

Executive Summary

Report to the Board of Directors

Being Held on 24 May 2022

Subject	Board of Directors Out and About Visits
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
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Status¹	Note

PURPOSE OF THE REPORT

To provide a summary update on the various visits that have taken place, by members of the Board during April and May 2022.

KEY POINTS

The following visits have taken place since the last Board of Directors Meeting:

- Pharmacy Services (Northern General Hospital) by Annette Laban and Sandi Carman - 26 April 2022
- Critical Care (Northern General Hospital) by Martin Temple, Sandi Carman and Joe Saverimoutou - 06 May 2022
- Respiratory Medicine (Northern General Hospital) by Maggie Porteous and Michael Harper – 09 May 2022

Each visit has been hosted by colleagues in the respective area, Board members would like to extend their thanks to the individuals involved and the courtesy shown during the visit.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
6	Create a Sustainable Organisation	

RECOMMENDATIONS

The Trust Board of Directors is asked to note the contents of the update on the Out and About visits that have taken place in April and May 2022.

APPROVAL PROCESS

Meeting	Date	Approved Y/N

In November 2021, the Trust launched a scheduled programme of out and about visit for Board members to visit all Directorates, pairing both a Non-Executive and Executive Director. Further to reinstating the programme of visits in March, Gold Command agreed to invite Council of Governors to join Board members on future visits.

In April and May 2022 the following visits took place and key points to note are as follows:

Pharmacy Services at Northern General Hospital [Annette Laban and Sandi Carman]

- Warm welcome from the team, environment was modern and clear, we received a presentation covering the multitude of services and developments currently being delivered by the team. These were extensive, track record of delivery was discussed alongside the huge number of additional projects coming online in the future months/years. Headspace for the senior team and capacity to deliver being a concern.
- Rates of appraisal uptake, mandatory training and job specific training compliance were exceptional (all 99%).
- Discussed the actions required following the CQC inspection, such as, medicines safety and medicines reconciliation. Leadership team were well sighted on these.
- Key risks included growth in chemotherapy and all associated processes, provision of future outpatient dispensing services and staffing. The team described the challenges of being able to deliver everything being asked of them whilst trying to drive education, professional development, new / enhanced roles, improved governance, CQC actions. It was noted that health and wellbeing is a concern.
- Funding was discussed the team welcomed the investment via the 2022/23 financial plan but there were still a number of challenges and gaps – notably 7-day services to the admissions wards as one example. Winter funding – the challenges of fixed term funding can sometimes hinder rather than help.
- The requirement for good IT was discussed which could significantly improve efficiency.
- Growth of the number of Consultant Pharmacists has provided improved career paths/opportunities. Also targeting Clinical Academia posts a local School of Pharmacy could enhance this work.
- Following the presentation we walked around part of the Pharmacy Department which looked well organised if not a bit crowded, observed examples of safety notices. All staff observed to be working hard focusing on clearly defined activities.

Overall a very informative visit that effectively explained the challenges of running a busy Pharmacy Department. The leadership were upbeat and had a good grasp of all the key issues.

Critical Care at Northern General Hospital [Martin Temple, Sandi Carman and Joe Saverimoutou]

- Location easy to find, and overall building look clean and modern.
- Couple of concerns regarding environment, roosting pigeons had left an unsightly mess of droppings which could also be a health hazard. The outside canopy would also benefit from a clean.
- The Unit felt calm, and all staff very welcoming.
- Escorts to the visit were also very respectful of the impact on patient care.
- The Unit was one of six Highly Contagious Infectious Diseases Units in the country.
- The unit itself was very modern and there was a calm, professional and respectful feel to the unit, staff we spoke to were very positive. The remote monitoring of patient physiological measurements was very impressive. There was adequate space in each of the rooms to provide care.
- Staff discussions highlighted the need to ensure greater visibility of staff at all levels (including matron and senior nurse level) and consideration of communications that were distributed on a Friday afternoon which during the pandemic caused problems with implementation.
- A positive safety culture was shared by the team such as the 5x5 bulletin, safety briefings and a commitment to learning from incidents.
- De-briefs took place using the Trauma Risk Management (TRIM) model which is a trauma-focused peer support system.

- The service had modelled new ways of working during the pandemic. This has resulted in patients being cared for in a fixed location and the staffing levels being flexed depending on the care needs of the patient.
- Staff wellbeing had been prioritised and support was available from psychology services.
- A model of professional nurse advocates had been implemented to provide further support to staff.
- Following recent refurbishments there was still a small snagging list of improvements to be made (estates work) these looked unsightly.
- Colleagues raised the potential for greater collaborative working across the different Critical Care specialties in the Trust.
- The delivery of a safe and effective service to patients could be enhanced further by additional glass sliding doors between some of the rooms. This could enable better use of staff resources and help to improve staff, and in some cases, patient experience.
- A well run and professional unit with lots of positive patient safety features.

Overall staff and patient experience could be enhanced by further estates work and consideration of service developments such as cross Trust collaboration.

Respiratory Medicine at Northern General Hospital [Maggie Porteous and Michael Harper]

Brearley Out-patients Department

- Nice estate and looked clean.
- Social distancing measures still in place when arrived but gone by the time we left (in line with policy).
- Staff very upbeat, welcoming and proud of their services.
- Great to hear of the changes they had done in response to Covid-19.
- Interesting to hear that teams felt 'recipe for success' was giving teams headroom to think through alternative ways of working and clarity on single ask (not juggling multiple priorities). This has led to a change to non-face-to-face, home monitoring and more patient initiated follow up (PIFU). Staff and patients liked both face-to-face and non-face-to-face.
- A perception that losing this headspace and a growing top-down approach was reducing the appetite/ability for staff to continue innovating in this way post-pandemic.
- Coming out of the pandemic the clinical teams are working with patients to see if they prefer face-to-face or non-face-to-face and trying to flex accordingly.
- Note that making decisions now to move a patient onto a PIFU might not realise the benefit for six or 12 months when they were scheduled to come back.

Robert Hadfield 5

- Ward felt clean and welcoming but somewhat busy and cluttered despite size of areas.
- Tea was being served and quality of food looked good.
- Noted the team had moved here when Robert Hadfield wing re-opened on back of prioritisation based on Covid infection prevention control (IPC) arrangements.
- Team like the ward – note balance of risk between IPC and falls. Increased staffing requirement noted.
- Up to full establishment on qualified, issue now attracting/retaining Clinical Support Workers – perception bank pay is higher in District General Hospitals and comparable pay plus staff discount at supermarkets.
- Observed eWhiteboard.

In-patients, Cystic Fibrosis Unit

- Medical team described challenges throughout Covid – highly specialised area had taken general medical patients and this had caused significant concern.
- New treatments for Cystic Fibrosis noted – this had reduced demands for in-patient care but some concerns about whether patients were able to manage their own care as well.
- Description that patients did not always feel safe being admitted to the ward because of less experienced nurses and general medical patients.

- The team described a keenness to be “heard by senior managers” passionately describing tensions with management at a local level, frustration with the bureaucracy needed to make changes, turnover and specialist training of nursing staff, admissions to the Unit and general discussion about operating as a highly specialist unit within a Covid pandemic
- Evidence local leadership were trying to manage these issues but different views noted.
- Also described the frustration felt by specialist staff not being able to practise their specialism during the pandemic.

Overall, a really good visit. Staff pleased to see us and good insight into services. Michael enjoyed getting back into areas he had not been in during the pandemic and Maggie was really pleased to make her first out and about visit. We both felt that on the whole staff were keen to tell us what they had been up to and their learning from the pandemic.