance between now and 2019. We are committed to working with our partners in the health system to do this and as you are aware this is a significant focus for the Board, the Executive Team and the wider organisation.

We have also revised the text of the Full Business Case to include the comments made by reviewers and this was circulated last week. The team have considered this further and we have now made further revisions to the Management Case to reflect the more detailed responses we provided with regards to our plans for transformation and service change more widely as context. I include a copy of this (now Version 10) with this letter.

We look forward to continuing to work collaboratively with you and your colleagues to achieve the final approvals for 3Ts which is crucial to the development of better care for our patients in an environment which is fit for purpose and promotes safety and quality throughout. We are grateful for your support in that.

Yours sincerely

Matthew Kershaw
Chief Executive

cc.

BSUH

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Sherree Fagge:	Chief Nurse
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