

**Executive Summary
Report to the Board of Directors
Being Held on 24 September 2024**

Subject	Board of Directors' Out and About Visits
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
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Status	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 July 2024.

KEY POINTS

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

- Medical Training / Education (Northern General Hospital) by Maggie Porteous and Louisa Cowell on 16 April 2024
- Chief Operating Office: Patients' Booking Hub / Coding (Royal Hallamshire Hospital) by Tony Buckham, Louisa Cowell, and Jim Steinke on 10 July 2024
- Finance: Logistics (Northern General Hospital) by Tony Buckham, Michael Harper, Sally Craig, and Mark Dixey on 6 August 2024
- Chief Operating Office: Decontamination Unit (Royal Hallamshire Hospital) by Annette Laban, Jennifer Hill, and Marion Billingham on 13 August 2024.
- Research: MIMP (Northern General Hospital) by Ros Roughton, Kirsten Major, and Tony Clabby on 16 August 2024
- Central Nursing: Quality / Safeguarding (Northern General Hospital) by Annette Laban, David Black, Gordon Wordsworth, and Harold Sharpe on 19 August 2024
- Learning & Development and Occupational Health (Northern General Hospital) by Toni Schwarz and Chris Morley on 30 August 2024

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

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. All participants noted how friendly and welcoming the teams were.

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 July 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:

<p>Medical Training / Education, Northern General Hospital [Maggie Porteous and Louisa Cowell] on 16 April 2024</p>
<p>The whole team we met were very accommodating to us and keen to show us what the team did and how they supported the organisation in the delivery of high-class education.</p> <p>The team showed us some of the areas they deliver training from and talked us through the types of training they deliver. They also talked us through the complicated world of Doctor educational paths and how many there now are, and the support this team provides our Doctors in training. The team also talked us through the significant changes that were happening at Health Education England and the impact this was having on the information received from the Deanery which was key to the team knowing the number of trainees the Trust would receive and ensuring they have appropriate support whilst undertaking training at the Trust.</p> <p>We were given a demonstration of the training dummies used, and one of the trainers talked us through a training session that would be delivered using them.</p> <p>It was clear everyone was very passionate about delivering high quality education for the Trust.</p> <p>We were shown an area downstairs in the Medical Training Centre that the team thought had huge potential to be transformed into a great training environment, an improvement to the current offering with some estates work. Louisa encouraged a conversation with Estates to work up the costs to bring as an outline concept paper to Capital Investment Team (CIT).</p> <p>We had a very enjoyable and eye-opening time with the Medical Education team. There were no additional matters to raise with the board, other than noting the impact of changes in the Deanery which the Board are already aware of. We were impressed by how passionate the team were about delivering high quality training to the Trust.</p>

<p>Chief Operating Office: Patients' Booking Hub / Coding, Royal Hallamshire Hospital [Tony Buckham, Louisa Cowell, and Jim Steinke] on 10 July 2024</p>
<p>The clinical coding team are mainly based in a portacabin on the site, which, whilst it could be better, particularly in the summer when it can get very hot, the team have made into the best atmosphere they can, and also have the ability to use hybrid working. The team acknowledged they would be impacted by the new Electronic Patient Record (EPR) implementation which would open up opportunities of not needing to be based on the same site as the records (as they would all be electronic). They were hopeful that once this was in place the ability to work in a better environment might be possible, and all together as one team rather than being split between the sites. This may also provide opportunities for broader experience, because due to the need to access paper records, each coder does not get to experience coding the full breadth of the Trust's services as they either work on the RHH services or NGH services.</p> <p>The team were excited about the implementation of the new EPR and hoped that it would make it easier for them to code records and identify the key words/phrases required in notes. One of the team showed us the process they had to go through to code one patient record which was hugely complex</p>

and time consuming. It required a lot of knowledge to be able to do quickly, and an ability to read handwriting as well!

In the Patients' Booking Hub it was great to hear the development of the service over the last few years, and how the booking processes had all originally sat within directorates before being consolidated into the Hub to help standardise the process of booking within the organisation and allow cross cover of areas. We saw how the larger team was broken down into smaller teams, each with a different colour name and how each team supported different areas in the organisation. It was lovely to see how the teams had their own noticeboards which they were using for team building in different ways, which was particularly important due to the high level of turnover in teams.

