


Board of Directors' Meeting 11 August 2022

Agenda item	162/22		
Report Title	Board Listening and Learning by Genba methods		
Executive Lead	Rhia Boyode, Director of People & OD		
Report Author	James Owen, Deputy Director of Education and Improvement		
	Link to strategic goal:		Link to CQC domain:
	Our patients and community		Safe
	Our people	√	Effective
	Our service delivery	√	Caring
	Our governance		Responsive
	Our partners		Well Led
	Report recommendations:		Link to BAF / risk:
	For assurance		BAF3, BAF4,
	For decision / approval		Link to risk register:
	For review / discussion		
	For noting	√	
	For information		
	For consent		
Presented to:			
Executive summary:	<p>On the 13th July 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Theatres at PRH, Mortuary at PRH and Pharmacy at RSH.</p> <p>Board members are asked to NOTE this paper, which demonstrates the reflections from the Genba walks held in July, and as a result, the specific actions that are being led by Executive members</p>		
Appendices	<p>Appendix 1: Action plan – progress update Appendix 2: Action plan – completed actions</p>		
Executive Lead			

1.0 Introduction

- 1.1 On the 13th July 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Mortuary at PRH, Theatres at PRH and Pharmacy at RSH.
- 1.2 Board members are asked to note this paper, which demonstrates the reflections from the Genba walks held in July, and as a result, the specific actions that are being led by Executive members.
- 1.3 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 Mortuary, PRH

- 2.1 The following Board of Directors' members and additional colleagues conducted a Genba walk to the Mortuary at PRH: Acting Director of Strategy and Planning, Director of Nursing, two Non-Executive Directors and Deputy Director of Education and Improvement. The team was hosted by the Pathology Centre Manager, Anatomical Pathology Technician (APT), Lead Reporting BMS Cellular Pathology and the Interim Operational Manager.
- 2.2 One of the motivations for the visit was to see progress that had been made in the area following a CQC in 2021, where the environment had been highlighted as an issue.
- 2.3 Upon arriving at the mortuary, the visiting team were granted access to the department after ID checks. Following a high-profile national case in another Trust, the team have instigated an update of security measures in the department. This includes 'swipe' access, which was installed the week prior to the visit and a review of colleagues who had access to the department. The team are now much assured only appropriate colleagues have access to the department.
- 2.4 On entering the department it was immediately obvious that the team took great pride in the cleanliness of the space, and the visiting team were pleased to see that updates to the estate of the department had been made. On a recent cleanliness inspection, the department scored 5 stars, which they were, rightly, proud of. During the Covid-19 pandemic, the service had required expansion to capacity, which led to an increase in capacity, and also change of use for some areas of the mortuary. The team were pleased to report that they now have more capacity than pre-pandemic, and have been able to revert areas back to their intended use.

- 2.5 The team communicated that there is good teamwork in the department. Colleagues often work alone, however mitigations have been put in place to ensure people aren't working alone for extended periods throughout the week. The team always ensure there are at least two people in the department if there is a need to accommodate funeral directors. During the visit it was obvious that the department's function is reliant on the excellent work of the APT and the Anatomical Pathology Assistants. These varied, crucial roles are extremely important to the team with a perception that they are not well understood in the wider organisation. To help with this the Director of Nursing invited the team to the weekly ward manager's meeting to discuss the role. The visiting team also acknowledged that the roles in the team were extremely challenging and emphasised that the Trust has health and wellbeing support available. This support may need to be bespoke given the context of the challenges the team face, and the Director of Nursing committed to investigate this.
- 2.6 The team have recently started to carry out routine capacity reviews to ensure there is out of hours capacity on both hospital sites. This is working well at present with capacity currently at 33%. As part of this work the Centre Manager is ensuring that 'on call' managers have access to the most up to date policies relating to rapid release of patients out of hours.
- 2.7 The team were very proud of the progress that had been made in the department. Although challenging at the time, there was an acknowledgement that recent reviews of the department had given the team an opportunity to make improvements that may otherwise have not happened. The team are expecting an inspection from the Human Tissue Authority in 2022 and are excited to communicate their improved service. There is a low turnover of staff in the team, and the team are happy with their staffing numbers. The team reflected that they all look after each other, patients and relatives to the best of their ability.
- 2.8 Action Plan – see Appendix 1 and 2.

