



**James Paget
University Hospitals
NHS Foundation Trust**

Report to the Board of Directors 2019/20

Date of meeting	24 May 2019			
Subject	Board of Directors' Engagement: six monthly report			
Report of	Chief Executive			
Prepared by	Ann Filby, Head of Communications and Corporate Affairs			
Purpose of report	To provide a six monthly 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	X		Discussion
	Decision			Information
	Assurance			

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 2018. From April 2018 Board meetings have been 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.

The Board received a full update on progress in November 2018 and agreed to a further report to be provided in six months' time. These engagement opportunities continue to be very well received by staff. The discussion as a Board after the visits, and the written feedback from Board members, indicates that these are extremely positive and a good use of time, enabling more detailed discussion and, in some cases, the ability to undertake elements of a member of staff's role. Those Board papers suitable for the public domain, considered at a meeting held in private, continue to be published on the Trust's website.

Wider processes for enhancing engagement with our staff are progressing following presentations to the Board Seminar in March 2019 and this features in the Trust objectives for 2019/20.

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

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)	Strategic Ambition 2: supports 6.1/6.2	

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. The Trust is currently rated as Good, December 2018, and aspires to be Outstanding.

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 Organisational Development team it is a core part of every leader and manager's responsibility. There has been significant discussion at Board Seminar this year on the best approach to take to continue to develop in this area. As well as delivering the Trust's People Strategy, Trust objectives have been confirmed to *Agree a robust and comprehensive organisational development plan, fully engaging with staff, delivering in-year objectives to plan and Agree, resource and commence delivery of a plan to underpin staff wellbeing, ensuring our staff are supported and appropriately trained.* Delivery will be overseen by the Board's Workforce, Education and Research Committee.

2. Engagement November 2018 to April 2019

There are a variety of ways in which Board members can see first hand the realities of providing services and engage with both staff, patients and their relatives or carers. If the team concerned would like feedback on the visit, or any elements that they have raised, this is discussed at the time of the visit. During the verbal feedback to all Board members, if the Board feel that additional actions are required, a nominated Executive Director will take this forward as required.

2.1 Board to Ward

Small groups visiting an area of the Trust for half an hour prior to the Board of Directors' meeting held in public and feedback discussed immediately 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 six months include:

- Inpatient areas
 - ACU/Ward 2
 - Ward 18
 - Ward 8
 - Ward 22
 - ICU
 - Maternity

- Outpatient areas
 - Renal Unit

- Non-clinical Support Teams
 - Recruitment Team and Business Partners
 - Risk & Governance
 - Safeguarding
 - Medical Records
 - Validator/Co-ordinators Office.

2.2 Enhanced Board to Ward

Up to 1½ hours are available for bi-monthly visits prior to feedback to other Board members. This enables more time to discuss issues with staff and patients without the constraints of a scheduled public meeting.

The areas visited are:

- Beccles Hospital and the ophthalmology team
- Connected Care Hub
- Maternity – Dolphin Suite midwifery led birthing unit; Ward 11
- Workforce team – Medical/Temporary staffing; Recruitment team/Business Partners

2.3 60 minute challenge

Teams/departments have up to 1¼ hours dedicated time with a maximum of five Board members. The aim is for staff to lead the conversation on any part of their service and in whatever way they choose. It is not meant to be formal. Staff are able to showcase their service in their own area in whichever way 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 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 roles and where they feel that more work is required, in what can be very challenging times in the NHS.

In this six month period five areas have participated:

- Audiology
- Complaints Investigator, as part of the patient experience team
- Decontamination Unit
- Norfolk Coastal Centre – Sleep and lung function teams
- Outpatients: General surgical; Department of Medicine; Ear, Nose and Throat

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; whilst one hour is sufficient for some roles 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. It is up to each member of staff to set the tone and agree how this time will be utilised. In the last six months, Board members have joined the following roles:

- A bay cleaner (domestic assistant)
- Catering menus team
- Facilities – Materials Management
- Health & Wellbeing
- IT – Application support; Desktop Support and the Service Desk
- Staff library
- Ophthalmology (including the Waveney Suite)
- Procurement
- Ward clerk, Ward 5
- Ward 18 – discharge processes.

2.5 Departmental presentations to Board

Departmental areas present to the Board of Directors' meeting held in public as a celebration of the great work that our staff do. The presentation focuses 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. Whilst the departmental area is offered the choice of how they present their service, to date, this has been through a Powerpoint presentation.

Presentations have been received from:

- Division of Medicine, Diagnostics and Clinical Support - the Endoscopy Service
- Implementation of Schwartz Rounds
- The Trauma and Orthopaedics service improvement journey.

2.6 Executive attendance at team meetings

A programme of Executive Team member visits to existing team meetings is in place. Attendance at existing meetings provides the opportunity of delivering some key messages during the year and for staff to talk to Executives. 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.