The Patients' Booking Hub is a good quality, large, light, open-plan office with good access to a large staff room and facilities, and is well technologically enabled, allowing teams to see their performance on large TV screens dotted across the room.

We discussed how Industrial Action had impacted on the team with higher patient dissatisfaction, particularly when it came to having appointments cancelled and rebooked. The team talked us through how line managers supported their staff and the escalation process if a member of staff was involved in a particularly challenging phone call, which was encouraging to see.

Clinical coding explained that they struggle to recruit individuals because it is quite a niche area, and also can then tend to lose people they train to other organisations that pay a recruitment and retention bonus, or particularly since Covid, those who offer a fully remote working option. Their ask was for more money to allow them to have more successful recruitment and retention. It was acknowledged that the best thing to do would be to see the impact the new EPR has and continue to develop workforce planning and recruitment and retention strategies alongside this as it may open up new opportunities.

The Patients' Booking Hub also had recruitment challenges, but often because they would be recruiting and training individuals who were new to the Trust that could then move onto other promotions within the Trust, so whilst this caused challenges for their team there was a sense of pride in that they had trained individuals that could further their careers within the organisation.

We had a fascinating time with both Clinical Coding and the Patients' Booking Hub and could see how technology was and would be impacting on their roles in the near future, and the great potential there was to maximise its effectiveness in these key areas for the organisation, and to improve the working lives of the teams. It was really encouraging to see how proud leaders were of their teams.



**Finance: Logistics, Northern General Hospital
[Tony Buckham, Michael Harper, Sally Craig, and
Mark Dixey]
on 7 August 2024**

We were met by Louisa Cowell, Chief Finance Office, who took us to the Finance Department on the second floor of the Clocktower. The building has been well adapted to a number of permanent and hot desk offices and relatively newly decorated. We were told that the Finance Team, work a proportion of their time remotely (from home or out in the directorates) but the visit fell on a day that a large proportion are in the department.

We visited the following departments:

- Costing and Contracts
- Planning Projects and Development
- Financial Management Accounts team
- Accounts Receivable

Roles of the department

Recent national changes in contracting, Payment by Results and the Elective Recovery Fund (ERF) have been difficult to track and help teams engage.

The monthly budget cycle, including the different days at which the accounts could be locked down, in month, and the relative advantages of each were noted.

Work to support directorates to identify cost savings, clarity of budgets to manage costs and identify opportunities for income generation were a key part of all the teams and integration with operational and clinical teams was critical to this.

The work of the team to track down payments from non-NHS patients and other departments, changes to Purchase Order processes and cash flow changes in other organisations were making these processes more difficult. Maintaining relationships, being patient focussed, tenacity and diplomacy were key skills in this team.

Teams were clear on the service they provided to directorates and the crucial role this had in our patient care delivery.

Careers in finance

A number of staff had worked at STH for a large number of years. They had been attracted to working in the public sector and enjoyed having an impact on patients. They had found STH a large organisation to work in allowing them to take on different roles and develop their skills and career over a number of years.

A proportion of staff had worked across a number of South Yorkshire and Bassetlaw Trusts. They described the advantage of working in different Trusts to broaden their knowledge and kept their links with colleagues to share intelligence and support across the system.

We met two students who were on placement. This happened each year and a number of students had come back and worked at STH on graduation. The department were looking at supporting other routes into STH, at different stages of an accountant's career, and were continuing to develop these further. We asked the Directorate Accountants about how much access they got to observe and understand patient pathways and services. They felt this was limited and the Chief Operating Officer offered to facilitate more of this through the Operations Directors.

Opportunities and asks

The state of the hot desk office was flagged by the team, both in terms of having a more conducive desk layout and repair of the blinds.

Capacity was noted in the Accounts Receivable Team, in terms of the ever-increasing workload. An interesting discussion about the opportunities of automation and AI followed.

We are aware of the work ongoing around estate rationalisation, and opportunity for this within the Finance team given the home working arrangements.

