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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 May 2019	Agenda Item	6.2
Report Title	Independent Members' Visits		
Report Author	Liz Stauber, Corporate Governance Manager		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Pam Wenger, Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to update the board on the findings of recent independent members' visits to sites.		
Key Issues	To enable the board to take assurance as to the quality and safety of services and the levels of patient and staff experience, board members, both executive directors and independent members, are invited to participate in monthly visits to clinical areas.		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the report 		

INDEPENDENT MEMBERS' VISITS

1. INTRODUCTION

The purpose of the report is to update the board on the findings of recent independent members' visits to sites.

2. BACKGROUND

To enable the board to take assurance as to the quality and safety of services and the levels of patient and staff experience, members, both executive directors and independent members, are invited to participate in monthly visits to clinical areas. Each month a unit will be selected and specific areas identified to visit, based on hot spots and board members' interests.

3. GOVERNANCE AND RISK ISSUES

In order for walkarounds to be successful, guidance has been developed and this is attached at appendix one for information.

In addition, a template for providing feedback has also been developed (appendix two) and this will be used to update the board on the findings from each visit.

To date, three visits have taken place. The first was to the emergency department at Morriston Hospital, which was undertaken by Pam Wenger and Martyn Waygood, and a number of independent members also visited wards at Neath Port Talbot Hospital. Members of the Mental Health Legislation Committee also visited the mental health wards at Neath Port Talbot Hospital. The findings of these visits are attached at appendix three, appendix four and appendix five.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Hearing the feedback of staff and patients will enable the board to take assurance as to the quality and safety of services and the levels of patient and staff experience.		
Financial Implications		
There are no financial implications.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications.		
Staffing Implications		
There are no staffing implications.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Ensuring quality and safety of services and patient and staff experience will support the long-term future of the health board.		
Report History	Standing item on the board business cycle.	
Appendices	Appendix one – guidance Appendix two – feedback template Appendix three – Morriston Hospital: Vanguard Unit, Surgical Short Stay and Surgical Decision Making Unit Appendix four – Neath Port Talbot Hospital: older persons services Appendix five - Neath Port Talbot Hospital: Ward F and Calon Lan Ward Appendix six - Morriston Hospital: Emergency Department, Appendix seven - Morriston Hospital: Emergency Department.	



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Visiting Health Board Services: Guidance for Board Members

1. Introduction

To enable the board to take assurance as to the quality and safety of services and the levels of patient and staff experience, members, both executive directors and independent members, are invited to participate in monthly visits to clinical areas.

Each month a unit will be selected and specific areas identified to visit, based on hot spots and board members' interests.

In order for walkarounds to be successful, the following guidance has been produced.

2. Preparation

The following arrangements are in place for the lead-up to a visit:

- Walkarounds will take place on the **second Tuesday of the month** and the corporate governance team will circulate the arrangements in advance;
- Independent members will be paired with an executive director (**appendix 1**);
- Board members will need to understand and adhere to health and safety and quality and safety arrangements, such as 'bare below the elbow' in relevant clinical areas and these will be communicated in advance;
- Any relevant data or reports will be circulated prior to each visit.

3. The Visit

On the day of a walkaround:

- A designated meeting point will be arranged and any signing-in requirements undertaken;
- Board members should be wearing their health board ID badges;
- Senior nursing team members will be on hand to show members around their areas and to answer any questions. Concerns should be raised immediately should they arise;
- Feedback should be provided at the end of the visit and action plans identified if necessary as well as measurable targets. The process for collating feedback is outlined in appendix two with a feedback form attached as appendix three for the lead independent member to complete.

4. The Follow-Up

After the visit:

- Provide more formal feedback via the executive director to the senior leadership team;
- Agree any required follow-up visits and the changes expected.

5. Golden Rules

- Beware of assumptions – if in doubt ask;
- Comply with infection control requirements within clinical areas;
- Dress appropriately;
- Ensure you uphold and maintain confidentiality and anonymity of all concerned;
- Be aware of where conversations take place and if anyone may overhear;
- Also raise any compliments/ queries/concerns initially with the nurse in charge or team leader in order for them to give explanation/set context to your observation. It might be that your visit has taken place on an uncharacteristically busy or difficult day or conversely a quiet day;
- If this is not possible, report your observations or concerns to the unit nurse or medical director but be sure to maintain confidentiality;
- Always check if it is a convenient time to talk for staff, patients and carers, for example avoid meal times or drug rounds;
- Follow instructions or directions given in local briefing / induction.