Eight meetings have been attended. There are no specific themes arising from these discussions.

This supports the monthly Paget Brief, a communications cascade that all staff are invited to, when members of the Executive Team make themselves available for individual discussion.

2.7 Non Executive unannounced visits

15 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 six walk rounds with the Deputy Director of Nursing

2.8 Other Executive visits

Chief Executive's walk rounds – 12 undertaken with the Deputy Director of Nursing.

Executive Infection Control visits – one undertaken to the end of April.

3. Themes and actions

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

Identified Themes	Actions/Update
Staffing levels	<ul style="list-style-type: none"> • Managed through team/Divisional processes on a daily basis for nursing; investing in workforce planning in 2019/20 to support the organisation as part of the Trust's objectives • Work underway on Trust recruitment and enhancing the Trust's 'offer' for all staff with a focus on medical and nursing, to fill the vacancies we have; increasing our focus on being a truly flexible employer • Nurse staffing annual review undertaken with changes approved • Specific requests for additional staff considered through presentation of a business case/Hospital Management Board to agree ranked list of investment priorities to be made in-year
Appraisal completion and some ideas to enhance processes	<ul style="list-style-type: none"> • Revised processes and paperwork implemented to support a good appraisal for staff and achievement of Trust target • Good progress being made and positive reports during visits of staff being appraised
Office space, privacy, environment and storage	<ul style="list-style-type: none"> • Longer term Site Development and Estates Strategy in place; Space Utilisation Group meets regularly to maximise use of available space • Where possible, solutions were offered during a visit or escalation proposed through line management • For some staff, this was resolved with the new Co-ordinated Care Hub officially opened in April 2019, with reports that they are delighted with the new office space

Identified Themes	Actions/Update
Recruitment processes not always as good as they could be	<ul style="list-style-type: none"> • TRAC e-recruitment implemented; review in six months (June 2019) • Work underway to refine Workforce priorities and enhancing the Trust's 'offer' – as above • Greater focus on flexible working
Some support teams feel their worth is not sufficiently recognised in the patient care provided	<ul style="list-style-type: none"> • Considering how this can be addressed through Trust communications and a focus in Making Waves
E-systems and the need for less paper	<ul style="list-style-type: none"> • We recognise that there is much more to do. Fully utilising the Electronic Staff Record is work underway; electronic payment systems are also being considered for implementation
Specific issues in one department on 'retire and return' and alerts on the iPM system	<ul style="list-style-type: none"> • Executive Director taking forward and will feed back to the member of staff

The following comments were also made by Board members:

- The positive impact of Trust investment was clearly demonstrated by staff
- Across visits they saw good team spirit and staff supporting each other; there was also evidence of some teams horizon scanning and planning for the future
- Working with other organisations in the Co-ordinated Care Hub was beneficial
- Patient feedback is positive and it is a struggle to seek any improvement actions from the patients spoken to.

4. Staff feedback

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

- I would like to thank Ann for her visit on the Advanced Board to Ward on ward 11 as I found it very beneficial. I was able to be open and honest about our work and ward running and felt my views and opinions were welcomed and respected. The issues for improvements that were discussed were taken seriously and acted on very promptly. I welcome further visits in future.
- I felt that it was good to have one of the Directors come to the department and for me to explain how we as a department run and what our aims and challenges are. I believe Julia found it useful too and she expressed an interest in coming back to sit in on some patient appointments.
- I enjoyed showing you around and presenting a small part of what we do in a varied job and you having a go at using the scanner to order ward supplies. It is a shame you weren't able to stay longer to see the actual ordering and some of the challenges we sometimes have.

- We were pleased to welcome a Board member and to see that our work is valued. This visit enabled me to explain the issues I have and to show how we are providing a proactive library service, supporting the Trust in achieving its objectives and supporting staff through providing evidence based information for their work, education and learning. One of the things that the Board member took away was my concern about the lack of out of hours access, which is now progressing.
- The Respiratory Physiology team were very pleased to have taken part in the '60 Minute Challenge' with members of the James Paget Board. The team enjoyed the opportunity to showcase the performance and developments of the Sleep and Lung Function services, with focus on how the team would continue to deliver high quality care in the face of increasing demand. Feedback from our Chief Respiratory Physiologist, Jay Lingwood, stated, "it was great a great opportunity to showcase the team and our base at the Norfolk Coastal Centre, and discuss ways in which our visitors could support us to continue to innovate and improve the service."

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. In practice, visits have mainly been scheduled between 9 and 10.30am when services are operational. An attempt to visit after the Board meeting was problematic on that occasion with Board discussion overrunning.

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, whilst the 60 minute challenge is probably the least successful and may require further refinement.

6. Recommendation

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