


## Board of Directors' Meeting 12 May 2022

<b>Agenda item</b>	090/22		
<b>Report</b>	Board Listening and Learning by Genba methods		
<b>Executive Lead</b>	Rhia Boyode, Director of People & OD		
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>
	Our patients and community		Safe
	Our people	√	Effective
	Our service delivery	√	Caring
	Our partners		Responsive
	Our governance		Well Led
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>
	For assurance		
	For decision / approval		<b>Link to risk register:</b>
	For review / discussion		
	For noting		
	For information	√	
	For consent		
<b>Presented to:</b>	-		
<b>Dependent upon</b> (if applicable):			
<b>Executive summary:</b>	<p>On the 13th April 2022 the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Emergency Department at PRH, Estates Department at RSH and the Medical Devices at RSH.</p> <p>The following paper details reflections for the visiting team after each of these visits.</p> <p>An audit of Board/Executive actions is currently underway and will be reported next month, including RAG methodology</p>		
<b>Appendices:</b>			
<b>Lead Executive:</b>			

## **1.0 Introduction**

- 1.1 On the 13<sup>th</sup> April 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Emergency Department at PRH, Estates Department at RSH and the Medical Devices at RSH.
- 1.2 During the visits, actions were recorded and are routinely monitored through the Improvement Hub. In future reports, actions will be recorded in the 'reverse RAG' format and high-level actions will be detailed within this report.

## **2.0 Emergency Department, PRH**

- 2.1 Trust Board members: Chair, Deputy Chief Nurse, Director of Finance, Vice Chair and Non-Executive Director, and Non-Executive Director. Genba Team: Sister, Matron and ED Consultant. Improvement Hub Support: Deputy Director of Education and Improvement and Service Improvement Business Partner.
- 2.2 The ED Team welcomed the team and briefly explained to layout of the department and the current structure. The team were very receptive to the Genba walk, and extremely accommodating, especially given the high pressure in the department during the visit.
- 2.3 A number of the issues in the department were as a result of poor patient flow, patients waiting a long time in the department often become 'medical' which causes a myriad of issues including lack of drug availability and difficulties as the skill mix in the ED is not set up for medical care. SDEC being 'bedded' is also causing issues with flow within the department.
- 2.4 This also has caused the general acuity in the department to rise, especially in the waiting room as patients are presenting as 'walk ins' when previously they would have had easier access to ambulances. There are backlogs in the ED due to 'reverse queuing' where patients have been seen by a specialist and are awaiting a bed on the wards. Resus is also an issue in the department and is often over capacity. There is an acknowledgement in the ED that flow issues are multifactorial, with Trust and wider system constraints contributing to the problem. There was a worry on the walk that high levels of acuity were being normalised in the emergency department.
- 2.5 The team were pleased to see that incident reporting has increased, and there was senior support for this. The team felt they had a strong governance process and felt more comfortable as a result of this.

- 2.6 Staff morale is low as issues relating to flow cause work in the department to be much more difficult. The team have had interventions from FTSU Guardian, Volunteers and Well Being initiatives which have been well received but have not resolved the underlying issue. During the visit the Director of Finance took the opportunity to communicate that should the department feel that additional equipment would be of benefit then this should be raised as part of the capital programme.
- 2.7 Overall, the Genba team feel there is a significant element of system pressure that adds to the problems felt within the department. It was felt, however, that there are elements and processes that are within the trust's control, and these should be addressed.

### **3.0 Estates Department, Royal Shrewsbury Hospital**

- 3.1 Acting Chief Operating Officer, Non-Executive Director, Head of Capital Projects, Head of Operational Estates, Associate Director Estates and Transformation, Non-Executive Director, Non-Executive Director
- 3.2 The Estates team shared that they cover a vast area with a mixture of aging and new Estate. There are 75 Operational staff across the 2 main hospital sites however it has been a significant challenge replacing staff. There has been great success with recruiting apprentices - six have started recently. One of the Non-Executive Directors suggested that the Estates team link in with the clinical teams who go into schools and colleges to further promote their career opportunities.
- 3.3 Difficulty recruiting over the long term has had an impact on the Planned Preventative Maintenance (PPM). The compliance was sitting at only 35% but now with having improved staffing numbers, bringing estates up to date, and getting buy in from the rest of the organisation this is at 85% which the team are very proud of and are working to even further improve.
- 3.4 The Estates team have also seen a 26% increase over the last 12 months in the number of reactive jobs reported by colleagues in the organisation, demonstrating an awareness of their responsibilities in logging issues and confidence in how to do so through the Micad system. The Estates team also reflected that their relationships with Clinical and Operational colleagues was greatly improved and the close working that had taken place through Covid had served to enhance it even further with a mutual respect for each other's work.
- 3.5 During the visit the Genba team were shown the Oxygen vaporisers which were replaced during extreme oxygen demand during covid. They now offer 3000 cubic metres per hour of oxygen compared to the previous rate of 1666 cubic metres per hour offering assurance that an increased demand can be met.

