

Leadership Visit Programme Annual Report 2022/23

Public Board 30 November 2023

Presented for:	Information
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Previous Committees:	Quality Assurance Committee, 26 October 2023

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	✓
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Towards
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk		Choose an item.	Choose an item	Choose an item.

Key points	
1. The annual report is to provide a summary of the Leadership Walkround programme April 2022 – March 2023 and the themes emerging from this.	Information
2. A total of 21 leadership visits were scheduled for 2022/23. Two of these visits needed to be cancelled due to operational pressures resulting in 19 visits taking place. The visits were conducted remotely via Microsoft Teams before returning to face to face in person visits in April 2023.	Information
3. The summaries from all of the virtual leadership visits completed in 2022/23 have been reviewed to identify key themes that have emerged from these visits during this period. These related specifically to staff experience of health and wellbeing support, staffing, and sharing learning from patient safety events	Information
4. The Quality Assurance Committee is asked to <ul style="list-style-type: none"> • be assured by the summary of the leadership visit programme 2022/23, which has enabled Board members to engage with clinical teams, including the key themes that have been identified. • Note the scheduled visits for 2023/24 • Review the revised supporting information template 	Information

1. Summary

The purpose of the annual report is to provide a summary of the leadership visit programme April 2022 – March 2023 and the themes emerging from this.

The standard programme was impacted significantly by the coronavirus pandemic; this was paused March-October 2020 to support the Trust's operational response to the pandemic. The programme was re-launched in October 2021 using video technology (virtual visits) in line with the national guidance to reduce the risk of transmission of the virus. The programme continued to run virtually throughout 2022/23 before returning to face to face in person visits in April 2023. This report provides an overview of the annual programme for 2022/23 and outlines the scheduled visits for 2023/2024 that were approved at Quality Assurance Committee before a return to face to visits in April.

2. Background

The Leadership Walkround programme is well established, starting in 2008 following publication of the Trust's Patient Safety Strategy. The programme provides an opportunity for members of the Trust Board to engage with patients, relatives and staff through regular visits to clinical areas. The purpose of the visits is to provide visible leadership by the Board on quality and safety and to talk to patients, families and staff about their experience of care in hospital.

Leadership walkrounds are recognised nationally as a critical leadership intervention, as described by the Institute of Health Improvements (IHI). Regular Walkrounds are considered to be a sign of the Trust's safety culture and approach to improving quality in the organisation. This has provided members of the Board with the opportunity to talk to staff

specifically about quality, safety and improvement programmes and to get feedback to help achieve these improvements across the organisation.

Leadership walkrounds were discussed during the last comprehensive CQC inspection visit in September 2018, they remain an important feature in the CQC well led framework.

Standards agreed for Leadership Walkround Programme

Leadership walkrounds involve members of the Board (Executive Director and Non-Executive Directors) and a member of the corporate nursing and quality team, overseen by the Director of Quality.

The walkround programme provides Non-Executive Directors with the opportunity to engage with patients, relatives and staff and to discuss standards relating to quality and safety with clinicians and managers during the visits.

The programme is administered by the PA for the Trust Chair and supported by the corporate nursing team who provide pre walkround information based on ward metrics.

The following standards provide a framework for the Leadership Walkround programme. This was reviewed in 2020/21 in response to the coronavirus (COVID-19) pandemic and the associated restrictions that prevented the visits being conducted face to face, to reduce the risk of virus transmission:

- 2 visits a month to be undertaken.
- The visits to be undertaken virtually using Microsoft Teams whilst the restrictions related to COVID-19 remain in place (face to face visits re-commenced in April 2024).
- All Executive Directors and Non-Executive Directors to contribute to the programme.
- An Executive Director, Non-Executive Director and a member of the corporate nursing/quality team to be present on every walkround as a minimum.
- Prior to the walkrounds the PA to the Trust Chair to circulate details of the walkround, including meeting times and Microsoft Teams appointment, to all members, based on information provided by the corporate nursing team.
- The Head of Nursing Professional Practice, Clinical Standards and Patient Safety to arrange for a briefing to be provided to the walkround team in advance of the visit, including an overview of the area, their progress against the 7 Commitments for 2023/24 and key quality indicators to consider and any issues that have arisen from previous walkrounds in these areas. A revised template (Appendix 2) has been produced and is currently being piloted on visits during October 2023.

This information enables the walkround team members to prepare and focus their questions and discussions with ward staff, prompting discussion about the impact of recent service or policy changes in relation to patient safety, including awareness of any recent quality and safety briefings and alerts that may have been issued.

