

NHS Board Meeting
30th June 2020

Lanarkshire NHS Board
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**SUBJECT: NON EXECUTIVE BOARD MEMBER LEADERSHIP
WALKROUNDS - PROPOSALS**

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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The NHS Board is asked to consider and approve the revised arrangements for Non Executive Board member Leadership walkrounds.

2. ROUTE TO THE BOARD

The paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Corporate Management Team

3. SUMMARY OF KEY ISSUES

There is a desire to reinstate the leadership walkround process recognising at this time it may also be an opportunity to ask staff regarding their experience managing during the pandemic and to offer thanks as well as checking if there are any patient safety issues that we should be aware of. The access and distancing restrictions due to Covid 19 call for a new blended approach to walkrounds that would reduce footfall in the clinical areas where required and protect the visiting party from harm.

The attached paper provides an overview of the concept and process for this as well as proposing a different way of arranging the visiting team.

In response to a request for feedback prior to the Board meeting, Non Executive Board Members were invited to provide their comments to the Board Chair and these are summarised below, along with a brief response.

1. Where are we on this with respect to other boards and their methodologies?

Six Health Boards responded and all have stopped walkrounds since March 2020. None have started back yet although one Board reported that they have completed some informal walkrounds without Non-Executive involvement. Some are thinking about starting up but have no plan yet how to go about it and others are not planning this in the near future.]

2. Timings of walkrounds have always been 9-5, is there an out of hours option?

[This has been addressed in the attached proposals. A separate process is required for this which was being considered before Covid-19. The priority is for the standard walkrounds to be reinstated with an alternative 'back to the floor' type visit planned for later in the year when restrictions are released. A further paper specifically on this will be produced.]

3a) two Non Executives names were missed off the proposed Teams and would like some support to shadow before doing one.

3b) Concern related to always being in the same Team so different perspectives and approaches can be experienced.

3c) Could there be more flexibility for the Non-Executive involvement in the team so we can cover if someone cannot attend?

[These points are now covered by a changed process for Non-Executives to participate in any of the teams.]

4. Concern around the process for deciding if it's a virtual or physical walk round and would this be decided at short notice.

[The intention is that there will be a blended approach with at least one member of the walkround team physically on site, who would then relay back to the others on a virtual platform (at the meeting stage) what they had seen and noticed. The intention is to create a video, if appropriate, of the area (without patients) and any aspects the staff particularly would like to show us, and that video would be viewed by the virtual team members. This is not physical or virtual but a mix of both where required.]

5. The paper states the process will be reviewed after 3 walkrounds? Should we also review the whole process after 3 or 6 months?

[Yes, this has been incorporated in the proposal paper.]

6. Could there be an annual report from Leadership Walkrounds for HQAIC and the NHS Board?

[Yes, there is a system to capture the actions and lessons learned so that these are robustly followed up and therefore this can be incorporated into an annual report which would also detail which areas / services had been visited and the number of visits.]

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence/ local policy	<input checked="" type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Evaluation identifies that the principles of the walkround are still able to be met by this method.

7. FINANCIAL IMPLICATIONS

None

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risk assessment with proposal paper.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

N/A

11. CONSULTATION AND ENGAGEMENT

CMT agreed in principle.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to:

1. Approve the new approach to Leadership Walkrounds in light of COVID-19;
2. Agree to the revised process for coordinating Walkrounds;
3. Note that initial feedback on the new approach will be sought after 3 walkrounds and that this blended initiative will be piloted for 6 months and evaluated over this period; and
4. Note that the governance of the walkrounds and follow up actions will be reported via HQAIC for assurance and that an annual report will be produced for the Board.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Karon Cormack, Director of Quality.