Talking Improvement
The Improvement Cymru Podcast

Episode: 'Safe to Start'

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Guests: Catherine Roberts and Robert Foley

Release date: Tuesday 6 September 2022

Audio length: 26:29

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Intro

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John Boulton: Hi, everyone. My name is John Bolton, I'm National Director of Quality Improvement Patient Safety and Director of Improvement Cymru. So in every episode, we're going to be working with some of the fantastic people out in the system and the service. And we've got two people who've really been driving improvement patient safety and patient flow over the last several months. So today, I'm joined by two fantastic colleagues. I've really enjoyed working with these two over the last several months. So Cath Roberts, Director of Operations, Merthyr and Cynon Integrated Locality Group, but also Rob Foley, Head of Patient Flow from Cwm Taf Morgannwg University Health Board. And they're going to talk to us today about how they've worked on patient flow, and improving patient safety within Prince Charles hospital in Cwm Taf Morgannwg. So, Rob, Cath, welcome.

[01:16]

Catherine Roberts: Thank you for asking us.

[01:18]
John Boulton: So Cath, Rob, there's an awful lot that's going on within the health boards at the moment as we move from pandemic into recovery, and start thinking about how we're moving into this sort of new normal. And there's clearly been an awful lot that's been going on in Prince Charles Hospital, can you start by telling us some of the things that you've been doing over the last 12 months within Prince Charles Hospital?

[01:40]
Catherine Roberts: Rob and I came to Prince Charles hospital at a similar time, so early last year, and Prince Charles Hospital is an amazing hospital. It is very much part of this community, many of the staff live close by, there's a lot of committed staff who've been here for many years, it's got a huge amount going for it. But like other hospitals in Wales, it was facing some huge challenges. We were just coming out of the second wave of the COVID pandemic, there had been a really significant impact in this area with the highest community rates in Europe at points, there was a very exhausted staff group, there has always been a challenge with the management of demand at the front door in this hospital that was still to be addressed. And there was also that common fatigue that we're seeing across NHS Wales, but huge potential. So really, it was either a choice of carrying on doing what we'd always done, or trying to see if we could all work together to do things a little bit differently. And how could we create in the hospital, an approach where the chance to improve was supported. And also the opportunities to fail, were not criticised. Because anyone who gets involved in improvement knows that you try some things and some things work and some things don't. But you have to create a culture where both things are acceptable, it's not only improvement is cheered and everything else is not welcome.

[03:08]
Robert Foley: For me when I first joined Cwm Taf Morgannwg, it was almost come up and build this house Rob, come up and build this house of flow, use your knowledge and everything. But it became quite clear from the very first day, the house up here wasn't built on a solid foundation. And there's been a substantial amount of work in building foundations for which we can now accelerate some of the improvement on. Cath's already alluded to the workforce challenges, particularly around the culture and behaviour and one of the things that I learned through COVID and was quite clear to hold on to was the decentralisation of power. So taking power from a central core group of people and giving it back to those who are doing the doing. And I think one of the biggest achievements that we've done is create a coming together of all of the ward managers taking this site meeting away from a select few, and opening up that site meeting to all of the ward managers, all of our other services such as diagnostics, pharmacists, etc. To all our collective understanding and a collective ownership of patient risk and safety across the site. And there's been some really good moments within that meeting where ward managers are coming together, ward managers are problem solving. And that shifting of power back into the workforce and allowing people to problem solve themselves. Yeah, that's been probably one of our more special kind of achievements on this site. It's given us a really exciting opportunity to (a.) deliver that

for our local population here, our local workforce as well but (b.) to have partners come in and say you've done a really good piece of work, how do we spread that into other organisations as well? That probably wouldn't have all been possible without the support of colleagues in Improvement Cymru.