The schedule of visits is distributed evenly across CSUs and locations, to enable the Board to have broad oversight, and provide opportunity for all CSUs to engage with the Board through this process, in line with the annual programme. The specific area to visit will be arranged by the member of the corporate nursing/quality team allocated to the visit, taking into account local intelligence and response to patient safety issues, including risks and quality improvements. A programme of assurance visits is in place to respond to specific

concerns raised about patient safety and quality, which is informed by metrics and routes of escalation to Executive Directors, co-ordinated by the corporate nursing team.

Feedback from the walkround is provided to the CSU Clinical Director, General Manager and Head of Nursing by the member of the quality team in attendance. This includes confirming good practice that has been observed and recommendations arising from the visit. Feedback and recommendations arising from walkround visits are set out in a short summary e-mail to the CSU management team, which is sent within 48 hours of the visit. Where immediate action may be required, feedback is provided directly to the Ward Manager, Matron, Head of Nursing or General Manager during the visit, or directly after it has finished. This is also raised with the Chief Medical Officer and Chief Nurse at the weekly quality review meeting where appropriate. Follow up on areas of immediate concern is escalated through the Risk Management Committee, if this related to a specific risk documented by the CSU, or Quality Management Group.

The feedback summary is stored in a shared folder on the G drive by the PA for the Trust Chair. This is used to inform the annual report, for assurance.

3. Walkround Programme 2022/23 – impact of COVID-19

The Leadership Visit programme has continued to run virtually throughout 2022/23, involving Executive Directors and Non-Executive Directors using Microsoft Teams.

The Trust's Chief Nurse, Chief Medical Officer and Chief Operating Officer continued to undertake in person safety visits to clinical areas to engage with patients, relatives and staff, including those areas where issues have been raised related to nurse staffing, ward metrics (from weekly assurance visits) and patient safety incidents that have been reported. There has been a continued focus on the urgent and emergency care pathways as a consequence of the very significant and sustained operational pressures across the system, impacting on our emergency departments that remain congested and overcrowded. Executive Directors have continued to undertake regular visits to the emergency departments at LGI and St James's to observe care, support staff and engage with them in addressing these challenges.

4. Summary of Leadership Visit (Walkround) Programme - assurance

A total of 21 leadership visits were scheduled for 2022/23. Two of these visits needed to be cancelled due to operational pressures (both to Urgent Care) resulting in 19 visits taking place. The programme is developed by allocating a date(s) to the CSUs who then identify and arrange an area to visit, to provide the Board with opportunity to talk to staff and also to patients using video technology.

The visits during this period (April 22 – March 2023) have taken place in the following CSUs and clinical areas:

Date	CSU	Ward/Dept	Speciality
13 April 2022	Chapel Allerton	C01	Neurorehabilitation
26 April 2022	Oncology	J87	Haematology Daycase Unit
11 May 2022	Neurosciences	L28	Surgical Day Unit

24 May 2022	Children's	L47	Paediatric Intensive Care Unit
7 June 2022	Adult Critical Care	J54	Intensive Care Unit
28 June 2022	Abdominal Medicine & Surgery	J42	Surgical Day Unit
13 July 2022	Urgent Care Cancelled due to Operational Pressure		
26 July 2022	Cardio-respiratory	L16	Cardiac Surgery
10 August 2022	Radiology	CT at SJUH	CT
4 October 2022	Women's	Antenatal Clinic	Antenatal
19 October 2022	Trauma and Related Services	L09	Male Orthopaedics
1 November 2022	Specialty & Integrated Medicine	J26	Diabetes and Endocrinology
16 November 2022	Chapel Allerton		
29 November 2022	Oncology	J95 (JONA)	Oncology Assessment Area
13 December 2022	Neurosciences		
11 January 2023	Children's	L38	Children's respiratory
24 January 2023	Adult Critical Care	L06	Critical Care
14 February 2023	Abdominal Medicine & Surgery	J91	Gastroenterology
22 February 2023	Urgent Care Cancelled due to operational pressures		
7 March 2023	Cardio-respiratory	L20	Coronary Care Unit
22 March 2023	Radiology	Seacroft Hospital	Breast Screening

5. Themes Identified from Leadership Walkrounds 2022/2023

The summaries from all of the virtual leadership visits completed in 2022/23 have been reviewed to identify key themes that have emerged from these visits during this period. These related specifically to staff experience of health and wellbeing support, staffing, and sharing learning from patient safety events.

