

Board of Directors' Meeting: 9 May 2024

Agenda item	084/24		
Report Title	April 2024 Board Walks Summary Report		
Executive Lead	Anna Milanec, Director of Governance		
Report Author	Beverley Barnes, Board Coordinator		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	Our patients and community	√	N/A
Effective	Our people	√	
Caring	Our service delivery	√	Trust Risk Register id:
Responsive	Our governance	√	
Well Led	Our partners	√	
Consultation Communication	N/A		
Executive summary:	<p>Board Walks were undertaken on 11 April, with three mixed groups of Directors (Executive and Non-Executive), visiting the following areas at PRH:</p> <ul style="list-style-type: none"> • Ward 4: Trauma & Orthopaedics • Ward 9: Acute Medicine • Wards 15 & 16: Stroke, and gym/rehabilitation area <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>		
Recommendations for the Board:	The Board of Directors is asked to note and reflect upon the feedback summarised in Appendix 1		
Appendices:	<u>Appendix 1</u> – Board Walks: Feedback Summary Report		

APPENDIX 1

Board Walks, 11 April 2024 – Feedback Summary Report

PRH – Ward 4: Trauma & Orthopaedics <i>Visited by Teresa Boughey, Raj Dhaliwal, Nigel Lee, Wendy Nicholson</i>	
Observation	Triangulation with assurances / information received at Board meetings
Environment and Colleague Interactions/Team Working	
The entrance corridor (to wards 4 and 5) was cluttered. There was an evidenced theme of limited storage across the ward and corridor, although the methodology used in the ward storage area was good, with stock management 'to time'.	Triangulation with feedback received at Board on the ongoing issues with an ageing estate, and investment required for the future development of both hospital sites, to effectively utilise space and meet clinical demand.
The ward was generally clean, with uniform policy followed by staff.	
An orthopaedic consultant raised the concern of not being able to use Ward 5 for elective inpatient orthopaedic surgery due to air/ventilation system issues.	Confirmation received that the Chief Executive, Chief Operating Officer and Medical Director were fully aware of the issue, and they were working with all Divisions and Estates Dept to develop a short and medium term solution (in which the orthopaedic consultants were fully involved).
Patient Care, Quality and Compassion	
Quality charts were not up to date, however the Ward Manager provided a lot of assurance around the process she follows.	See below
The monthly process of quality metrics review with the Deputy Director of Nursing was explained. Some good areas were noted, but also some areas of improvement were required.	Triangulation with regular Board reporting through the IPR and other quality reports, on ongoing quality improvement work, with key issues highlighted to the Board in reporting.
Discharge and Hospital Flow	
Ward 4 is primarily non-elective Orthopaedics. The Ward Manager explained about the new ambulance triage area, designed to accelerate patients being brought up from ED to relieve pressures in that department, and also to help gain access to specialist diagnosis and treatment. Whilst it is early days, the Ward Manager was positive on the changes.	Triangulation with recent investments reviewed at Board, and ongoing discussions regarding need to increase core capacity to fully utilise space and meet clinical demand.

Staffing and Staff Morale/Facilities	
The Ward Manager was very knowledgeable on staffing, skill mix, budgets and aware of the finance pressures. Conscious of agency use, although focused on safe staffing.	Triangulation with data received at Board across staffing and skill mix requirements, financial reporting, and unplanned escalation.
There was discussion on staff having to work in different areas and how this can affect colleague morale. The Ward Manager had a compassionate approach in supporting and facilitating any working area changes.	Triangulation with discussion at Board on longer term greater agile working across the organisation, to support staff in recognising this as positive and beneficial for their Continued Professional Development (CPD).
The Ward Manager commented that circa 50% of staff were non-UK. There was a real focus on integrating all staff into a single team, and generally really good feedback from all.	Triangulation with reporting to Board on EDI, and the particular support being provided to internationally educated colleagues to help them integrate into their roles and the local area.
The Ward Manager was complimentary about the support received from Freedom to Speak Up (FTSU) in resolving a longstanding issue with staff rest facilities, and the financial support received from the Charitable Funds Committee to make the area more welcoming and restful for staff using the space.	Triangulation with regular FTSU reporting to Board, identifying themes, issues and key areas of concern; and ongoing development and support from the Board to the FTSU team.

PRH – Ward 9: Acute Medicine <i>Visited by Sara Biffen, Rosi Edwards, Catriona McMahon, Richard Miner</i>	
Observation	Triangulation with assurances / information received at Board meetings
Environment and Colleague Interactions/Team Working	
Ward staff acknowledged that the area was quite cluttered, and it was observed that there was one bay where a chair and tables were obstructing the access route to fire doors. Staff assured Board members that this was unusual and temporary – they had needed to be moved there to allow for a temporary enclosure to be set up for nursing an infectious case.	Triangulation with feedback received at Board on the ongoing issues with an ageing estate, and investment required for the future development of both hospital sites, to effectively utilise space and meet clinical demand.

