



**James Paget
University Hospitals
NHS Foundation Trust**

Report to the Board of Directors 2018/19

Date of meeting	30 November 2018			
Subject	Board of Directors' Engagement: six monthly report			
Report of	Head of Communications and Corporate Affairs			
Prepared by	Ann Filby, Head of Communications and Corporate Affairs			
Purpose of report	To provide an update on the enhanced engagement undertaken since moving to bi-monthly meetings held in public in April 2018			
Previously considered by (Committee/Date)	N/A			
Board Action Required	Approval			Discussion
	Decision			Information
	Assurance	X		

Executive Summary and recommendation(s)

At the Board of Directors' meeting on 23 February 2018 the options for enhancing Board engagement with staff and patients were considered, with a review of best practice across the country. This decision was confirmed as part of the final report on the Well-led Governance Review to the Board meeting held in public on 23 March. With effect from April 2018 Board meetings were to be held in public in May, July, September, November, January and March. This has enabled additional time for a range of enhanced engagement opportunities with the staff providing services and the patients receiving them.

Feedback from Board members and the staff who have been involved in visits to date has been positive.

The Board is asked to **confirm** that this report provides sufficient assurance on the processes in place to engage with staff and patients with a further report to be provided in six months' time.

Strategic Ambition and Board Assurance Framework (BAF) links		
Strategic Ambitions	1. Deliver the best possible level of safe and effective care	X
	2. Provide education, support and development for our staff to deliver excellence in practice and be the employer of choice	X
	3. Effectively manage our financial resources, our estate and our infrastructure to ensure we are sustainable	X
	4. Actively participate in innovation, research and partnerships to transform our services	X
BAF reference(s)	N/A	

This paper provides assurance against the Trust objective(s) identified	X
This paper is to close a gap in control/assurance in relation to the objective(s)	

Legal/regulatory (regulatory/legislation requirement with specific reference where appropriate)	Provider Licence condition FT4 NHS Foundation Trust governance arrangements Trust Constitution CQC Well led Key Lines of Enquiry		
Equality Impact/risks (Equality Delivery System 2 – EDS2 Nov 2013)	Impact		
	Positive	Negative	Neutral X
Assurance process and frequency of monitoring	Six monthly update to Board of Directors		

Explanation of Board action required:

Information: no discussion required. Update to ensure Board has sufficient knowledge on subject matter and to provide assurance on progress

Discussion: when seeking Board members' views, potentially ahead of final course of action being agreed

Decision: when being asked to choose between alternative courses of action

Approval: positive resolution required, to confirm paper is sufficient to assure the Board in its ongoing monitoring role or to address a gap in control

1. Background

The Board of Directors provides active leadership to the Trust and formulates strategy, ensuring accountability and delivery of the strategic objectives whilst continually developing governance processes. The Board's focus is on the services provided to patients, ensuring that they remain safe; shaping a positive culture for the Board and the organisation; and being an excellent employer.

NHS Improvement published a revised Well-led framework in 2017 which underpins the Care Quality Commission's regulatory assessments of the well-led question. There are a number of Key Lines of Enquiry (KLOEs) and characteristics of good organisations with this extract particularly relevant:

- **W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?**

A rating of Outstanding: There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account. Services are developed with the full participation of those who use them, staff and external partners

Whilst staff engagement is led by the Workforce and OD teams it is a core part of every leader and manager's responsibility. Discussions are continuing through the Board's Workforce, Education and Research Committee on the best approach to support staff to work in a challenging NHS and to improve their experience, where possible. This will take account of the Trust's culture and best practice across the NHS.

For the Board, there was insufficient time available to undertake visits to services so the frequency of Board meetings in public was reduced to enable this to increase.

2. Opportunities for engagement

There are a variety of ways in which Board members can see first hand the realities of providing services and to engage with both staff, patients and their relatives or carers.

2.1 Board to Ward

A process managed by the Director of Nursing, with Board members forming small groups to visit an area of the Trust for half an hour prior to the Board of Directors' meeting held in public. This can focus on a particular theme, with the visit format and feedback discussed immediately before and after the visits.

This provides opportunities for both Executive and Non Executive Directors to talk to staff and patients in a planned way.

