South East Coast Ambulance Service NHS
NHS Foundation Trust

Executive Management Team and Non-Executive Directors

Patient and Staff Safety Leadership Walk Rounds - Proposal January 2018

Paper Author	Giles Adams – Head of Compliance
Lead Executive	Steve Lennox – Interim Director of Nursing and Quality Development
FOI Status	Internal proposal

Purpose	The purpose of this paper is to describe a process that will allow visibility and focus on patient and staff safety at all levels of the Trust. Patient safety is our number one priority and by following the Care Quality Commission (CQC) well-led framework we will ensure Patient safety is at the heart of everything we do across the Trust. While focusing on patient safety we also have a clear obligation to ensure that we safeguard all of our people while working for or in our Trust, by reducing risks. This is regulated by the Health and Safety Executive
Paper Summary	Safety walk rounds are a way of bringing together Non-Executive Directors, the Chief Executive, Executive Directors, Senior Managers and front line staff to discuss patient and staff safety and agree system changes to reduce risk. They are designed to work in conjunction with and further enhance our Quality Assurance Visits (QAV) This paper sets out a process for this, including a suggested attendance list and in the appendices, a number of simple forms to allow a consistent way of recording findings and actions which will allow greater governance. By adopting this approach, the Trust will be able to demonstrate our collective and visible commitment to patient and staff safety and evidence shared learning.
Associated Papers	Attached appendices
Date Completed	09 January 2018

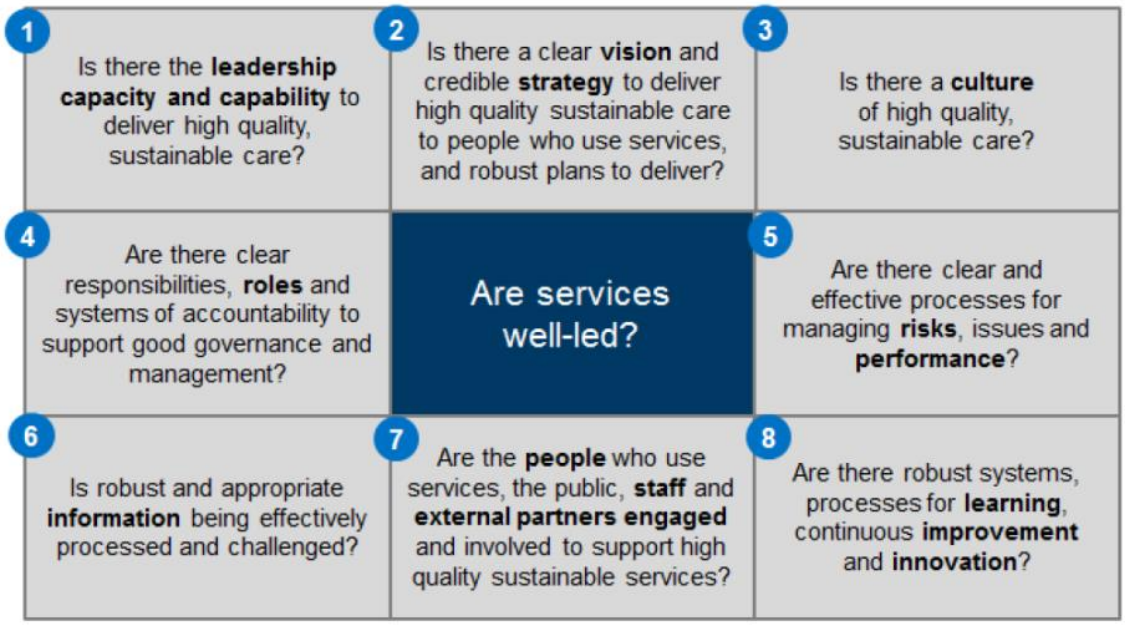
Patient and Staff Safety Leadership Walk Rounds.

A guide to staff, 2018-2020.

