

## Board of Directors - Public

### SUMMARY REPORT

Meeting Date: 22<sup>nd</sup> September 2021

Agenda Item: 21

<b>Report Title:</b>	<b>Board Member Visits to Services</b>	
<b>Author(s):</b>	Adele Eckhardt, Care Standards Lead	
<b>Accountable Director:</b>	Beverley Murphy Executive Director of Nursing, Professions and Operations	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Quality Assurance Committee
	<b>Date:</b>	September 21
<b>Key Points recommendations to or previously agreed at:</b>	<p>To provide a summary of Board visits from 1 Dec 2020 to 31 Aug 2021.</p> <p>To share the need for a process review to ensure the visits have a positive impact.</p>	

### Summary of key points in report

Board Member visits have been in place since June 2020 and continue to strengthen and support Floor to Board reporting and assurance. Up until July 2021, all visits took place on a virtual basis through Teams/ Skype due to restrictions in line with the COVID-19 pandemic national guidance. Following the lifting of restrictions visits have now reverted to being on site face-to-face.

The presentation includes the following:

- Overview of services visited
- Common themes arising from the visits
- Requests for support
- Lessons learned from current process
- Proposed next steps

The Quality Assurance Committee received this report, took limited assurance and noted the need to improve the planning and recording process.

### Recommendation for the Board/Committee to consider:

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	✓	<b>Information</b>	✓
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The Board to be assured that the Quality Assurance Committee has received this report and will receive progress reports on the improvement to the process.

The Board is asked to review the information in the presentation and supporting summary paper and take assurance that although gaps have been noted with the current process, steps are being taken to further evaluate and address the issues noted.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Getting through safely		Yes		No	✓
CQC Getting Back to Good		Yes	✓	No	
Transformation – Changing things that will make a difference		Yes	✓	No	
Partnerships – working together to make a bigger impact		Yes	✓	No	
Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission	Yes	✓	No		
IG Governance Toolkit	Yes		No	✓	
Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Patient Safety and Experience	Yes	✓	No		
Financial (revenue & capital)	Yes	✓	No		
OD/Workforce	Yes	✓	No		
Equality, Diversity & Inclusion	Yes	✓	No		<i>Please complete section 4.2 in the content of your report</i>
Legal	Yes	✓	No		

Title	Board Member Visits to Services (1 Dec 2020 to 31 Aug 2021)
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## Section 1: Analysis and supporting detail

### Background

1.1 Board member visits to services has now been established since June 2020. This has enabled conversations to take place between the Board leaders and staff who deliver services, and where possible with service users across SHSC. There have been open and honest discussions, giving insight into staff and where possible service user experiences. Visits took place on a virtual basis through Teams/Skype due to restrictions in line with the COVID-19 pandemic national guidance. Following the lifting of restrictions in July 2021 visits have now reverted to being in person, on site managed within safe parameters.

The principals for the visits are to:

- **Listen** directly to staff and service users in services to hear their views and experiences
- **Ask** questions and see the visit as an opportunity to learn more about the service, for example, good practice for sharing and any key issues of concern.
- **Assure** that the information from the visit will support assurance at Board and service level.

The template to be completed by Board members following each visit is a way to communicate and gather feedback, including suggestions for the relevant local leadership team and an update to the Board of Directors (the Board) listing any potential actions for the Board to consider. The reporting template has been divided into two parts:

- Part A - Service level feedback for the local leadership and senior management team
- Part B - Board level feedback to the Board including actions

1.2 The presentation (Appendix 1) includes the following:

- Overview of services visited
- Common themes arising from the visits
- Requests for support
- Challenges noted from current process
- Proposed next steps

### 1.3 Overview of services visited

17 Board visits took place over the nine month period from 1 Dec 2020 to 31 Aug 2021 to 14 different services.

Most visits were to Acute and Community Services (13 visits) with three services visited twice. This is in contrast with the previous 6 months where most areas visited were within Rehab and Specialist Services

Month	No of Visits
Dec 2020	4
Jan 2021	0
Feb 2021	2
Mar 2021	3
Apr 2021	2

Month	No of Visits
May 2021	0
Jun 2021	3
Jul 2021	3
Aug 2021	0

**1.4 Common themes arising from the visits**

Issue raised by staff have been in relation to patient experience, environmental dissatisfactions, operational issues, current working culture, challenges with communication, and financial constraints.

**1.5 Challenges noted from current process**

Co-ordination of visits has caused some confusion and must be addressed. There has been a number of short notice cancelled visits, this has been most problematic in August.

Issues around the timeliness of briefing papers being sent to Board members in preparation of visits, as well as returning completed reports following visits, we have reflected that the paperwork can be streamlined to support the most positive impact of visits.

**1.6 Proposed next steps**

Going forward the co-ordination of Board Visits will be under one area: the Quality Directorate. This will aim to better establish and embed scheduling arrangements and consistency of processes.

