**Executive Director & Independent Member
Walkrounds Framework-revised February 2023**

1.0   Aim

Executive Director and Independent Member Patient Safety Walkrounds are embedded into Cwm Taf Morgannwg University Health Board (CTMUHB) and provide an opportunity to promote a culture of patient safety and commitment to ensure the quality of care being delivered to our patients is of a high standard and that in all we do the Values and Behaviours of CTM UHB are adhered to.

Staff are totally committed to ensuring that a high quality of safe and effective care is provided to all of our patients, resulting in good outcomes and experience for the people who receive care in all of our settings. The continuation of these walkrounds will allow for further assurance and first hand awareness, knowledge and understanding of the experience and outcomes for people receiving care and is a fundamental cornerstone of the Health Boards Quality and Safety Framework.

CTM UHB aims to ensure that quality and patient safety is firmly at the heart of everything it does, with a culture that enables the active involvement of the people who receive care along with those who provide it, in every part of the organisation, with a focus on learning and improvement.

This is predicated on listening to patients and their relatives, staff and stakeholders, all of whom have a strong interest in ensuring the health board is optimally positioned to provide high quality, safe, effective, timely, and patient centred care. The Executive Director and Independent Member Walkrounds form a part of this overall assurance process.

2.0   Purpose

Executive Director and Independent Member Patient Safety Walkrounds will provide an opportunity to enhance the patient safety culture by connecting senior leaders, clinical staff, support staff patients and carers. It will facilitate an opportunity to come together typically in a patient care setting to openly discuss patient safety, best practice, concerns, issues and determent actions for improvement in a continued and sustained manner. The objective will be to increase visibility of the senior Executive team and Independent members across the whole of CTM UHB, to provide an opportunity to celebrate success stories as well as identify patient safety related issues. The guidance of the

15 steps for Patient Safety will support the walkrounds along with the triangulation of local soft intelligence.
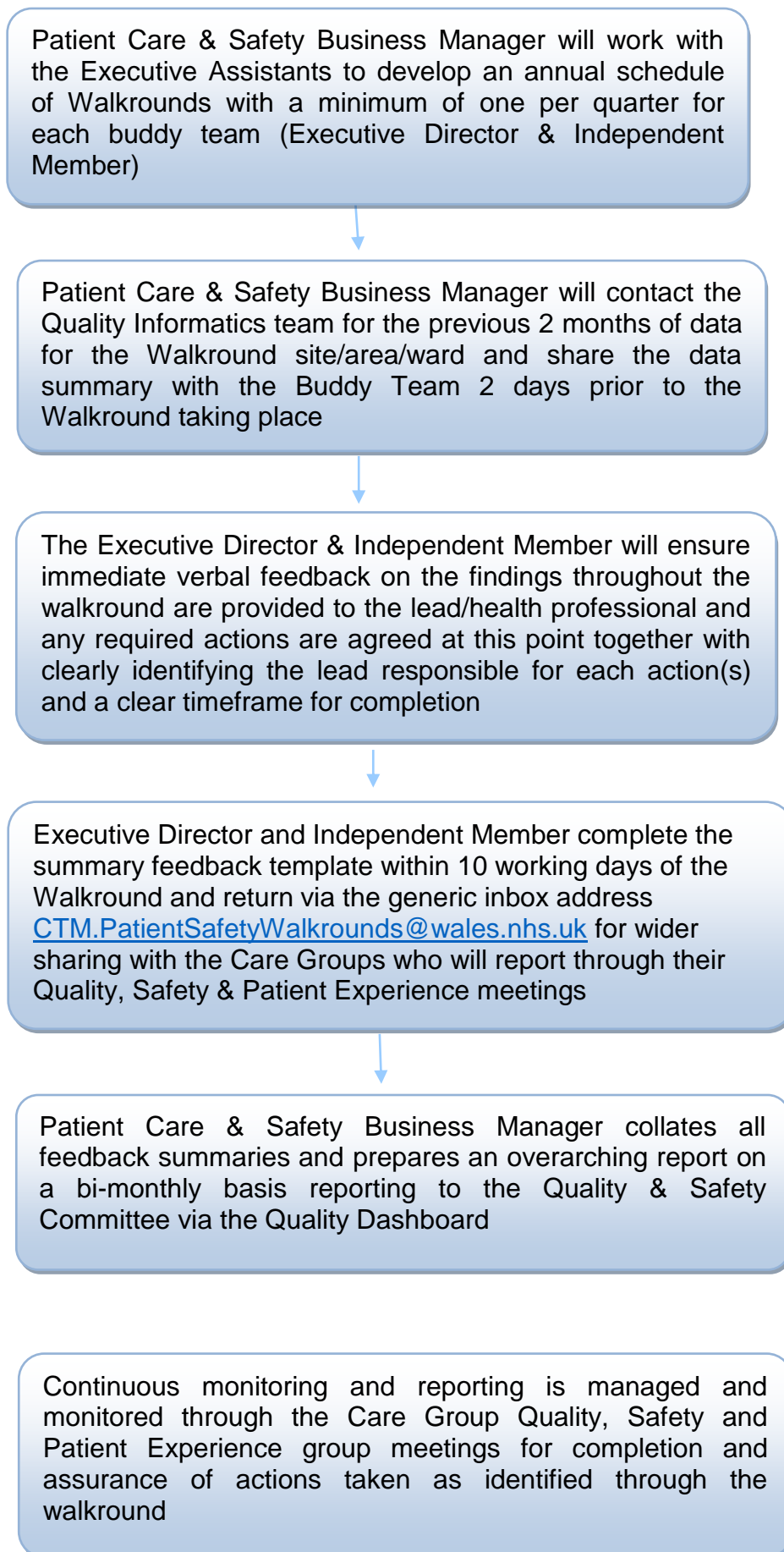
3.0 Process