3.0 Theatres, PRH

- 3.1 The following Board of Directors' members and additional colleagues conducted a Genba walk to the Theatres Department at PRH: Acting Chief Operating Officer, Director of Finance, Co-Medical Director, Associate Non-Executive Director x2, and Service Improvement Business Partner. The team was hosted by the Theatre Matron, Theatre Manager and Theatre Co-ordinator.

The Genba team initially met with the Theatre Matron and were briefed on the 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.

- 3.2 The current structure of the theatre department at PRH is divided into infectious and non-infectious bays. The previous surgical bed base has been removed and has now been occupied by medicine. There are now three areas in which patients could be seen, resulting in additional time and travel for the consultants. There are a number of delays to theatre start times due to the unavailability of hospital beds, which results in on the day cancellations, theatre overruns and a large amount of re-work in theatre lists. It was suggested to use the theatre downtime as an opportunity for training. The implementation of a "Golden" patient is being reviewed as an opportunity to start the theatre lists on time.

Each time there is a change to the list, the team have to re-brief the patient. Whilst there have currently been no errors within this process, there is a high level of risk associated per change. Patient experience is negatively affected due to the large number of on the day cancellations.

- 3.3 It was noted that the current theatre recovery area does not meet the requirements for paediatrics. This is currently on the risk register and is mitigated by the use of a cordoned off area within the main recovery. An elective four theatre hub is being introduced which will have whole day theatre sessions for paediatrics in order to mitigate risk.
- 3.4 Space within the department is limited, with concerns being raised over storage space for large equipment. The team have reviewed the use of the 5S improvement tool and will be commencing a stock rationalisation project in the future. The space identified requires blinds to ensure that equipment does not overheat and get sun damage. Stock rotation will also be addressed as there are a number of items that continue to reach their expiry date prior to use. Negotiations are in place to link in with the provider to check items and rotate regularly. Staff changing facilities are very limited with very little secure storage for staff. As a result, there have been a number of thefts within the department. The team are looking to introduce greater security measures through the use of a swipe card system that is currently awaiting approval as part of a whole Trust business case.
- 3.5 Theatres have had a high attrition rate and have struggled to fill gaps, particularly with the introduction of the 24/7 cover for maternity theatres, following the Ockenden review. Skill mix within the department is also a concern when re-routing team members to the maternity theatres. Attracting staff has proved successful, however, retaining staff is difficult as alternative jobs are available within the Trust. The theatres management team had already carried out a review of theatre banding/grades and had suggested the career structure for nurses and ODP's to minimise attrition, and it was agreed that this should be examined and progressed.
- 3.6 A review has been carried out to the current structure, with a focus on "Growing your own" team members. Apprenticeships have been used to fill ODP posts which is currently being run with a funding risk. Benchmarking has been carried out across other Trusts', although there is currently not a recognised theatre workforce structure in place nationally. It has been highlighted that highly skilled team members with dual skilled roles are banded lower than they are nationally. A recommendation was made to consider rotations within other departments in order to maintain appropriately trained staff. The team were proud to offer 3 golden tickets to team members within the last 6 months, which further helps strengthen the team.
- 3.7 A large amount of culture work has been undertaken within the department to review the values and behaviours framework. This includes team members being able to address concerns regardless of the hierarchy. It was felt that the team has lost some element of confidence around challenging team members if required due to the level of junior members within the current structure. It is hoped that this will be mitigated, as confidence within the teams grows.
- 3.8 Due to the high levels of turnover, there are a large amount of supernumerary and trainee team members, often resulting in a difficulty to accommodate the training required in each theatre session. Although plans are in place, it was recognised that exposure to theatres will now take longer, due to the volume of trainees requiring education. This also has an impact on the trained members within the team as they carry out their role, alongside the training role.

