

**Executive Summary**  
**Report to the Board of Directors**  
**Being Held on 23 July 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 May 2024.

**KEY POINTS**

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

- Ear Nose and Throat (Royal Hallamshire Hospital) by Ashley Blom and Chris Morley on 9 May 2024
- Finance Teams (Northern General Hospital) by Ann Harris, Sandi Carman and Melvyn Ness on 17 May 2024
- Patient and Healthcare Governance: Complaints (Royal Hallamshire Hospital) by Kirsten Major and Michelle Cook on 19 June 2024
- Chief Executive's Office / Patient and Staff Information Team (Beech Hill Road) by Ashley Blom, Mark Tuckett and Tony Clabby on 1 July 2024
- Switchboard and IT Support (Northern General Hospital) by Ros Roughton, Mark Tuckett and Tony Clabby on 11 July 2024

As previously noted, the second programme of Out and About visits are primarily focussed on Corporate areas.

We have also made some revisions to our feedback processes in order to capture any issues discussed at the time of visit and the course of action taken. This detail, where required, will be included within future reports to the Board of Directors.

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 May 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. Since March 2022, Council of Governors' members have been invited to join the visits.

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



**Ear Nose and Throat, Royal Hallamshire Hospital  
[Ashley Blom and Chris Morley]  
on 9 May 2024**

The ward used by Ear, Nose and Throat (ENT) is I1 at the Royal Hallamshire Hospital, the ward is in need of refurbishment and it was pleasing to hear that this is planned for later this year. As a result, the ward looks tired and there are elements of the layout which can be improved when the ward is refurbished. Whilst we were there, the ward was calm, and there seemed to be plenty of staff available.

The outpatient department by contrast had been painted in the last few years and looked very welcoming. The department encompasses both the clinic space for ENT and the Audiology Department which is a sensible clinical linkage. The clinic was quiet as it was coming to the end of the day and therefore patients were either in clinic rooms or the staff were finishing up their clinical notes.

We were accompanied by the Nurse Director and Operations Director, and they made the following observations:

- Nurse staffing levels were good.
- The ward has good staff retention and has seen a number of trainee nursing associates complete their training and then wish to stay on the ward when they are qualified.
- They receive patients for the weekend from two local district general hospitals and the complexities associated with this were discussed.
- They are increasingly using patient-initiated follow-ups as a way of managing their waiting lists and this is working well.
- They do a lot of nurse-led clinics to remove ear wax using specialised equipment for micro-suction, it was noted that this was being delivered in hospital as it is no longer routinely provided in primary care.
- They have started having planned evening clinics on Thursdays, and Saturday clinics to help with the reduction of waiting lists.
- In order to help with the recruitment issues for audiologists, they have recruited internationally.
- There is on-site workshop for hearing aid repairs, and this is a busy area.

It was highlighted that Sheffield is an outlier in only supplying a single hearing aid to new patients, rather than two which is recognised as best practice.

Other areas in the country provide two hearing aids as this is the most effective way to address hearing loss. This is a commissioning issue and has been raised repeatedly over the years, whilst it is very likely to have already been discussed, Chris has written to Mark Tuckett as Chief Strategy Officer for this to be included as part of ongoing contract negotiations with South Yorkshire Integrated Care Board.

In summary, we had a good visit where we learnt more about the services provided by ENT, including some of the innovative work that they are undertaking as well as some challenges.

The visiting team were concerned by the inequity for patients in Sheffield in relation to the supply of hearing aids and this will be followed up with contracting colleagues.



**Finance Teams – Management / Research Finance and Capital Finance Teams, Northern General Hospital**  
**[Ann Harris, Sandi Carman and Melvyn Ness]**  
**on 17 May 2024**

We were warmly welcomed by Louisa Cowell, Chief Finance Officer, this was the second Out and About visit to the Finance team and this time we focused on Financial Management, Research Finance and the Capital Finance team.

We initially met a colleague from the costing team and heard about patient level costings which are influenced by length of stay, theatre activity, X-rays, pathology tests, detail of catering requirements etc. Each of these costs ensure we have a view of the fully absorbed costs even to the level of detail of the number of minutes on the ward. This enables the Trust to understand the cost base for every patient we treat and helps inform service level agreements and contractual arrangements.

We then went on to meet the research finance team to understand the complexity of managing the finances for 600 trials. Liaising with pharmacology, biotech companies and European framework projects were examples of the breadth of work undertaken. The finance team work with clinical colleagues on a number of protocols to establish effective research funding flows. 60 new commercial projects were in place and it was important for all of these to ensure that the funding available covered all costs. There had been an increase in the volume of financial transactions to ensure all these costs are met.