6. Sample Questions

• Patients

1. Do staff introduce themselves to you?
2. Do you get asked what is your preferred name and are you called by this?
3. Do you feel safe here?
4. How do you feel being here?
5. Do you have any examples of how staff treat you with respect?
6. How would you change the care you receive here?
7. What kind of opportunities do you get to talk with a named member of staff on a 1-1 basis?

• Carers

1. How do you feel you are involved and informed about your relatives/friends' care?
2. Do you feel your opinion or experience is respected and listened to?
3. Do you have any concerns regarding your relative's safety and wellbeing?
4. Do staff introduce themselves to you?
5. Is visiting your relative/friend flexible and suitable to your needs?
6. What kind of information about support for carers have you been

offered?

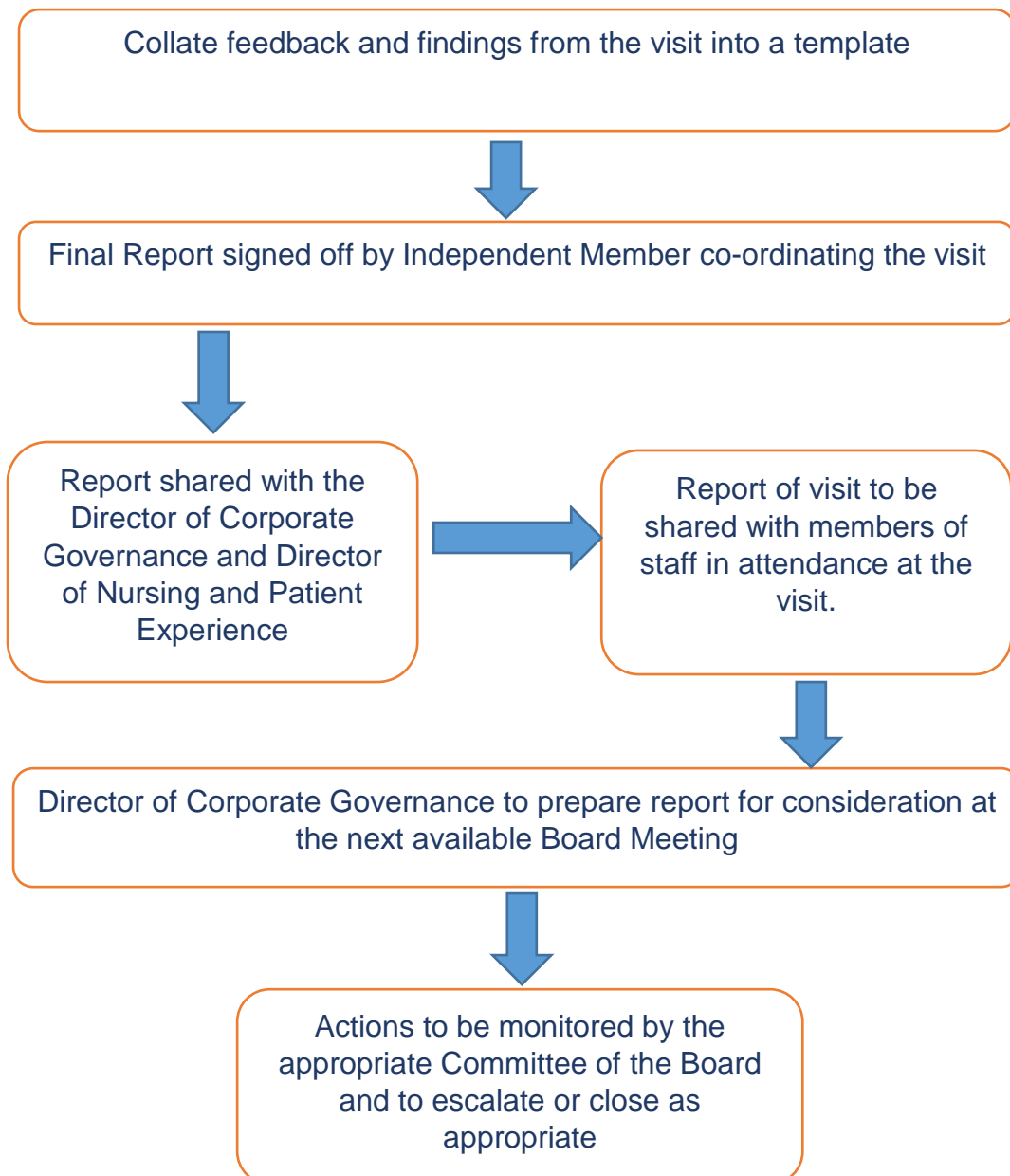
- **Staff**

1. What is your job role?
2. What do you enjoy most about your role/ward/team?
3. What do you enjoy least?
4. How long have you worked for the organisation?
5. What do you think your biggest achievement has been?
6. What other jobs have you done before you came into healthcare?
7. How do you ensure patients receive food and drink?
8. If a patient or carer approached you and said they wanted to complain about an aspect of their or their relatives care, how would you deal with this?
9. If they wanted to pass on a compliment, how would you deal with this?
10. Notice boards on the unit – how often are they updated? Who by?
11. Are the views of patients/carers sought about what information might be useful for them?
12. What do you think patients would say about the service they receive from this ward/unit/team?
13. Would you be happy for a member of your family to be treated in this area? And would you be happy to share with me a little bit about why you feel this way?
14. How would you report any incident you were concerned about?
15. Can you tell us about any near misses you are aware of that almost caused patient harm but didn't?
16. Do you feel free to go and discuss any concerns you have?
17. What was the last training you completed and did you enjoy it?

Board Members Walkaround Pairings

Executive Director	Independent Member
Tracy Myhill, Chief Executive	Andrew Davies, Chair
Chris White, Chief Operating Officer	Emma Woollett, Vice-Chair
Lynne Hamilton, Director of Finance	Martin Sollis, Independent Member (finance)
Richard Evans, Medical Director	Julian Hopkin, Independent Member (university)
Gareth Howells, Director of Nursing and Patient Experience	Maggie Berry, Independent Member
