

*This document provides a short guide and toolkit aimed at helping organisations start out on this important initiative. It was adapted from **Quality and Patient Safety: Quality and Safety Walkarounds (May 2013)** specifically for residential disability services for adults with intellectual disabilities by the SCD/QID Quality Improvement Enablement Project Team in October 2015.*

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1. Introduction

The Quality Improvement Division of the HSE published general guidance and a toolkit for Quality and Safety Walk-rounds in May 2015. Safety walk-rounds have helped many organisations make a significant impact on their safety culture¹. Quality and safety walk-rounds allow senior management team members to have a structured conversation around safety with frontline staff and service users. The walk-round can be focused on any location or service that may affect service user care and safety.

Central to the success of walk-rounds is a collaborative open approach. Visits are intended to be helpful opportunities to share ideas and provide immediate feedback without taking responsibility away from line managers.

Strong effective leadership is essential to build a safety-orientated organisational culture, as evidence suggests that without this, many other interventions are likely to fail. Senior managers have a lead role in:

Creating a culture where quality and safety is everybody's primary goal

Safety walk-rounds are a way of ensuring that senior managers can build relationships and trust so they are informed and can exchange views, regarding the safety concerns of units/teams. They provide an opportunity for frontline staff to identify and discuss their safety concerns. They are also a way of demonstrating visible commitment by listening to and supporting staff when issues of safety are raised. Walk-rounds can be instrumental in developing an open culture where the safety of service users is seen as the priority of the organisation.

As a more formalised framework, patient safety walk-rounds were initially introduced by Allan Frankel, MD², and have since been developed by the Institute for Healthcare Improvement³, Governments^{4 5}, and hospitals⁶ as a tool to engage senior managers and frontline staff in a meaningful discussion of patient safety concerns with agreed actions⁷.

Quality and Safety Walk-Round

Structured process to bring senior managers and front line staff together to have quality and safety conversations with a purpose to prevent, detect and mitigate service user/staff harm.

Quality and safety walk-rounds can be conducted in any setting such as community group homes, residential units, respite facilities, high dependency units, day services and community settings but are not limited to these. They are also useful in other areas that may affect service user care or the safety of the organisation such as clinics. They provide a formal process for members of the executive/senior management team/members of the board to talk with staff about safety issues in their unit or team and show their support to staff for reporting errors/near misses.

¹ Morello, R., Lowthian, J., Barker, A., McGinnes, R., Dunt, D., and Brand, C. (2012), 'Strategies for improving patient safety culture in hospitals: a systematic review.' British Medical Journal Quality and Safety, on line published on 21st July 2012 as 10.1136/bmjqs-2011-000582

² Frankel, A., Graydon-Baker, E., Neppel, C., Simmonds, T., Gustafson, M., Gandhi, TK., (2003), 'Patient Safety Leadership Walk-rounds'. Joint Commission Journal on Quality and Safety 29(1): 16-26.

³ Institute for Healthcare Improvement (2004), Patient Safety Leadership Walk-rounds. Boston: Institute for Healthcare Improvement

⁴ Healthcare Improvement Scotland (2011), Leadership Walk-rounds Fact Sheet. Edinburgh: Scottish Patient Safety Programme

⁵ Patient Safety First (2009), Leadership for Safety Patient Safety Walk-rounds. London: Patient Safety First

⁶ Feitelberg, S. (2006), 'Patient Safety Executive Walkarounds.' The Permanente Journal 10(2), 29-36

⁷ O'Connor, P. (2011), 'Looking for Harm in Healthcare: Can Patient Safety Leadership Walk Rounds Help to detect and prevent harm in NHS hospitals? A Case Study of NHS Tayside', PhD Thesis: University of St. Andrews, Scotland.

2. Approach to Quality and Safety Walk-rounds

2.1 Aims

The aims in introducing Quality and Safety Walk-rounds are:

- Demonstrate senior managers' commitment to quality and safety for service users, staff and the public;
- Increase staff engagement and develop a culture of open communication;
- Identify, acknowledge and share good practice;
- Support a proactive approach to minimising risk, timely reporting and feedback; and
- Strengthen commitment and accountability for quality and safety.

