

**Executive Summary**  
**Report to the Board of Directors**  
**Being Held on 25 July 2023**

<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 during May to July 2023.

**KEY POINTS**

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

- Telecommunications (Northern General Hospital) by John O'Kane and Michael Harper on 26 May 2023
- Organisation Development Department (Northern General Hospital) by Toni Schwarz, Neil Priestley and Michelle Cook on 6 July 2023
- Medical HR (8 Beech Hill Road) by Annette Laban, Michael Harper and Shirley Sherwood on 6 July 2023
- Laboratory Medicine (Northern General Hospital) by Maggie Porteous, Michael Harper and David Warwicker on 8 July 2023

As previously noted, from October 2022 to May 2023 our Out and About visits have primarily focussed on Corporate/non-clinical areas. The second programme of visits to clinical areas commenced in July 2023.

Out and About visits were 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 in May to July 2023.

In November 2021, the Trust launched a scheduled programme of out and about visits 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.

The scheduled programme of visits to Corporate areas commenced in September 2022 and was completed in June 2023. The second programme of visits to Clinical areas commenced in July 2023 and is due to conclude in December 2023.

During May to July 2023, the following visits took place and key points to note are as follows:

### **Telecommunications, Northern General Hospital [John O'Kane and Michael Harper]**

The session was hosted by Mark Norwood and Tom Boyle, which included visits to:

- Telephone Switch room
- Switchboard
- IT (MH unable to attend)

We were made very welcome by all staff visited. Unfortunately, time did not allow all Board members to visit all areas planned – both as a result of the geography, but also the interest and time spent in each area.

The Switch Room is in the Main Huntsman area. It is a non-public/non-patient area and has not been refurbished for some time. It has a mixture of new servers and traditional telephone switches.

The Switchboard is in Clocktower basement. It was incredibly warm but this was by choice of the staff. The décor is quite outdated but is planned to be refurbished this summer.

Chris – the Telecoms Engineer was fascinating to talk to, both in terms of his route into the organisation (as an ex-BT engineer) and also the work he did to maintain the telephone network. He appeared extremely passionate and understood his role in providing patient care and supporting relatives by keeping the organisation connected through the telephone system. Broader discussion on changes in technology, Bin the Bleep and the use of Artificial Intelligence (AI) and the new Electronic Patient Record (EPR) to provide alternative communication were discussed.

Switchboard was very busy, with 40% of calls to switchboard being internal, it was felt that there is a need to reduce these significantly. The team were keen to show the (mainly paper) systems that they used and the difficulties on keeping live rotas to respond to staff requests. The different duties, responding to patients and relatives finding departments, connecting staff and responding to fire/cardiac arrest (2222) alerts were discussed. Concerns were raised at the number of issues of patients, and a growing number of staff, not showing PROUD values when contacting switchboard. This ranged from inappropriate comments about the perceived lack of busyness of the switchboard staff, to verbal abuse. The team noted the difficulties of recruitment into such a 'traditional' role and noted work with the Booking Hub to look to increase external recruitment and challenge the perceptions of working in Switchboard.

Areas for consideration:

1. Work to support Switchboard to decant for the refurbishment.
2. Wider communications to ensure PROUD values when staff contact switchboard.
3. Support to recruitment to Switchboard.

In summary, really nice to meet staff who support the wider organisation. A definite sense of PROUD values from all staff and a much appreciated visit.

### **Organisational Development Department, Northern General Hospital [Toni Schwarz, Neil Priestley and Michelle Cook]**

A well organised visit with a very warm welcome from Paula Ward and members of the enthusiastic Organisational Development (OD) team.

The team had designed their own open plan office space which appeared to be comfortable and effective.

Interesting presentations/discussions around a number of the key areas which the OD team are working on:

- Improvement Programmes relating to Emergency Pathways, Elective and Cancer (linked to the Patient Care Recovery Plan).
- The LEAD programme (which included joining a Matron Coaching Development session).
- PROUD Behaviours.
- Workforce Planning.
- Equality, Diversity and Inclusion.
- Human Factors.

There were many examples of excellent work and of individuals and teams around the Trust who wanted to be part of this work. However, there were quite often difficulties in getting spread across such a large organisation and in engaging staff from some of the most challenged areas, where it was often felt that they did not have the time to engage in work that would probably help them. It was felt that in most areas work had continued through the pandemic but that it was taking longer than expected to get improvement work and engagement back to where it was pre Covid.

