


Board of Directors' Meeting 13 October 2022

Agenda item	189/22a		
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 10th August 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas: Ward 16 at PRH, Sterile Services at Queensway and Ward 22 T&O at RSH.</p> <p>Board members are asked to NOTE this paper, which demonstrates the reflections from the Genba walks held in August, and as a result, the specific actions that are being led by Executive members</p>		
Appendices	Appendix 1: Action log from Genba walk		
Executive Lead			

1.0 Introduction

- 1.1 On the 10th August 2022, the Trust undertook 3 'Genba Walks'. These walks took place in the following areas, Ward 16 at PRH, Sterile Services at Queensway and Ward 22 T&O at RSH.
- 1.2 Board members are asked to note this paper, which demonstrates the reflections from the Genba walks held in August, 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 Ward 16, PRH

- 2.1 The following Board of Directors' members and additional colleagues conducted a Genba walk to Ward 16 at PRH: Acting Director of Strategy and Planning, two Non-Executive Directors and Deputy Director of Education and Improvement. The team was hosted by the Interim Centre Manager and the Matron.
- 2.2 The Stroke team have made changes to how they deliver care recently in merging the acute and rehabilitation wards into one unit. Previously patients requiring rehabilitation were on ward 15, and acute patients were on ward 16. The intention of this move was to create a more cohesive, upskilled team with both types of patients on both wards. This change is still in its early stages and work is being undertaken to move towards this cohesive model. One of the impacts of this change was that some nurses have been made supernumerary, so they can react quickly to patients presenting in an emergency.
- 2.3 Work to help with cohesion on the unit has included work to 'upskill' colleagues and work to establish a behavioural framework decided upon by the team. The Deputy Director of Education and Improvement will help Matron clarify the closing time of a survey that the team have conducted in conjunction with the Organisational Development Team. Efforts such of these have been delayed due to sickness on the unit, which is running high at 11%. Sickness has been high due to COVID-19 and has impacted the roster, although the team felt this was being managed well in conjunction with the People Team. The team use bank staff, a lot of these bank staff wish to become substantive members of the team, which is seen as a positive. There is a slight delay to establishing the staffing template in this area. The team display thank you cards on the unit, and plan to do more work to make this more visual.
- 2.4 Patient Flow is an issue on the ward, causing patients to not have access to specialist stroke beds. Work has been done to review pathways, but there is more work to do on this. An intervention that will help with this is to submit a joint analysis paper on the system wide state of flow through the UEC Operational Group. The Interim Centre Manager has taken this as an action. (see appendix 1)

- 2.5 The team highlighted that compliance with mandatory training and appraisal was lower than required, and a plan has been put in place to address this. The Deputy Director of Education and Improvement will help Matron work with the Education team to provide reports on areas that need addressing.
- 2.6 The team have recently had datix incidents logged relating to skin damage. A high proportion of patients with skin damage have had this on arrival and a system has been implemented to better record this and display it on the bedside.
- 2.7 The review team complimented the team on their leadership as it was obvious good work is being undertaken on the unit. Matron and the Interim Centre Manager thanked the review team and reiterated how proud they were to work with their great team.
- 2.8 Action Plan – see Appendix 1.

3.0 Sterile Services, Queensway

- 3.1 The following Board of Directors' members and additional colleagues conducted a Genba walk to Sterile Services at Queensway: Acting Chief Operating Officer, Co-Medical Director, Associate Non-Executive Director x1, Service Improvement Business Partner and Improvement Hub Administrator. The team was hosted by the General Manager and the Production Manager.
- 3.2 Sterile Services currently provide service to both sites at SaTH, the Community Hospitals and some GP practices in Shropshire and Wrexham. They currently operate at approximately 80% capacity. The General Manager and Production Manager voiced concerns about increasing to 90% of capacity as the machines used are reaching the end of their shelf life. This is currently going through procurement, but it should be noted that the General Manager raised the concern 2 years ago. Currently the risk of suspending services is increasing as multiple pieces of machinery are breaking down so manual work arounds must take place whilst the equipment is fixed.
- 3.3 As testament to the General Manager and the Production Manager, there is clear evidence of succession planning and professional development with more qualifications becoming available in the future that the team will be supported to do if they so wish. The attrition rates for the team are also low. The team also had multiple thank you cards from various individuals from the theatre teams, thanking them for the time taken to support their training as well.
- 3.4 Discussion took place covering the history of how the services were set up just over 11 years ago on a limited budget and timeframe, it was clear that the reason the team can continue to delivery such high standards is due to the number of instruments bought initially to act as a buffer should there have to be a shutdown of the site for any reason. The General Manager raised that over the 11 years they have been at Queensway the have often been firefighting to ensure the building and machinery remains operational. The team have a good relationship with the engineers and maintenance teams, this combined with the resilience of the sterile services team has ensured business continuity. The General Manager provided examples; last month the services returned after a weekend to find they did not have enough water following Severn Trent repairs outside the facility. The General Manager was able to liaise and escalate with the water companies to have everything back up and running within 24 hours with zero disruption to patient services.

