



**AGENDA ITEM**

3.1.5

**QUALITY & SAFETY COMMITTEE**

**EXECUTIVE DIRECTOR AND INDEPENDENT MEMBER WALKROUNDS  
FRAMEWORK REVISED FEBRUARY 2023**

**Date of meeting**

16<sup>th</sup> March 2023

**FOI Status**

Open/Public

**If closed please indicate  
reason**

Not Applicable - Public Report

**Prepared by**

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Business Manager

**Presented by**

Greg Padmore-Dix, Executive Nurse  
Director

**Approving Executive Sponsor**

Executive Director of Nursing

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including  
receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

## **1. SITUATION/BACKGROUND**

Executive Director and Independent Members Walkrounds have taken place across Cwm Taf Morgannwg for a number of years. There have been many different versions however, each version of the Executive Director & Independent Member Walkround process has as its main aim, receiving assurance of the high quality, safe and effective care delivered to our patients in a timely and patient centred manner by our staff.

- 1.1 As a Health Board, we aim to ensure that quality and patient safety is firmly at the heart of everything we do, with a culture that enables the active involvement of the population who receive care along with those who provide it, across every area of our organisation, in quality and patient safety, with a focus on learning, sharing and continuous improvement.
- 1.2 The Executive Director and Independent Member Walkrounds are focused on listening to patients, their relatives, carers, staff and any stakeholders, all of whom may have a strong interest in ensuring the Health Board is optimally positioned to provide high quality, safe and effective care to the right person at the right time.
- 1.3 Following recent feedback the Executive Director & Independent Member Walkrounds framework has been revised and is continuing to evolve whilst ensuring they remain as an integral part of our overall quality, assurance improvement and safety processes.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 To date positive feedback on the Walkround process has been received from all involved including Executive Directors, Independent members and ward/area/site staff however, it is recognised that there is a need to move to a more dynamic and digital process for not only the process of completing a walkround but for the capturing the feedback and ensuring the actions agreed are closely monitored, reported on and completed in order to improve on the identified areas.
- 2.2 The revised framework (appendix 1) includes a range of prompts/suggested questions for all areas taking into account discussion with Patients, carers, relatives, staff and any other stakeholder who may be available at the time of the walkround.

- 2.3 The location for the walkrounds is agreed through triangulation of local soft intelligence and where there are areas of celebration and achievements as well as those areas which are facing exceptional challenging circumstances across all of Cwm Taf Morgannwg University Health Board whether this is in Primary, Community or secondary care services.
- 2.4 Work is progressing to ensure the feedback summary can be captured by the use of iPads in a digital format ensuring real-time feedback and preventing any delay in the reports being developed within the ten working days following the walkround. The process flowchart will be updated to reflect this change once this is in place.
- 2.5 Work to ensure the closing of the loop with local ward intelligence will be further developed with the intention to capture the findings on the Audit Management and Tracking tool joining up with the ward assurance findings. The Care Groups will ensure the feedback from each walkround is included as an agenda item on the Quality, Safety and Patient Experience groups for local monitoring and assurance that all actions are completed and shared where appropriate.
- 2.6 The development of a schedule of Walkrounds is in progress and an overarching report on the themes and trends will be developed for reporting to this Committee on a bi-monthly basis. This will be through the Quality Dashboard for acknowledgement and assurance of the work being undertaken.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 No matters for escalation to this Committee or Board

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	Staff & Resources Staying Healthy Safe Care Individual Care Timely Care Effective Care



<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Choose an item.  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

- 5.1 The Quality & Safety Committee members are asked to **SUPPORT** this framework.