Areas for Consideration:

1. The team were very clear that, despite a massive amount of good work and progress on the Equality Diversity and Inclusion (EDI) agenda, our position on the Accessible Information Standard needed considerable improvement. There is a plan to address this over the next 12 months.
2. The other major concern from the OD team was their challenge of engaging front-line staff (and teams where that is beneficial) in improvement work, given how busy they are. Finding ways to release staff, and often teams collectively, was critical in facilitating continued improvement across many areas including staff development, quality and safety, Human Factors work and productivity and efficiency (P&E) saving schemes.

Overall, a very interesting visit which showed the breadth of work that the OD team does on improvement and development across the Trust.

### **Medical HR, 8 Beech Hill Road [Annette Laban, Michael Harper and Shirley Sherwood]**

We visited the Department on the first floor of 8 Beech Hill Road.

The visit was hosted by Shaiju Paul who was extremely knowledgeable of his department and team. All staff were incredibly welcoming, friendly, happy and informative.

The overwhelming first impression was of the amount of paper in the department and the reliance on manual processes to record all aspects of the Medical HR processes.

We were taken through the different teams who looked after the different levels of medical staff. Common themes included:

- The volume of manual (paper) processes to record key information (eg. attendance, pay, leave etc) and the need to store this paper for a number of years, even after the individuals had left.
- Potential for duplication of process, effort and paperwork on processes such as Annual and Study Leave management between the Directorate and Medical HR. The absence of an IT solution meant the manual process and storage was likely to happen in both teams.
- Within each medical staff group being supported it was frequently described that a small proportion created the greatest workload/need for support.
- Generational differences of doctors' attitudes and behaviours were noted, with doctors earlier in the training having a different approach to communication and IT (preferring to use mobile phones and be more paperless), more relaxed, more likely to request part time working – and the need to adapt ways of working accordingly.
- The impact of the strike action was significant – this was specifically around managing payroll, and recording hours worked. In some instances, the strike action had created three weeks of work impacting on deadlines and workloads elsewhere. The timing alongside the August handover was noted.
- The majority of the team had worked at the Trust for a long period of time. This brought a strong sense of 'team' and loyalty, but 'traditional' ways of working were noted.

Areas for consideration:

1. Consideration of more IT and less paper and reviewing different ways of working which adapt to changing expectations of the medical workforce.

2. Proposal that key members of the team visit other Medical HR departments to generate ideas on what a less paper heavy service might look like.
3. Noting the significant impact of the strike action on the team.

It was lovely to meet such a crucial team face to face. This small team is responsible for over 2000 doctors and works tirelessly to support them. There is a great sense of team and strong PROUD values within all team members. Support should be provided to the team to help them move away from manual processes and a reliance on paper.

### **Laboratory Medicine, Northern General Hospital [Maggie Porteous, Michael Harper and David Warwicker]**

We visited the Drive Through Phlebotomy and Toxicology Departments.

Drive Through Phlebotomy is a great example of where STH staff were innovative and patient focussed through the Covid pandemic. It has had a number of locations over the last few years and is now well established on the Longley Site. Staff are proud of their service and have ideas about developing it further.

The Toxicology Service provides a number of commercial services under regional and national contracts. A strategic plan to develop in this way circa. 10 years ago has allowed it to build a national reputation and bring in income that helps offset cost pressures across the Laboratory service.

#### Drive Through Phlebotomy

All staff were incredibly friendly and proud of their service. There was a great sense of team and all staff were very patient focused. Approximately 350 patients attend each day.

The environment is a converted garage. Works have taken place to improve the heating, lighting and environment. However, there is a growing issue with pigeons nesting which is causing an infection control risk with regards to faeces droppings around the site.

It was noted that the service takes GP and Hospital patients and further work is required to confirm the funding and strategic plan for the city.

We spoke to a patient who lived in the south of Sheffield and noted the long drive to access phlebotomy on a regular basis. She asked if there was the possibility of creating a similar service in the centre of town or a location like Crystal Peaks. The team have been discussing similar ideas.

#### Toxicology

The different national and regional contracts were described. The team described a strategic management decision circa. 10 years ago to invest in sufficient equipment and skills to be able to compete for national contracts. The 'financial investment risks' at the time were described but the longer term benefits were felt to outweigh these. A good discussion took place where the team described the support that was needed to empower the local management team to make these decisions, attract further business and invest in a way that kept the service as a forerunner in its field.

#### Areas for consideration:

##### Drive Through Phlebotomy

- Support to manage the pigeon issue with immediate effect.
- Support to the team to consider expansion of the service (eg heights and weights) to allow other pathways (such as pre-operative patients or Weston Park patients who need bloods taking) to use the service.
- Development of a city strategy – both in terms of the funding and referral model but also whether further drive throughs should be provided to increase accessibility.

##### Toxicology Service

- Learning from the service on how they became commercially successful.

Sandi Carman  
Assistant Chief Executive  
25 July 2023