It was noted that should the services have to be suspended for more than 48 hours there would be an impact on patient care.

- 3.5 Turnaround time currently being met by the team is 9 hours the standard is 24. They hub out of the loading bay with 5 runs a day. They have looked at different hours and models but currently this is the most efficient. All equipment on trays are electronically tracked so the team have very little that goes missing. They are also incredibly diligent to ensure that equipment that is not SaTH's does not go through the cleaning process and is not returned to the hospital. The biggest concern is around the individual pouches as they are not currently bar coded.
- 3.6 The Genba Team asked the host team about their involvement in HTP and the future of the facilities. The General Manager felt the perfect solution would be one on each site but recognises the costs and requirements for that would be incredibly high. Centralising to one site would be the next best alternative and support raising the team's profile.
- 3.7 Through the worst of the COVID-19 pandemic the team had very little sickness but has seen an increase since restrictions in England have lifted. The team often felt forgotten about when companies were providing gifts to the hospitals to say thank you for the hard work of NHS staff.
- 3.8 Action Plan – see Appendix 1.

5.0 Ward 22 T & O RSH

- 5.1 The following members of the Board of Directors and additional colleagues conducted a Genba walk to Ward 22 Trauma & Orthopaedics at RSH: The Chair, The CEO, Centre Manager for MSK, Deputy Director of Nursing, Deputy Director of Nursing for Surgery, Anaesthetics & Cancer Divisions, 1 x Non- Executive Director who met with the Ops Manager virtually. The Ward Manager hosted the team.
- 5.2 The Genba walk included a virtual element with one of our Non-Executive Directors speaking with the Operations Officer for the area.
- 5.3 The visiting team was warmly welcomed to the department by the Ward Manager who was extremely pleased to be given the opportunity to share the work of her colleagues on the Ward. The manager wanted to share the changes since some of the COVID-19 restrictions have been removed, including the removal of the plastic screens and return of patient visiting, which is having a positive impact on patients. This is particularly important as a substantial proportion of the patients suffer from a form of delirium and therefore, required very intensive care 24/7. The Manager also wanted to celebrate the procurement and use of a "Sara Steady" transfer aid, which has made a significant impact to patient transfers, alongside their rehabilitation needs.

- 5.4 The Genba team learned that the Ward was working on significant staff shortages but has been involved in developing an action plan to bring about the changes required. In particular, the Ops Officer shared that a “Trigger Tool” has been developed to support gaps and agency usage. This is currently being evaluated out and therefore, it will be interesting to know how this helps. The Ward Manger stated that due to staff shortages, it has been difficult to release colleagues for training, but again is working to address through an action plan. Although morale is reportedly low, on speaking with an HCA who had been working on the ward for 20 years, she really enjoys working on the ward and in particular challenges of working with orthopaedic patients. She feels the team all help each other to ensure they can meet their required tasks throughout the day.
- 5.5 The team is due to move to another ward by October 2022, which is much anticipated, as the current ward has presented many challenges over the years. However, the current PSAG board is currently not working to its full potential (unable to update directly via the touch screen) and it is felt that due to waiting for the ward move, the board is not due to be fixed. This should be looked at as a priority, as it requires much re-work to keep the board up to date, as well as ensuring it is fit for purpose for when the ward changes its role in October.
- 5.6 It was noted that there were many medically optimised patients who were being delayed in their discharge due to insufficient social care. Some of these patients have resulted in a “long-stay” and despite best efforts from the ward, this is having an impact on site clinical flow.
- 5.7 The Ops Officer shared that the ward is working with the Head of Culture to support improving morale. In the first instance, the Ward Manger is removing herself from clinical work to focus on managing the team, with a particular focus on appraisals and wellbeing. Part of this work includes the sharing of Datix’s to the wider team, which is having a positive impact. Additionally, discussions were held around the staff survey and engagement with the “Making a difference” tool/conversations. It was felt that colleagues were aware of the staff survey and engaged in the process, but they were not engaged with the “Making a difference” tool due to clinical commitments, which was impacting on their ability to keep up with e-mails, as well as having the time to engage with on-line conversations. However, the staff felt the “conversation cafes” which were being set up were being well received.
- 5.8 Finally, the team met with one of the Ward’s doctors who reiterated the difficulties of working on the ward, due to the high acuity of the patients, many of whom suffered from post operative delirium, or had been already diagnosed with dementia. This presented many challenges, not least the amount of care required, which was similar to that required in intensive care. As a result, the risk of falls is high. He was incredibly grateful for the visit by the Board to the ward and felt it would have a very positive impact on morale.
- 5.9 On returning to Executive suite, it was noted in some of the ward entrances, used mattresses had been left outside awaiting collection. The CEO requested that the Improvement Hub investigated the process to ensure wards were aware of how to best return mattresses and reduce the need to have them sitting outside the wards.
- 6.0 Action plan: see Appendix 1