Finally, we were introduced to the capital programme team who supported the deployment of a £60 million capital programme which followed the board approved capital plan. We heard about the complexity of managing the EPR programme alongside the other organisation needs such as estates development and medical devices purchases. The partnership working with Procurement was key to the Capital team delivery and we heard about the processes in place to ensure this works effectively.

There were no additional matters to raise with the board. We were left with the impression of a well-functioning, friendly team who are clear on their roles and responsibilities to provide a high quality service to support the effective delivery of patient care.

**Patient and Healthcare Governance: Complaints, Royal Hallamshire Hospital**  
**[Kirsten Major and Michelle Cook]**  
**on 19 June 2024**

Very easy to find the department and close to the main entrance for ease of patient access. Increased hybrid working had facilitated the sharing of the physical environment with Duty Matron and Central Nursing Team.

Met with two members of the PALS team and four complaints managers. All were incredibly committed to the importance of complaints and the value of resolution and learning for complainants and clinical teams. The team were very focused on providing resolution as early as possible in any process, as well as ensuring actions are identified and followed through. Important improvements in this action tracking were described. The team shared how challenging the pandemic was with respect to the types of complaints and noted that waiting times were now the predominant issue in formal complaints.

In summary, a really enjoyable and informative visit to a committed team that obviously wants to make a difference for complainants, but also improvements for future patients through the learning.

**Chief Executive Office / Patient and Staff Information Team, Beech Hill Road  
[Ashley Blom, Mark Tuckett and Tony Clabby]  
on 1 July 2024**

We had an enthusiastic welcome from each of the teams we met at Beech Hill Road. Colleagues were keen to explain the nature of their work.

It was very helpful to learn more about the work of the CEO's office and the wide range of work that the team undertakes. It was interesting to hear about the work of the team in supporting recent public inquiries; and also how some of the work is changing as our South Yorkshire partnership governance is developing. There were no particular issues or concerns that we noticed, but it was a very helpful discussion to learn more about the team.

We also met with the Patient and Staff Information team which is a relatively new team that oversees the printed and video material that is shared with patients about their care and for staff to inform their practice. The team clearly take a lot of pride in their work; and the scale of our patient information material is substantial – we learned about there being over 2,500 separate pieces of patient information and how the team ensure that this information is up to date and quality assured.

There were no particular concerns raised during our meetings with either of the teams – it was reassuring to learn about the work and there were no issues requiring action.

**Switchboard and IT Support  
[Ros Roughton, Mark Tuckett and Tony Clabby]  
on 11 July 2024**

We were welcomed by Ian Purdy who took us to meet the Switchboard team. The working environment was pleasant – with some natural light despite being in the basement of the Clocktower building. The team are clearly busy – we learned about the high volume of calls that the team receive (5-6,000 calls each day); but it was a calm environment. It was interesting to learn how the team had come together in 2010 and also to see (and hear) how urgent calls came into the team from across the trust (RHH, NGH and Community). The team described some of the challenges of receiving non-urgent internal calls (45% of the switchboard team's work) to connect colleagues and how they are looking at rolling out an app for staff to access the same directory that switchboard staff use. We heard too about IT system speed and that we are starting to strain at some of the capacity. It was good to hear about the team's ambition for developing the service further; and it was helpful to learn about the direct patient impact and benefit of what the team do: from triggering the call to mobilise a team to respond to an urgent clinical issue; to provide support and reassurance for patients when they are trying to navigate to the right part of our Trust about their care.

We went on to visit the IT service team, and met with the community team; first and second line response teams and product testing team. It was interesting to hear how the first line support team's work is now increasingly provided by people working at home (where we are keeping pace with similar

shifts for this type of work in other industries). This meant that the offices we visited were not busy – but the environment at Coleridge House was pleasant and calm. It was good to learn about the innovative and ‘customer-oriented’ work of the community team to facilitate easy access for community-based staff through drive-through support and short stay parking arranged with The University of Sheffield. We learned about the procurement for new ward-based equipment and it was great to see the trolleys and long-life-battery-powered computers that will be rolled out across the Trust.

**Actions for consideration:**

During our discussion with IT, Dan Oakes talked about how the team are looking to undertake proactive visits with teams to help them make sure that their IT is working for them as effectively as it can do rather than responding to issues as they arise and are escalated. We also talked about the challenge of people taking ownership of equipment in shared areas: people not always escalating for support for an issue with the shared ward-based laptop, for instance. We talked about potentially incorporating an element of this during ward accreditation (e.g., QUEST) processes. Which has subsequently been raised with the Chief Nurse.

Overall, both visits were helpful and enjoyable. It was really good to learn about the work of these two teams and how they keep the work of the Trust running from behind the scenes.

Sandi Carman  
Assistant Chief Executive  
23 July 2024