- A 'Buddy Team' will consist of an Executive Director & Independent Member (detailed in Appendix B)

- The WalkRounds will take place across all Care Groups/sites/areas/wards/departments within CTM UHB including Primary Care and Community settings

- Walkrounds will comply with Health Board hospital visiting guidance

- Walkrounds should not be undertaken in an area of the Health Board which has been declared as an infection outbreak situation

- Walkrounds should not detract from the safe and effective provision of services

- Walkrounds will be pre-arranged and for the purpose of these walkrounds, there will be NO Unannounced Walkrounds however, should the need for an extraordinary unannounced walkround to be coordinated this will be actioned as directed via the Executive Director

- At the natural end of the Walkround, immediate findings will be verbally fed back to the clinical lead/manager who supported the walkround by and a discussion will take place to agree any required actions, with an agreed timescale and nominated lead for taking the action(s) forward. Any urgent matters will be escalated by the site/area/ward lead to the Care Group triumvirate as a matter of priority

- The Executive Director & Independent Member will complete and return the feedback summary template to the generic walkround email address, within 10 working days of the walkround CTM.PatientSafetyWalkrounds@wales.nhs.uk

- The Patient Care and Safety Business Manager will share the completed feedback summary with the leads and the Care Group Nurse Director/triumvirate who will be responsible for the continuous monitoring of the actions and reporting through their care group governance processes. The Patient Care and Safety Business Manager will prepare a bi-monthly overarching walkround report identifying any themes and trends

- The anticipated duration for a walkround is not prescriptive and is determined on the discussion and engagement at the time however, it is envisaged that the walkround process will take no more than 1.5 hours from start to immediate verbal feedback and end

- The Walkrounds will be conducted with openness and transparency and prior to the walkround and where available, data information for the site/area/ward will be shared with the buddy team 2 days prior to the date of the planned Walkround; the Patient Care and Safety Business Manager will request this data from the Quality Informatics team

3.1 Role and responsibilities:

- The WalkRound Buddy Team will be required to **arrive bare below the elbow** for the Walkround, when taking place in any of the clinical areas

- The Executive Director & Independent Member will ensure immediate feedback is provided to the lead/health professional for the site/area/ward and then reported on the feedback summary template in Appendix D and submitted via the generic email inbox CTM.PatientSafetyWalkrounds@wales.nhs.uk

3.2 Process Flow chart for Walkrounds:

Patient Care & Safety Business Manager will work with the Executive Assistants to develop an annual schedule of Walkrounds with a minimum of one per quarter for each buddy team (Executive Director & Independent Member)

↓

Patient Care & Safety Business Manager will contact the Quality Informatics team for the previous 2 months of data for the Walkround site/area/ward and share the data summary with the Buddy Team 2 days prior to the Walkround taking place

↓

The Executive Director & Independent Member will ensure immediate verbal feedback on the findings throughout the walkround are provided to the lead/health professional and any required actions are agreed at this point together with clearly identifying the lead responsible for each action(s) and a clear timeframe for completion

↓

Executive Director and Independent Member complete the summary feedback template within 10 working days of the Walkround and return via the generic inbox address CTM.PatientSafetyWalkrounds@wales.nhs.uk for wider sharing with the Care Groups who will report through their Quality, Safety & Patient Experience meetings