[05:05]
John Boulton: That's really great to hear, I was really lucky that you invited me up several weeks ago to actually see some of the work that you've done. And it was fantastic. In terms of some of the barriers that you've worked through over the last several months. You know, you've had COVID, we've got social distancing, and you've got the community. If you were to do this in another organisation now, how would you suggest that they approached it?

[05:29]
Catherine Roberts: I think one of the things I've learned, particularly from Rob, is the importance of having a clear vision of where we're trying to get to. In the 'safe to start' meetings, we knew that we were trying to do, we knew that we were trying to pull together all of the ward managers at a single point in the day. And when we started, my greatest fear was that Rob was our single point of failure, because Rob would conduct all those meetings. So one of my challenges was thinking, well gosh, this isn't going to work. But actually, I should have had more faith because that meeting was found to be so useful by colleagues and by members of the team, many of them are now putting their hands up to say that they would be happy to take those meetings.

[06:11]
Robert Foley: One of the biggest challenges we faced in getting that up off the ground was ward manager engagement, trying to make the ward managers understand how this benefits them in an organisation that has always done it this way. That was quite a challenge. And that took some quite strong leadership. How we overcome that is we tried to make things as easy as possible, we developed templates, we went on to the wards, and we spoke with the ward managers, and we tried to support them in coming up with solutions themselves. In the coming up with solutions themselves, they felt part of that meeting and the ownership shifted from this, you know, this wasn't a Rob Foley 'safe to start', this was a Prince Charles Hospital 'safe to start', this was collectively owned across the site. So having some of our strong leadership to champion the improvement journey that was quite critical. And when they talk about strong leadership, I'm not talking about myself, I'm not talking about Cath. I'm talking about Senior Nursing teams, I'm talking about our Heads of Nursing within this organisation who also took a punt on this and said, yeah, we'll trust in this process. And we overcome some of these challenges. So I think the engagement work that you got to put in with colleagues and peers can't be underestimated, neither can the ability to try and make things as simple as possible, because we have still got a very fatigued workforce out there.

[07:40]
John Boulton: It's a really great story that you describe. So in terms of thinking about improvement science, and improvement is how you use that sort of lens of improvement to actually drive things forward?

[07:53]
Robert Foley: The ‘safe to start’ template is probably on version 46 at the minute, when you consider kind of PDSA [Plan, Do, Study, Act] cycles. We started off with one template, and then Intensive Care said, right, we want these boxes. And then Respiratory said, well, if you’re having those boxes, we want these boxes, and you soon start to get this snowball effect of enthusiasm across the site, because people then want to showcase what's going on in their wards. So we have had this kind of consistent PDSA cycle going on where we plan in every test and the change. Some things haven't worked, you know, we've added too many boxes and that created the meeting to be running over time. So we've had to strip certain boxes back because it may have added value at the board level, but it didn't really add value at the at the organisational level. That's not to say that we didn't still encourage those kinds of checks to be done at ward level, because that's what they found very beneficial as a governance perspective. So I'd say yeah, that opening up that PDSA cycle, and also involving the staff, you know, we try to encourage our continuous service improvement approach on this site. So we've got a forum where we've got all of the ward managers together, we've got problems every single day. And it's now the opportunity for all of the ward managers, they may have come across this problem in a previous experience, and they may have the solution.

[09:23]
Catherine Roberts: And they've risen to the challenge. I mean, they've just been inspiring, really, and their energy then brings you on to the next thing. The other thing that we really benefited from in terms of support with Improvement Cymru was we've started to identify some people who are really interested in developing their improvement skills. And so they've worked more closely with Improvement Cymru, with the Toyota process. I think it's about identifying your improvement champions and supporting them to do as much as they can in their areas. They know their areas best.

[09:57]
John Boulton: One of the things that really struck me when I visited several weeks ago is just how different it felt sort of culturally in the way that the nurses come together with yourselves to do that ‘safe to start’ meeting. It really does feel like you've impacted on the culture and you really changed the way that the organisation or the hospital actually function. So was there a way or a method that you went about, thinking about how you actually impact that? Or was it something that you learned as you went along?

