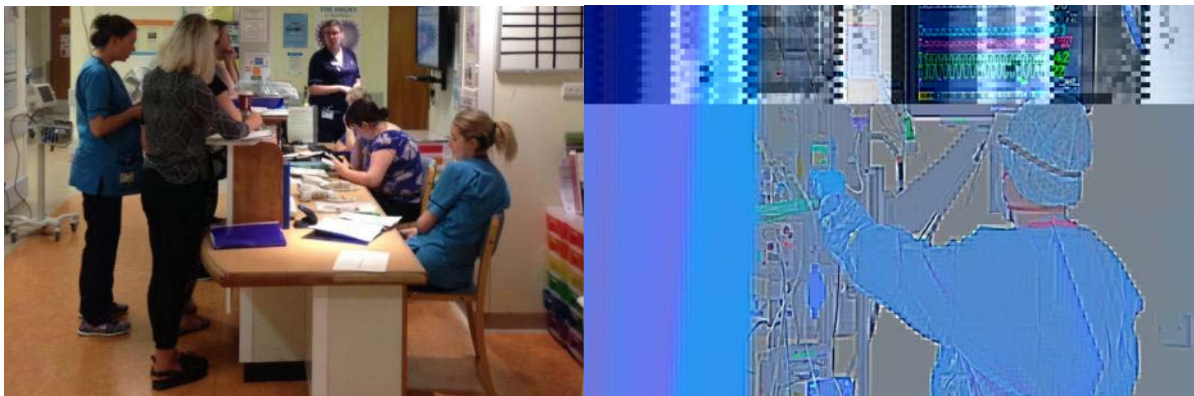


# Leadership Quality Walkround:

Proposal for 2020/21 Visit Programme During COVID19 Pandemic

June 2020



**CONTENTS**

INTRODUCTION	3
RATIONALE	3
PURPOSE OF WALKROUNDS	4
A BLENDED APPROACH	5
COMPOSITION OF VISITING TEAM	6
THE QUALITY DIRECTORATE	6
THE EXECUTIVE LEAD	6
THE VISITING TEAM	7
THE HOST TEAM	7
THE DEBRIEF	8
IDENTIFYING AND ASSIGNING ACTIONS	8
GOVERNANCE ARRANGEMENTS	9
REVIEW	9
RECOMMENDATIONS	9
APPENDICES	10

## INTRODUCTION

Leadership Quality Walkrounds (referred to hereafter as walkrounds) are part of the organisation's programme of work to improve our quality and safety culture and outcomes. Leadership Walkrounds also support the organisation to achieve the implementation of the 'Patient Safety Essentials' (CEL 19, 2013).

Non-Executive Walkrounds have been undertaken in NHS Lanarkshire since 2014 initially focussing on patient safety in acute hospital wards and departments and subsequently extending to quality and safety in all sites including community hospitals and Health Centres.

Walkrounds are a key component of the NHS Lanarkshire Quality Strategy and are in the Person-Centred Care section of the Quality Implementation Plan:

- We will ensure our services are user focused
- We will promote control, independence and autonomy for the patient, their family and carers
- We will support staff to build resilience and psychological safety

**This proposal to the Non-Executive Directors sets out the suggested process for 2020/21 based on our ability to maintain the walkround visit programme and the need to adapt our processes in line with the COVID19 pandemic restrictions.**

## RATIONALE

Our current visit programme supports a team of staff led by an Executive Director/Senior Lead accompanied by a Non-Executive Director, physically visiting a previously identified area. The walkround process includes meeting on site, moving together to the visit area, walking the area led by the Senior Charge Nurse/Department Lead, having discussions with staff on duty and then moving to a small meeting area to go through the template the area have populated and have a discussion of its contents.