Siân Harrop-Griffiths, Director of Strategy	Reena Owens, Independent Member (community)
Hazel Robinson, Director of Workforce and OD	Jackie Davies, Independent Member (staffside)
Sandra Husbands, Director of Public Health	Mark Child, Independent Member (local authority)
Pam Wenger, Director of Corporate Governance	Martyn Waygood, Independent Member (legal)
Matt John, Interim Chief Information Officer	Tom Crick, Independent Member (ICT)
Hannah Evans, Director of Transformation	Independent Member (third sector)

Process for reporting observations from Independent Members visits



Attendees

Other Attendees

Site

Date

Observations

*Patient Safety,
Environment,
Staffing*

Summary

Action Plan



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Attendees

Site

Date

Observations

*Patient Safety,
Environment,
Staffing*

Summary

**Thoughts for
discussion**

Attendees	Martyn Waygood, Pam Wenger, Nicola Williams, Unit Nurse Director
Site	Morrison Hospital, Vanguard Unit, Surgical Short Stay and Surgical Decision Making Unit
Date	18 th April 2019

Observations
Patient Safety,
Environment,
Staffing

We had a very enjoyable visit to see how some of the services support and enhance flow within Morrison Hospital.

Staff in the Vanguard Unit enjoy working there and described the positive patient experience and the impact this had on their role through having a dedicated unit to support day case treatment. We discussed feedback from patients, which was positive, the main complaint raised was lack of space in the Unit for families and the seating in the Vanguard Unit was uncomfortable for long periods of time. A discussion was held in relation to the future of the Unit and the need for an alternative if there was an agreement to de-commission the Vanguard Unit in the future.

The staff on Surgical Short Stay were very motivated and have been empowered to make changes to the triage space allowing for improved patient experience. The Ward Managers were truly living the values of the Health Board, they have focussed on improving the environment in Surgical Decision Making Unit and have made some proposals about this can be improved further. They were appreciative of the support that they had received from the Delivery Unit.

It was good to understand the flow between the Surgical Short Stay and Surgical Decision Making Unit and how these services support A&E. It was also helpful to understand the proposal being developed to bring closer together the Short Stay Unit and Surgical Decision Making Unit.