↓

Patient Care & Safety Business Manager collates all feedback summaries and prepares an overarching report on a bi-monthly basis reporting to the Quality & Safety Committee via the Quality Dashboard

Continuous monitoring and reporting is managed and monitored through the Care Group Quality, Safety and Patient Experience group meetings for completion and assurance of actions taken as identified through the walkround

*In exceptional circumstances if there is a late change to the Walkround site/area/ward the data summary will not be available

*Any Immediate concerns or Patient Safety risks/issues/concerns are to be immediately escalated to the Care Group Nurse Director/Triumvirate team by the Nurse in Charge/Lead person or other lead health professionals present at the walkround

Supporting documents for the Executive Director & Independent Member Walkrounds:

Appendix A - Walkround Buddy Team (Executive Director and Independent Member)

Appendix B - Site/area/ward summary proforma 2 previous months' data information

Appendix C - Feedback Summary Proforma 'buddy' partners to record findings and report findings via CTM.PatientSafetyWalkrounds@wales.nhs.uk

Appendix D – Suggested prompts and/or questions for engaging in conversation during the walkround process

Appendix A

Executive Director & Independent Member Walkround
'Buddy Teams'

	Executive Director	Independent Member
1.	Medical Director Dom Hurford	Dilys Jouvenat
2.	Executive Director Therapies & Health Sciences Lauren Edwards	Ian Wells
3.	Chief Operating Officer Gethin Hughes	Nicola Milligan
5.	Executive Nurse Director Greg Padmore-Dix	Patsy Roseblade
6.	Executive Director for People Hywel Daniel	Carolyn Donoghue
7.	Awaiting appointment of Director of Public Health	TBC
8.	Executive Director of Strategy & Transformation Linda Prosser	James Hehir
9.	Chief Executive Paul Mears	Lynda Thomas
10.	Director of Finance Sally May	Mel Jehu
11.	Director of Digital Stuart Morris	Jayne Sadgrove
12.	TBC (Health Board Chair)	TBC

<u>Appendix B</u>

Data information provided by the Quality Informatics team for the previous two (2) months, data ahead of the walkround will be requested and shared with the Executive Director & Independent Member (Buddy Team) at least 2 working days prior to the Walkround:

- Overview of the ward/area/site to be visited
- Number of Vacancies by profession
- Sickness percentage
- Compliance for Mandatory and Statutory Training
- Number of Nationally reported incidents (NRIs) and number of Locally reported incidents LRIs)
- Number of Compliments and Concerns
- Summary of compliance against Welsh Government Clinical Tier 1 performance targets:
    - Pressure ulcers
    - Falls
    - Medication errors
    - Infection rates (for example MRSA, MSSA, C.diff., Psudomonas, E Coli, Klebsiella)

Proforma for Ward/Area/Site Data Information where available and timings allow:

Executive Director & Independent Member Walkround
Data Summary Report:

		Additional Comments:
Data report for Care Group/Ward/Area/Site:		
Timeframe of data (2 *months prior to date of Walkround)*:		
Date & Time of Executive Director & Independent Member Walkround:		
Executive Director:		
Independent Member:		

	Data	**Comments**
Does the ward sit within the Nursing Staffing Levels (Wales) Act?		
Ward/Department funded Nursing Establishment		
Workforce		
Qualified vacancies		
Unqualified vacancies		
Sickness percentage		
Mandatory & Statuary compliance		
Incidents		
Number of Nationally reported incidents (NRIs)		
Number of Locally reported incidents (LRIs)		
Patient Experience		
Compliments and Concerns		
Tier 1 performance targets/Quality Metrics		
• Pressure Ulcers		

• Falls			
• Medication errors			
IP&C			
• MRSA			
• MSSA			
• E Coli			
• Klebsiella			
• Psudomonas			

Appendix C

Executive Director & Independent Member Walkround
Feedback/Summary Report

Date of Walkround	
Visited Ward/Area/Site	
Executive Director	
Independent Member	
Area Key Contact	
Additional comments/information	

Areas of Good Practice/ Achievements to Celebrate
Areas of Escalation/Concern/Safety Risks
Key Issues/Notable Practice
Any Other Matters

Agreed Actions		
Action:	By Whom:	By When:

*Once complete please forward to the generic inbox via email to CTM.PatientSafetyWalkrounds@wales.nhs.uk within 10 working days of the Walkround.

<u>Appendix D</u>

Prompts or suggested questions for consideration during the Walkround are listed below. Please consider these questions so that they support in making the most of the time together during the walkround.

