

Executive Summary

Report to the Board of Directors

Being Held on 27 September 2022

Subject	Board of Directors' Out and About Visits
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
Author	Helen Warriss, Executive Assistant Joanne Woodward, Personal Assistant
Status	Note

PURPOSE OF THE REPORT

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

KEY POINTS

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

- Ophthalmology Outpatients (Royal Hallamshire Hospital) by John O'Kane and Michael Harper – 20 May 2022
- General Surgery (Northern General Hospital) by Shiella Wright, Julie Phelan and Joe Saverimoutou – 25 May 2022
- Anaesthesia & Operating Services (Northern General Hospital) by Tony Buckham and Mark Gwilliam – 21 June 2022
- Specialised Cancer Services (Weston Park Cancer Centre) by Maggie Porteous and David Black – 5 July 2022
- Burns and Plastics: Ward F2 and Surgical Outpatient including Dressing Clinic (Royal Hallamshire Hospital) by Chris Newman, Chris Morley and Jane Pratt – 11 July 2022
- Urology (Royal Hallamshire Hospital) by Ros Roughton and Kirsten Major – 12 July 2022
- Ear, Nose and Throat (Royal Hallamshire Hospital) by Shiella Wright and David Black – 19 July 2022
- Chaplaincy, Dietetics and Acute Therapy (Northern General Hospital) by Tony Buckham, Jennifer Hill and Lewis Noble – 21 July 2022
- Endoscopy and Gastroenterology (Northern General Hospital) by Mark Tuckett and Steve Barks – 29 July 2022
- MIMP (Royal Hallamshire Hospital) by Tony Buckham, Kirsten Major and Sheila Reynolds – 5 August 2022
- Perfusionists (Northern General Hospital) by Tony Buckham, Chris Morley and Jane Pratt – 2 September 2022
- Cardiothoracic Surgery (Northern General Hospital) by Shiella Wright, Mark Tuckett and Shirley Sherwood – 8 September 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 all visits.

IMPLICATIONS

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	Create a Sustainable Organisation	
6	Deliver Excellent Research, Education and Innovation	

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 from May to September 2022.

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 2022, it was agreed to invite Council of Governors members to join future visits. A programme of visits to Corporate areas will commence in September 2022.

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

Ophthalmology, Royal Hallamshire Hospital [John O’Kane and Michael Harper]

- An extremely welcoming team.
- Department got busier as the morning went on.
- It was the face day of reintroducing masks for patients and visitors and there appeared to be a 100% compliance.

The visit encompassed the Minor Ops Theatre, Eye testing suite, General Outpatients, Eye Casualty and Children’s Outpatient.

- Noted that Eye Casualty is only a Monday – Friday service. Telephone triage had been implemented during the pandemic which A&E had appreciated but had now stopped. Team felt patients did find their way through the urgent care pathways at different times of the day/week but potential for better signposting and closer working to pull patients from A&E.
- Well laid out large waiting room with clinics rooms around the outside. Was incredibly busy. Discussed moving to Advice and Guidance service model but directorate reviewing contracting/pathway arrangements – potential for more opportunities to be explored. Likewise with the move to more Patient Initiated Follow Up (PIFU). Directorate are keen to expand outpatient footprint.
- Teams were very complimentary of the support they had had for new equipment.
- During the pandemic part of the service had moved to The Arena, and then Longley Lane, to support social distancing. The scientific team had led this and were proud of their achievements to keep services going.
- A separate area not well used by paediatrics after activity repatriated to SCH. Used for the wider department wait. Directorate considering repurposing of the area given lack of space elsewhere.