Due to the COVID19 pandemic all aspects of NHS Lanarkshire's working practices are being reviewed and we have had to review our walkround processes to take account of COVID19 restrictions such as:

- Social distancing
- Reduced footfall in clinical areas
- Hand hygiene and PPE requirements
- Supporting visiting team members who are at risk or shielding
- Reducing non-essential travel

## PURPOSE OF WALKROUNDS

The Leadership Quality Walkround visit is **not an inspection, audit or Back To The Floor exercise** it is an opportunity to:

- Discuss healthcare quality issues openly and honestly
- Identify opportunities for improving quality in healthcare
- Promote a quality culture and encourage reporting of adverse events
- Support Leadership learning to identify and prioritise actions to improve quality

## Lanarkshire Quality Approach - People at the Heart

NHS Lanarkshire has a duty to provide assurance to the public, the Board and Ministers about the quality of care that is delivered by its services. We aim to show:

- A caring and person-centred ethos that embeds high quality, safe and effective care
- That we continually strive to do the best individually and collectively
- That we accept individual accountability for delivering a service to the best of our ability
- That we are responsive to changing culture, expectations and needs



The six domains of quality in healthcare are an organisational priority for NHS Lanarkshire and should be considered during each walkround:

- **Safe** - This means that safety must be a property of the system. No one should ever be harmed by health care
- **Effective** - It should match science, with neither underuse nor overuse of the best available techniques
- **Person-centered** - The individual person's culture, social context, and specific needs are respected, and they have an active role in making decisions about their care
- **Timely** - Unintended waiting that doesn't provide information or time to heal is a system defect.
- **Efficient** - Reduce the waste and the cost of supplies, equipment, space, capital, ideas, time, and opportunities
- **Equitable** - Race, ethnicity, gender, and income should not prevent anyone from receiving high-quality care

### **A Blended Approach**

Until this year all walkrounds have been conducted on site by all team members. The walkround visit programme was suspended in March, April and May due to COVID19. With the likelihood of restrictions being in place for the rest of this year new ways of working need to be sought to enable us to continue to meet the objectives of the walkrounds.

This proposal suggests a blended approach of:

- Face to face onsite walkrounds
- Virtual input to the walkround using MS Teams/iPad
- A mixture of virtual and face to face attendance

The approach used will depend on:

- Status of the area being visited on the day of the visit i.e. able to accommodate staff on site or not
- Status of each member of the visiting team i.e. staff able to travel and be on site.

This approach will ensure that areas are not disadvantaged and can still be visited either physically/ virtually or a mixture of both and that members of the visiting team can still take part even if they can't physically be on site.

Use of technology such as iPads and MS Teams means that staff can still "walk" the area and speak to staff without being physically present.

Due to the variety of areas to be visited and how far in the future the visit will be, it is very difficult to predict in advance what will be appropriate in terms of; face to face meeting, PPE required and accessibility. Therefore, each visit will be tailored to the need of the area and also what Covid related restrictions are in

place at the time. To help facilitate this a pre-visit checklist (appendix 4) will be completed by the Quality Directorate and the host team to identify the most appropriate way to conduct the walkround.

### **COMPOSITION OF A VISITING TEAM**

A visiting team will consist of:

- Non-Executive Director
- Executive Director
- Senior Clinician
- Quality Directorate staff

Groups have been created of visiting teams comprising of the members above who are allocated to areas to visit (appendix 3). A schedule has also been developed with a plan of the visits for the forthcoming year. This allows forward planning to arrange the visits well in advance and secure diary time for the visiting team.

### **THE QUALITY DIRECTORATE**

Will produce an annual visit programme and allocate teams to conduct visits during a calendar month. This programme will be distributed to all team members with the Executive Leads personal assistant responsible for coordinating the diaries of the visiting team to secure the date of the visit during the specified month.

Once dates have been identified and the date of the visit returned to the Quality Directorate, the Quality Directorate will coordinate all aspects of the visit and de-brief (Appendix 1):

- MS Teams diary invitation will be sent to the visit team and the host team lead
- MS Teams diary invitation will be sent to Senior Manager with responsibility for the area visited and the visit team for a de-brief meeting
- Quality Directorate member will facilitate walkround, de-brief meeting and associated administration

### **THE EXECUTIVE LEAD**

Is responsible for identifying their availability for a visit during the designated month and their Personal Assistant will be responsible for coordinating with the rest of the visiting team to confirm suitability of the date.