2.2 Setting the Scene

It is helpful to clarify ground rules in advance and re confirm this at the start of the walk-round. Some suggestions for successful walk-rounds are:

- Understanding that the walk-round is an opportunity for an open discussion on quality and safety. It is not an assessment or inspection and can provide the opportunity for staff to express concerns on behalf of service users;
- Active listening and a proactive approach to identifying and minimising risk;
- Confidentiality of information discussed in a walk-round and service user safety disclosure requirements;
- Agreeing times and location of walk-rounds in an agreed period in advance;
- Sharing key learning from walk-rounds with other units/teams; and
- Prompt feedback from the senior management team with follow up.

2.3 Who

To ensure continuity, it is advised that a named person be identified by the General Manager/ Service Manager to coordinate all Quality and Safety walk-rounds. It is important for the individual to have appropriate authority, resources and time to effectively manage the process. To assist with planning, it is advised that a list of contacts for each participating senior management team member and the relevant house be maintained (see Toolkit).

Team

For each walk-round, a lead is identified from the house being visited, usually the senior accountable person responsible for the area visited. The house staff and service manager i.e. Person-in-Charge (PIC) are invited to attend. On the day, there may be a number of other staff present such as health and social care professionals and nurses. The priority is to have an opportunity to talk to both service users and staff.

Senior Management Walk-round team

The senior most accountable person (General Manager/Service Manager) leads each walk-round. Other members of the senior management team may be involved, for example:

- Director of Nursing
- Area Service Managers
- Quality and Service User Safety Co-Coordinator
- Principal Social Worker

The walk-round lead may be accompanied by (where possible):

- A service user representative/advocate
- A nominated note taker

Advice may be sought from quality improvement, risk management, health and safety, healthcare records manager, or technical services/estates/facilities staff prior to, or following on from, the visit. To support dialogue and positive relationships it is important that the Quality and Safety Walk-round numbers are kept small and never outnumber the community home team. The maximum number visiting an area should be agreed.

Members of the walk-round team may be identified, based on their experience and personal strengths, as being prepared to provide further development and support to other team members. Some members of the executive/ senior management team may feel apprehensive about leading quality and safety oriented discussions and a shadowing system among the executive/senior management team may be useful at the initial stages.

2.4 When

The walk-rounds occur at an agreed frequency (once a quarter, with one house visited each month). Dates and times (most suitable for staff and the service) are arranged and communicated by the named Quality and Safety Walk-round person, who will schedule all dates and areas to be visited for the year.

2.5 Where

It is useful for the walk-rounds to start with a tour of the house and meeting with service users (where possible). It is better to focus the walk-round rather than a formal meeting. A meeting in the sitting or dining room can be used for the discussion. It is best to agree a time limit (for example maximum one hour).

2.6 How

The staff on duty in the area being visited, are asked to describe what is working well or a change that was brought in at local level that might also work in other locations. They may also be asked to think of a recent example of a risk or service user safety incident they have experienced. The quality improvement plan or any challenges can be shared with the senior management team.

It can be helpful to ask probing questions and all members of staff are actively encouraged to participate. A number of issues that might be considered are:

- Identifying and acknowledging good practice;
- Communication e.g. within teams and with other key stakeholders such as families.
- Teamwork e.g. how the team operates;
- Risk management e.g. the experience of the team in reporting incidents or near misses;
- The rights and diversity of each person are respected and promoted
- Promoting choice and independence e.g. what are you doing to ensure staff are continually facilitating meaningful choices for service users while encouraging their independence
- Social inclusion and participation in the community e.g. ensuring service users have social valued roles in the community and are engaging in the life of the community
- Safeguarding and protection e.g. are you satisfied that there are effective controls in place ensure service users are safeguarded and protected from all forms of abuse

- Behaviours of concern e.g. the service is focused on ensuring that staff receive adequate training to understand and to respond to behaviour and verbal and nonverbal communication that may indicate an issue of concern
- Environment e.g. changes to the physical environment;
- Process e.g. medication reconciliation, drug errors or delays in prescribing medication, clinical audits, missing or incomplete healthcare records;
- Continuing Professional Development e.g. safety education and training specific to the area; and
- Leadership e.g. what you are doing in your role to promote safety/meet the HIQA standards etc.

At the end of the walk-round, everyone agrees the quality and safety issues identified, if any. The aim is for the quality and safety issues to be dealt with at a local level with the support of the senior management team.

