

Executive Summary

Report to the Board of Directors

Being Held on 26 July 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 May and June 2022.

KEY POINTS

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

- Laboratories (Royal Hallamshire Hospital) by Ros Roughton and Jennifer Hill – 16 May 2022
- Vascular Services (Northern General Hospital) by Toni Schwarz, Sandi Carman and Shirley Sherwood – 19 May 2022
- Haematology and Dermatology (Royal Hallamshire Hospital) by Chris Newman and Michael Harper – 20 May 2022
- Active Recovery & SPA and GP Collaborative (Northern General Hospital) by Shiella Wright and Neil Priestley – 25 May 2022
- Maternity Services, Gynaecology and Assisted Conception (Jessop Wing) by Maggie Porteous, Kirsten Major and Steve Barks – 31 May 2022
- Neurosciences, Neurophysiology, HASU, Neuro Specialist Nurses (Royal Hallamshire Hospital) by Annette Laban, Chris Morley and Irene Mabbott – 31 May 2022
- Acute and Emergency Medicine (Northern General Hospital) by Ros Roughton, Kirsten Major and Paul Dore – 7 June 2022
- MSK (Northern General Hospital) by Martin Temple, Mark Gwilliam and Shirley Sherwood – 7 June 2022
- SPARC (Beech Hill) by Annette Laban and Ian Merriman – 16 June 2022
- Spinal Injuries Unit (Northern General Hospital) by John O'Kane, Jennifer Hill, Martin Hodgson and Harold Sharpe – 22 June 2022
- Renal Services (Northern General Hospital) by Martin Temple, Neil Priestley and Paul Dore – 30 June 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 May and June 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 2022, it was agreed to invite Council of Governors members to join future visits.

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

Laboratories, Royal Hallamshire Hospital [Ros Roughton and Jennifer Hill]

- Welcomed by CD and Laboratories manager in lift lobby and taken on tour of labs on D, E and F floor covering haematology, clinical chemistry and histopathology. Both 'tour guides' very informative and enthusiastic about their services. All work areas busy but calm.
- Several labs with limited space and quite cramped due to large pieces of equipment (albeit with fabulous views of the city) although CD described plans to expand into other rooms on the floor.
- Very limited opportunities to speak to staff or discuss roles. Non patient area.
- Problem with exposed roof along one corridor. Heard how any quality concerns could be raised in real time, with repeat diagnostic tests carried out if necessary.

Overall, fantastic exposure to the varied activities of laboratory services (at RHH), ability to track the movement of specimens through the laboratories and hear about the opportunities (in terms of developing regional and national services) and the challenges in terms of space and implications for clinical service with changes to regional genomics labs.

Noted impact of technological developments as some specimens were now digitised. Noted impressive international leadership role of some aspects of the service.

Vascular Services, Northern General Hospital [Toni Schwarz, Sandi Carman and Shirley Sherwood]

- First impressions were of a friendly team that welcomed the visit.
- Very busy, large space which was organised and tidy.
- The service comprised of two speciality areas - vascular surgery and vascular radiology which covered Sheffield, Barnsley and Rotherham. This was a highly specialised service treating high-risk patients.
- There were different sets of positive developments and ongoing challenges which the CD outlined clearly. CD had been recruited externally and quickly pulled together with the senior team a plan on a page. This was being worked through with review points.
- Details of staffing and relevant information were clear. Presence of the room thermometer in the drug room was in place (as per CQC inspection report actions).
- Atmosphere on the ward area was positive and calm.
- Pace of the ward felt good. Electronic patient board was the control centre and this is monitored closely by nurse in charge.
- Challenges for inpatient areas base have eight patients but should only accommodate six. All single sex but still a little concerned about privacy and dignity in this space. Significant improvement work undertaken over the last year to ensure holistic care for patients and reduce length of stay.
- Investment and treatment and care for patients had improved services for DGHs expansion of vascular specialist to 4.6 whole time equivalents and improved equity across the region. Very often patients present with limb threatening ischaemia and it was important to reduce the patient journey time particularly.
- Team is looking to create an assessment area modelled on the same day emergency care (SDEC) Model. An additional staff resource of 1.5wte would be required. However, the creation of an ambulatory assessment area was felt to significantly improve experiences for patients and increase efficiency of the existing staff. Evidence of changes to practice were illustrating the positive impact on patient length of stay.
- Great examples of MDT working and daily MDT huddles, introduced since 30 March and at the end of this month moving to a surgeon of the week model who will take responsibility for the assessment area and ensure consistency of patient care is improved. With Trust Executive

support there has been recent strengthening of the middle grades following a successful business case.