The team seemed incredibly upbeat, patient focussed and PROUD. They were clear of their roles and duties and commitment to STH and our patients. It was interesting to hear about finance careers and to see a department employing hybrid working practices. Offering more opportunities for the team to spend time in clinical services may support their wider understanding of the Trust and thought could be given to further opportunities for AI and automation of processes. A great – and essential – team!

**Chief Operating Office: Decontamination Unit, Royal Hallamshire Hospital
[Annette Laban, Jennifer Hill, and Marion Billingham]
on 13 August 2024.**

Tess Kemp, Decontamination Manager described her team of 15 technicians and two supervisors (one covering quality and one covering health and safety).

Gaining British Standards Institute (BSI) accreditation is a labour intensive and costly process but does allow STH to provide services externally and provide back up to other trusts for breakdown of their machines.

The technicians work cross site. There are challenges for such a small team, particularly to cover annual leave and sickness absence which requires overtime to cover the service. Staff tend to come to the team from previous roles in decontamination, and recruitment can be challenging. Flexible working in such a small team is logistically hard to deliver.

Activity has increased significantly over many years, and there is more activity at RHH since opening of the new P floor endoscopy rooms. Scopes are sent for processing from all over the Trust; the majority come from gastroenterology, but also from Ear, Nose and Throat, Critical Care Unit, Cardiology, Cardio-thoracic surgery, and General Surgery. Over 3500 scopes were processed by the team in June 2024.

Staff morale is a challenge in such a small, relatively isolated team. Karen and Tess both spoke about the limited opportunities for progression, with team members on AfC Bands 2 and 3, and Team Leaders on Band 4.

Tess and Karen described their efforts to support and develop the team:

- Arranging car parking at NGH for staff doing evening shifts
- Signposting staff to online training courses
- Ensuring adequate training according to a bespoke training matrix
- Trying to develop relevant NVQ qualifications

Recruitment is a challenge and it is an ageing team. The leaders are considering opportunities for an apprenticeship scheme.

Decontamination sits within the Chief Operating Officer's team and Karen has wide reach in her role into working with our external service provider, laundry, facilities, electrical device decontamination and the trust wide decontamination group.

The area was clean and ordered. There were two staff on duty in the 'washer' area. We were not able to speak with them as they were busy and wearing the necessary PPE to fulfil their roles.

This comes across as a team led by patient and service focussed leaders with great ideas for improvement.



**Research: MIMP – Imaging/AI Team, Northern
General Hospital
[Ros Roughton, Kirsten Major, and Tony Clabby]
on 16 August 2024**

The department was very easy to find and it was clean, well laid out and bright.

A very welcoming and friendly team.

Inspirational, thought provoking and highly educational visit to a small multi-professional team working at the limits of technology and imaging. Their work improves patient outcomes through improved diagnostics and treatments as well as being important elements for recruitment and retention of highly skilled staff.

The team described some of the challenges in the nascent regulatory framework for the use of Artificial Intelligence in health care and the extent to which this is not fit for purpose and in stark contrast for example to the approaches to medicines and pharmaceuticals. They described their intention to establish a multi-disciplinary group to provide organisational oversight. We also discussed Shelford Group opportunities to collaborate in this space.

We also saw their 3D printing and previous examples of models and prosthetics they had created as well as their use of virtual and augmented reality tools.

**Central Nursing: Quality / Safeguarding, Northern General Hospital
[Annette Laban, David Black, Gordon Wordsworth, and Harold Sharpe]
on 19 August 2024**

The stairs up to the office are steep and narrow and may not be suitable for people with restricted mobility.

We were given a presentation of some of the duties of the staff, followed by questions exploring the various functions and roles, and any challenges faced.

Staff we met were:

Christina Blaydon – Head of Safeguarding
Louise Bringloe – Lead Nurse for Quality
Ian Wilkes-Kennen – Lead nurse for Workforce

Central Nursing manages the specialist nursing staff who are engaged for specific, sometimes externally funded roles outside of the general nursing staff within the directorates. The office also manages a range of key functions spanning across the whole of the Trust's nursing establishment. Such as; safeguarding - adults and children, learning disability and autism, mental health, transition of young people to adult services, infection prevention and control, quality improvement and workforce data analysis.