3.9 The team were proud to share excellent examples of patient care, with the feeling of a whole team attitude when caring for patients. The passion and professionalism were notable. The dedication of the team is commendable, with many staff covering the various session gaps (circa 500 in one month). The team have a very open ethos and are keen to seek and make improvements to the service.

3.10 Action Plan – see Appendix 1.

4.0 Pharmacy Department

- 4.1 The following members of the Board of Directors and additional colleagues conducted a Genba walk to the Pharmacy Department at RSH: The Chair, four Non-Executive Directors, Service Improvement Business Partner & Assistant Continuous Improvement manager. The team was hosted by the Chief Pharmacist, Deputy Chief Pharmacist & Chief Pharmacy Technician.
- 4.2 The Genba walk included a virtual element with three of our Non-Executive Director colleagues who were shown around the department alongside the “live” team. The visit followed the process from procuring medication, through the pathway, finishing at the dispensary.
- 4.3 The visiting team was warmly welcomed to the department and was instantly surprised to the size and scale of the area, with the Chair commenting “we forget how complex and busy Pharmacy is and it is very useful to see the mechanism for getting medication to our patients”. The following areas were visited: Procurement, medication “goods in”, aseptic area (via TV monitoring system), Home Care team, medicine information and medicine safety officer, bulk storage areas and the dispensary.
- 4.4 The Genba team saw how the ordering system operated using an electronic system, which helps to maintain good stock levels, due to the re-ordering system; the team was constantly striving to seek the best value for patients within the current procurement constraints. In particular, the team worked hard to monitor the accounts and ensure that any overcharging by pharmaceutical companies was quickly addressed, with the Trust receiving money owed in a timely manner. It was noted however, that the accounting system is considered outdated, resulting in the waste of overproduction, as the operators had to manually provide accounting information to the finance department, as opposed to electronically, which is the preferred method from a pharmacy perspective.
- 4.5 The Genba team learnt that the Trust is providing more opportunities for patients through provision of Gene Therapy, which enables better treatment up front, which has the benefit of better outcomes for patients, with more time in remission, as opposed to the traditional methods. Additionally, the team shared the process for the Home Care team which is now supporting approximately 2000 patients. Prior to COVID-19, this was a Haematology only service, increasing its support to Oncology patients. Now that the Trust is beginning to return to pre COVID-19 levels and ways of working, the team is looking to support all non-infusion patients with treatment at home. Work is underway to get the necessary buy-in from all specialities, some of which, require further evidence to ensure it does not impact on the Trust’s ability to generate appropriate income.

- 4.6 There was much discussion on the utility and use of an Electronic Prescription Medicine System, which the department is currently going through the procurement process. The advantage would significantly reduce time taken to provide medication to patients, provide an effective and quick audit process that will lead to improvement, reduce drug errors, and support patient flow by providing a more robust system.
- 4.7 Finally, the Pharmacy team reported that cancer services are not meeting the targets for prescribing in a timely manner, which results in 7-8 late prescriptions being processed daily. This can lead to some of our patients not receiving their cancer treatment on the day they have been scheduled.
- 4.8 Action Plan- see Appendix 1.