The areas/teams visited in the last seven months include:

- Inpatient areas
 - Ward 18
 - Ward 4
 - Ward 12
 - Maternity
 - Ward 1
 - Day Care Unit
 - Ward 15
 - Ward 22
 - Charnwood Suite
 - Ward 17
- Outpatient areas
 - Sandra Chapman Centre
- Clinical Support Teams – 3
 - Cancer Services
 - Palliative Care Team
 - Infection Prevention Team
- Non-clinical Support Teams – 2
 - Volunteers
 - Medical Secretaries.

2.2 Enhanced Board to Ward

With the changes to Board meetings, there is now up to 1½ hours for bi-monthly visits prior to feedback to other Board members. Those areas visited are included in the list at paragraph 2.1.

2.3 60 minute challenge

Teams/departments have up to 1¼ hours dedicated time with a maximum of five Board members – a mix of Executive and Non Executive. The aim of these sessions is for staff to lead the conversation on any part of their service and in whatever way they choose. It isn't meant to be formal, so presentations aren't expected. Staff are able to showcase their service in their own area, or in a meeting room if that suits them best, and talk about all the great work they are doing. They may alternatively have some questions that they want to ask; or they could focus on a particular topic.

This challenge is not focussed on linking with managers. It is about engaging with all members of a team and getting a better understanding across the Trust's services of how staff are feeling and managing their role in what can be very challenging times in the NHS. The Board also want to understand where staff feel that more work is required.

Part of this challenge includes some time for the team to confirm the messages they would want to pass to the whole Board at the feedback session and how they would like to receive any feedback on those issues.

The areas that have participated to date are:

- Pharmacy
- CT/MRI scanning
- Therapies.

2.4 Walk in my shoes

This is 1-1 shadowing of a member of staff with one member of the Board and, where possible, to undertake part of that role with them. Up to 1½ hours is allocated as experience to date has shown that one hour is sufficient for some roles whilst using all the time available is right for others. It is left up to each individual as to the right timeframe for them, but to be sufficient to get a feel for what that member of staff does, the positives of working at the Trust and the challenges that they face.

We don't want any Board member to get in the way so it is up to each member of staff to set the tone. It could be more observation and less discussion, whatever works best for them. We aim to undertake between two and five of these on each occasion. They have proved particularly successful from a Board member's perspective and have enabled triangulation of discussion in the Boardroom, a focus on areas of concern, or enhanced knowledge of the following roles:

- A&E Co-ordinator
- Clinical Coder
- Estates Maintenance Support Worker
- Healthcare Assistant
- Housekeeper
- Matron
- X-ray Porter
- Site Co-ordinator
- Transformation team clinical project manager
- Ward Pharmacist
- The Theatres team – Theatre Co-ordinator, theatre staff undertaking an operation and looking after patients in main recovery.

2.5 Departmental presentations to Board

Departmental areas have been presenting to the Board of Directors' meeting held in public since May 2018. This is a celebration of the great work that our staff do with a focus on the improvements that a department has made in the last 12 months that are having a positive impact on the quality of care provided to our patients' and their experience of care. This includes both clinical and support services in recognition that, whilst there are a number of staff that don't deal with patients directly, everything that we do supports patient care in some way.

The departmental area decides how they would like to present their service in a maximum of 10 minutes long – whilst to date this has been through a Powerpoint presentation, it could be in any other format and with however many team members is felt appropriate. A very brief summary of the team's role is included and how it supports patients, before going into the specifics of the improvements made.

A two year outline programme is in place with Chaplaincy, Division of Surgery, Women and Children's Services and their Maternity service, the Risk and Governance Department and their clinical audit team having presented to date. At today's meeting the Division of Medicine, Diagnostics and Clinical Support, will be the focus.

2.6 Executive attendance at team meetings

A programme of Executive Team member visits to existing team meetings has been in place since early 2018. This initially focussed on supporting staff to manage the difficult financial situation. Attendance at existing meetings provides the opportunity of delivering some key messages during the year and for staff to talk to Executives. Discussions have included preparations for the Care Quality Commission inspections, Raising Concerns and Freedom to Speak Up processes, the Trust's five year strategy and staffing.

If a member of the Executive Team is booked to attend a meeting it is essential that they do so unless cancellation is absolutely unavoidable. This is again about seeing the whole staff team, at an existing meeting, rather than making special arrangements. An update is provided to the weekly Executive Team meeting on any visits that have taken place the previous week which enables discussion on any action required.

43 meetings will have been attended up to the end of November 2018. There are no specific themes arising from these discussions.