The key themes emerging from these visits were as follows:

Staff health and well-being – This has continued to be the most frequently discussed topic on the Leadership visits during this period. Clinical teams shared their experiences of the demands of the service related to Covid-19, pressures resulting from the surge, the impact of the economic crisis on some staff and the sustained impact this had on the health and wellbeing of staff. Teams shared positive experiences regarding the support to all staff from the Trust to maintain their health and wellbeing. Staff shared experiences of accessing different support services as well as how they have embedded Health and Wellbeing Champions and Mental Health First Aiders within their services

Ongoing operational pressure/patient safety – Clinical teams described the very significant challenges they faced regarding the sustained operational pressures with increased attendances and admissions, increased acuity of patients and the number of patients awaiting discharge with packages of care. Staff shared their frustrations and difficulties in engaging with other agencies to discharge patients, they were aware of the ongoing work and tests of change that continued to be undertaken through the Discharge Collaborative to facilitate discharges earlier in the day, recognising that the challenges related to patient outflow was impact on emergency department that remained overcrowded.

Staffing – The impact of the Coronavirus (Covid-19) pandemic on staffing continued to be a key theme that has been discussed with clinical teams on all virtual leadership visits. During the last 12 months staff shared their experiences of the changing profile of staff retention and exit interviews with some staff opting for positions within private healthcare or in a different sector following the pandemic. Staffing in some areas continues to be a significant challenge, however the programmes for recruitment and development have continued during this period. This includes recruiting overseas nurses, recruitment events, apprenticeship programmes, leadership development has supported teams to manage this risk.

Sharing learning/quality improvement – staff discussed the processes in place to share learning from incidents and the patient safety publications were well received. Staff were positive about the approach to quality improvement and shared examples of how they had engaged in this during the last 12 months, the refreshed training related to Leeds Improvement Method (LIM) was positively received. Staff were proud to share local examples of quality improvement and many teams gave this a lot of thought before the visit.

Patient feedback – The key constraints of the virtual leadership continued to be getting feedback from patients and their families and friends. This has continued to be tested during the programme, with some specialties arranging for patients to talk to the Board using virtual technology (ipads), which provided some assurance on the experience of patients in hospital during this period. The patients involved described their experiences positively, recognising the limitations of virtual visits, which did not offer the Board opportunity to talk to patients, visitors and staff freely.

In summary, the virtual leadership visits have continued to be positively received by staff. This has been an important opportunity for the Board to engage with staff in clinical areas, and patients where this could be arranged, recognising the limitations of using virtual technology. The aim was for the visits to return to in person in 2022/23, this was considered by Executive Directors in line with the local prevalence of Covid-19 and the impact on our hospitals and it was agreed for the programme to continue virtually. This was reviewed in March 2023 and from April 2023 a return to in person visits was agreed. The themes emerging from the in-person visits will be summarised in the 2023/24 annual report.

6. Financial Implications

There are no financial implications detailed within this paper.

7. Risk

The Quality Assurance Committee (QAC) provides assurance and oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the QAC meeting there were no material changes to the risk appetite

statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

8. Communication and Involvement

Not applicable.

9. Equality Analysis

Not applicable.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

11. Recommendation

Trust Board is asked to

- be assured by the summary of the leadership visit programme 2022/23, which has enabled Board members to engage with clinical teams, including the key themes that have been identified.
- Note the scheduled visits for in person visits in 2023/24.

12. Supporting Information

The following papers make up this report:

- Appendix A Leadership Visit Programme April 2023- March 2024
- Appendix 2 Leadership Visit pre-visit briefing

Craig Brigg
Director of Quality
November 2023

Appendix A Leadership Visit Programme April 2023- March 2024

Date	Time	CSU/Clinical area	Exec Director	Non-Exec Director	Manager
13 April 2023	13.30 – 15.00	Women's / St James's J24 Gynaecology or J03 Delivery Suite	James Goodyear	Georgina Mitchell	Lucy Atkin
20 April 2023	13.30-15.30	Ward J30/31 St James's hospital		Laura Stroud	Lucy Atkin
25 April 2023	15.00 – 16.30	Trauma and Related Services/ LGI Ward L22	Helen Christodoulides	Georgina Mitchell	Breeda Columb
11 May 2023	15.00 – 16.30	Specialty & Integrated Medicine/ St James's Ward 20	Paul Jones	Mark Burton	Sharon Morrison
23 May 2023	15.00 – 16.30	Chapel Allerton	Simon Worthington	Georgina Mitchell	Craig Brigg
8 June 2023	15.00 – 16.30	Oncology/ St James's Radiotherapy Department	Jenny Lewis	Gillian Taylor	Krystina Kozłowska
15 June 2023	1300 - 1400	Adult Therapy Admin and Physio	Helen Christodoulidees	Jo Koroma	Lucy Atkin
20 June 2023	15.00 – 16.30	Neurosciences /LGI Ward L12	Craige Richardson	Amanda Stainton* and Chris Schofield	Jo Regan
4 July 2023	15.00 – 16.30	Children's/LGI L52	Craige Richardson	Gillian Taylor	Gillian Hodgson
20 July 2023	15.00 – 16.30	Adult Critical Care LGI/ St James's Ward J81	Clare Smith	Georgina Mitchel	Lorna Johnson

