


Board of Directors' Meeting 5 August 2021

Agenda item	219/21			
Report	Feedback from Trust Board Genba Walks (June)			
Executive Lead	Director of People and Workforce, Rhia Boyode			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		Link to risk register:	
	For decision / approval			
	For review / discussion			
	For noting	√		
	For information			
For consent				
Presented to:	N/A			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>This month's report focuses on Ward 17 at PRH and SAU.</p> <p>The Genba walks have taken place on the morning of each Trust Board and last for 45 approximately minutes. There are different Genba each Trust board, with an Executive Genba Lead identified to facilitate the walk and other Board members allocated to join them. A member of the Improvement Hub has also attended to support facilitation and capture outcomes. The Genba walks have taken place with Board members attending in person and virtually via Teams.</p>			
Appendices	Appendix 1: Trust Board Genba Walk summary			
				

1. Trust Board Genba Walks

Genba means the place where the actual work is performed. A Trust Board Genba walk is the opportunity for Trust Board members (including Executives and Non-Executives) to go to the Genba, see different parts of the organisation and engage with staff so they can share their learning, their areas of concern and celebrate their successes.

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2. July Trust Board Genba Walks

Genba Area / Lead	Genba Team	Summary	Key Learnings / Actions
<p>Ward 17 PRH</p> <ul style="list-style-type: none"> • Sarah Sivill – (Ward Manager) • Laura Graham (Centre Manager: Renal, Respiratory, Dermatology, Diabetes & Endocrine) 	<p>In person</p> <ul style="list-style-type: none"> • Helen Troalen (Executive Genba Lead) • John Jones (Medical Director) • Rebekah Tudor (Service Improvement BP) <p>Virtual</p> <ul style="list-style-type: none"> • Nigel Lee (Chief Operating Officer) • Prof Trevor Purt (Non-Exec Director) • Tony Bristlin (Non-Exec Director) • Teresa Boughey (Non-Exec Director) 	<p>Covid 19 and Recovery</p> <p>During Covid the ward had around 4 High Dependency patients which then peaked at around 13 patients on Non Invasive Ventilation (NIV). This took the pressure off ITU but was an additional challenge for the ward staff. Staff kept calm throughout although energy levels are a bit low at the moment.</p> <p>The nurses have been extraordinary. They have been allowed to do proper nursing during Covid. There was a housekeeper on the Ward that was a shining light and ensured that the Ward never went without and PPE was always ready and waiting for the staff when needed.</p> <p>The Ward did have a board which had a heart placed on it each time a patient left the ward. This was removed due to IPC concerns but was very well received and motivated staff on the ward.</p> <p>The Ward was boosted via consultant redeployment which helped immeasurably. There was however, no additional nursing support offered as redeployment. A large number of Ward staff contracted Covid 19 between December 2020 and February 2021 which caused additional challenges.</p> <p>Training</p> <p>The team had to be upskilled during a 3 week period to ensure that they had</p>	<p>How would you feel if it happened again?</p> <p>A sense of dread but confident that the staff have the skills to cope. As a manager it would be helpful to have the staffing issues addressed sooner to remove the worry around patients and staff wellbeing. Ensuring the right number of staff with the right skills would ease any concerns.</p> <p>Executive Lead Feedback</p> <p>The nursing leadership cannot be underestimated and is excellent. It feels very calm and controlled when you walk onto the ward.</p> <p>The Ward were able to secure an additional 5 international nurses who have been amazing and are now being developed to a higher level. Training has been refocussed and the nurses are flourishing.</p>

		<p>the necessary skills to cope with the acuity of patients.</p>	<p>Staff were trained on the new CPAP hoods and this has resulted in a better experience for patients. Ward 17 staff are keen to maintain these skills going forward and the team felt energised by being upskilled.</p> <p>Cross Site Working The team celebrated the reduction in silo working cross site. The pandemic brought both sites together and the standardised training packages have been of benefit.</p>
<p>SAU</p> <ul style="list-style-type: none"> • Denise Bennett (Ward manager) • Amy Wright (Sister) • Emma Salvoni (Matron) • Michelle Cole (Divisional Director of Nursing) • Lisa Challinor (Divisional Director) 	<p>In person</p> <ul style="list-style-type: none"> • Hayley Flavell (Director of Nursing) • Richard Stephens (Service Improvement BP) • Chris Preston (Deputy CEO) • Catriona McMahon (Chair) <p>Virtual</p> <ul style="list-style-type: none"> • David Brown (Non-Executive Director) • Clive Deadman (Non-Executive Director) 	<p>Improvements to SAU</p> <p>Due to changes to real-estate, additional capacity has made a real difference to the care being provided to patients attending the SAU, due to the fresh look of the unit and increased capacity.</p> <p>The SAU is the only one in the County and receives patients from PRH ED, GP referrals via CCC, Clinic referrals, TCIs (amber pathways), inpatient referrals from PRH and POWYS.</p> <p>A Production board is being used to track the flow of patients, escalate patients waiting in excess of 12 hours & their Length of Stay.</p> <p>Due to increased capacity, the old Triage room is being repurposed to include Ultrasound capability.</p> <p>The team are proud of their increased pull from ED (approximately 30%) ensuring that patients are being seen by the right RNs and Doctors in right environment, as well as supporting flow and waiting times in ED.</p> <p>Band 6 nurses are working to improve quality assurance through support/mentoring of newly qualified nurses. Ward Manger very visual in the area providing regular support as required</p> <p>Barriers</p> <p>Despite good use of a Production Board, SAU would benefit from reinstating of the PSAG board. During the reconfiguration, PSAG was removed and has not been put back</p>	<p>Actions</p> <p>Update Process with CCC to reduce re-work currently experienced, causing delays for patients – Surgical Division</p> <p>Review use of SAS and day surgeries as part of recovery plan, to support reducing escalation into SAU – Surgical Division</p> <p>Executive Feedback Lead</p> <p>Very impressed with the area and morale of the team. Extremely clean, calm and very welcoming. When speaking with Staff, received very positive feedback from a new Staff Nurse who enjoyed working on the unit. It was clear that the area is well managed and the Ward Manager and Matron are very visible and supportive.</p>

		<p>Concerns over the process with CCC (Care Coordination Centre). Currently GP refers in via CCC, CCC then contacts SAU to refer in. However, at times, insufficient information is provided, requiring the CCC to reach back to the GP for further information before patient can be accepted. This causes unnecessary delays.</p> <p>Delay in patient arrivals when using hospital transport due to 4 hour window. Patient can arrive at any time during that window.</p> <p>Concerns over the restoration programme and legacy Covid restrictions (Amber & Red areas) that requires TCI patients to utilise SAU as the Surgical Assessment Suite cannot be fully utilised for all patients. As a result, SAU is taking in Amber patients and TCIs. This impacts patient flow and ability to pull patients from ED.</p>	
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3. Recommendation

The Improvement Hub have received feedback that holding the walks on the day of Trust Board can be difficult, so are agreeing a new process with the Chair.