- Staffing levels seemed good and the turnover and sickness rates on the unit were lower than the Trust average. It felt like a popular destination for recruitment of nurses and allied health professionals. Considerable work had been done on the medic recruitment to good effect and was now much more attractive for external interest.
- The team relayed excellent support from the Executive team. Positive conversations regarding the MDT approach improving clinical decision-making and enabling earlier decisions regarding treatment and diagnostics required.
- Discussed breaks and rest periods for staff on the ward and the nurse in charge commented that this can at times be challenging but that all staff had a substantial morning break. We were on the Unit at 4pm and she commented that some staff may not have had their lunch!
- Atmosphere on the Angio suite was more tense and there was quite a lack of space and a reticence to show round. This may have been because of the time of day as we were just at discharge time.
- No concerns were raised regarding staff recruitment on the wards however it was noted that significant recruitment and improvement work was required for vascular radiography staff in order to ensure more effective ways of working and positive treatment for patients. This was being actively considered by the leadership team.
- Medics on Angio were passionate about their roles however felt pressured. One spoke of needing to divide themselves into three to manage the workload. Staff morale and vacancies were discussed at length with the Clinical Director and Operations Director.
- Discussed wider plans to co-locate Angio into theatres and could see with the mobile C Unit that there would be positive patient benefits. Doctors expressed reservations about access to that Unit from ED which maybe more challenging.
- Vascular Nurse Specialist working to NICE guidelines, good discussion around signposting individuals for social prescribing, this is something that could be looked at. Further developments and the team were driven by significant improvements from the leadership team, and this was delivered by having key defined objectives (panel plan on a page). Covid has promoted wider improvements.
- Mandatory training and appraisals were all good and back to green. Some very minor improvements to be undertaken in job specific essential training, 89.5% it was felt this good practice was down to micro-management. Patient experience feedback was received from family and friends test and this was summarised and circulated to medics and staff improvements from this work involved consultants insertion of the week and cancellation work on the ward visits.
- We noted the temperature monitors in the store and daily checks are undertaken to manage the temperatures of both fridges and the medication and storeroom
- Most patients on the in-patient area undertook 12-hour shifts, there was an excellent photograph staffing board which showed all staff working in the area.

Overall, a very positive visit. There has been much work done in this area – new energy from appointments, new ideas and considerations on how to shorten the stay for patients and improve their outcomes. This is a challenging group of patients as many have co-morbidities and chronic illness. Staffing was positive the fact that sickness and retention was good in nursing staff.

There is a plan to be worked through and good partnership working was evident across the triumvirate – this came through loud and clear. We all came away with positive and negative issues that can be worked on. It was quite refreshing to see that everyone is working together to achieve the best for the patients.

Haematology and Dermatology, Royal Hallamshire Hospital [Chris Newman and Michael Harper]

- An extremely welcoming team.
- Estates work on O floor noted as very nice, P floor and Dermatology ready for estates upgrades.

Visit to Haematology – P and O floor at RHH

- During Covid they had done a complete reconfiguration of their pathways and location of services across O and P floor in order to separate planned and unplanned patients. The staff had led this, supported by the Clinical Expert Group, and it had been a great success in keeping services running for an incredibly vulnerable set of patients. This had worked well but had led to

restrictions on the number of planned patients they were able to see due to space constraints. The team were keen to go back to pre-Covid pathways/space utilisation but were unable to due to Clinical Expert Group recommendations. Discussions are ongoing.

- A capital scheme has been described for refurbishment of P floor. Teams have been heavily involved in this and keen to improve the environment for patients and increase capacity. A review of nurse staffing has been done on the back of the proposed scheme which does require additional nursing staff.
- We were met by the Clinical Director, Nurse Director, Service Manager and Ward Sister. All were incredibly knowledgeable about their services and passionate about their patient group. The Ward Manager described Staff Huddles and work she had done on the back of the CQC recommendations. A robust system for identifying deteriorating patients and alerting medical staff was also in place.
- A large proportion of the haematology patients have extended lengths of stay, often isolated and even more so during the pandemic. It was heart-warming to hear the stories of where staff had gone above and beyond to support patients and help keep them in contact with friends and families during this difficult time.
- The day case unit on O floor had had to restrict the number of patients it could accommodate due to IPC restrictions. Staff has worked flexibly to move to a 7-day service, operating longer hours, so that the same number of patients could be treated throughout the pandemic. These changes had now been embedded.