INTRODUCTION

Patient safety is our number one priority and by following the Care Quality Commission (CQC) well-led framework which is structured around eight KLOEs (see Figure 1) each with its own characteristics and the CQC's Safe five KLOEs we will ensure Patient safety is at the heart of everything we do across the Trust.

Figure 1: Well-led framework KLOEs



While focusing on patient safety we also have a clear obligation to ensure that we safeguard all of our people while working for our Trust or located on our premises, including vehicles, by reducing risks which are a reasonably foreseeable cause of harm to a level that is "as low as is reasonably practicable". This is regulated by the Health and Safety Executive.

As part of our systems to reduce harm and improve safety we propose to undertake a programme of patient and staff safety leadership walk rounds (Safety Walk Rounds) throughout the Trust, which are designed to work in conjunction with and further enhance our Quality Assurance Visits (QAV). The 2018 - 2020 round of Safety Walk Rounds are guided by these guidance notes which are designed to provide practical support. Our work in patient and staff safety is part of the Trusts Safety Programme and is instrumental in improving patient and staff experience and safety. Our safety walk rounds are designed to enable improvements in the way in which teams work

together, in an open culture, where the safety of patients and ourselves is all of our responsibility.

Safety walk rounds are a way of bringing together the Chief Executive, Executive Directors, Non-Executive Directors including the Chairperson, Senior Managers and front line staff to discuss patient and staff safety and to agree system changes required to improve safety. They are also a way of demonstrating our collective and visible commitment by listening to and supporting staff.

This document is based on both the Institute for Healthcare Improvement (IHI) and Patient Safety First Campaign patient safety material and builds on our experience of conducting these walk rounds over the last few years.

The format for safety walk rounds is described and a set of example questions are provided to discuss patient safety issues with staff.

BACKGROUND

The focus on patient and staff safety and leadership during these walk rounds is aimed at creating a culture of safety, learning and openness in discussing concerns arising from the experience of staff in delivering clinical care. Other topics relating to general staff engagement are useful to discuss as part of the visit, but this guidance proposes a specific focus on patient and staff safety as a core element of the visit.

Executive and NED visits to Operational sites have always proven to be popular with staff but logistically challenging for the Trust and sometimes lacking in purpose other than the valuable engagement opportunity.

To this end, an ongoing programme of safety walk rounds, with documented outcomes is recommended to create a culture where quality and safety is everybody's primary goal.

In contrast to the quality assurance visits which are un announced so as to mirror the CQC process and observe quality processes in action, the patient and staff safety leadership walk rounds allow for the local team to consider their key risks and challenges and prepare for the visit. This is designed to encourage an open and self-reflective dialogue with Board members so that they have first-hand knowledge of local safety issues and can offer practical advice and support to resolve. This will allow the Board to have confidence that safety is being consistently taken seriously at all locations

and allow them to discharge their duties as accountable leaders of the Trust.

AIMS OF PATIENT SAFETY WALK ROUNDS

- Reinforce our key clinical priority that the Trust integrates patient and staff safety into the daily working routine
- Create a safety culture in all areas and across all disciplines by maintaining the patient as the focus and raising staff awareness to recognise their contribution to improve patient safety
- Address and overcome barriers to patient and staff safety
- Implement evidence based interventions that have been shown to reduce adverse events
- Link to and provide evidence that services are Well led
- Ensure that the Board have visibility of safety risks and are therefore empowered to eliminate, reduce, isolate or control them in line with their IOSH leading safely training.

WHERE

Within the ten Operating Units, Emergency Operations Centres and 111 Centres any of the following sites may be utilized as a meeting area in agreement:

Ambulance Stations & Make Ready Sites
Emergency Operations Centres
111 Centre
Hazardous Area Response Team Bases
Trust Headquarters
Clinical Education

1. PREPARATION

1.1 WHO WILL CONDUCT THE PATIENT SAFETY WALK ROUNDS?

The leadership team for each visit will consist of a selection of leaders from Non-Executive Directors, the Chief Executive, Chairperson, Executive Directors and Senior Operational and / or Quality / Clinical / Education Managers.

