The Shrewsbury and Telford Hospital NHS Trust

Agenda item		167/23		
Report Title		November Board Walks Summary Report		
Executive Lead		Anna Milanec, Director of Governance		
Report Author		Beverley Barnes, Board Coordinator		
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CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:
Safe		Our patients and community		NI/A
Effective		Our people		N/A
Caring		Our service delivery		Trust Risk Register id:
Responsive		Our governance		
Well Led	\checkmark	Our partners		
Consultation Communication		N/A		
Executive summary:		 Board Walks were undertaken on 9 November, with three mixed groups of Directors (Executive and Non-Executive), visiting the following areas: PRH – Ward 19: Children's Ward / Oncology RSH – Endoscopy RSH – Ward 23: Oncology & Haematology These visits form part of the regular programme of Board Walks which take place, across both hospital sites, every other month. 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. A summary of feedback and findings from each visit is included as Appendix 1. 		
Recommendations for the Board:		The Board of Directors is asked to note and reflect upon the feedback summarised in Appendix 1		
Appendices:		Appendix 1 – Board Walks: Feedback Summary Report		

Board of Directors' Meeting: 14 December 2023

Board Walks, 9 November 2023 – Feedback Summary Report

PRH – Ward 19: Children's Ward / Oncology Visited by Teresa Boughey, David Brown, Richard Miner, Helen Troalen, Kara Blackwell				
Observation	Triangulation with assurances / information received at Board meetings			
Discussion on staffing issues – a shortage of Band 5 staff and an absence rate of 5%	There was no reference by ward colleagues to the Paediatric Improvement Plan. A potential gap in assurance, as it would have been expected that the ward talk about the work they were doing. Action required.			
One of the nurses questioned why IV could not be done at home, as patients were currently having to come in twice a day, and it would also free up a lot of space.	It is recognised that IV antibiotic administration at home is a current gap within community provision, and OPAT (for adults) due to launch in November. Discussions regarding the same for children to be explored with ShropCom.			
HTU area in Haematology – the work was being carried out, but it was one of the areas for which the Trust was not funded.	Triangulation with Board reporting on work being carried out in some areas of the Trust, for which funding was not received. Breakdown and analysis of areas of delivery not currently fully funded is being carried out as part of financial review.			
Concern over a large volume of files out on the surface in the reception desk area and, whilst not left unaccompanied, it was felt there could be potential IG issues.	Triangulation with Board reporting on the forthcoming Electronic Patient Record (EPR) and discussion with staff on the benefits that would bring.			

RSH – Endoscopy Visited by Raj Dhaliwal, Hayley Flavell, Nigel Lee, Tim Lyttle, Catriona McMahon				
Observation	Triangulation with assurances / information received at Board meetings			
Discussion on issues with flow	Triangulation with Board reporting on actions and interventions being taken to address hospital flow, both internally and across the system, in particular the issues being experienced by community partners, which were impacting on our ability to discharge patients in a timely manner.			
Investment in capacity was discussed, and it was useful to hear how that was working.	Triangulation with recent investments reviewed at Board, and ongoing discussions regarding need to increase core capacity to fully utilise space and meet clinical demand			

Discussion on Faster Diagnosis metrics	Triangulation with data being received at Board with delivery to FDS and recent investments. Assurances received on quality assurance (QA) around decontamination processes.
Discussion on the breadth of services that Endoscopy deliver, that are above that normally expected of a hospital of this size.	Triangulation with data received at Board regarding recruitment challenges, demands of our populations and long waiter management
Discussion on interest and participation in clinical research.	Triangulation with the stated research ambitions of the Trust and the Medical Director's ongoing discussions with Universities.

RSH – Ward 23: Oncology & Haematology Visited by Sara Biffen, John Jones, Inese Robotham, Sara Bailey				
Observation	Triangulation with assurances / information received at Board meetings			
The 4-bed unit at the entrance to Ward 23, which should be used as an assessment area, was currently being used as an overflow area for the chemotherapy unit. Patients who could be assessed there were held up in A&E.	Triangulation with Board reporting on hospital flow issues and interventions, and availability of qualified staff. However, this instance, identified as a potential gap in assurance. Action required.			
Evidence from quality board of an increase in pressure ulcers.	Triangulation with Board reporting on pressure ulcers, ongoing monitoring and improvement / mitigation plans.			
Discussed value of integration of the internationally educated nurses.	Triangulation with Board reporting on support being provided to international colleagues to help them to settle into their personal and professional lives in a new country.			
There was a clear vision of HTP, and the staff felt it was very important to the model of patient-centred care.	Triangulation with information and reporting at Board.			