Appendix 1 - Action plan with progress updates

ID	Genba Walk Date	Genba	Genba Site	Action	Date Action Due	Delivery Status	Progress Status
14	09-Mar-22	PALS and Complaints	RSH	Link in with Education team and Improvement Hub for the Education agenda	29-Jul-22	Not yet delivered	On Track
17	09-Mar-22	PALS and Complaints	RSH	Engage with Comms to help promote the team	29-Jul-22	Not yet delivered	On Track
9	09-Mar-22	Fracture Clinic (including Plaster Room)	RSH	Consider the promotion of the Friends and family test to gain additional feedback on the service	30-Apr-22	Not yet delivered	At Risk
11	09-Mar-22	Fracture Clinic (including Plaster Room)	RSH	Link in with the Improvement Hub around future improvement initiatives to support sharing and learning	30-Apr-22	Not yet delivered	On Track
28	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Link in with Comms to enhance social media presence of Temporary staffing	30-Sep-22	Not yet delivered	On Track
29	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Investigate how the process of offering more flexible shifts can be tested out with new ward	30-Sep-22	Not yet delivered	On Track
30	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Understand what additional people resource may be needed by the Temporary staffing team	30-Sep-22	Not yet delivered	On Track
33	13-Apr-22	Emergency Department	PRH	Push back on paediatric triage of patients measure	30-Sep-22	Not yet delivered	Not Started
34	13-Apr-22	Emergency Department	PRH	Review bed cleaning improvement work	30-Sep-22	Not yet delivered	Not Started
35	13-Apr-22	Emergency Department	PRH	Business case to be written for Omnicell (drug cabinet)	30-Sep-22	Not yet delivered	Not Started
37	13-Apr-22	Emergency Department	PRH	COO to lead a meeting between divisional triumvirates to discuss and resolves around specialty triage	30-Sep-22	Not yet delivered	Not Started
38	13-Apr-22	Emergency Department	PRH	Senior clinicians to attend site meetings to increase awareness of flow issues across the Trust	30-Sep-22	Not yet delivered	Not Started
42	11-May-22	Ward 26	RSH	Explore step down principles for handover of analgesia	13-Jun-22	Not yet delivered	On Track
44	11-May-22	Ward 26	RSH	Explore and update process for direct admissions from ED	13-Jul-22	Not yet delivered	On Track
32	13-Apr-22	Medical Engineering Services (MES)	RSH	Produce workforce paper	30-Sep-22	Not yet delivered	On Track
45	11-May-22	Procurement Department	Shrewsbury Business Park	Approve the next phase of the resource plan - Year 1 Service and System Level	16-May-22	Not yet delivered	On Track
62	11-May-22	Procurement Department	Shrewsbury Business Park	Poor feedback has been experienced by procurement staff at times from clinical team members. Communication plan to address cultural behaviours within clinical teams as part of the wider trust culture piece	16-Nov-22	Not yet delivered	On Track
48	11-May-22	Neonatal Unit	PRH	Apply to SaTH Charitable funds for funding to replace the reclining chairs	30-Jun-22	Not yet delivered	On Track
50	11-May-22	Neonatal Unit	PRH	Understand potential sources of funding for clinical practice educators	30-Jun-22	Not yet delivered	On Track
51	11-May-22	Neonatal Unit	PRH	Understand the support for psychological support	19-May-22	Not yet delivered	On Track
63	13-Jul-22	Mortuary Department	PRH	Bereavement training / Health and Wellbeing support required to be available for the mortuary team.	15-Aug-22	Not yet delivered	On Track
64	13-Jul-22	Mortuary Department	PRH	Mortuary Team to present at band 7 meeting (meeting held every Wednesday)	03-Aug-22	Not yet delivered	On Track
65	13-Jul-22	Mortuary Department	PRH	DB to include mortuary on his 'wellbeing walks'	31-Oct-22	Not yet delivered	On Track
58	12-May-22	Medical Staffing	PRH	Medical staffing improvement lead to meet with the Chief Executive to discuss the advertisements and recruitment to permanent posts within the Team. Business case required to developed and approved	30-Sep-22	Not yet delivered	On Track
59	12-May-22	Medical Staffing	PRH	Work with the CDs for Medicine to trial a medical rota pilot on the wards to increase confidence in the team and proposed changes to the structure	31-Dec-22	Not yet delivered	On Track
60	12-May-22	Medical Staffing	PRH	Review learning from international nursing onboarding team to support the recruitment to clinical posts with Head of Non-Medical Education	30-Sep-22	Not yet delivered	On Track
61	12-May-22	Medical Staffing	PRH	Revisit within 12 months	09-Jun-23	Not yet delivered	On Track
56	08-Jun-22	Medical Records and Clinic Prep	Other	Build business case for destruction of records and costs involved	09-Aug-22	Not yet delivered	On Track
57	08-Jun-22	Medical Records and Clinic Prep	Other	Plan and host a loose paper notes amnesty across Shrewsbury and Telford	31-Oct-22	Not yet delivered	On Track
69	13-Jul-22	Theatres Department	PRH	Purchase blinds for implant storage area to avoid heat damage	30-Sep-22	Not yet delivered	On Track
70	13-Jul-22	Theatres Department	PRH	Progress trust wide business case for swipe card/ touch card system and prioritise theatres to improve safeguarding/ security and health and safety	31-Dec-22	Not yet delivered	On Track
71	13-Jul-22	Theatres Department	PRH	Implant storage review and rotation of stock prior to expiry	30-Sep-22	Not yet delivered	On Track
67	13-Jul-22	Pharmacy Department	RSH	The Chair to investigate with the Director of Finance the rationale for requiring "paper" accounts	22-Jul-22	Not yet delivered	On Track
68	13-Jul-22	Pharmacy Department	RSH	Pharmacy to engage with Gastroenterology Service Managers to progress with provision of Home Care for this cohort of patients	15-Aug-22	Not yet delivered	On Track