Three-four hours should be allocated for a visit to allow for travel / walkround and de-brief.

- **Hospital Visits** - two departments are visited on the same day. One hour per department with 15 mins in between for transit and discussion
- **Health Centres** - should be scheduled for two hours
- **De-brief** - The team or the Quality Directorate member will meet with a senior manager for 30mins to one hour after the walkround

## THE VISTING TEAM

**Quality Directorate Staff** will facilitate the walkround process. This includes:

- Provide iPads for use on site if anyone is joining the visit virtually
- Arranging a visiting team brief 10 minutes before the start of the walkround, leading introductions and explaining the purpose and process of the walkround on arrival to the ward or department
- Engaging the host staff with questions of enquiry based on their pre-walkround template submission. Starting with positive aspects of quality and improvement leading onto issues of concern or opportunities for improvement
- Consider the information discussed and provide advice / suggestion on how learning or good practice might be shared and how improvements might be made if identified
- Walk the department engaging other staff and service users as appropriate
- Take notes and clarify recommended actions
- Share observations/ findings/ recommendations of the walkround with the responsible Senior Manager on completion
- Recording any agreed actions on LanQIP electronic system
- Ensure an evaluation form is completed and returned by the team visited
- Send the team visited a thank you letter following the walkround

## Senior Leader / Non Executive / Senior Clinician

- Attend (in person or virtually) a pre-walkround briefing 10 minutes prior to first walkround
- Consider the pre-walkround information provided and identify issues for further enquiry or discussion
- Consider the information offered by the host during the discussion and seek further information as required, to clarify or confirm understanding of issues highlighted
- Walk the department, engaging other staff as appropriate
- Formulate and agree recommendations for sharing good practice; acting on improvement opportunities with all present
- Meet with Senior Manager(s) on completion of the walkround if necessary/wished

## THE HOST TEAM

Although the walkround itself takes place during the Monday – Friday, 9am to 5pm period the information captured relating to the area being visited covers all time periods e.g. evenings overnight and weekends and the Senior Charge Nurse/Department Lead will seek input from the whole team to complete the template. This process ensures that although the visit may take place at e.g. 2pm on a Thursday the visit covers anything staff wish to raise from their experience on different shifts and different days of the week.

The Team visited will:

- Complete and return the pre- walkround template (Appendix 2) identifying discussion points around success, concerns, improvement and challenges, in advance of the visit
- Notify staff and patients that a walkround will be taking place
- Identify a suitable room or area for a sit down discussion
- Actively participate in the discussion
- Lead a walkround of the area highlighting areas of discussion using iPad for anyone joining virtually
- Where possible, free staff to participate in the discussion
- Identify service users who may wish to talk to the visiting team
- Complete and return a walkround evaluation card after the visit has finished

## THE DE-BRIEF

The Quality Directorate will have scheduled a separate de-brief meeting with the Senior Management Team or a Senior Manager for the area visited directly following the walkround; the Senior Manager would not be expected to participate in the walkround.

The Quality Directorate member of the visiting team will always attend the de-brief meeting; it is up to the Executive lead as to whether the other members of the visiting team will attend this.

## IDENTIFYING AND ASSIGNING ACTIONS

Walkround actions will be classified as:

**Operational** - will remain the responsibility of host team or Senior Manager(s).

**Executive** - require Executive intervention or escalation and will be agreed with the host team during the walkround and then shared with the Senior Management Team at the de-brief meeting.

All actions will be recorded on LanQIP and progress tracked. All actions will be detailed in the thank you letter sent to the host team (within 5 working days).



### **Follow-up**

The Quality Directorate will follow-up with the host team three months and six months (if necessary) after the walkround for updates on allocated actions.

### **GOVERNANCE ARRANGEMENTS**

Accountability for the walkround process is the responsibility of The Person-Centred Care Group. This group will have oversight of the number of walkrounds conducted, number of issues raised, and category of issue and ensure actions are closed.

The Person-Centred Care Group will be responsible for reporting progress, risks and future developments to the Healthcare Quality Assurance and Improvement Committee (HQAIC).