Dermatology Outpatients

- The team were keen to note the fabric of the department and the need for refurbishment. For some time the directorate have raised the estates constraints and are keen to expand the department further. IPC arrangements as well as increasing demand, has led to the department outgrowing its footprint but further work is required to define its exact needs. Some clinics are currently held in Medical Outpatients which means they require additional staff to run the satellite activity.
- We were shown the minor operating theatres. Again, these look like they are ready for refurbishment, particularly the recovery and waiting areas. Likewise, the clinic room for the light therapy was outdated and cramped.
- Staff have done a fantastic job of recovering two week wait waiting times through additional weekend and evening clinics. There is some appetite for more weekend activity, but work is required with the theatre teams to identify additional theatre staff to support.
- We were told that the teams are keen to work differently to meet the needs of patients but the cultural issues are taking time to resolve with some of the clinical staff. A new matron and Clinical Lead are helping.

Overall, a very helpful and informative visit. Staff seemed pleased to meet us and enjoyed the opportunity to talk about their service. Leaders were keen to describe the need for estates work. No matters for immediate attention.

Active Recovery and SPA, Community House and GP Collaborative, Northern General Hospital [Shiella Wright and Neil Priestley]

- Arrangements clear and worked well.
- Very welcoming, appreciative of the visit and happy to answer questions.

Active Recovery and SPA

- Large building with lots of rooms.
- Office environment – Plenty of spare desks with some staff working from home.
- No issues apparent with environment and IT equipment.
- Suggested that had remained busy through the pandemic but that backlogs built up in active recovery were now addressed.
- Many complex interfaces with Sheffield City Council.
- Numerous different teams/stages to processes, e.g. call handling, initial review, planning, clinical triage/assessments, monitoring, etc.
- Considerable single point of access nurse assessment time still being committed to follow-up of Covid patients – requirement has been queried.
- Use numerous IT systems, including System One, Lorenzo, Sheffield City Council system, etc.

- Notable how many different referral sources (20+) and services (19) single point of access facilitates.
- Challenges with recruitment.
- Reported an issue with Advanced Care Practitioners grading compared to other Trusts.
- Some issues with Working from Home (e.g. different views, different roles, monitoring work, etc.) that are working through.
- Felt that some staff were more sensitive/easily upset than pre-Covid.

GP Collaborative

- Viewed the clinical and waiting accommodation (service not open at the time).
- No issues apparent with environment, clinical equipment and IT equipment.
- Identified an increase from 46k to 80k patient episodes per annum over the last four years.
- Very busy over last 18 months.
- Much bigger proportion of work now done non-face to face.
- Some home visits.
- Many complex interfaces with other urgent and emergency care services, i.e. A&E, Walk-in Centre, Hubs, Primary Care.
- Apparent good working relationship with A&E and good understanding of the issues/challenges.
- Very keen that Hubs continue (current contracts end later this year).
- Some issues with patient behaviours (often linked to long waits and/or limited outcomes) but felt that staff handle the issues well.
- Appear to have significant amounts of data about activity, etc.
- No “employed” GPs so major logistical challenge to fill all shifts.
- Challenges with GP fill rates but better since shift rates increased.
- Use numerous IT systems, including System One, Lorenzo, Adestra, etc.
- Process to make drivers also Health Care Assistants but implementation will be gradual as new staff appointed.

Overall, it felt a positive visit. Known issues in Active Recovery and SPA regarding recruitment and retention, multiple IT systems, SCC interfaces, WFH and post-pandemic staff recovery and in GP Collaborative, known issues regarding demand, staffing/GP shift fill rates/remuneration, multiple IT systems and complex urgent and emergency care system.

Maternity Services, Gynaecology and Assisted Conception, Jessop Wing [Maggie Porteous, Kirsten Major and Steve Barks]

The leadership team had organised tea and coffee trolleys for us to take with us and the drinks were welcomed by staff. This provided a nice way to start conversations with staff.