Quality Directorate will ensure closer working relations with PA's for support with co-ordinating, scheduling and more timely feedback of reports from visits.

The associated paper work will be streamlined and lessons learnt from the successful approach of the Executive Directors visits managed by the CEO. We will ensure clear pathway for feedback from Actions monitored by the 'Board of Directors Meeting'.

It is proposed that each service will be visited once per year as a minimum and scheduled well in advance for the 12 months ahead.

## Section 2: Risks

- 2.1 There is a risk that we are not managing the current process effectively and there will be an opportunity cost on our ability to develop an open and transparent culture. The board may not be fully sighted on frontline issues, staff will feel and may be unsupported in key challenges faced.

## Section 3: Assurance

### Benchmarking

- 3.1 All service visits undertaken by Executive and Non-executive Directors to provide level of assurance and comparable oversight of a number of services. Visits are now taking place in person at service locations. This improves the level of observations which in turn increases the level of assurance.

### Triangulation

- 3.4 Triangulation can be drawn from IPQR data, staff and patient questionnaires, monitoring of actions and reviewing findings from Board visits.

### Engagement

- 3.5 Monitoring of specific feedback from patients, family and carers during Board visits.

## Section 4: Implications

### Strategic Aims and Board Assurance Framework

- 4.1 Strategic Aim: Create a great place to work  
CQC: Getting back to Good  
BAF Risk Number: 0002  
BAF Risk Description: There is a risk the Trust does not deliver on its Well-Led Development Plan.

### Equalities, diversity and inclusion

- 4.2 Board visits have identified areas where services have recognised and requested support in engaging with BAME and diverse communities to provide improved inclusivity.

### Culture and People

- 4.3 Board visits have provided the opportunity for frontline staff to directly communicate information about their cultural and working environments. Now that service visits are taking place in person, this enables direct observations from Board members and provides another source of information.

### Integration and system thinking

- 4.4 There have been several findings from Board visits which link with partner agencies such as Advocacy, Police, Local Authority and the local acute NHS Trust (STH). Services are actively working with these agencies and relations have improved since issues have been raised and addressed at local leadership level.

### Financial

- 4.5 There has been funding allocated for temporary administration support to assist with the transfer of function of the Board Visits to be coordinated by the Quality Directorate.

### Compliance - Legal/Regulatory

- 4.6 The Trust has a regulatory requirement to ensure standards meet the CQC regulatory requirements. Board visits support with leadership and assurance.

## Section 5: List of Appendices

Appendix 1: PowerPoint slides: Board Visit Progress Summary (Dec 2020 to Aug 2021)



# Board Service Visits

1 Dec 2020 – 31 Aug 2021

**Adele Eckhardt**  
Care Standards Lead



# 17 Board Visits from 1 Dec 2020 to 31 Aug 2021



Acute and Community Services				Rehab and Specialist Services	
Acute Care	Community	Older Adult	Crisis	Learning Disabilities & Autism	Highly Specialist
136/Maple Ward (11/02/21) (13/07/21)	South Recovery Service (28/04/21) (08/06/21)	Woodland View (11/02/21)	Crisis House (10/12/20)	Buckwood View (09/03/21)	Specialist Psychotherapy Service (Mood, anxiety and PTSD) (08/12/20)
Wainwright Cres (28/04/21) (29/06/21)		Dovedale 1 (23/03/21)	Liaison Psychiatry (26/03/21)		Specialist Psychotherapy Service (PD and complex trauma) (08/12/20)
Stanage (29/06/21)		Older Adults Community Services (27/07/21)			Short-term Educational Programme (STEP) (11/12/20)
Endcliffe Ward (22/07/21)					

# Themes from visits

## Patient Experience

- Advocacy
- Discharge delays
- Lengthy waiting lists
- BAME community engagement

## Environment

- Mixed sex accommodation
- Clinic room
- Building disrepair – image portrayed

## Operational

- Recruitment
- Bed capacity
- Operational Policy
- Support for new managers

# Themes from visits

## Working culture

- Future uncertainty
- Workload
- Morale due to service provision
- Supervision/support

## Communication

- Teams within Service
- Board to Service
- Partner organisations
- IT issues

## Finance

- Training budget
- AHP support
- Garden furniture

# Current process challenges

- **Diary bookings** – confusion, travel time, not in service diary
- **Cancelled visits** – 11 (due to Annual leave, Service capacity to accommodate, Communication/admin issues)
- **Briefing papers** – not received by Execs/NEDs timely, data from variety of information sources and may be inconsistent
- **Board visit reports** – late, some not returned at all
- **Suggestions for local leaders (Part A)** – responsibility not always clear locally
- **Actions for Board (Part B)** – communication to Board members, not SMART



# Next steps

- Coordination will move to the Quality Directorate
- Review current process
- Seek feedback about current process and paperwork
  - Executives/Non Executive Directors
  - Services
  - Admin/support services
- Address known issues
- Ensure Actions for Board and Services are tracked and monitored and evaluated