### **REVIEW**

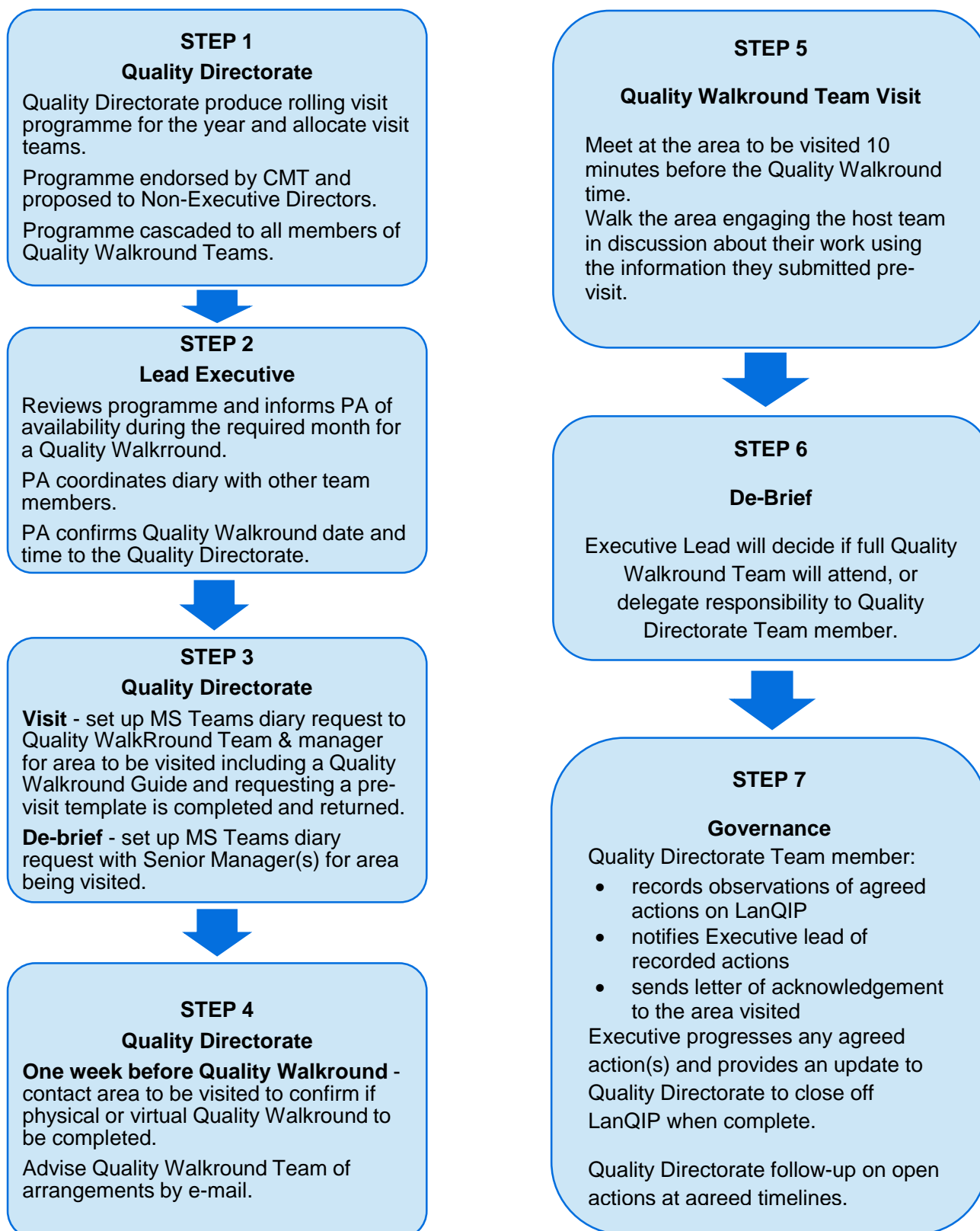
As this walkround process is changing to accommodate the pandemic restrictions we propose undertaking 3 walkrounds and then reviewing the experience from the perspective of both the host team and the visiting team to identify of the changes are working or what could be improved.