- Maternity – the clinic areas, labour ward, admin hub and assessment unit were all busy providing care and undertaking tasks. Staff were welcoming and friendly and all areas felt calm.
- Gynaecology – the ward was busy and felt cramped.
- The clinic areas were quiet as it was lunchtime, but here was clearly good preparation going on for the afternoon clinics. The ACU was small but tidy. The staff in all areas were friendly and welcoming.
- The areas were busy and staff were all professional in how they took time to stop and have a conversation whilst ensuring patient care was not interrupted. Observed on several occasions a team approach being adopted with people seeking advice and opinion from one another. This was within as well as between different professions.
- Significant work was underway in the assessment area to change room usage to allow better patient pathways and assessment to be delivered. Some estates support to ensure these new rooms feel like high quality clinical areas would be appreciated.
- Staff all described the last year as incredibly difficult following the CQC inspection which had compounded what had obviously been a very challenging period delivering maternity care during Covid. Everyone was incredibly keen to make improvements and make things better.
- There were a number of examples where the Maternity service do things differently from the rest of the organisation e.g. e-Roster and the triumvirate were clear that adoption of standard systems and processes was a major priority for them.

- In Gynaecology there was an evident pride in the service being offered, and strong teamwork was exhibited. Many of the Sisters and Nurses had worked for the Trust for 20 plus years, and good use is being made of flexi retirement and job sharing. There was talk of how Gynaecology was an area that Nurses aspired to work in.
- In both Gynaecology and in the ACU the major issue was cited as a lack of space. In the former the Team expressed a desire to move back to G2 with its additional beds and storage space. In the ACU space was also an issue, along with a desire to have an e-consenting system.
- A number of the areas felt quite dark and dated, much of which is a consequence of the design of the building. As refurbishment is undertaken, the quality and impact of lighting methods should be a clear priority.
- The external spaces are unwelcoming and underutilised and novel approaches to increasing their utilisation should be considered.

Overall, everyone was extremely welcoming and there was evidence of good teamwork and commitment to improvement and learning. The triumvirate do not under-estimate the scale of the challenges they face and are realistic about the key priorities.

Neurosciences, Neurophysiology, Hyper Acute Stroke Unit (HASU), Neuro Specialist Nurses, Royal Hallamshire Hospital [Annette Laban, Chris Morley and Irene Mabbott]

- Both clinical areas were easy to find as they were off the main RHH lift lobby.
- Everyone was very welcoming and friendly.
- In HASU, principles of dementia friendly design had been incorporated, so each bay was very brightly coloured to help patients find their way back to their bed space and picture signs were used to indicate key facilities such as bathrooms.
- In Neurophysiology, we heard about the range of patients that they see. This includes patients with functional symptoms, where there is no apparent psychological cause for their symptoms, often fits. A changed diagnosis can have wide ranging impacts such as on benefits and fitness for work. They also provide the service to the Children's Hospital.
- There was an impressive range of specialist nurses working in Neuro including epilepsy, MS, Parkinson's and a dedicated team of Neuro Physiologists.
- All areas felt calm and were well stocked with appropriate professional patient information leaflets.
- For both teams available space was an issue and patients are required to wait in the lift lobby for both HASU and Neurophysiology, strategies for managing this were being explored.

Neurophysiology

- Referrals are from other specialists, so not directly from GPs.
- Dedicated telemetry unit to monitor patient's brain function over an extended period of time.
- Some telemetry now takes place at home, particularly sleep studies, which was an innovation first trialled during the pandemic, this is thought to help with the accuracy of the test and the patient experience through remaining in their normal environment.
- The Neurophysiologists feel that they could expand the range of tests that they perform, potentially releasing consultant time.
- The patient we spoke to was very happy with the treatment that she was receiving.

HASU

- Had a daily safety huddle including falls, MCA/DOLs, Sepsis etc.
- Whilst modelling was undertaken prior to the development of a regional unit, the reality had been busier than forecast.
- The Consultant we spoke to stressed that there was a great team working on the unit, including the recent addition of advanced clinical practitioners to the workforce.
- She was concerned about the need for neurology registrars to participate in the registrar night rota at the RHH and the impact that might have on trainees/training.
- She described flow as a major constraint and was particularly frustrated in delays repatriating some patients to DGHs.
- The staff commented on the positive impact from the recruitment of international nurses.

Specialist Nurses/Admin Teams/Neuro Psychologists

- Accommodated in a house on Claremont Crescent.
- Cover a wide regional area, including South Yorkshire and some of North Derbyshire.
- Epilepsy team had a lot of learning disability nurses which worked well, as up to 30% of the patients had a learning disability.
- Remote working was continuing to be very useful for some cohorts of their patients, although retaining a mixed model of appointments was also important in providing personalised care.
- Neuro Psychology is provided via either group or one to one sessions.
- The Neuro Psychologists receive regular supervision sessions to maintain their wellbeing.

Overall, this was a very enjoyable two hours which demonstrated some excellent patient services. The major challenges that we heard were, firstly, that flow is a real issue in ensuring that all patients can be treated appropriately; secondly, all areas were finding the space that they had available to be a constraint to varying degrees.