10 August 2023	15.00 – 16.30	Abdominal Medicine & Surgery/ St James'sJ46	Jenny Lewis 3.00 – 4.00	Amanda Stainton * and Chris Schofield	Julie Metcalfe
22 August 2023	15.00 – 16.30	Urgent Care St James's – Ward J10 RSU	Simon Worthington	Linda Pollard	Sarah Kehoe
5 September 2023	15.00 – 16.30	Cardio-respiratory/ St James's	Helen Christodoulides	Amanda Stainton Laura Stroud	Lucy Atkin
21 September 2023	15.00 – 16.30	Radiology LGI/St James's	Hamish McLure	Mike Baker	Lucy Atkin
3 October 2023	14.30 – 16.00	Leeds Dental Institute	Jenny Lewis	Amanda Stainton	Katie Robinson
18 October 2023	15.00 – 16.30	Pathology – St James's	Craige Richardson	Bob Simpson	Diane Holden
31 October 2023	15.00 – 16.30	Theatres and anaesthetics LGI/St James's	Simon Worthington	Phil Corrigan	Breeda Columb
15 November 2023	15.00 – 16.30	Head and Neck LGI	Craige Richardson	Laura Stroud	Julie Metcalfe
28 November 2023	15.00 – 16.30	Wharfedale hospital	Simon Worthington	Mike Baker	Craig Brigg
14 December 2023	15.00 – 16.30	Oncology – St James's	Helen Christodoulides	Mark Burton	Gillian Hodgson
20 December 2023	15.00 – 16.30	Outpatients LGI/ST James's	Jenny Lewis	Bob Simpson	Jo Regan

11 January 2024	15.00 – 16.30	Women's LGI	Clare Smith	Amanda Stainton	Krystina Kozłowska
23 January 2024	15.00 – 16.30	Trauma and Related Services LGI	James Goodyear	Rachael Woodman	Sharon Morrison
6 February 2024	15.00 – 16.30	Specialty & Integrated Medicine – St James's	Hamish McLure	Linda Pollard Jo Koroma	Lorna Johnson
21 February 2024	15.00 – 16.30	Pharmacy services – St James's	Craig Richardson	Chris Schofield	Lucy Atkin
5 March 2024	15.00 – 16.30	Neurosciences - LGI	Hamish McLure	Mike Baker	Sarah Kehoe
20 March 2024	15.00 – 16.30	Children's – LGI	Clare Smith	Phil Corrigan	Lucy Atkin
26 March 2024	15.00 – 16.30	Adult Critical Care – LGI/St James's	Helen Christodoulides	Linda Pollard	Katie Robinson

Appendix 2 Executive Leadership Walkround Ward/Department pre visit briefing

Please enter any clinical area 'bare from the elbow to finger tips'. One simple band ring allowed but no decorated ring or wristwatch. Ensure you decontaminate your hands on entrance to the ward and are seen to do so.

Date of visit	
Non-Executive Director	
Executive Director	
Manager	

About the Ward/Department		
Ward/Department:	CSU:	Service:
Clinical Director:	Head of Nursing:	
General Manager:	Deputy Head of Nursing:	
Sister/Charge Nurse:	Matron:	
Overview of the Ward/Department		
<p><i>Short summary of the Ward/Department – what is the structure of the area, speciality, type of conditions being treated/work completed.</i></p>		

- **Reduce HCAI**
- **Support a culture of research and innovation**
- **Improve staff retention**
- **Effectively develop and deploy new assets**
- **Deliver the financial plan**
- **Reduce average length of stay by 0.5 days per patient**
- **Achieve access targets for patients**

Staff spoken to during the visit

Summary of the visit

Suggested areas to talk to staff about:

- *How do you share the learning and make improvements following incidents or patients experience?*
- *What is your ward/area/team good at?*
- *Are there any issues of quality and safety that you want the Board to know about?*
- *Do you know where to access information on health and wellbeing when you need it?*
- *Is there any further support your CSU needs from the health and wellbeing team?*
- *Do you feel able to speak up and be heard?*
- *What would you like the Board to know about your service?*

PERFECT WARD DASHBOARD (if applicable)

COMPLAINTS SUMMARY (PREVIOUS 3 MONTHS)