Appendix 2 - Genba completed action log

ID	Genba Walk Date	Genba	Genba Site	Action	Date Action Due	Delivery Status	Progress Status
1	13-Apr-22	Estates	RSH	Link in with the clinical teams visiting schools and colleges to promote Estates career opportunities	31-May-22	Evidenced and Assured	Complete
23	09-Feb-22	Ward 25	RSH	Contact Charitable fund link to understand if funding is available to improve staff room areas.	31-Mar-22	Delivered, not yet evidenced	Complete
24	09-Feb-22	Ward 25	RSH	Obtain an additional Computer on Wheels to aid flow	31-Mar-22	Delivered, not yet evidenced	Complete
25	09-Feb-22	Ward 25	RSH	Consider additional improvements to the SS of the store room (such as kanbans/ automatic ordering when at higher escalation levels)	31-Mar-22	Evidenced and Assured	Complete
26	09-Feb-22	Ward 25	RSH	Consider Psychological First aid training for colleagues	31-Mar-22	Evidenced and Assured	Complete
27	09-Feb-22	Ward 25	RSH	Consider the use of office space to increase clinical capacity following the move to the modular ward	30-Jun-22	Delivered, not yet evidenced	Complete
3	09-Feb-22	Integrated Discharge Hub	RSH	Provide an update on the establishment of the team once the review is completed	01-Apr-22	Delivered, not yet evidenced	Complete
4	09-Feb-22	Integrated Discharge Hub	RSH	Ensure that the provision for kitchen is progressed for staff wellbeing	01-Apr-22	Evidenced and Assured	Complete
5	09-Feb-22	Integrated Discharge Hub	RSH	Ensure there is a plan for mutual access for system partners to each other's patient systems	01-Apr-22	Evidenced and Assured	Complete
6	09-Feb-22	Integrated Discharge Hub	RSH	Understand the status of ongoing Hospital Discharge Programme Funding beyond the end of March	28-Feb-22	Evidenced and Assured	Complete
7	09-Feb-22	Integrated Discharge Hub	RSH	Update on the progress of the Criteria Led Discharge process	28-Feb-22	Evidenced and Assured	Complete
12	09-Mar-22	PALS and Complaints	RSH	TB to link in with CD around the Investment Committee process and how some Business Cases can be expedited.	31-Mar-22	Evidenced and Assured	Complete
13	09-Mar-22	PALS and Complaints	RSH	JP to link in with Improvement Hub to provide support in finding a solution to the "BING" issue	31-Mar-22	Evidenced and Assured	Complete
15	09-Mar-22	PALS and Complaints	RSH	The team to look at trends and themes to enable greater support to Divisions	30-Apr-22	Evidenced and Assured	Complete
16	09-Mar-22	PALS and Complaints	RSH	Link in with Improvement Hub to understand problem with identifying and contacting Doctors required to assist with complaints	31-Mar-22	Delivered, not yet evidenced	On Track
8	09-Mar-22	Fracture Clinic (including Plaster Room)	RSH	Contact CD (communications) to add in the plaster room within the "Meet the Team" section of the cascade	30-Apr-22	Not yet delivered	On Track
10	09-Mar-22	Fracture Clinic (including Plaster Room)	RSH	Review planning of activity to ensure level loading within the Fracture Clinic	30-Apr-22	Evidenced and Assured	Complete
