

**Executive Summary**  
**Report to the Board of Directors**  
**Being Held on 26 March 2024**

<b>Subject</b>	Board of Directors' Out and About Visits
<b>Supporting TEG Member</b>	Sandi Carman, Assistant Chief Executive
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<b>Status</b>	Note

**PURPOSE OF THE REPORT**

To provide a summary update on the visits that have taken place, by members of the Board since the last report in January 2024.

**KEY POINTS**

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

- Patient and Healthcare Governance by Ros Roughton, Chris Morley, and David Warwicker on 1 March 2024
- Gastroenterology (Northern General Hospital) by Tony Buckham and Michael Harper on 5 March 2024

As previously noted, from July 2023, the Out and About visits are primarily focussed on the second programme of visits to Clinical areas. The second programme of visits to Corporate areas commenced in February 2024. Out and About visits are not undertaken during periods of strike action to enable staff to focus on delivering services.

Each visit has been hosted by colleagues in the respective area, Board members and Governors would like to extend their thanks to the individuals involved and the courtesy shown during the 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 since the last report in January 2024.

In November 2021, the Trust launched a scheduled programme of out and about visits for Board members to visit all areas, 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.

The second scheduled programme of visits to Clinical areas commenced in July 2023 and concluded in March 2024. Since the last report, the following visits took place and key points to note are as follows:



**Patient and Healthcare Governance  
[Ros Roughton, Chris Morley and David Warwicker]  
1 March 2024**

The Patient and Healthcare Governance Team use a house on Claremont Crescent for their office base. The house is spread over three floors and there are quite a number of rooms, but the team had utilised the space well, collocating specific teams. The offices were tidy, clutter free and seemed to provide a good base for staff.

We met with the following teams:

- Patient Safety
- Compliance
- Occupational Safety
- Clinical effectiveness
- Patient Experience

We had positive conversations with all of the teams. All staff were very engaging, proud of their work and positive about their contribution to the work of the Trust.

Teams were able to pull out specific improvements such as the impact that the Patient Safety Incident Response Framework (PSIRF) is having on learning from incidents already, British Sign Language (BSL) version of the Friends and Family Test and the improvements to risk management processes.

In summary, we met a team full of energy, enthusiasm, and passion for improving clinical care by delivering improvements to processes, sharing learning, and managing risks.

The visit highlighted both the importance of collaborative working between the Trust and the University and the need to deliver high quality research alongside excellent clinical practice.

All members of the visit found it very informative and in particular would highlight the positive difference that we heard After Action Reviews were making to drawing the learning out of incidents.

## **Gastroenterology and Hepatology (including Ward Robert Hadfield 4), Northern General Hospital [Tony Buckham and Michael Harper]**

**5 March 2024**

Hosted by Neil Thompson (Operations Director) and Sally Conlan (Nurse Director) we first met with consultants Amer Al-Joudeh (Hepatology Clinical Lead) and James Morgan (Hepatologist).

First impressions were of a leadership team who were very patient focused, describing a cohesive and responsive team that had a strong junior team, supported one another, and strived to innovate their care model.

Items discussed included:

- Regional model: The role of STH across the South Yorkshire and Bassetlaw (SYB) footprint, tertiary referrals, the bleed rota.
- Acute Medical Take: Specialisation vs General medical care. The impact on training, patient numbers and bed base.
- The value of non-medical colleagues: The team had actively developed the multi-disciplinary team across inpatient areas and are keen to expand this further. The team actively supported these roles and were integrating them into the team and complementing the medical workforce.
- The value of the Alcohol Care Team: In avoiding admissions, supporting discharge, providing specialist expertise (across the organisation), and improving patient outcomes.
- Junior Doctor Industrial Action: The team had co-ordinated a positive response which supported doctors to exercise their rights whilst maintaining cover. Leaders had worked hard to maintain harmony across the team.
- Endoscopy: The development of a Nurse Led service and the resource intensity of maintaining capacity.
- Research: Research is well embedded in Gastro, but there is an opportunity in Hepatology to build on the foundations laid by Professor Gleeson following the appointment of a new Consultant (Dr Tan), who has a strong research background in this field.

We also visited the ward and met sister Amelia Simpson.

- The ward was clean and organised. Staff were friendly and responsive. Items discussed included: Anticipatory Flow, A&E and ambulance handovers: Amelia was keen to support these initiatives (as a nurse with an A&E and AMU background) and was supporting the discussion in GRaDE
- The layout of Hadfield wards: Large and spacious, great for IPC, but difficult to have oversight of all patients. Teams are locally looking at the increase in falls.

In summary, the conclusion of the Hadfield works was noted, the ward was ordered and clean and staff noted the benefit of the Discharge Lounge and side rooms to support Anticipatory Flow and early discharge.

Sandi Carman  
Assistant Chief Executive  
26 March 2024