- 3.6 The Genba team also visited the site Plant room where there is more than one boiler to account for variations in demand. The Estates team shared the history of the boiler room, and that early discussions were taking place around the next generation of zero carbon power provision for the Trust.
- 3.7 The Genba team also visited the Estates workshops meeting colleagues in the Carpentry, Mechanical and Electrical workshops as well as the Estates Business Support team and Capital works team.
- 3.8 The Estates Business Support team raised the issue that they have with Access and ID Badge IT systems not interacting and the need to have awareness of system interaction when bringing in new systems was discussed with the Genba team.
- 3.9 The Acting Chief Operating Officer reflected during the visit that it is amazing what the Estates team have done with the resources that they have. One of the Non- Executive Directors also reflected that it was clear the level of pride all the Estates colleagues had in their department and congratulated them again on the Trust award they received recently. They encouraged the team to continue to raise the profile of the Estates department and to understand the partnership role they have with clinical colleagues.

#### **4.0 Medical Engineering, RSH**

- 4.1 Trust Board members: Interim Director of Strategy and Partnerships & Co-Medical Director. Genba Team: Head of Medical Engineering services & Medical Devices Team Leader. Improvement Hub Support: Service Improvement Business Partner.

One Non-Executive Director visited the Medical Engineering department at RSH a few days before the Genba visit, including the main accommodation area as well as the specific Renal equipment base.

The team originally joined with the Estates team for introductions and to set the scene from a wider perspective, then went to the Copthorne Building to see the refurbished area being used by Medical Engineering.

- 4.2 During the discussions and observations, it became clear that Medical Engineering is responsible for a large number of assets, including those required in the community. On top of the existing devices, there is a large procurement programme ongoing to bring in many new devices. Additionally, there is a large project to roll-out new beds and Infusion pumps across the Trust. The team is proud of an area of refurbishment that has created a fit for purpose bed storage area, although it is acknowledged that further improvement is required to ensure it is utilised to best effect. Additionally, the team is proud of the new bed maintenance area that is having a positive impact on its ability to keep on top of demand.

- 4.3 It was apparent that the accommodation is a good step forward, although it was felt by some of the team that being further away from the wards, the profile is becoming harder to establish as colleagues are not fully aware of what Medical Devices can provide. The key challenge for the team is to enable it to move into the digital environment, as more devices become web based. The head of Medical Engineering is currently writing a workforce plan, supported by his Director. Part of this strategy will look at addressing the current structure which requires the technicians to carry out administrative tasks, such as ordering of parts, that would benefit from other colleagues being part of the team to support. Additionally, the team would highly benefit from IT specialists dedicated to the department to support the new web-based technology. It became clear that the department carries a high risk on behalf of the Trust and therefore, it was agreed that a quarterly report should be provided to the Quality Oversight Committee (QOC).
- 4.4 During the visit, the Director of Strategy & Partnerships took the opportunity to investigate an area being used by the Women & Children's Oncology team and Integrated Discharge Team, as some concern had been raised to the current working conditions. On visiting the area, he was pleased to see that a new water fountain was being changed and a quote for a new kitchen area has been completed and funding has also been confirmed.
- 4.5 Overall, the Genba team was pleased to see the new accommodation working well for the Medical Engineering team but acknowledged that more needs to be done from a communications perspective to ensure all colleagues are aware of the team and the service it provides. The roll-out of the new beds and infusion pumps will benefit from Project Management support, which is being sourced by the Head of Medical Engineering, supported by his Director. Due to the high risk being carried by the department, the Co-Medical Director felt it would be highly beneficial for the Medical Engineering team to provide quarterly reports to be taken to the QOC. Finally, the team felt it is important for the Board to support the workforce initiative, which will enable the department progress into the new digital era with appropriate staffing.