Summary	<p>The visit to these areas re-inforced the challenges in terms of patient flow in the hospital and the importance of these services to ensure patients receive timely care in the right environment.</p> <p>The staff running these services were exceptional; it was a pleasure to spend time with them.</p>
Thoughts for discussion	<p>As part of the wider discussions in terms of the unscheduled care system pressures, the support services and their co-location is an important consideration.</p> <p>Consideration of how Charitable Funds can support the patient environment for these services.</p>

Attendees	Emma Woollett, Martyn Waygood, Maggie Berry, Jackie Davies
Site	Neath Port Talbot Hospital, older persons services
Date	4 th April 2019

Observations <i>Patient Safety, Environment, Staffing</i>	<p>We were hugely impressed by the Therapy Early Supported Discharge Service, which demonstrated both the power of MDT working and how NPTH has demonstrated an ability to adapt to meet the changing needs of the services provided and their patient population. Most impressive was the way NPTH has not been precious about which budget monies sit in but looking at what a team composition requires to do the task.</p> <p>Some staff want to work long shifts in NPT but the unit board have decided on short shifts only. Whilst this is clearly an operational issue, it would be interesting for IMs to understand the tensions a little more.</p> <p>We were also very impressed by their recruitment to key posts through the Angel Programme. The ward managers were inspirational. Sharron and Lesley recognised their attributes and what they could contribute and this has borne fruits in the results achieved.</p> <p>There is a real opportunity to use amounts of potential investments from charitable funds to bring real patient benefit. Examples were the Thera bike and non-slip socks as well as clothing packs on the early discharge ward for those patients that do not have family members willing to help.</p> <p>It was good to learn of the additional surgical procedures that are now going to take place in Port Talbot.</p>
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Summary	<p>NPT Delivery Unit has reached out to the other delivery units. They have created the joint working/initiatives which have benefitted themselves and other delivery units.</p> <p>NPT has a very positive culture – we had a vivid description from the ward manager on the neuro ward of the difference that has been made to her working life since moving to Port Talbot.</p>
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Thoughts for discussion

We need some way of engaging staff in understanding what other sites and units do and need. How might we do this? Could it be linked to our common values? Can we ask for examples of joint working from other delivery units?

Raise through WFOD committee the question of how tensions in new shift patterns are being resolved across the HB generally.

Repatriation from neuro needs to be looked at. Why are neighbouring health boards reluctant to take their patients **back**? This is blocking others from using our excellent facilities.

Charitable Funds Committee to consider how to encourage applications for funds to support patient experience on wards.

Attendees	Pam Wenger and Martyn Waygood
Other Attendees	Andy McNabb, Mark Poulden and Clare, Dieppe
Site	Emergency Department, Morriston Hospital
Date	5 th April 2019

Observations

*Patient Safety,
 Environment,
 Staffing*

The Department was very busy, well organised and great team work across was clear at every level.

Staff were clearly visible and approachable.

Concerns in relation to the availability of space in the department and in particular the audio/visual separation for children and young people from adults. This is a key risk and one that must be addressed.

Staffing is a key risk in the department, there are challenges in recruiting consultant staff and other staff into the department. There was much discussion in relation to the 'Kendall Bluck' work and it was noted that the department was running on a shortfall of 6 WTE consultants which was putting significant pressure on the department. During the visit it was explained that the junior doctor change over had recently taken place which was an important issue for the Board in understanding the impact on performance (February and August)

Summary	<p>The challenges in terms of the flow through the hospital were clear and the lack of beds in the hospital results in patients often being treated in ambulances and other spaces not suitable for patient care. There was a clear view expressed that there was a lack of system wide thinking across the organisation, and there must be opportunities with the new 'Swansea Bay' to address this;</p> <p>The importance of staff training and development for the Department which would support and assist with the recruitment challenges currently faced;</p> <p>The Department welcomed the visit and would appreciate more visibility of Executive Directors to ensure greater understanding of the issues in the Department.</p>
Thoughts for discussion	<p>Escalate the challenges of patient flow from A&E and seek assurances from the Executive Directors to resolve the issues/challenges;</p> <p>Seek assurance from the Chief Executive to improve Executive Director visibility in the Department and across the Health Board.</p> <p>Seek assurances of the plans to address the current set up of Paediatrics A&E to ensure that the Health Board is able to comply with the standards.</p> <p>Violence and Aggression against staff is a regular occurrence and whilst there are mechanisms in place, it was suggested that the relationship with the Police could be strengthened. Seek assurances on how this can be actioned from the Executive Directors.</p> <p>Arrange a further visit in 6 months.</p>

