

Board of Directors' Meeting 8 December 2022

Agenda item	249/22		
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 7 November 2022, members of the Board and other colleagues undertook two 'Genba Walks'. These walks took place in the Surgical Assessment Unit RSH, and the Palliative & End of Life (PEOLC) team.</p> <p>Board members are asked to NOTE this paper, which demonstrates the reflections from the Genba walks held, and as a result, the specific actions that are being led by Executive members</p>		
Appendices	Appendix 1: Action log from visit		
Executive Lead			

1.0 Introduction

- 1.1 On 7 November 2022, members of the Board and other colleagues undertook two 'Genba Walks'. These walks took place in the following areas, the Surgical Assessment Unit RSH, and the Palliative & End of Life (PEOLC) team.
- 1.2 Board members are asked to note this paper, which demonstrates the reflections from the Genba walks held, 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 Surgical Assessment Unit RSH

- 2.1 The following members of the Board of Directors and additional colleagues conducted a Genba walk to the Surgical Assessment Unit RSH: 2 x Non-Executive Directors and The Head of PMO and Transformation. The team was hosted by the Matron, the Ward Manager, and the Deputy Divisional Director of Nursing
- 2.2 The visiting team was warmly welcomed to the department by the host team who were pleased to be given the opportunity to show the Genba team around the department. Whilst on the Genba members of the team were able to talk to members of staff on the ward.
- 2.3 The Surgical Assessment Unit at RSH is the only unit in the County and they also serve Powys. They have 23 bed spaces and 14 trolley spaces. They take on an average 25-30 patients a day with referrals coming from inpatient and Emergency Department (ED) consultants, PRH ED, GP's and West Midlands Ambulance Service (WMAS). All referrals go to the Care Coordination Centre (CCC), who will contact the GP if needed and also help with admission avoidance if appropriate. There is a policy in place regarding admission and a nurse held bleep. Potential issues for the service are higher volumes of service users towards the end of the day, which may be due to the CCC at times operating batch calls and service users choosing to attend later in the day which may be more convenient if they have caring responsibilities.
- 2.4 The ambulatory care section has been converted into trolley spaces as generally service users coming into the centre are not 'Fit to Sit'. This is due to people being more generally unwell..
- 2.5 The team have an onsite sonogram machine however utilisation of this could be improved. There is a local and national shortage of sonographers, the Trust is seeking external support and will explore apprenticeship options to improve workforce planning.
- 2.6 There have been some key appointments made to the team including a ward manager and a professional development nurse and two extra Advanced Care Practitioners (ACP).

- 2.7 Recent feedback has been positive, including a mock CQC inspection
- 2.8 The team had a discussion about how patient experience could be improved and patients who need a bed being transferred from trolleys as quickly as possible. It was very much acknowledged the impact the current demand of services was having on flow however it was also noted the current system did mean patients were in the appropriate place for care. That said the team did discuss the risk assessment process to keep patients safe and how to escalate where patients faced long waits.
- 2.9 The ward is currently using the Bristol model of 'next patient', however finding that it is not often needed as they already make good use of their own waiting area. The unit never closes its doors and is always open to admissions. They know who is coming and when to expect them.
- 2.10 The team currently use a production board successfully to keep track of patients and what tests/steps have been taken with them. This board is a physical white board, and whilst successful does not allow for the storage of information. The team are hoping for an electronic white board, but in the meantime are going to set up an excel spread sheet to capture information.
- 2.11 The unit have a staff room used by staff for their breaks. They have a learning from complaints board, a professional development board and a communication board in the staff room. Staff members in the room were happy to talk to the NED's. The team also utilise volunteers.
- 2.12 An issue that the team would like to tackle is access to a tracker box for keys to the drug Trolley, as they have two areas that need to have access to the keys and having only one Tracker box is potentially leading to delays in administering drugs. There was a discussion regarding how to gather the information about the use of the tracker box. The Team mentioned funding for suitable cases from the Trust's Charity and encouraged the unit to look at the criteria for eligibility and consider making a bid for funding if they could meet them.
- 2.13 Action Plan – see Appendix 1.

