

## Board of Directors' Meeting: 12 October 2023

<b>Agenda item</b>	132/23		
<b>Report Title</b>	September Board Walks Summary Report		
<b>Executive Lead</b>	Anna Milanec, Director of Governance		
<b>Report Author</b>	Beverley Barnes, Board Coordinator		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	Our patients and community	√	N/A
Effective	Our people	√	
Caring	Our service delivery	√	<b>Trust Risk Register id:</b>
Responsive	Our governance	√	
Well Led	Our partners	√	
<b>Consultation Communication</b>	N/A		
<b>Executive summary:</b>	<p>Board Walks were undertaken on 14 September, with three mixed groups of Directors (Executive and Non-Executive), visiting the following areas:</p> <ul style="list-style-type: none"> <li>• PRH – Ward 6: Cardiology</li> <li>• RSH – Ward 37: Surgery</li> <li>• RSH – Ward 27: General Medical</li> </ul> <p>These visits form part of the regular programme of Board Walks which take place, across both hospital sites, every other month.</p> <p>The Board Walks provide a valuable opportunity for Board members to observe, first-hand, evidence of the assurances provided in reports to the Board; and to identify and engage with teams on any observations which may not be aligned with information they have read in Board reports, to inform subsequent Non-Executive challenge to Executive Directors.</p> <p>A summary of feedback and findings from each visit is included as Appendix 1.</p>		
<b>Recommendations for the Board:</b>	The Board of Directors is asked to note and reflect upon the feedback summarised in Appendix 1		
<b>Appendices:</b>	<u>Appendix 1</u> – Board Walks: Feedback Summary Report		

**APPENDIX 1**

**Board Walks, 14 September 2023 – Feedback Summary Report**

<b>PRH – Ward 6: Cardiology</b> <i>Visited by Rhia Boyode, Raj Dhaliwal and Richard Miner</i>	
<b>Observation</b>	<b>Triangulation with assurances / information received at Board meetings</b>
<p>Discussion with ‘internationally educated nurses’, many of whom had been in the UK for several years, on their discomfort with the regular use of this ‘label’, and their wish to be recognised simply as ‘nurses’, to enhance their sense of belonging. They were, however, pleased to confirm that there were no racial issues on the ward, with all colleagues celebrating diversity.</p>	<p>Triangulation with Board Reports highlighting retention issues with nurses recruited under the Trust’s international recruitment programme, who had been unable to ‘settle’, both in the local area and in the workplace (including as a result of financial and housing considerations). Assurance provided in Board reports of extensive work ongoing, not just to attract, but to retain, colleagues from overseas who came to work in our hospitals, through a programme of supportive measures and activities.</p> <p>Additional triangulation with Board Reports detailing the extensive ongoing work across the Trust to celebrate diversity in our workforce and embrace the Trust’s EDI agenda, from Ward to Board level.</p>
<p>The ward was fully staffed, however sickness absence levels were quite high, primarily linked to COVID and flu.</p>	<p>Triangulation with reporting of sickness data in Board reports, and executive actions being taken to understand unavailability, with the objective of reducing agency usage and expenditure across the Trust. Agency, bank, and transfers of staff to areas under pressure were all currently being used to balance risk across the organisation.</p>
<p>Colleagues felt they were being ‘penalised’ for being on a fully staffed ward, as it was resulting in experienced nurses being drawn away from their regular areas of specialism, into high risk areas, in particular ED, usually at short notice.</p> <p>Colleagues additionally highlighted that length of stay was an ongoing issue</p>	<p>Triangulation with information in Board Reports on ongoing pressures and long waits within ED, and the actions and interventions being taken to address hospital flow, including the continued development of system working eg Virtual Ward, activities such as Multi-Agency Discharge Events (MADE), the establishment and redevelopment of dedicated assessment and treatment areas as a result of successful funding applications, in addition to seeking support from our partners in promoting to the public the alternative healthcare pathways available within the community to alleviate the pressure on ED.</p> <p>To date, there had not been particular defined reference in Board reporting of the negative impact on the morale, health and wellbeing of staff as a direct result of being moved from the areas in which they could most effectively utilise their specific skill sets for the benefit of patients (in this case, Cardiology nurses), although this did triangulate generally with negative feedback from staff surveys</p>