General Surgery, Northern General Hospital [Shiella Wright, Julie Phelan and Joe Saverimoutou]

- The visit was very well organised and gave us the opportunity to meet a very mixed group of staff from across General Surgery including ward staff, admin and clerical teams and a specific visit to Gastrointestinal (GI) Laboratories.
- The response to the pandemic was impressive and we heard how General Surgery had proactively worked with other services across the Trust to innovate solutions to enable the Trust to respond to changing patient care needs. For example:
 - a. Proactive ward multiple reconfigurations often at very short notice
 - b. Six days dressing clinic launched to respond to closure of this service at GPs/walk in centres
 - c. Collaboration with Operating Services and General Surgery to help develop Huntsman Theatre ward and maximise patient surgery
 - d. Managed the cancellation and rebooking of all planned outpatient activity due to complete overhaul of consultant scheduling
 - e. GI clinical staff members completed “prepare to care” course to enable them to provide Care support to the general surgery Covid Cohort wards
 - f. GI admin team made themselves available to help with ward clerk tasks, completed logistic training, carried out running jobs to pharmacy for the wards and to labs to collect products such as blood required for the wards
 - g. GI staff also redeployed to the Staff/PPE welfare team

Overall, during the visit the passion and dedication the teams we met have for delivering the best possible care to patients was very evident both in their conversations with us and when interacting with patients. It was clear that there is a real drive to do the best they can to catch up the care that has had to be paused despite there still being some significant challenges still to manage. Innovation and service improvement in all the areas we visited was evident as the mechanism for resolving many of the challenges being faced

Anaesthesia and Operating Services, Northern General Hospital [Tony Buckham and Mark Gwilliam]

- Greeted at Theatre Reception, E Floor, Huntsman Building by the directorate triumvirate leadership team Karl Brennan, Nathan Timmis and Kirsten Clinton. The environment was exceptionally clean but busy.
- The visit covered the following areas: Bev Stokes Day Surgery Unit, Theatre Admission Lounge and the Main Theatre Complex.

Bev Stokes Day Surgery

- No patients were visible as they were in surgery at the time of the visit. The team explained they were moved during the first wave of the pandemic to support ITU which did impact on them personally at the time but understood the reasons for the move.

Theatre Admission Lounge

- The Theatre Admission Unit had been turned into a 32 Bed Geriatric Medicine Ward staffed by TAU colleagues for over two years since the start of the pandemic. This has put a strain on the morale of the team.

Main Theatre Complex

- We met with colleagues working on shift that again seem extremely engaged and motivated. The area was very clean and tidy.

Specialised Cancer Services, Weston Park Cancer Centre [Maggie Porteous and David Black]

- The staff were welcoming and professional.
- The environment was welcoming and well-ordered but there are clearly space and capacity issues.
- Patients were of different ages and had a variety of needs.
- Sense of calm and space in the Lower Ground Outpatients area.
- Contrast in Aseptic Pharmacy. This incredibly modern facility felt fraught due to staff absence.
- It was important to hear that capacity is very challenging and see the ingenuity that goes into getting patients treated in a timely and safe way.
- In the upstairs Out-patients area the waiting room is a conservatory with heating and ventilation issues.
- The triumvirate were very proud of all that the team had delivered over the last two years (example Birley Centre in Barnsley) but described the relentless pressure.

Overall, an informative visit. The team were welcoming and a very committed team, working hard to meet patient needs but with very significant challenges related to shortages of key staff, in particular non-surgical oncologists. It was great to see both the physical and organisational changes that they had made over the previous two years, and where capital funding had made positive differences. It was also clear that there is further and greater opportunity going forward.

Burns and Plastics: Ward F2 and Surgical Outpatient including Dressing Clinic, Royal Hallamshire Hospital [Chris Newman, Chris Morley and Jane Pratt]

- Both clinical areas were easy to find.
- Everyone was very welcoming and friendly
- In F2, whilst the ward seemed clean and well ordered / tidy, it is also tired and would benefit from either a refurbishment or essential maintenance scheme.
- On F2, we heard that the ward is currently one of two elective wards in the RHH caring for a range of patients including plastics, breast but also some other specialties such as gynae and urology.
- In Surgical Outpatients, they cover a range of surgical specialties including plastics but also other such as endocrine surgery. They also host the Dressings Clinic.
- All areas felt calm.

Ward F2

- The ward and ward team have been incredibly flexible throughout the pandemic; they have been a Covid red ward, moved to the NGH to provide staff for a red ward there, and a blue ward, protected for elective patients, including at one point being the single blue ward.
- However, overall the waiting list is stabilising.
- The team are in discussion with Estates about a refurbishment and would be very keen for that to incorporate Dementia friendly design principles.