[10:28]
Robert Foley: It was hard work, John, there's no two questions about it. We tried the engagement work first of all, we tried to engage with the ward managers around trying to make them understand the benefits of the meeting. Ward managers just see this as another way of showcasing how busy it is in A&E. And you know, what it actually took was strong leadership to almost mandate to say, this is what we're doing. We're going to test it for a couple of weeks. If it doesn't work, then we'll go back to the drawing board. And for some of these board managers, you've got to remember that meant for them, it was changing of working pattern, some of them had to come in earlier, some of them had childcare. So again, it's bringing it back to helping them come up with the solutions. You know, how can the night staff pre-

populate this information so that the day staff don't even have to think about it? How can we build the resilience in a process so that it doesn't fall over if one individual isn't in, all of those aspects got worked through. It was really, really refreshing to hear the other week that one of the ward managers who was quite critical of ‘safe to start’, did a reflection as part of the revalidation and said that they now understand what the benefit of ‘safe to start’ is. And it's important we talk about the improvement aspects, ‘safe to start’ is a fantastic governance tool as well. It allows all of the areas across the site to have that understanding and ownership of patient safety and risk. And they will you know, these staff, they will share resources to try and mitigate and balance the safety across the site as best as they can.

[12:15]
Catherine Roberts: Yeah, and I think, John, I've given quite a lot of thought to this culture thing. I remember reading a book many years ago, about the Mayo Clinic, and how they set to change their culture, their setup, and to become the best, they took seven years. And for me, I worry when people talk about changing culture, because every culture is just that, it is the current culture. What I want to do as a leader here is to ensure that we have a culture where the benefits of improvement are understood, the opportunities to improve are encouraged. And I suppose that's the only change I want to make to the culture. And I'm not trying to change from a negative to a positive. I believe it's a positive culture now, and it just, by having some additional things supported within that culture, I think could be even stronger. The commitment of the staff here has always been, they are local people, they live in the local area. It's the opportunity, I think, and the investment has been the piece that we probably could have been focusing on for longer.

[13:19]
John Boulton: It clearly feels different. You're describing that. Is there a set of measures that you're able to actually sort of use to actually demonstrate the impact of the improvements that you've done?

[13:31]
Robert Foley: We’re looking at the measures at the moment, particularly around datix reporting, and particularly around our falls, the number of falls that we are having, particularly around the availability of staff, so the amount of datix submitted because of staffing constraints. Because now with this template, we're able to redistribute resource. The flow aspect, that's always going to be a challenge, because what we have developed through ‘safe to start’ is that wards will take a patient first thing in the morning, irrespective of what time they've got a discharge. So we were able to demonstrate much earlier flow. But it's not really the right thing either. It's just a stopgap because we can't get our patients out as quick as we can, as quick as we'd like to. There are aspects around flow, particularly the early morning flow that we can demonstrate. But again, it's now around how do we use the opportunity, particularly the opportunity we had with RTDC [Real Time Demand Capacity] support. We use that now to better understand and better inform improvement projects and an improvement journey to start shifting our discharge curve far earlier in the day

[14:44]

Catherine Roberts: When we started this improvement journey, we didn't know, we couldn't quantify our challenges. We knew we had problems we couldn't quantify them. The systems that we put in place in Real Time Demand Capacity or RDTC and 'safe to start' give us a huge amount of information that now we can use as our baseline for various pieces of improvement. So, in a way, I suppose in this first phase of improvement is really it got to a place where we really understand and can quantify our system. Whereas there is a stage, John, the sort of measures that we'd be looking for would be numbers of discharge before 2pm. Really, if we get our ambulatory and our same day emergency care work at the front door, working effectively, reduction of admissions. We're measuring a lot, the moment and I think that it's just difficult for us at the moment is quantify or to actually describe which things are changing, or the curve of change, which things are changing first, and what is it really, we can demonstrate is linked to the improvements.