Acute and Emergency Medicine, Northern General Hospital [Ros Roughton, Kirsten Major and Paul Dore]

- The Directorate provides a range of different acute medicine care at a number of different locations: Accident & Emergency, Clinical Decisions Unit, Same Day Emergency Care and Acute Medical Unit.
- The triumvirate were welcoming and upbeat about the range of ideas they had and had implemented.
- Staff were professional and willing to engage, subject to ongoing care of a large number of patients.
- Areas were clean and tidy.
- The patient pathway can potentially use a large number of different physical spaces and there is a sense that sometimes the estate and its configuration constrains what might be possible, but the triumvirate agreed that these issues were 'wicked' to resolve.
- There was evidence of a number of quality audits and safety huddles taking place.
- The challenge of balancing specialty care and the acute take were clearly articulated as were the challenges posed to ward based flow caused by delayed discharges.
- There was evidence of excellent engagement with issues associated with mental health needs and mental capacity and a range of approaches to manage patients safely albeit acknowledging the inherent problems posed by an acute environment.
- The triumvirate and senior team were fully engaged in making the changes needed in light of the CQC findings and it was clear that this was not a 'tick box' exercise but was driven by a desire to improve patient care and experiences.

As the 'front door' of the organisation the challenges associated with volumes of patients and changing demographics, both over time but also immediately associated with a post-pandemic society, were apparent as were some of the complexities introduced by physical estate.

The workforce and leadership was evidently passionate about patient care and had relentless ideas for improvement and change.

Musculo-Skeletal (MSK), Northern General Hospital [Martin Temple, Mark Gwilliam and Shirley Sherwood]

- Greeted at Therapies by Amjid, Sarah, Esme and joined by Laura (Physiotherapist). The team were very welcoming.
- The environment was exceptionally clean and calm.
- The team were extremely engaging and informative.
- The visit covered the following areas: Therapies, Huntsman 5 and 7 and the Fracture Clinic. We talked to many colleagues, and it was evident that the working environment of the new refurbished Huntsman 5 resulted in an improved experience of work and in turn a much more positive and engaging workforce compared to that of Huntsman 7. The team informed us that it is planned for Huntsman 7 to undertake the same refurbishment.

- The Therapies team explained that the pandemic did have a negative impact on colleagues, however, they adapted the service to include telephone and video physiotherapy sessions. We were surprised to learn that the service treats up to 25,000 people in the community.
- The Fracture Clinic was quiet on the day, but it was explained that up to 15,000 patients a year are treated in the clinic. It was felt that it was extremely compact to provide the best possible patient experience. However, we were informed it is planned to move the service to a more expansive area which in turn will provide an improved patient and working experience.

Overall, it was a very enjoyable, positive and informative visit.

SPARC, Beech Hill [Annette Laban and Ian Merriman]

- Quite difficult to find via postcode as its hidden away down a one-way street, however when you get there the grounds and property are lovely and impressive.
- The welcome we received at reception was friendly and Claire Concannon and Ruth Mansell came to meet us.
- We started with a chat about the service they provide and how they provide it and how they have coped through Covid; the type of patients and what's expected to be delivered.
- They are devastated about the CQC report however they accept they have some areas where they need to improve.
- The place was busy with patients., staff and families, it seemed very calm and business like. Lots of patients having 1.2.1 care as well as group sessions. On the day we visited it was a lovely day and lots of patients were outside undertaking group exercises, we chatted to the staff and patients.
- Loads of activities being undertaken, baking and stimulation.
- The wards are both single and four bays, we went into the admin and discharge room and observed the progress of patients on the white boards and chatted to the staff.
- We also went to the patients' dining room and looked at the menus and chatted to the staff.
- The whole place was busy but business like, lots of information both on the walls and leaflets.
- However, they use a lot of equipment and it was in wards and on the corridors and as suspected it's hard for storage in such an old building.
- The staff realise they are a different model of care, not intermediate care patients, but patients who come from HASU to Beech Hill for specialist rehabilitation, still Acute, with hybrid medical workforce.
- They have excellent speech and language activity coordinators who offer stimulation.
- They receive 100% good feedback from both carers and family members.
- Key issue for them was feeling a little left out from the rest of the directorate, as being offsite they are sometimes forgotten for example with regards to IT and upgrades, they also feel it's really important to have a new EPR.