The findings of the walk-round can be circulated and discussed at the appropriate line management forum. By exception they may be circulated also to the executive/senior management team. Responsibility is delegated to address issues arising.

This will also provide evidence, for assurance. The aim is to complete these actions within an agreed timeframe. This does not prevent all staff from addressing the risks identified and recording these on the unit/team risk register, where appropriate.

2.7 Tracking Mechanism

The process will be tracked and monitored by the Senior Management Team and the Quality and Safety Governance Committee.

3. Communication

A strong communication plan is essential to the success of any Quality and Safety Walk-round initiative. This is informed by the approach adopted by the organisation. Briefing staff so they know about the initiative and understand the aims is really important. General staff briefings, newsletters, notice boards, team meetings, and email communication may be used to promote the initiative (see suggested leaflet in the toolkit).

The nominated Quality and Safety Walk-round person arranges all communication and follow up as follows by:

3.1 At the start

- Creating the schedule for Quality and Safety Walk-rounds for each subsequent year;
- Distributing the schedule to all senior management team members, relevant others and the house being visited with requests for the dates to be confirmed in relevant diaries.

3.2 Before the Walk-round

- Issuing a reminder to the house (the week before the scheduled visit).
- Issuing a reminder to walk-round team (four days before the visit). It can be useful to include prompts of the information to be reviewed in preparation for the visit. These may include (but are not limited to):
 - Relevant quality and performance indicators;
 - Unit / team risk register;
 - Infection prevention and control Issues;
 - Service users' feedback about their experience (compliments/complaints, service users' meetings)
 - Incidents/near misses;
 - Quality improvements;
 - Staffing complements/absenteeism;
 - Health and safety issues;
 - Copy of the outstanding actions from the previous Walk-round visit; and
 - Preparing material for the note taker to take on the walk-round.
 - HIQA monitoring action plan reports
 - HSE SCD/QID Quality Improvement Enablement Project Team reports and feedback
 - Unit/House risk register.

3.3 Follow up after the Walk-round

- Updating the Quality and Safety Walk-round Database;
- Preparing and circulating to all those present at the walk-round the draft action plan for comment and approval (with an agreed timeframe of the visit where possible);
- Circulating the final action plan (within an agreed timeframe);
- Following up progress on the issues being actioned.

3.4 On-going

- Creating the schedule for further Quality and Safety Walk-rounds for each subsequent year;
- Updating the Quality and Safety Walk-round Database on an on-going basis; and
- Preparing reports as required.

4. Sample Guide for Discussion with Service users

The prompts below are examples that may be used in the walk-round conversation with service users. *The principles of the National Healthcare Charter (2012) 'You and your health service'* may be of assistance in preparing for the discussion.

These are: access, dignity and respect, safe and effective service, communication and information, participation, privacy, improving health and accountability. See further information at http://www.hse.ie/eng/services/ysys/National_Healthcare_Charter

The questions are designed to promote constructive feedback. People often feel concerned about making a complaint, therefore, if we invite them to make a positive statement it is easier to suggest improvements.

Suggested Questions

1. How are you today?
2. Is there anything that we could do better?
3. If you were in-charge here, what would you do to make things work better?

During the discussion, there may be a chance to highlight some of the opportunities for service users to provide further feedback, for example using the leaflet *'You and your health service: tell us...your feedback'*.



5. Sample Guide for Discussion with Staff

The topics below are examples that may be used to guide the discussion. Not all areas can be covered at each visit. It is helpful for the walk-round members to meet in advance to prepare for the specific walk-round. The walk-round leader in consultation with the group makes a decision based on engagement with the unit/team on which areas to focus on. The aim is to take a discursive rather than a formulaic approach.