Surgical Outpatients

- The team talked about the current issues in terms of pressure on Breast Clinic, and the steps being undertaken to try to address this including additional Saturday lists.
- They were pleased with the work undertaken to refurbish Breast Screening
- The Dressing Clinic is a nurse-led service who see patients requiring complex dressings or careful wound observation, they often refer on to either practice nurses or district nurses
- There is a Calm Room, which staff still value and continues to be used

Overall, this was a very enjoyable hour which demonstrated both excellent patient services and the benefits of some changes forced by the pandemic such as dedicated elective wards. The major challenges that we heard were, firstly, that there continues to be significant waits for some of our patients, particularly those where surgery is physically classified as less urgent; secondly, Covid absence is proving to continue to be problematic.

Urology, Royal Hallamshire Hospital [Ros Roughton and Kirsten Major]

- This visit encompassed the out-patient facilities and ward based services.
- The range of diagnostics available for patients to receive timely diagnoses was extensive.
- Equipment is updated and replaced on a regular basis and the Directorate are engaging with partners across South Yorkshire regarding the potential to further increase use of some items of equipment through sharing.
- Balancing the cancer and non cancer workload through the pandemic had been extremely challenging.
- We were able to observe newly installed Ward Boards on the ward as well as discuss a recent serious incident on the ward and the impact and learning that this had generated amongst the team.
- An enjoyable visit meeting a wide range of staff in different settings with lots of enthusiasm and ideas to respond to a very diverse set of clinical needs amongst their patients.

Ear Nose and Throat (ENT), Royal Hallamshire Hospital [Shiella Wright and David Black]

- Colleagues were welcoming. It was straightforward to find the location.
- The environment was busy, but well ordered.
- The patients have a variety of needs, but on the day we were there all had significant hearing impairment.
- We noted an active programme for recruitment of 'Fellows', who are enthusiastic to work with the team.
- Some frustrations of not having sufficient time in theatres was noted, this is the subject of ongoing high priority work. The organisation is very concerned that we should offer timely interventions for patients, ensure there are sufficient opportunities for trainees and of course to support the morale of our surgical colleagues.
- It was very interesting to sit in with the two consultations and observe the technology deployed.

Overall, the Department offers a wide variety of ENT services, is active in research and training, but frustrated by reduced access to theatres.

Chaplaincy, Dietetics and Acute Therapy, Northern General Hospital [Tony Buckham, Jennifer Hill and Lewis Noble]

- Very good organisation of visit. Meeting point easy to find and staff led us well within their own depts and passed us on to the next dept relatively seamlessly.
- The Chaplaincy base in Northern General Hospital is quite small, but these are 'out and about roles', so not the biggest issue. The prayer rooms/chapel were excellent and well used. The improvements made to the Chapel and Prayer Room, both now welcoming and peaceful spaces.
- The wards we visited relating to Dietetics and Acute Therapy (Physio) services were calm, clean and all the ward information boards were prominent and up to date. The two patients we saw were elderly, requiring regular physio and dietary support. In all areas the staff were busy and going about their work calmly.

Chaplaincy Services

- The Chaplaincy staff are stretched, given the current demand and the need to provide services seven days per week and overnight. The role is challenging emotionally, given the nature of the care being provided.

Dietetics Service in Critical Care

- We observed a patient interaction with nursing staff and the senior dietician who explained how nutritional needs are handled.

Acute Therapy Services

- Talked through the physiotherapy services provided to elderly patients and visited a patient on Brearley 6 ward. Much discussion on length of stay, how to help with rehabilitation and the aim to get back to the routine of being at home. Good levels of interaction with community services as some junior physiotherapists have rotational posts with the community which helps with patient 'seamless' care across different care groups.

It was very good to see the information boards in prominent position on the wards and also, on Brearley 6, we witnessed a 'Safety Huddle' in progress.

In summary, very impressed with the levels of energy, enthusiasm and professionalism being exhibited throughout, despite the acknowledged pressures everyone is work under. A thoroughly enjoyable visit!