All Non-Executive Directors, the Chief Executive, Executive Directors and Senior Managers will participate in annual programme of walk rounds. At least one Executive Director will attend each safety visit.

The leadership team will meet with the Operational Staff, Operational Team Leaders, Operations Manager(s) and Operating Unit Manager(s) appropriate to the Operating Unit or Specialist Service. Where EOC, 111, HART and Education and Training are located in the Operating Unit area visited, appropriate operational and managerial representation will attend. Representation from the local NHS, patient representatives, SECAmb Governors and other appropriate stakeholders may be invited to attend but it is requested that they attend in the second hour to facilitate internal discussion prior to collaborative discussions with partner agencies.

1.2 SCHEDULE OF WALK ROUNDS

A programme of walk rounds will be planned in advance. The date, time and location of walk rounds will be organised by the Corporate Executive Assistant (EA) team, which will allow for coordination with scheduled board and executive meetings. Walk rounds will last approximately 90-120 minutes, dependent on the number of stakeholders present.

Appendix 7 shows a suggested program with one visit per month allowing each operating unit and the two emergency operating centers to be visited each year. HART teams will be incorporated at Ashford and Gatwick. This would allow NEDs and Executives to commit to one or two a year at a location that minimises travel. It would be for the regional manager to decide which site within each OU to visit based on recorded issues, actions and perceived risk to ensure the best opportunity for learning.

Due to the logistical challenges involved in arranging the walk rounds, it is requested that these dates are retained in diaries as a key priority. Should attendees no longer be able to attend a scheduled visit, they must let the Corporate EA team know who your replacement will be on the visit to ensure the information for the walk rounds is kept up to date.

1.3 IDENTIFY THE SITE LEAD

Under the direction of the Regional Operations Manager for the sub-Regional area to be visited, a site lead will be identified. The Corporate EA team will liaise with the Regional Operations Manager's appointed person to agree the location, time and detail for the visit and any arrangements for walk rounds to local facilities, if necessary.

1.4 COMMUNICATIONS

To maximise our opportunities to interact and discuss patient safety with as many members of the local team as possible, all staff need to know about the walk rounds in advance and what the aim is. The Regional Operations Manager's appointed person working with the local team will include information in team briefings, station notices and social media. The area visited will have the opportunity to demonstrate their patient safety activity during the walk round. This is about local ownership. The purpose of the captured conversations is to share with those involved and work collectively on any follow-up actions we can take to improve safety

1.5 CONFIRMATION

Ten days prior to the visit, the Regional Operations Manager's appointed person should return the pre visit checklist **(Appendix 2)** to be sent to the Corporate EA team – TBA

Prior to the visit, two key strategic priority messages will be highlighted by the Area/ Department for the visiting team to discuss with staff. This will aid our key strategic messages so that staff are sighted on progress thus far whilst affording them the opportunity to input their thoughts, feelings and recommendations. These two key messages will be submitted 10 days prior to the visit (**Appendix 2**).

Any safety concerns or good practice highlighted in the most recent Quality Assurance Visit (QAV) will also be shared with the team to allow triangulation of findings and further assurance. The team conducting the visit should therefore also make themselves familiar with the CQC Well Led and Safe key lines of enquiry, as opportunities may arise for this to be introduced during discussion.

Seven days prior to the visit, the Corporate EA team will confirm the visit and send an information brief to the Safety Walk Round team conducting the visit.

2. THE PATIENT SAFETY VISIT

2.1 FORMAT

Each team should allocate a member of the local team as a scribe who is responsible for recording discussions during the walk rounds on the template provided. **(Appendix 4**)

2.1 INTRODUCTION AND SCENE SETTING

The team should explain the purpose of the visit, which is summarised below:

(This does not need to necessarily be read out verbatim).