[15:50]
Robert Foley: What we have been able to demonstrate though, is through the communication channels, you know, we've got the likes of pharmacy in the room, we've got the likes of radiology in the room, and they are feeding back pre-safe to start, pre-site meetings. They were never involved with anything, but it is around bringing the site together to try and get some of this communication going. So pharmacy, you see now is fantastic. I know that there's four discharges on my ward, and I can go to their ward, and they can prioritise that area, whereas previously, they never had any of that exposure. And they just went there on the normal day going from ward one to ward 12, without any kind of prioritisation at all. So some of the qualitative measures around feedback and feeling value within the organisation, that's starting to come through.

[16:39]
John Boulton: You guys have been working through this, you know, amazing piece of work, but at the same time really, you know, hard work, stressful at times, frustrating at times, what was your biggest challenge?

[16:50]
Catherine Roberts: We had an external review, clearly, there were a lot of issues that needed to be addressed. However, when you get something like that there is a very quick focus on quick fixes, the immediate actions, it can distract from sustained improvement. There have been points in this journey where we've had to give a huge amount of focus to changing seating and less attention in that week to supporting workforce. So I think that all these things are important. But when you're travelling along and you're completely engulfed in what you're doing, the worry can be that at the same time, the demands may be for something slightly different from outside and that can distract and make the journey a little bit more difficult.

[17:38]
Robert Foley: So that that goes straight into my point. So my biggest challenge, any Head of Patient Flow will probably tell you is, how do we ensure that our staff feel valued every single day? We are asking our staff to go above and beyond, we're asking them to take extra patients, we're asking them to find extra discharges, we're talking about patient safety, we're talking about ambulance delays, patients in communities waiting, all of that is a massive stress and the burden that we are

putting on our workforce to try and get that extra discharge. It needs to be weighed up sometimes with staff wellbeing. So we are continuously pushing and pushing our staff and for me that's the biggest challenge to go home and ask myself, ‘have I asked a bit too much of the staff today?’ Have I asked a bit too much that you know, someone has burned out today because we are trying to maintain patient safety for all of our population in what is probably the most challenging time of the NHS, so that that for me is as been my biggest challenge.

[18:47]
Catherine Roberts: That's where working with Improvement Cymru has really helped us because you know, from your team every week I have had a meeting with at least one of them and have had that opportunity to just share what's been difficult or share what's gone well, and sometimes to think externally or to have to articulate what's happened is really helpful because sometimes it's very easy to just get lost in what's remaining, a challenge is to actually remembering what's already been delivered. And having that point of contact has been really helpful as well.

[19:23]
John Boulton: Yeah, I think you're right, improvement and that change sort of work as you're leading it is sometimes quite lonely but equally at the same time is Rob, I wanted to just sort of pick this one up with you is that Cath said earlier, she was concerned that you might be a sort of potential single point of failure. If Rob Foley steps out, what happens? So what happens if Rob Foley does win the lottery tomorrow night or Cath Roberts wins the lottery and you know, the two of you are sailing off into the sunset, enjoying your win? How do we make sure that we sustain this and make sure that this is something that is there for the long term rather than just you know specific? Even though, great piece of work that you've done, how do we make sure that it isn't specific to Rob or Cath?

[20:10]
Robert Foley: I really appreciate that I'm seen as a single point of failure, because it probably means that I'm doing something right. My aspiration has always been to hand over pieces of work. So in the background, I've always been ensuring that someone will be able to take this piece of work over so Cath has talked about leading ‘safe to start’, I've now got an Operational Flow Assistant who leads ‘safe to start’ in the morning, it's just that getting things up off the ground up and running. With the implementation of RTDC [Real Time Demand Capacity], myself, Sarah and Adam in Improvement Cymru, we talk quite a lot around, you know, who will we really going to engage with, and they have to be all of the ward managers. Because if I walked away tomorrow, RTDC [Real Time Demand Capacity] would still continue, because we did all of the work with the ward managers. If I walked away tomorrow, everyone would still be turning up to ‘safe to start’ tomorrow, because they believe in the process, they've understood it. So it's a really valuable compliment to say that I would be a single point of failure. But I also trust in the processes that I've put in place to ensure that I am not a single point of failure, if that makes sense.