3.0 Palliative & End of Life care team

- 3.1 The following members of the Board of Directors conducted a Genba walk to the Palliative & End of Life (PEOLC) team: The Chair & a Non-Executive Director. The team was hosted by the Lead Consultant, Doctors, an End-of-Life Care Nurse, and the Administrator/PA.
- 3.2 The Genba team was warmly welcomed by the PEOLC team who were keen to share their standard work and improvements they have made to their processes. The team reported that it has been 12 months since the Palliative and End of Life teams amalgamated and they have worked closely together to support colleagues provide the best possible experience to patients.

3.3 The daily rhythm for the team is as follows:

- Daily huddle with both teams to discuss referrals, sickness, other absence, look ahead for the week and which wards need support. On Friday afternoon, an additional huddle takes place to ensure an appropriate plan is made for the weekend.
- Referrals received by PEOLC team and transferred to a Production Board for allocation and tracking
- Triage patients
- Visit patients
- Use stickers with relevant information to put into notes as communication tool

3.4 The team is moving to an e-referral system, but this is taking some time to filter through, and therefore, they continue to receive many telephone referrals. Of note, the team receive approximately four referrals per day. The team also provides an advice line for relatives and colleagues, including outreach.

3.5 The team is now able to provide a 7-day service utilising an on-call rota system, with most weekend working taking place on the RSH site, which is often busier. However, where necessary, the on-call team member will travel across to PRH. The team is proud of its role in providing a holistic approach to care with a team of specialists that empowers colleagues to provide a dignified service for our patients, and in particular, support to symptom control. They also provide support to discharge planning, using a checklist that is placed into the patient notes, to ensure all actions are achieved, that results in a seamless transition to the outreach team.

3.6 Some of the standard work and new initiatives the team shared are as follows:

- Utilisation of volunteers and End of Life (EOL) champions to support the ward teams and patients
- Provision of free parking for relatives
- Provision of "SWAN" packs
- Support to colleagues with difficult and sensitive conversations
- Ward walks to gain intelligence of colleagues' knowledge levels on PEOLC procedures
- Support to colleagues on how to recognise and support EOL patients
- Mouthcare training
- Provision of bespoke training programmes across the Trust to ensure equity of care
- Business case being written by Therapy colleagues for provision of 1 x Occupational Therapist

- 3.7 Overall, it was palpable the level of commitment and dedication of the team who have worked extremely hard to make the improvements required following the Care Quality Commission (CQC) inspection, as well as made further self-initiated improvements. The use of a sticker has proved successful as a visual control to highlight to clinical colleagues how the PEOLC team is supporting patients; on looking through notes on Ward 23, it was extremely easy to identify the interventions being made by the PEOLC team due to the sticker. During the visit, it became clear that the team was not aware of the HTP programme opportunities and how that may impact the future service. It was therefore recommended that the team is involved on any future discussions, through the Division, to inform the Outline Business Case (OBC).
- 3.8 Action Plan – see Appendix 1.

Appendix 1 - November 2022, Genba Walks



Ref	Action Detail	Start Date	Due Date	Accountable Person	Exec Lead (If required)	Update
92	To find out if sonographers are included in the apprenticeship programme	09/11/2022	31/12/2022	Head of PMO and Transformation	Director of People & OD	Options explored and communicated to the team. Action complete
93	To add the issue of Trolleys to the risk register	09/11/2022	05/12/2022	Matron	Chief Operating Officer	
94	To have a discussion regarding Trolley waits being part of the fundamentals in care project	09/11/2022	31/12/2022	Head of PMO and Transformation	Chief Operating Officer	
95	To request an update on the status of the electronic whiteboard	09/11/2022	31/12/2022	Service Improvement Business Partner	Chief Operating Officer	Unfortunately the white board development has been delayed/ stood down by the IT team. Escalated to Chief Operating Officer
96	To complete a project to help gather information to fund a tracker box	09/11/2022	31/12/2022	Matron and Service Improvement Business Partner	Chief Operating Officer	
91	Ensure clinical conversations are taking place with the PEOLC team and Divisional colleagues to support the HTP OBC	16.11.2022	05.12.2022	Lead Consultant	Medical Director / SRO for HTP	HTP clinical lead linking in with PEOLC lead w/c 21/11/22