Questions/prompts to consider as an Executive Director or Independent Member

1. Do the patients look comfortable and well cared for?

2. Is dignity and respect adhered to across the ward/area/site?

3. What are my senses telling me about the ward/area/site-what can I see, hear, smell, feel and touch?

4. How is the atmosphere on the ward/area/site? How does it make me feel?

5. Is the ward/area clear or cluttered?

6. Are there storage issues, any evidence of equipment stored in corridors/bays etc.?

7. Is there clear signage directing the patient /relative to:
    1) Reception
    2) Toilets
    3) Visiting times
    4) Meal Times

8. Is there appropriate signage such as:
    a) dementia friendly symbols for toilets, bathrooms, day rooms etc?

9. Are notices/ posters up to date and appropriate to the area?

10. Is there evidence of quality improvement initiatives on public display?

11. What could be done to improve patient experience on the ward?

Prompt/Questions for Patients:

1. What has been good about your stay on the ward?

2. Do you have any concerns regarding your stay on the ward?

3. What could be done to improve patient experience on the ward?

4. Does the patient wish to give consent to providing their name when feeding back to ward staff?

5. Do staff respond in a timely manner to patients (call bells, requests)?

6. During your stay, did you feel you were kept informed of any delays, for example, appointment times, tests, treatment, discharge?

7. Is there evidence of a culture of pride in the standards of care?

8. Are staff friendly and compassionate and do they welcome others with a smile?

9. Are patients addressed by their preferred name?

10. Are patients offered to communicate in their first language/language of choice, English, Welsh or any other language?

11. Do staff respond in a timely manner to patients (call bells, requests)?

12. What has been good about your stay on the ward?

13. Do you have any concerns regarding your stay on the ward?

14. Does the patient consent to providing their name when feeding back to ward staff whether relating to a positive or not so positive experience?

Patients and relatives

1. Tell us about what it's like to be a patient in this area please.

2. Is there anything that we could change to improve your experience or that of your family member, loved one, relative or friend?

3. Is there anything we should stop doing today?

4. How can we ensure you feel safe valued and cared for?

Staff:
Culture:

1. What are you most proud of?

2. Have you received recognition or praise for doing good work recently?

4. What can we do to make things right for patients and staff?

5. What is it like to work here? What would make it better?

6. Do we care for, respect and treat with kindness?

7. Would you recommend the care in this area to your family and friends?

Safety:

1. What is your biggest worry related to patient care? And why?

2. What response was there when something untoward happened last? How were you supported?

3. Were you able to care for your patients as safely as possible this week? If not, why not?

4. Is there anything we can do to make things safer?

Thinking about Psychological Safety for staff

1. How do team members typically respond when someone makes a mistake or admits to not knowing something? Do they offer support and help or do they criticize and blame?

2. Are team members comfortable asking for help or feedback from their peers, or do they feel like they have to figure things out on their own?

3. What happens when team members raise concerns or bring up controversial topics? Are they listened to and respected, or are their ideas dismissed or ridiculed?

4. How does the team handle conflicts and disagreements? Are they resolved in a constructive and respectful manner, or do they escalate into personal attacks and blame?

5. Is it safe for team members to admit to feeling overwhelmed or stressed? Are there resources and support available to help team members manage their workload and mental health?

6. Are team members encouraged to share their ideas and opinions, even if they

are different from the norm? Are diverse perspectives valued and considered?

7. Does the team have a culture of blame and punishment, or a culture of learning and improvement? Do team members feel comfortable taking risks and experimenting, even if they might fail?

8. How does the team handle mistakes and failures? Are they seen as opportunities for growth and learning, or as reasons for punishment and shame?

9. Are team members able to be vulnerable and share personal experiences without fear of judgment or ridicule? Is there a culture of empathy and understanding within the team?

10. How does the team handle issues of diversity, equity, and inclusion? Are team members open to discussing and learning about these topics, or do they shy away from them?

11. Do you feel you are treated with dignity and respect in work?

12. Do you feel you work in a safe environment?

13. How are you encouraged to articulate current day to day risks or concerns and escalate issues beyond your control?

14. Do you feel you have a positive contribution to patient care?

15. Are you provided with feedback on the outcomes of any incidents/accidents that you report or that are reported within your clinical area?

16. Are you given the opportunity to identify and learn from good practice to bring about improvements in care?

17. Do you feel you are able to raise any concerns you may have?

18. Do you feel you are a valued member of your team and have a sense of belonging?

19. Do you feel you are given the knowledge and skills to deliver a consistent standard in the fundamental aspects of compassionate care?

20. What do you like about working here?

21. What would you do to improve patient experience?

22. What would you do to improve staff experience?