Attendees	Emma Woollett, Martyn Waygood, Maggie Berry
Site	Neath Port Talbot Hospital, Ward F and Calon Lan Ward
Date	9 th May 2019

Observations <i>Patient Safety, Environment, Staffing</i>	<p>Ward F had a calm atmosphere, with individual rooms, some pleasant outdoor space and a dining room/common room. The common room could do with a coat of paint, but it had a relaxed feel.</p> <p>The designated CAMHS “emergency bed” was presently in use. This is not a specific bed, but a room on the adult ward. Thus, although the young person has their own room and ensuite, they do interact with others on the ward.</p> <p>The young man presently on the ward had been there for a few days. At his initial assessment (at Morriston ED) Ward F had been deemed an inappropriate place for admission. However, by the early hours of the morning it was clear this was the only option. Members understood that this would not fit the WG definition of a serious incident.</p>
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Summary	<p>This was a short visit, prior to the Mental Health Legislative Committee to allow members to see the CAMHS emergency bed which has been the subject of some concern in Committee meetings. Despite the obvious precautions and care that were in place on the ward, members remained concerned at the frequency with which young people are admitted into what is far from an ideal environment.</p> <p>Members had a very brief visit to Calon Lan ward and were impressed by the atmosphere and approach.</p>
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Thoughts for discussion	<p>How do we provide better service for our young people requiring an emergency inpatient admission as a Health Board, bearing in mind that CAMHS inpatient beds are commissioned nationally?</p> <p>How can we ensure that all incidents that we would describe as serious are appropriately escalated and dealt with even if they do not fit the WG criteria for a Serious Incident?</p>
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Attendees	Emma Woollett, Reena Owen
Site	Morrison A and E tour and conversation
Date	22 nd May 2019

Observations <i>Patient Safety, Environment, Staffing</i>	<p>Although ED was relatively calm when we visited, there continue to be very significant pressures on the service. We observed all beds to be occupied within the department and understand that the vast majority of these patients have been assessed and dealt with by ED and are simply waiting for a ward bed.</p> <p>We visited the dedicated paediatric area, which was nicely set out and welcoming. However, we were told that we struggle to find paediatric trained nurses to staff the area adequately with paediatric qualified staff. We understand the shortage partly reflects national training inflexibility (it used to be easier to re-train on the job), but the department has introduced a programme called PESKY (Paediatric Emergency Skills Kit for You) to provide adult trained nurses with essential skills and confidence.</p> <p>Some issues were raised with training flexibility generally. For example the ability to access Blood Management (?) training at short notice, the requirement to duplicate face to face training with an online course and ESR training modules for doctors not working.</p> <p>We heard about the need to introduce an additional shift for staff members following the requirement to introduce a second unpaid break, which had been unpopular.</p> <p>We were pleased to hear about an active Wellbeing service in the department, which runs a successful choir.</p>
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Summary	<p>The commitment and passion of both nurses and the consultant shone through. It is clearly a very close knit and supportive team. However, the ability to assess, treat and admit patients in a timely way is declining, which the team find immensely frustrating and upsetting. We discussed at length the balance of clinical risks between having patients on trolleys in the corridor and holding up ambulances and heard that the Acute Clinical Team had made a significant difference. There are undoubtedly improvements that should be made throughout the pathway for emergency attendances (front door, hospital flow and discharge processes) but priority must go to reducing the significant numbers of patients in our hospital that are medically fit for discharge.</p>
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**Thoughts for
discussion**

How can we scale up our ability to support patients better in the community across a range of needs (both health and social) to, firstly, avoid admissions particularly of the frail elderly who do not thrive as a result of being admitted, and, secondly, to ensure that patients are discharged at the earliest possible point for recovery at home? This is not about more trials but about activity at scale. It is also not just about social service packages but about educating our clinicians in wards, who can be risk averse and, possibly, increasing the scale of community health provision (Eg ACT).