



**Board of Directors (held in Public)**  
**26 October 2023**  
**Quality and Safety Walkrounds**

**Item 4.7.2**

<b>Presented for:</b>	Assurance/Decision
<b>Accountable Director:</b>	Clare Ashby, Interim Executive Director of Quality, Governance & Performance Assurance
<b>Presented by:</b>	Clare Ashby, Interim Executive Director of Quality, Governance & Performance Assurance
<b>Author:</b>	Amanda Best, Quality Improvement Manager
<b>Previous Committees:</b>	Quality Committee Board of Directors (in Private) 28 September 2023
<b>Legal / Regulatory:</b>	Yes

<b>Key Priorities/Goals</b>	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openness, ownership and accountability Be a respected and influential system partner, nationally, regionally and at place All
-----------------------------	---

<b>Strategic Ambition</b>	(✓)	<b>BAF Strategic Risk</b>
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best	✓	2c Ability to promote and embed positive workplace culture
3. We achieve excellence in everything we do		
4. We use resources wisely to invest in and sustain services		

<b>Key points</b>	
The purpose of the paper is for the Board to be appraised of the pilot Quality and Safety walkrounds conducted in Q2 and review if Board wish to recommend the walk-rounds continue. If recommended by Board, a schedule can be produced and circulated to Executive and Non-Executive Directors, which triangulates and aligns with the Inspection for Improvement programme.	Assurance/Decision

**Board of Directors (held in Private)**  
**28 September 2023**  
**Quality and Safety Walkrounds Report of the Interim  
Executive Director of Quality, Governance & Performance  
Assurance**

**1. SUMMARY**

- 1.1 The purpose of the paper is for the Board to be appraised of the pilot Quality and Safety walkrounds conducted in Q2 and review if Board wish to recommend we continue the walk-rounds. If recommended by Board a schedule can be produced and circulated to Executive and Non-Executive Directors, which triangulates and aligns with the Inspection for Improvement programme.

**2. BACKGROUND**

- 2.1 Quality and Safety walk-rounds is a programme operating in YAS, whereby members of the Trust Board and Executive team, and other senior leaders visit different areas of the Trust and meet teams and individual staff members during their shift. It complements a wide range of other site visits and meetings, both formal and informal in nature.
- 2.2 This programme is important, because it supports two-way communication between staff, the Board, and Directors, and helps the Trust's senior management team to gain insight into different aspects of Trust activity and increases the visibility of Board members. It can also be a valuable way of identifying opportunities for improvement to the safety and quality of services and to staff welfare. It acts as an morale boost to staff, who have reported feeling listened to and thanked us for taking the time to visit them.
- 2.3 To achieve the maximum benefit, the Quality and Safety walk-round programme has been designed to:
- Be regular, comprehensive and involve all members of the Board and Executive team.
  - Be visible to staff with the visit schedule and feedback shared through regular Trust communications
  - Have a clear structure and focus
  - Have clear processes for review and follow up of any issues, which are well communicated to staff
- 2.4 The visits provide opportunities for the Board and Directors to see, hear about, and discuss a wide range of issues. The Quality and Safety walk-round is primarily about engagement and communication with staff, with a specific focus on quality and safety of both patients and staff.
- 2.5 Quality and Safety walk-rounds provide an important opportunity for members of the board and executive team to observe the working environment and understand how Trust policy plays out in practice, but it is not a formal inspection programme. The Quality and Safety walk-round programme is complemented by a separate YAS Inspection for Improvement Programme which is managed through the Quality, Governance and Performance Assurance Directorate.

### 3. PROPOSAL

The following sites were visited during this period:

#### 3.1 Harrogate Ambulance station

- Staff were welcoming and friendly with a passion for their roles.
- The station is not large enough for the amount of staff.
- Parking very limited.
- Toilets/showers in a bad state of repair.
- Estate generally looks tired.
- Noticeboards were tidy and up-to-date, however the REAP board showed incorrect level.
- Staff frustration regarding slow progression and transfer process.
- Crews have a dislike for old Mercedes ambulances as they are worn out and in perpetual need of repair.

#### Further Assurance at Board level:

Fleet: age of vehicles and longer term plan to build fleet capacity that includes no vehicles over 5 years.

Estates: Confirm Harrogate's Medium term estates plan (for review of size/build/functions) and short term estates plan - consider immediate refresh of paint, fixtures and fittings including kitchen and toilets/showers.

#### 3.2 York EOC – Fairfields

- Excellent provision in terms of the estate. Good facilities.
- Staff would like to visit other departments.
- Stressful when running slow on CAT 2 cases.
- Mental Health Nurses good – not enough of them.
- Not confident that clinical calls are being audited .
- Stressful during times when handover delays are increased at local hospital.

#### Further Assurance at Board level:

Not confident that clinical calls are being audited - deep dive on Clinical Management of calls stacking at Quality Committee. Add to forward plan.

#### 3.3 Callflex

- Staff were dedicated and passionate.
- Clear focus on patient safety.
- Some patients waiting nearly 6 hours for a call back.
- Not assured of the management of the clinical list.
- There was a good process in for auditing of Quality and Safety walk-rounds V2 May 2023 individuals, alongside self-audits which were helpful for individual improvement.
- The monotony of the role as a Health Advisor having to follow a script.
- Rosters was raised by staff as an issue.
- Support services only available Mon-Fri 9-5.
- Staff didn't identify as YAS but as NHS 111.
- Building not identified as YAS.

### **Further Assurance at Board level:**

Key assurance questions relate to the plans for a clinical queue within 111 and what can be done to provide faster care.

#### **3.4 Brough Ambulance station**

- Lease has just been signed off for upstairs room.
- This space will make a difference to staff.

#### **3.5 Hull West Ambulance station**

- Lack of parking.
- Bins not emptied often causing a rat problem.
- Local training space needed.
- HRI doorway used as triage – difficult for staff.

### **Further Assurance at Board level:**

Training facility – lack of local facilities leading to more operational downtime that would be necessary if there was a local facility, impact on recruitment.

Overwhelmingly we came away with a feeling that our recruitment plans need to be better lined up with fleet and estates, and therefore capital, (whilst acknowledging the capital pressures).

The business planning cycle needs to cover all requirements not just front line staffing numbers

#### **3.6 York Ambulance Station**

- Staff concerns over hospital handover.
- A&E capacity work has started.
- Investment days have strengthened relationships between services.
- Fleet availability and daily challenges were discussed.

No additional assurance at Board level needed

3.7 Additional feedback across all sites visited was very good and staff felt that the walk-rounds were enjoyable and very positive.

## **4. RISK**

4.1 No risks to be considered for the risk register.

## **5. COMMUNICATION AND INVOLVEMENT**

5.1 Communication about the Quality and Safety walkrounds will be two-way, and if agreed a communication schedule will be developed to support the process.

## **6. EQUALITY ANALYSIS**

N/A

**7. PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

N/A

**8. NEXT STEPS**

- 8.1 Upon agreed Board recommendation, a schedule will be produced and circulated to Executive and Non-Executive Directors, and will line-up with the I4I inspections. A themes and trends update will be produced for future Board meetings, this will also be aligned with the I4I programme.  
The draft SOP will be reviewed and updated version distributed to Board members for approval and sign off.

**9. RECOMMENDATION**

- 9.1 The Quality Committee recommend that the Board agree the full implementation of the Quality and Safety Walkrounds, including a schedule for site visits, triangulation with Inspection for Improvement and ongoing review via Quality Committee.