


Board of Directors' Meeting 13 October 2022

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| Agenda item | 189/22b | | |
| 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 15th September 2022, the Trust undertook 2 'Genba Walks'. These walks took place in the following areas, Path Labs at PRH, and the Emergency Department, RSH.</p> <p>Board members are asked to NOTE this paper, which demonstrates the reflections from the Genba walks held in September, 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 15th September 2022, the Trust undertook 2 'Genba Walks'. These walks took place in the following areas, Path Labs at PRH, and the Emergency Department, RSH.
- 1.2 Board members are asked to note this paper, which demonstrates the reflections from the Genba walks held in September, 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 Path Labs, PRH

- 2.1 The following Board of Directors' members and additional colleagues conducted a Genba walk to the Path Labs at PRH: Acting Chief Operating Officer, Director of Finance, Non-Executive Director, and Service Improvement Business Partner. The team was hosted by the Deputy Head BMS, Consultant Chemical Pathologist and Pathology Centre Manager.
- 2.2 The Genba team initially met with the Deputy Head BMS and were introduced to the team. The team were very receptive to the Genba walk and were pleased to welcome the team. The Genba team were shown around the department by the Deputy Head BMS, explaining the different services and tasks carried out within each section.
- 2.3 The PRH laboratory is unique in its set up, with Biomedical Scientists working in a multidisciplinary capacity covering Haematology, Blood Transfusion and Biochemistry. This adds value within the Biomedical Scientist role and provides colleagues with transferrable skills, increasing career progression, although this can have a detrimental effect within the Trust as highly skilled team members transfer out of the hospital. The additional skills required within the role results in the initial training period taking around a year to ensure staff are skilled up in each area prior to full cover across the department. Out of hours cover can be challenging and places additional strain on staff covering the shifts. Taking the multidisciplinary laboratory further, the team has also taken on Blood cultures to improve the PRH Sepsis pathway, referring those that are positive to RSH Microbiology for culturing.
- 2.4 There are limited progression opportunities within the department, with posts only becoming available when staff leave. A Blood Sciences workforce plan to address retention is currently under review and will be presented at a forthcoming Board meeting. Staff pursue further opportunities for career progression outside the Trust. Often people with a Biomedical Science degree, but no laboratory experience, start their careers as Medical Laboratory Assistants or Associate Practitioners. Once they have gained some experience they are recruited by other labs as trainee BMS. Often, we cycle these people through the SaTH sites as jobs become available. This practice is very good from an experience point of view but leads to a heavy training burden.

- 2.5 Improvement work has been carried out to assist with the flow within A&E at RSH, ensuring that Troponin and D-Dimer tests are processed within the 60-minute parameter, supported by initial funding for 6 months. This ensures that patients suspected of having a heart attack are able to be identified and treated in a timely manner. Successful trial of this process will then be considered for further roll out at PRH.
- 2.6 A vast number of tests are received within the department that are marked as urgent, some of which may be routine. This requires prioritising in order to ensure that the most important “urgent” tests are processed in a timely manner. This was highlighted as an area of focus alongside increased education to improve the truly urgent referrals and a look to review the haemolysed and repeat sample requests.
- 2.7 There has been investment in the machinery within the department which has enabled additional test processing in order to meet the increased demand for the services. Activity and test requests within the department have increased by a substantial amount year on year, including an increase in GP referrals, which had not initially been planned for at the PRH site. As a result, the PRH analysers are not able to fulfil the demand and require transportation to the RSH site. The increased use of machinery, whilst having an effect on workforce, has resulted in an additional focus to the Quality aspect of the roles, as opposed to deskilling the workforce.
- 2.8 The migration of the transport contract has yet to deliver the improvements specified due to the complexity of phlebotomy review, intertwined routes, and stakeholder requirements.
- 2.9 Diagnostics were highlighted as an important element of future planning for the hospital. Additional services will likely require diagnostics and the Support Services Centre should, therefore, be considered a key stakeholder to ensure there is ample time for training and understanding of additional requirements. Innovative technology and solutions are also being considered for future development.
- 2.10 The Trust are currently exploring the support around Diagnostic and treatment centres and how best to integrate the IT infrastructure to maximise benefits to patients. Networking opportunities are being explored within the Stoke and Cheshire partnership to further strengthen the services available to patients along with strengthening the Primary Care Network. Strengthening of Networks will enable additional benefits to both patients and the Trust, in particular building resilience within the system.
- 2.11 The team are currently exploring the development of a phlebotomy academy which will aim to increase the training and skills available both in the trust and externally. Additional improvement work is being undertaken to review patient information on wristbands compared with the information stored on the system.
- 2.12 The department has a dedicated break area, lockers and showering facilities which are used regularly, particularly with the increase in colleagues opting to cycle to work. An additional study area is available for colleagues to use
- 2.13 Action Plan – see Appendix 1.

3.0 Emergency Department, RSH

- 3.1 The following members of the Board of Directors and additional colleagues conducted a Genba walk to the Emergency Department (ED) at RSH: The Co-Medical Director, 2 x Non-Executive Directors, Divisional Programme Manager, Deputy Divisional Director of the Women & Children's Division and the Clinical Lead for Improvement/ED Consultant. The team was hosted by the Clinical Director for ED, along with the Senior Matron and Ops Manager.
- 3.2 The visiting team was warmly welcomed to the department by the Clinical team who was pleased to be given the opportunity to show the Genba team around the department, which has seen much refurbishment works. Some of the key areas the team was proud of included, a dedicated mental health room, a new "Swan" room for our end-of-life patients and the Paediatric area. Following a period of refurbishment, the department has the capability to provide a significant improvement to patient flow and experience. Additionally, the new areas, including some additional staff areas, such as a dedicated health and wellbeing room and Consultants office, is impacting positively on morale.
- 3.3 Staffing remains an issue and the team discussed the following:
 - 3.3.1 The dependence on paramedics to support cohorting within the "pit stop area"
 - 3.3.2 The need to enhance the staffing levels within the minor injuries and illness stream
 - 3.3.3 The opportunities for more integrated working with the GPs and enhanced practitioners running the urgent care service
 - 3.3.4 The challenges to ensure that all areas have adequate medical and nursing cover
- 3.4 Flow is a significant issue for the ED. The current department capacity is probably adequate to meet the ED workflow (although HTP should enable better configuration) but the department is currently having to house and provide clinical cover for patients awaiting ward beds. This is also impacting on the desire to use the old Majors area for high turnover fit to sit.
- 3.5 In Minors it was reported that there is a significant appetite for existing colleagues to be able to progress their careers in an ENP training programme. This is an important consideration in relation to recruitment and retention. The department has been evaluating the skills mix and staff development plans and would welcome being able to do more to demonstrate to ED staff that there are career development pathways. It is believed that this would be a positive factor in attracting and retaining staff.
- 3.6 Further discussions uncovered that the ECPs are not able to prescribe medication to their patients. This leads to them having to ask consultants and junior doctors to prescribe. The issue appears to be that ECPs are excluded from patient group directives in accordance with current Trust policy. This appears anachronistic given the fact that paramedics are able to administer medications to patients whilst "in the field". Resolving this would improve patient safety whilst also improving patient and practitioner experience.

- 3.7 Overall, the team was proud to show the Genba team around the department and felt significant structural improvements have been made, which is improving morale and patient experience. The team feel however, that a lot of pressure is placed upon the department to achieve its targets, despite some of the delays being beyond its capability to influence. Work is also ongoing to improve cultural differences cross site to engender a culture of “one-ED”.
- 3.8 Action Plan – see Appendix 1.