[21:20]
Catherine Roberts: I think I've learned by working with Rob, that he always has the next plan, he always has the next thing in mind. He's always thinking about who and how can things happen. So I think I've learned to trust that so I worry less about it

now. I think that lots of people can lead and keeping myself out of this, I think a lot of people can lead. And I think that the important thing in NHS Wales that we sometimes fail on is consistent leadership. So people move around a bit frequently, you know, I think, you know, we appoint consultants and senior nurses who generally stay in areas for very long time. But managers can sometimes shift in and out quite quickly. And I think there is something about consistent and long term commitment to projects and long term commitment to plans, and long term commitment to leadership. So there are lots of good leaders in the NHS. And I'm not irreplaceable and I don't do the lottery, so it's no risk. But I think I just had an opportunity at a really good time to come and help lead here. And I have really welcomed that opportunity. It's been a great opportunity within Cwm Taf Morgannwg.

[22:30]
John Boulton: So I'm really hoping that the two of you don't go anywhere in the next couple of years, because I think you're doing an amazing piece of work in Prince Charles Hospital. So just thinking forward and this is my last question is what does the next 12 months look like for the two of you in terms of operations flow, patient safety within Prince Charles Hospital?

[22:53]
Catherine Roberts: So for me the next few months, I want to take our transformation journey to the next stage in terms of we've had improvement plans for emergency department theatres and intensive care. And what I want to do is move those on from being Action Plan focused to being improvement, transformation focused. So just like we have improvement huddles, I want to see improvement huddles within services. And I want to see the support of teams to use measurements to show that their performance improvement across the hospital, but in those three areas in particular. So for me, it's now moving to the next stage of improvement transformation approach as opposed to action planning responsive to an issue approach. And that's going to take investment in people, skills and support and clear again, clear visualisation of the direction of travel. I suppose that's my next 12 months.

[23:52]
Robert Foley: So I was very fortunate Improvement Cymru sponsored me to go up to Toyota. And one of the key things that Toyota describe is, you know, this element of stability. We're still not quite out of COVID yet, we've got COVID creeping back in. Our elective restart is still yet to be defined. Our unscheduled care wards are still to be defined at the moment. So it's still a slight challenge out there for people to have ownership of, you know, this is my ward, this is what I want to do because we're still moving some staff around so I think we need to be careful in allowing staff to build their own family, their own little ward environments. I think for Prince Charles site particularly, I think we've got an opportunity now where we've captured the ward managers' imagination, and we need to elevate that to you know, our more junior members of staff and really start to hone in and build on a continuous service improvement aspect. Again, another fantastic aspect that I learned up in Toyota was this investment in staff, giving staff the time, giving staff the breathing space to concentrate on improvement projects. How do we afford our staff, the head room in such a busy environment to allow them to concentrate on improvement work, because if they lead on improvement work, it'll always succeed in its form, it may fail

in what it tries to deliver, but it'll succeed in being an improvement project and the ability to give people the time to do that, I think that's what we really got to hone in on and concentrate over the next couple of months.

[25:35]
John Boulton: Cath, Rob, thank you so much for your time. I think the work that you're doing and leading within Cwm Taf Morgannwg is absolutely fantastic and a great example of the improvement work that we've got going on in Wales. If any of you who are listening to this would like to learn more, or find out how we can support you visit the website improvement.cymru, and always happy to introduce you to Cath and Rob that you can share the learning and learn from what they're doing at the moment. My name is John Boulton. Take care. Bye bye.

[26:03]
Outro

[Audio ends]