Patient and staff safety is our priority as such we must always be on the lookout for opportunities to improve outcomes for patients and prevent harm. The safety walk rounds are designed to create the conditions to have open conversations about patient and staff safety. We believe that by doing so we can create an open 'just culture' to make our work environment safer for us and all of our patients. By being open and collective in our efforts we will focus on the systems that need improvement. The focus of our discussion is learning and improvement. The framework of questions we have put together are general, to help us all think of areas that may apply (consider medical errors, miscommunication between individuals, distractions, inefficiencies, protocols not followed etc). We also wish to share with you some of our key priority area updates and welcome your feedback (**Appendix 3**).

2.2 QUESTIONS (for example)

Can we start by sharing an example of patient safety improvement locally that was a challenge and has now been addressed?

Patient safety is our number 1 priority. How might the next patient be harmed within our service?

What is the most likely way that one of our people may be harmed?

What gets in the way of you improving patient safety changes that you want to provide?

Are there areas that concern you about patients' safety that are not being addressed locally?

Have there been any near misses that almost caused patient or staff harm?

Have there been any local incidents lately that you can think of where a patient was harmed?

Have there been any local incidents where a member of your team has come to harm?

What happened as a result of these events and can you share how you have taken action to avoid in the future?

What specific intervention from the Board and Senior Management would make the work you do safer for patients?

What is working well/ what is not working well?

How have you shared your learning through the Trust and wider NHS?

2.3 CLOSING COMMENTS

At the end of the visit, the Patient Safety visit team will summarise the visit and give any feedback. Three actions should be agreed to be progressed as (**Appendix 5**):

1. Local Level Action (with named responsible lead)
2. Operating Unit Level Action (with named responsible lead)
3. Regional and Trust Level Action (with named responsible lead)

3. FOLLOW UP

a. ACTIONS

The team will review the session and within 10 days send their completed notes with agreed actions to: -

1. Head of Compliance
2. Regional Operations Manager of Region
3. Corporate EA team:

The Head of Compliance will retain the information on to a database and should assess the report for any issues requiring urgent attention. Authorised by the Regional Operations Manager, the responsible leads should provide a report to the Head of Compliance on the progress and outcome of the actions on a regular basis after receipt of the report.

3.1 TRACKING AND MONITORING

This Clinical Governance Group, Central Health and Safety Working Group and Quality & Patient Safety Committee, will be presented with a progress update. Regions are also encouraged to display this information in local Station and Regional Management Team meetings and Quality Improvement hubs and discuss at the area governance meetings to ensure shared learning.

3.2 FEEDBACK

The Head of Compliance will liaise with the relevant Regional Operations Manager, regional Health and Safety groups and the Clinical Group as actions are completed or updated. The Medical Director will provide reports to relevant Committees and Board as part of the normal reporting process.

3.3 MEASURES OF SUCCESS

The Head of Compliance will evaluate the effects on patient safety, the improvement cycle, the environment, staff/patient attitudes, success in completing actions and triangulation with QAV findings etc and will provide a report for the relevant Committee, and the Board, at the end of each cycle of walk rounds.

APPENDIX 1

Notification of Patient Safety Leadership Walk Round

Dear Regional Operations Manager(s),

Patient and staff safety is our priority as such we must always be on the lookout for opportunities to improve outcomes and prevent harm. The patient and staff safety walk rounds are designed to create the conditions to have open conversations about patient and staff safety. We believe that by doing so we can create an open 'just culture' to make our work environment safer for our people and all of our patients. By being open and collective in our efforts we will focus on the systems that need improvement. The focus of our discussion is learning and improvement.

On the DD/MM/YYYY, we would like to conduct a Patient and Staff Safety Leadership Walk Round in the Operating Unit area of LOCATION. We would therefore like to invite the Operating Unit Management team along with operational staff <AND OTHERS IF APPLICABLE> from that area to LOCATION.

Focusing on patient and staff safety and leadership during these walk rounds is aimed at creating a culture of safety and openness in discussing concerns arising from the experience of staff in delivering clinical care. We would like you to demonstrate your patient and staff safety activity for this area, what challenges you have faced, how you have overcome them and what assistance do you need from us?