2.7 Non Executive unannounced visits

From the beginning of January 2018:

39 visits have been undertaken Trust-wide by the Chair and Non Executive Directors. Any feedback is passed to the relevant Executive Director.

The Trust Chair has undertaken seven walk rounds with the Deputy Director of Nursing.

2.8 Other Executive visits

Chief Executive's walk rounds – 23 undertaken with the Deputy Director of Nursing.

Executive Infection Control visits – 27 undertaken in total to the end of October.

3. Themes and actions

Identified themes and actions from all Board to Ward visits are set out below:

Identified Themes	Action
Community capacity to support effective patient flow	<ul style="list-style-type: none">• Core component of the SAFER project• Community rehabilitation provision under review• Implementation of Trusted Assessor process• Pilot of early supported discharge for orthopaedic trauma patients
Delays with Fast-track Discharges	<ul style="list-style-type: none">• Contained within the End of Life CARE Operational Group work programme as a quality improvement objective. Review of internal processes recently completed and relaunch plan in place
Improve Patient Flow systems and processes	<ul style="list-style-type: none">• SAFER Project actively underway. Actions and objectives in place for each element. Also aiming to reduce duplication of internal patients assessment processes
Delays in recruitment processes	<ul style="list-style-type: none">• TRAC system is now in place

Identified Themes	Action
Mental health pathways	<ul style="list-style-type: none"> <li data-bbox="662 215 1452 304">Mental Health Programme project manager post has been offered. Over the next 12 months, this will enable progression of five key work streams
Innovation and change management	<ul style="list-style-type: none"> <li data-bbox="662 315 1241 344">Quality Improvement Hub has been launched.

From other engagement opportunities there hasn't been a particular theme, whilst a range of issues have been considered:

- A lack of feedback received by staff on suggestions made
- IT, Wi-fi and admin processes
- Staff facilities
- Patient care including discharge
- Storage
- Recruitment processes and staffing challenges
- Winter
- The financial situation
- Recycling
- Future joint working.

4. Staff feedback

Comments from those who have participated in our enhanced engagement to date include the following, all of which are positive:

- It was nice for the Board & Exec team to take an interest to visit us and ask questions
- The team found our board 60 minute challenge very useful and enlightening. They were able to gain a wider view of the challenges faced by the Trust outside of their own department and had an opportunity to ask the board their questions directly and put the case forward as to why patients needed a better pharmacy service
- I thought it was brilliant as he got stuck in and did some of my work with me.
- We thoroughly enjoyed the visit from the board and it was really nice to be able to share with them some of our achievements as a team. I hope that they found the visit to be useful and informative. I hope that we have given insight into some of our blockers that we face day to day and the ways that we work to overcome these. We asked questions regarding the increase in porter staffing numbers to assist with our patient flow and as yet we have not managed to see this come into fruition, but I hope that this will be something that our divisional lead will consider putting forward again to enable us to streamline inpatient services. I feel that the time went incredibly quickly and before we knew it their time in department was over. I think perhaps a follow up visit would be a really nice feature a few months down the line to just revisit any areas highlighted within the walk around.

- It was very nice to see that a member of the board was interested in our career field and wanting to learn how we do our job and what issues arise. As we discussed towards the end of your stay space in our department is an issue and with the soon increase in staff it could be interesting. It has been nice to have other staff understand our job and the experience that is needed and the problems that we face with documentation /hand writing and being able to get the notes for all patients before the month end etc. We are now having some meetings with consultants in certain specialities with is extremely helpful in being able to ask questions and also for them to understand our role within the hospital. I hope your time with us gave you insight into Clinical coding as others here did mention it was nice to feel that we are appreciated in what we do.

We will continue to deal with additional requests received as far as is possible, such as extra visits to staff during the difficult winter period.

5. Conclusion

The flexibility of being able to schedule enhanced engagement at any time, without the constraints of a fixed meeting held in public, has proved useful and enabled Board members to visit areas later in the day. This has added a valuable element to the mechanisms that were already in place.

Whilst getting the right balance of visibility is always difficult, the enhanced range of opportunities now available are positive and should be continued. No changes to processes have been suggested by staff at this stage.

All papers that are appropriate for the public when meetings are held only in private continue to be published on the Trust's website, ensuring no impact on the Trust's aim to be open and transparent. The number of papers regarded as confidential and considered in private remains at a minimum.

6. Recommendation

The Board is asked to **confirm** that this report provides sufficient assurance on the processes in place to engage with staff and patients with a further report to be provided in six months' time.