


Board of Directors' Meeting
9 June 2022

Agenda item	111/22		
Report	Board Listening and Learning by Genba methods		
Executive Lead	Rhia Boyode, Director of People & OD		
	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		
	For decision / approval		Link to risk register:
	For review / discussion		
	For noting	√	
	For information		
	For consent		
Presented to:	-		
Dependent upon (if applicable):			
Executive summary:	<p>On the 11 May 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Ward 26 at RSH, the Procurement Department at SBP and the Neonatal Unit PRH.</p> <p>Board members are asked to NOTE this paper, which demonstrates the reflections from the Genba walks held in May, and as a result, the specific actions that are being led by Executive members.</p>		
Appendices:			
Lead Executive:			

1.0 Introduction

- 1.1 On the 11th May 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Ward 26 at RSH, the Procurement Department at SBP and the Neonatal Unit PRH.

Board members are asked to note this paper, which demonstrates the reflections from the Genba walks held in May, and as a result, the specific actions that are being led by Executive members.

- 1.2 During the visits, actions were recorded and are routinely monitored through the Improvement Hub. Actions are recorded in the 'reverse RAG' format and high-level actions will be detailed within this report.

2.0 Ward 26 RSH

- 2.1 The following Trust Board members and additional colleagues conducted a Genba walk to Ward 26 at RSH: Acting Medical Director, Director of Nursing, Director of Finance, Non-Executive Director, Associate Non-Executive Director, Professional Development Nurse, People & OD Business Partner. The team was hosted by the Matron, Ward Manager & Head of Nursing Surgical Division.
- 2.2 Reflections from the team: The ward felt calm, friendly and in control. The whole team engaged with many colleagues including, a rotational Pharmacist, FY1/2 Doctors, Ward Clerk, Medical students, 3 Housekeepers, a member of the domestic team, international nurses, a sister, HCAs and patients and their relatives. The ward was very organised with noticeable signage acting as visual reminders to staff on specific processes. It was reported that the quality of the shift handover has significantly improved, and teaching has been provided from the urology nurse specialists. It was specifically noted how effective their process was for completing fluid balance charts. Additionally, the team works hard to "pull" patients into empty beds following discharge to support the overall flow of the hospital. All colleagues felt comfortable speaking up and did not feel the need to raise concerns outside of the ward as they felt comfortable and well supported raising any concerns via their Ward Manger. All staff, including rotational colleagues felt welcomed and part of the team.
- 2.3 The Ward was proud of its improvement programme it had embarked on and felt the significant improvements made, laid the foundation for continuous improvement; continuity of strong leadership was a key enabler to this. The ward is now thinking about the move to the new modular ward, which all are excited about, as it provides a much better environment for patients and staff. The challenge will be to ensure all visual controls (posters) and processes transfer across seamlessly, along with ensuring 5S principles are employed to create a safe and organised environment. Matron noted that due to the layout of the new ward and bathrooms, there was a lack of natural light that would need to be considered for future build programmes.

Feedback from nursing colleagues stated that at times, they waste time looking for CD keys and they do not always have the right amount of drug trolleys available. Matron provided assurance that for the modular ward, the number of trolleys has been increased that will meet the needs of the size of the ward, alongside the staffing template.

2.4 Feedback on potential opportunities for improvement:

- Vacancy rates due to the change with the template continue to cause concern with ward colleagues. This is being mitigated with adverts currently out to recruit into gaps, as well as ongoing work to update the nursing template that will be aligned to the modular ward.
- With excellent visual processes currently in use, it will be important to ensure these are transferred to the modular ward.
- Patient and relative feedback was very positive, although feedback from one patient suggested that there would be benefit in some work around handover of pain management when moving from a high dependency area to another ward.
- Further patient feedback suggested that there would be benefit on having RN support during Ward rounds for patients who may require support following the round.
- The Ward is taking direct admissions from ED.
- The team reported some of their bleeps had gone missing.

2.5 Action plan:

Action	Start Date	Due Date	Accountable Person	Lead exec
To visit the new Modular ward to understand the lack of natural lighting caused by the layout of the new ward, in order to ensure future wards (HTP/Modular) take this into account	N/A	September 2022	Finance Director	Finance Director
Update the nursing staffing templates to reflect the change in staffing needs as part of the move to the Modular ward	13/05/2022	05/07/2022	Matron	Director of Nursing
Explore step-down principles for handover of pain relief when patients are moved from a high dependency area to another ward.	13/05/2022	13/06/2022	Head of Nursing Surgical Division	Acting Medical Director
Explore how to facilitate the return of the missing Dr call bleeps	13/05/2022	13/06/2022	Acting Medical Director	Acting Medical Director
Explore and update the process for direct admissions from the Emergency department to the ward	13/05/2022	13/07/2022	Head of Nursing Surgical Division	Director of Nursing