Endoscopy and Gastroenterology Ward, Northern General Hospital [Mark Tuckett and Steve Barks]

- We were welcomed to both the endoscopy suite at Northern General Hospital (NGH), and then on one of the gastroenterology wards in Robert Hadfield. The Clinical Director was with us throughout the visit, together with the Care Group's Nurse Director and Deputy Operations Director. We met some of the new alcohol liaison team, others from the nursing and medical teams
- Both areas we visited felt calm - plenty of patients, but it did not feel overly busy.
- There was a reassuring and visible level of care and compassion being demonstrated for patients in our care
- It was good to see the NGH endoscopy facilities, and impressive to hear about how the team have recovered endoscopy activity.
- The visit to the ward at Robert Hadfield was very helpful. Patients were clearly being well cared for and we heard about the challenging and complex nature of some of the patients on the ward.
- The care and compassion that the team show their patients every day was clear – even on this short visit; and this was obvious from the nursing team's interactions on the ward. It was extremely positive to meet some of the alcohol liaison team: it is early days for this team, but there was a clear optimism and enthusiasm that they are already having a big impact

Overall, there were no areas requiring any immediate attention. It was a very positive visit that gave a realistic indication about some of the challenges we are working in; but the overarching sense of care, compassion and doing the right thing for patients.

MIMP, Royal Hallamshire Hospital [Tony Buckham, Kirsten Major and Sheila Reynolds]

- We visited the **Main X Ray department on C Floor**. All Patient areas are clean and well signposted.
- There are emergency admissions into the Regional Stroke Unit, often going straight to C Floor for imaging.
- A very busy department but staff very welcoming and ready to talk to us about the work they do.
- We also visited the **Department of Medical Physics**. In Nuclear Medicine we saw the specialised therapy and support to patients and hospitals in the region. There is an extensive large refurbishment project underway that the team are working around very creatively.
- In Clinical Engineering we saw how this department maintains all the equipment required in a busy acute hospital trust from the most complicated to the simple. We also visited the Engineering Design Department which produces a range of innovative designs for the benefit of patient care.

Perfusionists, Northern General Hospital [Tony Buckham, Chris Morley and Jane Pratt]

- This was an opportunity to meet the Perfusion team and for them to showcase what they do to us
- We started with a round table conversation with six perfusionists, the Nurse Director and her Deputy
- We then spent time in an operating theatre being shown the Heart/Lung machine they are responsible for operating during complex cardiac surgery.
- They explained to us what the role of the perfusionist is and how they all got into the role.
- They undertake bespoke clinical training alongside studying for a Postgraduate Diploma qualification
- They were all incredibly enthusiastic and passionate about their role, the service and are forward thinking, safety conscious and compassionate.
- They recognise though they have a big development need to manage team dynamics within the group and this is to be taken forward with facilitation.
- Theatre demonstration of equipment: We were shown the machine they operate which is clearly very complex.
- They stressed the importance of teamwork in theatre particularly with the surgeon and anaesthetist.

Overall, this was a very enjoyable two hours with a very knowledgeable, skilled, and compassionate group of colleagues.

**Cardiothoracic Surgery (Catheter Lab and Primary Care Pathway), Northern General Hospital
[Shiella Wright, Mark Tuckett and Shirley Sherwood]**

- We had a very positive visit with the Nurse Director, Deputy Operational Director, lead clinician, and several others from the team including radiographers and several others from the nursing team.
- The areas we visited – catheter lab suite, primary pathway, critical care were calm – it was good to see the new ward quality board; and to hear about the safety huddles which the team have in place on the wards
- The team were welcoming and engaging, describing some of the challenges of the pandemic; and how we are working to recover activity
- The team were all engaged and positive as they described day to day work and the challenges we are facing.
- We heard about the challenges of recovering activity levels and the frustrations the team face about not being at full capacity due to bed capacity constraints.
- We had a good and reassuring discussion about how decisions are made about funding for equipment and staying at the forefront of technology and IT.
- The team were very positive about the clinical environment and particularly the close proximity of different aspects of cardiothoracic provision.
- We visited the primary pathway and could see the more confined spaces that the team are working in; but heard about their enthusiasm for planned and upcoming renovation and investment.
- There was a 'can do' attitude about the team and we felt positively assured during and following our visit

Overall, there were no areas requiring any immediate attention. It was a very positive – albeit brief – visit.

Recommendation

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

Sandi Carman
Assistant Chief Executive
27 September 2022