	on a culture of not being listened to or feeling particularly valued. There had, however, been wider assurance provided in Board reports of the extensive health, wellbeing and welfare package available to staff, including the introduction of a dedicated confidential Psychology Service to which colleagues were able to self-refer.
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<b>RSH – Ward 37: Surgery</b> <i>Visited by Sara Biffen, Nigel Lee, Rosi Edwards, Teresa Boughey &amp; Tim Lyttle</i>	
<b>Observation</b>	<b>Triangulation with assurances / information received at Board meetings</b>
The ward was seeing an improvement in discharges before midday, and had already identified patients for the resulting available beds	Triangulation with Board reporting on actions and interventions being taken to address hospital flow (as covered in the previous section). Whilst these were resulting in improvements to discharge performance, the hospital was still in escalation, and Board reports have detailed the extensive interventions underway to address both internal and system issues, and issues being experienced by our community partners, which were impacting on our ability to discharge patients in a timely manner.
The ward had a significant IPC challenge	There was regular reporting to Board on IPC challenges across the organisation, and assurances on the actions being taken to monitor, mitigate and educate, including ongoing work with system colleagues to gain an understanding of the entire patient journey, including demographics. The Board also continued to be informed of progress with the staff flu and COVID vaccination campaigns ('leading by example' by receiving the flu vaccination in a group session following a recent Board meeting).
The ward was pleased to have been able to secure a permanent ward clerk, and were now working to determine if they could secure a weekend ward clerk within current budget constraints	Triangulation with Board reporting on recruitment, resourcing, financial and availability constraints, on the ability to provide an effective 7-day service, wherever possible and appropriate, across the organisation.
There was a discussion on falls, and assurance was received on Duty of Candour and the comprehensive checks undertaken	Triangulation with Board reporting on falls data, and information provided in reports on extensive mitigating plans, actions and training.
Discussion had taken place with a number of	Triangulation with regular Board reporting on service and facility improvements proposed for challenged

Doctors, who expressed concern around the slow progress with the availability of a Urology procedure unit, and with the delay in electronic prescribing	areas. The Board were regularly assured on facilities which were in the pipeline, funding developments, and also provided with regular reports on the progress status of the Electronic Patient Record (EPR). The comments from Doctors suggested that further communication could be beneficial from an engagement perspective.
Ward management were well sighted on cost challenges and understood the rationale for the daily monitoring and challenge to achieve a reduction in agency usage. They felt that the £200 bank incentive had been well received and was definitely helping to reduce agency expenditure.	Good triangulation with assurances in Board reports on the actions and intensive activity being undertaken to address the financial challenges the Trust is facing, and demonstration that colleagues on this ward understood and were engaged with the level of scrutiny and challenge required to achieve efficiencies.

<b>RSH – Ward 27: General Medical</b> <i>Visited by Hayley Flavell, Catriona McMahon and David Brown</i>	
<b>Observation</b>	<b>Triangulation with assurances / information received at Board meetings</b>
<p>The ward had experienced huge challenges with staffing, and was very reliant upon agency staff, primarily due to the 9% sickness rate.</p> <p>60% of their current patients were medically fit, but were waiting for therapy reviews, which were taking up to 10 days, due to limited internal provision.</p> <p>The ward, however, did feel very supported and were relieved that they would be fully established by January 2024, with international recruits representing 90% of the new starters.</p>	<p>Clear triangulation with regular Board reporting, on flow, sickness and availability issues, financial pressures as a result of agency expenditure, and extensive recruitment challenges.</p>

<p>A discussion on finances indicated a lack of awareness of the Trust's current financial challenges, and limited understanding of the reasons for actions and interventions that were taking place, in the interests of providing the best possible support to our patients.</p>	<p>Board reporting provided extensive information on the ongoing financial position and challenges, and assurance on actions being taken, as described in earlier sections of this report. This discussion did highlight, however, the potential requirement for greater 'big picture' communications to staff, to ensure all colleagues were informed and engaged.</p>
<p>There was negative patient feedback relating to the 'uncaring' interactions they had experienced from overseas staff. Board members noted the cultural differences between task-based care in many overseas countries, and the care-focused culture in this country.</p>	<p>Triangulation with Board reporting on organisational cultural issues identified through staff surveys, but also with assurances provided to Board on the support being provided to international colleagues to settle in the UK, and help to develop a sense of belonging. Additionally, intensive work continued to integrate the Trust's EDI agenda and celebration of diversity across the organisation.</p>

September 2023