Genba Actions from 10/8/22

ID	Genba	Genba Site	Action	Action Owner	Date Action Due	Accountable Person	Exec Lead (If applicable)	Delivery Status	Progress Status	Update
72	Ward 16 Acute Stroke	PRH	Submit a joint analysis paper on the system wide state of flow through the UEC operational group	Centre Manager	31/10/2022	Operational Manager	Interim Director of Strategy and Partnerships	Not yet delivered	On Track	
75	Ward 22 Trauma and Orthopaedics	RSH	Deputy Director of Nursing to speak with COO about long-stay patients, particularly those residing in Powys	Deputy Director of Nursing	30/08/2022	Deputy Director of Nursing	Chair	Evidenced and Assured	Complete	Confirmation that Deputy Director of Nursing has spoken to COO.
76	Ward 22 Trauma and Orthopaedics	RSH	I-Hub to investigate process for returning used mattresses to reduce the need to store outside the wards	I-Hub	10/09/2022	I-Hub	Chief Executive	Not yet delivered	On Track	Process investigated. Ongoing work with portering team and wards to improve the process for returning used mattresses to the appropriate storage facility. Request extension until 30.11.2022 as work is still ongoing.
77	Ward 22 Trauma and Orthopaedics	RSH	I-Hub to feedback recruitment challenges to recruitment team as part of its improvement programme	I-Hub	10/09/2022	I-Hub	Chair	Evidenced and Assured	Complete	Confirmation that feedback was given to Recruitment Team; a T&O recruitment event was already being planned for September. This was successful with a number of job offers being made; recruitment and vacancy rates within T&O will continue to be monitored
78	Ward 22 Trauma and Orthopaedics	RSH	Fix, or replace current PSAG board	Centre Manager	30/09/2022	Centre Manager	Chair	Evidenced and Assured	Complete	New PSAG Board in situ (ward move has since taken place since so PSAG board left and will use one in new ward area)
79	Sterile Services	Other	Acting Chief Operating Officer to understand where the business case for the replacement machines is in the approval process	COO	30/09/2022	Acting Chief Operating Officer	Acting Chief Operating Officer	Not yet delivered	On Track	Business case not yet approved as still under tender review so costings can be included in business case
80	Sterile Services	Other	Acting Chief Operating Officer to discuss with the Divisional Director of Surgery, including Sterile Services in HTP discussions	COO	30/09/2022	Acting Chief Operating Officer	Acting Chief Operating Officer	Evidenced and Assured	Complete	Confirmation received that Sterile Services Manager has now attended HTP meeting(s), and will continue to do so where required.
82	Sterile Services	Other	Sterile Services to be included in a forthcoming Cascade as a 'Meet the Team' to help raise their profile	COO	30/09/2022	Acting Chief Operating Officer	Acting Chief Operating Officer	Not yet delivered	On Track	Photographs taken of team and shared with comms team to include in forthcoming cascade slide set
73	Ward 16 Acute Stroke	PRH	Link Matron in with people and OD to establish behavior survey closing date	Deputy Director of Education and Improvement	12/08/2022	Deputy Director of Education and Improvement	Director of People and OD	Evidenced and Assured	Complete	
74	Ward 16 Acute Stroke	PRH	Link Matron in with education team to establish reporting requirements (and access) for mandatory training	Deputy Director of Education and Improvement	12/08/2022	Deputy Director of Education and Improvement	Director of People and OD	Evidenced and Assured	Complete	
81	Sterile Services	Other	Ensure processes are in place so Sterile Services are not excluded from Trust-wide staff wellbeing initiatives	COO	31/08/2022	COO	Acting Chief Operating Officer	Evidenced and Assured	Complete	