### **RECOMMENDATIONS**

The Non-Executives are asked to:

1. Note the change to the Executive Directors Personal Assistant securing the meeting date which best suits their diary for the visit team.
2. Note the change to include the option of virtual attendance at the walkround if required.

## Leadership Quality Walkround Process



Appendix 2 **Leadership Quality Walkround Template**

<b>Date:</b>	<b>Time:</b>
<b>Location:</b>	<b>Ward:</b>
<b>Specialty:</b>	<b>No of Beds/Cubicles:</b>
<b>Ward/Dept Lead:</b>	<b>Contact if different:</b>
<b>Senior Nurse:</b>	<b>Named Consultant:</b>

**1. What changes have you made during the past 12 month?** *(pathway / staff / process / systems / equipment / resources / environment / other)*

**2. What improvements have you made during the past 12 month?** *(pathway / staff / process / systems / equipment / resources / environment / other)*

**3. What have you been unable to progress?** *(pathway / staff / process / systems / equipment / resources / environment / other)*

<p><b>4. What was the driver for your change or improvement?</b> <i>(legislation / corporate / evidence / best practice / feedback / COVID-19 /other)</i></p>
<p><b>5. Are there any areas of improvement or change that you have not been able to make?</b></p>
<p><b>6. What has stopped you from making the improvement or change?</b></p>
<p><b>Specific areas of interest to highlight to the visiting team:</b> <i>(Patient adverse events, Infection Prevention and Control, Environment, Quality Improvement work, Service User Involvement, Achievements and Awards, any challenges to Healthcare Quality.)</i></p>

**Datix** – Number of reported patient adverse events in the past 6 months  
*(please indicate if any of these were Significant Adverse Event Reviews)*

Key Themes:

**Complaints** – Number reported in the past 6 months  
*(please indicate if any of these were escalated to the Ombudsman)*

Key Themes:

<b>Visiting team:</b>	
<b>Quality Lead:</b>	<b>Executive:</b>
<b>Non- Executive:</b>	<b>Clinical Representative:</b>

Item 8b

Appendix 3 Quality Leadership Walkrounds – Team Composition

Team 1			Team 2			Team 3		
<b>Exec Lead</b>	Heather Knox	Chief Executive	<b>Exec Lead</b>	Jane Burns	Medical Director	<b>Exec Lead</b>	Eddie Docherty	Director of NMAHPs
<b>Non-Exec</b>	Avril Osborne		<b>Non-Exec</b>	Philip Campbell		<b>Non-Exec</b>	Lillian Macer	
<b>AHP</b>	Claire Rae	Hd of Physiotherapy	<b>AHP</b>	Robbie Rooney	Hd of Audiology	<b>AHP</b>	Robert Peat	Hd of Podiatry
<b>Quality</b>	Marjorie McGinty	Hd of Improvement	<b>Quality</b>	Karen Jenkins	Improvement Advisor	<b>Quality</b>	Rick Edwards	PM Person-Centred Care
Team 4			Team 5			Team 6		
<b>Exec Lead</b>	Karon Cormack	Director of Acute Services	<b>Exec Lead</b>	Val de Souza	Director South HSCP	<b>Exec Lead</b>	Ross McGuffie	Director North HSCP
<b>Non-Exec</b>	Brian Moore		<b>Non-Exec</b>	Paul Cannon		<b>Non-Exec</b>	Maureen Lees	
<b>AHP</b>	Janice McClymont	Hd of Occupational Therapy	<b>AHP</b>	Jaqueline Terrance	Occupational Therapy	<b>AHP</b>	Paul Graham	Hd of Spiritual Care
<b>Quality</b>	Amanda Minns	Hd of Evidence	<b>Quality</b>	Laura Drummond	Hd of Assurance	<b>Quality</b>	Eileen McGinley	Improvement Advisor
Team 7			Team 8			Team 9		
<b>Exec Lead</b>	John Keaney	Medical Director Acute	<b>Exec Lead</b>	Linda Findlay	Medical Director South HSCP	<b>Exec Lead</b>	Alistair Cook	Medical Director North HSCP
<b>Non-Exec</b>	Lesley Thomson		<b>Non-Exec</b>	Neena Mahal		<b>Non-Exec</b>	Margaret Morris	
<b>AHP</b>	Pauline Downie	Hd of Speech and Language	<b>AHP</b>	Elaine Connelly	Hd of Diagnostics Senior Improvement Advisor	<b>AHP</b>	Maureen Cochrane	Physiotherapy
<b>Quality</b>	Elise Palmer	Improvement Advisor	<b>Quality</b>	Lianne McInally		<b>Quality</b>	Caroline Brown	
Team 10			Team 11					
<b>Exec Lead</b>	Colin Lauder	Director of Planning, Property and Maintenance	<b>Exec Lead</b>	Laura Ace	Director of Finance			
<b>Non-Exec</b>	Jim McGuigan		<b>Non-Exec</b>	Paul Kelly North Lanarkshire				
<b>AHP</b>	Peter McCrossan	Director of AHP	<b>AHP</b>	Rachel McKay	Hd of Orthoptics			
<b>Quality</b>	Gillian Airns	PM Quality	<b>Quality</b>	Maria Ferguson	PM Quality			