Patient Care, Quality and Compassion

The ward reported that they usually had enough staff to ensure that there was sufficient availability to monitor those patients assessed at risk of falls. This had the added benefit of the nurse responsible for a bay being visibly available to patients and families. One patient on the ward, who wanted to be independent, had suffered a couple of falls as he did not want to wait to be supported – staff had gone through the paperwork with him.

Triangulation with reporting received at Board regarding ongoing learning and improvement plans in place to address falls prevention and management.

A patient who had spent some time in A&E thanked the staff for being so kind and understanding when he recognised that he was being difficult, partly because he felt so unwell. He had nothing but praise for the kindness of all the nursing staff.

Triangulation with Board reporting on a caring and compassionate patient experience (inc patient stories).

Discharge and Hospital Flow

Ward 9 is a designated short stay ward – referrals are improving but even so there are some patients who are on the ward for longer than the intended max 72 hours. The ward reported that Pharmacy worked very hard to respond but it also depended on when the doctors completed the discharge paperwork, which varied.

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 the ability to discharge patients in a timely manner.

Two patients spoken to who were unsure of 'next steps' in terms of discharge. Possibility that in both cases they would have been too vulnerable to discharge, so may be isolated cases.

Possible executive action to consider, with feedback to Board: does the application of the Trust's discharge policy need probing?

Discharge seating area: The ward is looking at ways to find space for a seating area for patients ready for discharge, to free up beds.

Staffing and Staff Morale/Facilities

The ward reported a good level of staffing.

Triangulation with Board reporting on ongoing workforce activity to improve recruitment and retention (accepting that there continued to be wider staffing challenges).

There was only one designated staff toilet, which was shared with another ward. The staff room was crowded, with tatty furnishings.	Visiting Board members encouraged colleagues to consider placing a bid to the Charitable Funds Committee for funding.
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PRH – Wards 15 & 16: Stroke and gym/rehabilitation area <i>Visited by David Brown, Simon Crowther, Sarah Dunnett, Hayley Flavell</i>	
Observation	Triangulation with assurances / information received at Board meetings
Environment and Colleague Interactions/Team Working	
Ward staff were friendly, wanted to share about their work, and were really proud of the service they offered.	Triangulation with reporting received at Board on the Trust's ongoing culture improvements, and colleagues' recognition of/vocation to put patients at the centre of everything we do.
All the staff spoken with said they felt part of the team, and the multi-disciplinary team ethos was very evident (apart from one member of the team observed on the day).	As above
The ward was clean, although cluttered, because of lack of storage. All staff except one (indicated above) were adhering to IPC guidance.	Triangulation with reporting received at Board on ongoing learning and plans to reinforce and improve adherence with IPC requirements.
All staff knew the Director of Nursing, evidencing how visible she is across the organisation.	Triangulation with Board discussion on the two-way benefits of the visibility of the Board and senior executives across all areas of the Trust.
Patient Care, Quality and Compassion	
Evidence seen of very positive, caring interactions with patients, who looked well cared for in a clearly busy environment which was very calm.	Triangulation with reporting received at Board on the Trust's ongoing culture improvements, and colleagues' recognition of/vocation to put patients at the centre of everything we do.
The therapy/rehabilitation rooms were a really positive asset for patients with very proud and enthusiastic staff.	
Discharge and Hospital Flow	
Clear evidence of good partnership working with partner organisations.	Triangulation with Board reporting on ongoing and developing relationships and shared working with partners across the

	system (recognising there was still more to do in this space).
Board members were pleased to see the flow coordinator 'in action'. Staff are aware of the challenges to discharge, with a lack of community placements/care packages available. They were concerned about the impact on patients and colleagues in ED as well as the potential deconditioning of patients.	As above
Having the discharge lounge so easily accessible was a positive for moving patients when being discharged.	
Staffing and Staff Morale/Facilities	
The ward manager was an excellent example of being supported to progress and how to retain staff. She had started as a health care assistant, progressed through to registered nurse (supported by Trust), had left the Trust and returned.	Triangulation with Board reporting on ongoing workforce activity to improve recruitment, retention, development and colleague experience (accepting that there continued to be wider staffing challenges).
The internationally educated nurses told us how well supported they were before and since they arrived. They were able to access training and progress, with one now being a stroke nurse.	As above, and triangulation with reporting to Board on EDI, including the particular support being provided to internationally educated colleagues to help them integrate into their roles and the local area.

Beverley Barnes
Board Coordinator
May 2024