Other topics relating to general staff engagement are useful to discuss as part of the visit, but this guidance proposes a specific focus on patient safety as a core element of the visit. We would therefore like to invite two key messages that staff would like the visiting team to discuss.

I would appreciate it if you could please notify xxx (appendix 2) which venue within the area would be suitable and an attendance list of Operating Unit Managers attending (including Operational Team Leaders). Operational staff are very important but a list of names prior to the visit is not necessary for this group.

Best Wishes,

Daren Mochrie, CEO

Richard Foster, Chair

Fiona Moore, Medical Director

Steve Lennox, Director of Nursing and Quality

Giles Adams, Head of Compliance

Appendix 2

To be completed by Corporate EA team.	
Operating Unit Area	
Regional Manager	
Appointed person	
Date of Visit	
Address	
Visiting Team	

To be completed by Regional Operations Manager appointed person.	
Named Site Lead	
Discussed with SOLT ? **All staff made aware ?**	YES / NO YES / NO
HART/EOC/111/ Education & Training/ Operations all attending? **(If in the visiting area only)**	YES / NO / Not Applicable
Operational Staff Notified ? **By what method(s)?**	YES / NO
Two Key Messages you want visiting team to update you on?	1. 2.

Please list confirmed Managers and Operational Team Leaders Attending	
Please estimate the number of operational staff have said may attend	

APPENDIX 3

KEY MESSAGES THAT EACH AREA WISHES TO KNOW ABOUT FROM THE VISITING TEAM

Key Message 1:
Key Message 2:

Any Additional Notes Provided:
Who is providing the key message from the visiting team?

APPENDIX 4

Date	Notes	Page of
Example:		
Can we start by sharing an example of patient safety improvement locally that was a		
challenge and has now been addressed?		
Please share an example of a staff safety improvement locally that has been addressed?		
In our area, we can demonstrate that ……		
During the conversation, the group noticed that the local patient safety group have		
Undertaken a significant piece of work. This piece of work brings benefit because of…		
Name of person recording notes from visit:		

Date	Notes	Page of

APPPENDIX 5

Date: ____/____/____	**Location:**	**Number attended:**	**Regional Operations Manager:**	
Safety Team:		**Scribe:**	**Local Lead:**	
WHAT ONE PATIENT SAFETY ACTION WILL YOU CARRY OUT?				
	Action	**Action Owner(s)**	**How will we know an improvement has been made?**	**When do we aim to achieve this?**
Locally				
Operating Unit				
Regional or Trust				
Additional points to address:				

APPENDIX 6

Date: ____/____/____	**Location:**	**Number attended:**	**Regional Operations Manager:**	
Safety Team:		**Scribe:**	**Local Lead:**	
WHAT ONE STAFF SAFETY ACTION WILL YOU CARRY OUT?				
	Action	**Action Owner(s)**	**How will we know an improvement has been made?**	**When do we aim to achieve this?**
Locally				
Operating Unit				
Regional or Trust				
Additional points to address:				

APPPENDIX 7

Date	OU/EOC Location	Regional Manager	Operating Unit Manager	Exec/NED lead
April	Gatwick and Redhill including HART	Andy Cashman/Chris Stamp	Jo Carera	TBA
May	Paddock Wood	James Pavey	Clare Dowdall	TBA
June	Tangmere and Worthing	Andy Cashman	Paul Fisher	TBA
July	Thanet	James Pavey	Giovanni Mazza	TBA
August	West EOC Crawley	Sue Skelton	Dean Jarvis	TBA
September	Brighton	Andy Cashman	Tim Fellows	TBA
October	Dartford and Medway	James Pavey	William Bellamy	TBA
November	Guildford	Andy Cashman	Dan Garrett	TBA
December	Ashford including. HART	James Pavey/Chris Stamp	Nick Keech	TBA
January	East EOC Coxheath	Sue Skelton	Mark Bailey	TBA
February	Chertsey	Andy Cashman	Peter Radoux	TBA
March	Polegate and Hastings	James Pavey	Rhiannon Roderick	TBA