## Appendix 4 Pre Visit Checklist

**Site/ Location:****Department:**

This checklist will be completed prior to each Leadership Quality Walkround:

To ensure that staff understand what they need to do to maintain safety during walkrounds.

To maintain social distancing between individuals when they are within NHS buildings.

To identify and manage risks to minimise contact via potential close contact, shared facilities/touch points etc.

<b>No</b>	<b>Action</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENT</b>
<b>Pre Visit</b>					
1	Has the SCN/Head of Dept. for the area confirmed that the area is safe for the Walkround to ahead? (48hrs prior to walkround)				
2	Has the SCN/Head of Dept. for the area confirmed that the area is safe for the Walkround to ahead? (day of walkround)				
3	Have any COVID19 red/green areas been identified?				
4	Has consideration been given to minimising the need for staff to attend in person; can staff attend remotely?				
5	Are all staff aware of and have access to alternative remote working tools to avoid in-person attendance i.e. Microsoft Teams software?				
6	Has a designated meeting point on arrival been identified for walkround staff which ensures social distancing requirements can be met?				
7	Is there a requirement for PPE or face coverings to be worn?				
8	Have PPE supplies been made available for the walkround staff?				
9	Is hand washing and hand sanitizer facilities available to walkround staff throughout the visit?				
10	Have walkround staff been briefed regarding social distancing requirements prior to start of the walkround?				

<b>No</b>	<b>Action</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENT</b>
11	Have walkround staff been briefed regarding hand washing and physical contact requirements with patients and staff prior to start of the walkround?				
12	Has a designated meeting point for post walkround discussion been identified for walkround staff which ensures social distancing requirements can be met?				
13	Has the maximum number of people per room been identified for the above?				
14	Is there a ready supply of cleaning materials and sanitizer available for staff to self-clean equipment e.g. chairs, table for the above?				
15	Has a designated meeting point for post walkround debrief with Senior staff been identified for walkround staff which ensures social distancing requirements can be met?				
16	Has the maximum number of people per room been identified for above?				
17	Is there a ready supply of cleaning materials and sanitizer available for staff to self-clean equipment e.g. chairs, table for above?				
<b>During walkround</b>					
18	Have walkround staff been reminded regarding social distancing, hand washing and physical contact requirements with patients and staff during the walkround?				
19	Have PPE been provided as required?				
20	Have instructions been provided on the use of PPE and how to discard safely?				
<b>Post walkround Discussions</b>					
21	Are there clear instructions for the meeting facilitator to maintain social distancing and to encourage open windows when appropriate to improve ventilation and air flow?				
22	Has the layout of the meeting room been revised to observe recommended social distancing?				



<b>No</b>	<b>Action</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENT</b>
23	Has it been agreed by site staff and Quality Directorate lead that it is safe for patients and staff for more than one visit to take place on site?				
24	Have staff been briefed on the post walkround requirements for hand washing prior to visiting a second area?  <b><i>A separate checklist will be completed for each area visited.</i></b>				