Points discussed during questions:

- Funding for some posts is secured from NHS England on a non-recurrent basis. The short-term contract basis of this can cause problems in attracting people to these jobs. Continuation is often dependent on the relative priority of the work and the ability of the Trust to provide further funding.
- Nurses are encouraged to work in different areas and services to get a broad range of skills and experience. This also avoids staff becoming 'stuck' in what may be seen like less attractive areas of work. These opportunities support the development of our staff and help STH to be an attractive employer.
- Nursing students, study through the University in the same way as other students. However, whilst placed in the Trust they must adhere to Trust standards and governance. All nursing staff are required to have a degree, but some train to this level through the apprenticeship system. We are seen as a desirable Trust to work in.
- Many staff prefer to work 12-hour shifts - it seems there is no clear evidence that long shifts cause a significant deterioration in performance. There are some dis-benefits to staff working 12-hour shifts. This can include this continuity of care because each nurse will be at work for fewer days per week

when working 12-hour shifts. In small teams, it may not be possible to support long shifts because there are not enough staff to ensure sufficient cover each day.

- Volunteers are encouraged but work under a 'volunteering contract' and must comply with hospital requirements and policies.
- Patients who reach 16 and are under the care of children's services elsewhere may be transferred to Sheffield Teaching Hospitals for ongoing care. Those patients with complex ongoing health care needs receive additional support from the transitions team. Some patients between 16 and 24 develop complex needs and also need additional support.
- There can be difficulties covering for staff leave etc within a small team, and 12-hour working can mean patients do not maintain continuity with the same person.
- We heard there are some staffing challenges in the safeguarding team and also in the transitions team. Both these teams are small.

Overall, we were given a comprehensive overview of the workings of Central Nursing by experienced staff. Our questions were answered with interest and insight, demonstrating some of the complex issues that staff tackle in their day to day working lives.



**Learning & Development and Occupational Health
[Tony Schwarz and Chris Morley]
on 30 August 2024**

Learning and Development

We visited Rivermead on the Northern General site. It is clear that the department had made a lot of effort to make the best of the building that they are in and as a result it has a welcoming and professional feel. There was a well-staffed reception who were very welcoming and helpful. The department was very calm and there was some teaching going on in the main teaching room, although overall it was quiet, due to the holiday period and the pause on training to support the EPR implementation.

We were shown around by the Education, Learning and Staff Development Director, and we were able to meet representatives from many of the functions that are provided from Learning and Development. These included teams looking at; clinical support worker completion of the care certificate; learner support, student experience and preceptorship; clinical skills training; employability and apprenticeships; induction, mandatory training, and job specific essential training (JSET); medical education and continue professional development (CPD).

All the staff that we met were very engaged, displayed the PROUD values and were very keen to tell us about the work that they were doing.

The department is embracing innovation and so for example had two soundproof booths for staff to undertake MS Teams meetings without being interrupted or overheard and had recently implemented a new room booking system.

Occupational Health

We visited the Northern General Occupational Health building. Whilst a small building, it was uncluttered and seemed to work for the Occupational Health Team. There was a reception and the receptionist was very helpful when we arrived.

We met with the Head of Occupational Health, the Occupational Health Physician, and an Occupational Health Nurse. They explained that as well as providing occupational health services for STH they also provide them for most other NHS Trusts within South Yorkshire, general practitioners, and dental practitioners, both Universities and Primary Care Sheffield.

In a year they do 10,000 pre-employment screens most of these being undertaken electronically. For those staff who need to be referred to Occupational Health there is a specialist multi-disciplinary team (MDT) who can support in helping staff to manage their conditions. This team includes a mental health practitioner, occupational therapist, musculoskeletal specialist practitioner, as well as medical and nursing staff.

We discussed some of the challenges that the team have faced over the last year and this includes the growth in the number of staff/students referred who are neurodiverse, the problematic implementation of the occupational health electronic patient record and the difficulty in recruiting, particularly nursing staff with specialist skills, to occupational health.

In summary, this visit was to two corporate services who work in the background but provide essential services to the Trust. Both teams were very engaged, demonstrated PROUD values and were determined to continue to make a difference for staff to enable them to provide high quality care to our patients.

Sandi Carman
Assistant Chief Executive
24 September 2024