18	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Summary of potential recruitment offers for locally / UK recruited nurses / staff to be refreshed and updated for consideration	31-May-22	Evidenced and Assured	Complete
19	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Understand how the information gathered from exit interviews is used	31-May-22	Evidenced and Assured	Complete
20	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Progress the addition of the extra module to the TRAC system	01-Sep-22	Evidenced and Assured	Complete
21	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Understand how additional training around difficult conversations could support those doing exit interviews	31-May-22	Evidenced and Assured	Complete
22	09-Mar-22	Recruitment and Temporary Staffing Department	Shrewsbury Business Park	Ensure that support is sought as needed for writing the required business cases for the development of the recruitment team	31-May-22	Evidenced and Assured	Complete
40	11-May-22	Ward 26	RSH	Visit modular ward to understand the lack of lighting due to layout of bathroom, to ensure future wards (HTP/modular) take this into account	30-Sep-22	Evidenced and Assured	Complete
41	11-May-22	Ward 26	RSH	Update nursing template in line with move to modular ward	05-Jul-22	Evidenced and Assured	Complete
43	11-May-22	Ward 26	RSH	Explore returning missing beeps	13-Jun-22	Evidenced and Assured	Complete
31	13-Apr-22	Medical Engineering Services (MES)	RSH	Add quarterly Med Devices report to the QOC	17-May-22	Evidenced and Assured	Complete
46	11-May-22	Procurement Department	Shrewsbury Business Park	Communication plan to address cultural behaviours within clinical teams	31-Jul-22	Delivered, not yet evidenced	On Track
47	11-May-22	Procurement Department	Shrewsbury Business Park	Review of business model and how to incorporate all elements within the ICS	31-Mar-23	Delivered, not yet evidenced	On Track
49	11-May-22	Neonatal Unit	PRH	Apply to SaTH Charitable funds for funding an additional life start (cord) trolley	30-Jun-22	Evidenced and Assured	Complete
52	08-Jun-22	Radiotherapy	RSH	Share link to virtual Tour with Acting Medical Director	08-Jun-22	Evidenced and Assured	Complete
53	08-Jun-22	Radiotherapy	RSH	Share progress on business cases for AI with Acting Medical Director	30-Jun-22	Evidenced and Assured	On Track
54	08-Jun-22	Radiotherapy	RSH	Link communication team with radiotherapy team to celebrate new CT Scanner	30-Jun-22	Evidenced and Assured	Complete
66	13-Jul-22	Mortuary Department	PRH	Ensure 'on call' managers have access to the current version of the rapid release of bodies policy	31-Jul-22	Evidenced and Assured	Complete
55	08-Jun-22	Medical Records and Clinic Prep	Other	Provide the medical records and clinic prep team with clarification regarding next steps in digitising records	09-Jul-22	Evidenced and Assured	CompleteA19A1.K35