3.0 Procurement Department, SBP

- 3.1 Trust Board members: Interim Director of Strategy and Partnerships, Trust Chair, Non-Executive Director, Non-Executive Director and Non-Executive Director. Genba Team: Head of Procurement and Deputy Head of Procurement. Improvement Hub Support: Service Improvement Business Partner.
- 3.2 The Head of Procurement welcomed the team and briefly explained to layout of the department and the current structure of the service. The team were very receptive to the Genba walk and pleased to welcome the team (both virtual and physical).
- 3.3 It was acknowledged that the team are a real exponent of lean, from the procurement to the flow through the hospital. The team have worked incredibly hard throughout the pandemic, ensuring that appropriate goods were procured despite national stock shortages. It was very clear that the team are rightly proud of the work being done, as evidenced in the national rankings and the depth of knowledge of the business.
- 3.4 The team provide procurement services for Shrewsbury and Telford Hospital, Robert Jones and Agnes Hunt and Shropshire Community and work collaboratively with other organisations to provide a quality, cost effective service. The team endeavour to use local suppliers where possible, following the procurement tendering process. Several local organisations were used during the initial waves of covid in order to provide agility and sustainability during times of national shortage.
- 3.5 Current stock holding levels are 7-10 days with around 14 days for some items. There is a process in place to ensure wastage is written off and redistributed to local businesses, charitable services and further afield. It was recognised that additional focus and support around product rationalisation and support to the pharmacy procurement process would further strengthen the benefits realised by the procurement team.
- 3.6 Staff morale is low as current activity levels for business as usual are far in excess of pre-covid levels, resulting in a level of stress within the team. The Head of Procurement's contribution and leadership was recognised, and colleagues felt that they have been supported, despite the pressures caused by the increase in workload.
- 3.7 All board members were struck with the challenges the procurement team members face and felt it important to highlight the poor behaviours and experience received from staff and teams from the clinical divisions. The procurement team are often exposed to unrealistic expectations which sometimes leads to poor/threatening behaviour. A recognition is required at a higher level around due process and additional training required on SFI's and public contract regulations to ensure a better understanding of public spending constraints.

3.8 It was felt that the staffing establishment is required to be more reflective of the current workload of the department and a potential investment into an inventory management system was highlighted as a method of delivering further value within the procurement process.

3.9 Action Plan

Action Detail	Start Date	Due Date	Accountable Person	Lead Exec (If required)
Approval of the next phase of the Procurement resource plan by the Finance Director	16/05/2022	13/06/2022	Head of Procurement	Finance Director
Communication plan for the users of the Procurement service to support their compliance with due process on Standing Financial Instruction's and public contract regulations to ensure adherence to strict public sector processes	16/05/2022	31/07/2022	Head of Procurement	Finance Director
Communication plan to address poor cultural behaviours towards Procurement staff by some clinical teams as part of the wider trust culture piece	16/05/2022	16/11/2022	Head of Procurement	Interim Director of Strategy and Partnerships
Review of the Procurement business model which should include a plan of how to incorporate all parts of the Integrated Care System	16/05/22	31/03/23	Head of Procurement	Finance Director

4.0 Neonatal Unit PRH

- 4.1 The Team visited the Neonatal unit PRH Acting Chief Operating Officer, Non Executive Director, Non Executive Director
- 4.2 The unit was a calm and welcoming part of the Womens and Childrens Division. The Neonatal team shared that the unit was designed by a colleague to maximise the safety and ease of moving babies from the Delivery Suite into the unit as needed.
- 4.3 Their aim in to provide care with parents as partners so that they feel that they are fully involved in their baby's care. Parents are able to stay on the unit during their baby's stay either in one of the en suite Parent rooms or on a bed next to their baby's cot. They have chairs in each cot space which are vital for skin to skin care which are requiring replacement due to wear. The team are going to apply to charitable funds for replacements.
- 4.4 The team are proud of their Neonatal outreach team who are now available 7 days per week and can now support NG tube fed babies at home. The team are also looking at their next developments.
- 4.5 The team are proud of the improvements that they are making with delayed cord clamping which offers significant benefits to baby. They have applied for one cord trolley to support this and will apply to Charitable funds for a second.
- 4.6 There is a need in the team for a clinical practice educator to support the speciality training needed by the team. They have not currently got funding for this. Acting Chief Operating Officer to look in to sourcing funding.
- 4.7 The Team have funding for a Band 6 Psychological Support worker who will work with Parents and staff. The Unit manager would like to understand who can support this role and give them professional development and support. Acting Chief Operating Officer to link in with Deputy Chief Nurse for support with this
- 4.8 The team meet and exceed the National Standards for NNAP every year which is a huge credit to the whole team.

4.9 Action Plan:

Action	Start Date	Due Date	Accountable Person	Lead exec
Apply to SaTH Charitable funds for funding to replace the reclining chairs used by parents to hold and have skin to skin time with their babies on the Neonatal unit	12/05/2022	30/06/2022	Neonatal Unit Manager	Acting Chief Operating Officer
Apply to SaTH Charitable funds for additional cord trolley to increase facilitation of delayed cord clamping at delivery.	12/05/2022	30/06/2022	Business Manager	Acting Chief Operating Officer
Understand potential sources of funding for Clinical Practice educators to support and enhance the practice development of nurses working on the Neonatal unit	12/05/2022	30/06/2022	Acting Chief Operating Officer	Acting Chief Operating Officer
Understand how professional support and accountability for a Psychological support worker can be developed by linking in with Deputy Chief Nurse	12/05/2022	30/06/2022	Acting Chief Operating Officer	Acting Chief Operating Officer