In summary, they were really pleased to have a visit, still smarting from the CQC report, but bouncing back and want to put everything right that's needed.

Patients and staff both seemed very happy in their work and the care they were receiving, all in all a very good example of multidisciplinary working.

Spinal Injuries Unit, Northern General Hospital [John O'Kane, Jennifer Hill, Martin Hodgson and Harold Sharpe]

- All staff very friendly and first name terms used between all staff (and patients).
- Environment calm and lots of outdoor spaces with plants / pots which are accessible from the ward.
- Not an obviously standardised process around safety huddles described although the staff were clear that they do occur.
- Very positive about recruitment of overseas nurses.
- Friendly and respectful interactions between staff and patients witnessed.
- Significant services developed for patient wellbeing – woodwork therapy sessions (but only funded two days per week) and charity funded equipment to facilitate IT skills / access for patients.

- Significant service constraints described by the team, particularly ultrasound service due to lack of sonographers nationally, lack of therapy due to national shortage and lack of therapy for patients at weekends, lack of a dedicated pre op service for spinal injured patients.
- Hydrotherapy and OT / physiotherapy areas were crowded and the team's view is that they need to be expanded and refurbished.
- Some facilities underused because of lack of staff to cover late hours.
- Lack of space to expand other services, though there is a large space near reception which has defied rational usage for some time.
- Trolleys parked on corridors under notices asking for corridors to be kept free of obstructions.
- One BAME member of staff told us she had had no issues with regards to equality, diversity and inclusion and had received promotions without setback.
- An international nurse told us she had been made to feel very welcome on the ward, and felt that all proper assistance had been given to her to settle in Sheffield.
- When asked whether the ward was a happy place, another member of staff hesitated a moment but then said Yes, and that they helped each other to stay happy.
- No-one complained of undue staffing deficiencies.
- There were grumbles about Lorenzo.
- The advent of a new IT system was a surprise when mentioned to two people.
- Specialist cleaners are considered a real boon.
- Two issues highlighted the benefit of recruiting specialist nurses, one being administering Botox for bladder problems.
- Delays in ultrasound scans were raised as a concern. This seems to be a well-known and so far intractable issue, probably even a national issue.

Very positive visit. Unit feels calm and feels like a team who care for their patients and are seeking to improve services.

This was an enlightening and in a way heart-warming visit. The Unit passed the 15 Steps test as far as we were concerned, and we heard no adverse comments from any member of staff. From our very limited observations, patient care plans and daily recording seemed to be going well (whiteboard on turns, and discussion with ward manager).

Renal Services, Northern General Hospital [Martin Temple, Neil Priestley and Paul Dore]

- Arrangements clear and worked well.
- Very welcoming and positive Directorate Team.
- Appreciative of the visit and happy to answer questions.
- Viewed the Outpatient Department, Wards and Dialysis services and talked to some staff and patients.
- A range of quality of accommodation.
- Services had no option not to see/treat patients (other than Transplants for a period) so had to be creative about how to provide services safely, e.g. went from low numbers to 70% non-face to face (now settled at around 50%), increased Home Dialysis, using Vickers 1 for Dialysing Covid patients and transport changes.
- Vascular Access via Day-Cases was now 85% (from 40%).
- Transplants had been reduced due to the pandemic but now were largely back to pre-pandemic numbers. There is a considerable follow-up workload.
- Helpful to understand the traumatic and invasive consequences for Renal patients.
- Renal Assessment Unit avoids A&E attendances and inpatient stays.
- Some options to do more "Ambulatory" work on OPD, e.g. Day Case Biopsies, but link to main hospital not wide enough for a bed if there is an adverse reaction (low risk).
- Clear that staff build very close relationships with patients given the on-going nature of their treatment.
- There had been some very difficult times for staff through the pandemic finding ways of treating patients, e.g. the Vickers E Floor Ward quickly became full of Covid patients which was distressing given lack of knowledge at the time. From the relatively few staff talked to it appeared that they were tired but slowly recovering.
- Linked to this, there was a focus on ensuring staff take holidays/breaks.

- The nurse staffing position seemed good and the International Nurse Recruitment was seen as very positive. Junior Doctors seemed the key staffing issue due to gaps on rotas and changing training requirements.
- The OPD accommodation was good and much work has been done on the Dialysis pipework. However, there have been concerns in the past about the ward accommodation and this is now likely to be revisited.

A very helpful and interesting visit which gave confidence about the Renal team and their commitment and creativity to make services better for their patients but highlighted the challenges in recovering from the Covid pandemic and some accommodation issues.