TOPIC		SUGGESTED QUESTIONS
1	Introduction	<ul style="list-style-type: none"> • What do you do well – what are you most proud of here? Could this practice be of benefit elsewhere? • Can you tell us one thing you are happy with and one that might cause you concern? • Would you be happy for yourself or a member of your family to be resident in this community group home? (Good starting question which can be profoundly indicative of a serious problem). • What service user or staff safety issues keep you awake at night? • Is there anything we could do to help you or your staff to further minimise risk?
2	Communication	<ul style="list-style-type: none"> • Can you describe how communication among staff either enhances or inhibits safe care in this home? <ul style="list-style-type: none"> • Shift handovers • Between multidisciplinary teams • Management team • Have you discussed service user safety issues with service users or their families? • Do service users and families raise any safety concerns? • How legible are the service users' personal plans? • Have you any problems accessing relevant information to guide service users care / healthcare records?
3	Teamwork	<ul style="list-style-type: none"> • Can you tell us how your team works? • Can you tell us how the team works with other teams? • What is staff morale like?
4	Risk Management	<ul style="list-style-type: none"> • Tell us about the last time a service user was harmed here/about the most recent near miss? What happened? (good starting question to get the discussion going). • When you make a mistake, do you report it? What makes you do that? • If you prevent/intercept a mistake, do you report it? • If you make or report an error, are you concerned about personal consequences? • Do you know what happens to the information that you report?
5	Dignity and respect	<ul style="list-style-type: none"> • Are all service users treated with dignity and respect? • Can you tell us how do you ensure service users are facilitated in accessing advocacy services? • How do you know service users are well informed, supported and receive information about their rights?
6	Promoting choice and independence	<ul style="list-style-type: none"> • How are service users facilitated and empowered to exercise choice and control in the activities they participate in
7	Social inclusion and participation in the community	<ul style="list-style-type: none"> • Are you proactive in identifying and facilitating initiatives for participation in the wider community, developing friendships and involvement in local social, educational and professional networks? • Do you encourage the use of assistive technology and are communication supports provided to facilitate contact with family and friends?
8	Safeguarding and protection	<ul style="list-style-type: none"> • Have all service users received training regarding the knowledge, self-awareness, understanding and skills needed for self-care and protection? • Have all staff working here completed safeguarding and protection of vulnerable adults training?

TOPIC		SUGGESTED QUESTIONS
9	Behaviours of concern	<ul style="list-style-type: none"> • Is there a positive approach to the management of behaviour of concern that is tailored to meet the needs of the service user and is appropriate to their ability and capacity? • Have all staff received training in the provision of positive behaviour support to people with disabilities?
10	Environment	<ul style="list-style-type: none"> • What aspects of the environment are likely to lead to service user harm? Examples: <ul style="list-style-type: none"> • Broken sinks, taps, scales, ligature points, etc • Not enough information available (affecting care)
11	Equipment	<ul style="list-style-type: none"> • Do you have regular maintenance of your equipment? Do you have service notices on your equipment? • Do you have access to all the equipment you need to care for your service users safely?
12	Process	<ul style="list-style-type: none"> • What audits (both clinical and non clinical) does your area undertake or lead? • Today, are you able to care for your service users as safely as possible? If not, why not? • Have there been any near misses that nearly caused patient harm but didn't? Examples: <ul style="list-style-type: none"> • Taking a drug to give to a service user and then realising it is incorrect • Incorrect prescriptions/orders caught by nurses or other staff
13	Continuing professional development	<ul style="list-style-type: none"> • What incident, risk management, quality improvement and clinical governance training have you had? • What infection prevention and control and medication management training have you had? • Are your team up to date with mandatory training, for example, Basic Life Support, Moving and Handling, Fire Training, Hand Hygiene, Safeguarding Protection of Vulnerable Adults, Trust in Care?
14	Leadership	<ul style="list-style-type: none"> • Do you feel supported when you make a mistake or things go wrong? • Who leads your team? • What specific intervention from senior management would make the work you do safer for service users and staff? Examples: <ul style="list-style-type: none"> • Organise multi-disciplinary groups to evaluate a specific problem • Facilitate in changing the attitude of a particular group • Facilitating interaction between two specific groups • What would make these Quality and Safety Walk-rounds more effective? • Have you found participation in these Quality and Safety Walk-rounds beneficial?

6. Impact of Quality and Safety Walk-rounds

It is important to build a process to demonstrate the impact of the Quality and Safety Walk-rounds. One targeted measure might be considered. Some examples are:

- Number of problems identified by staff which are addressed within a certain time period;
- Number of safety-based changes made by staff by units/teams per year;
- Percent changes in overall surveillance data (for example, infection rates);
- Number of compliments/complaints received per month (outcome measure); and
- Response to service user safety culture survey (process measure).

7. Summary

In summary, walk-rounds can:

- Demonstrate top level commitment to improving safety and quality of care;
- Provide opportunity for direct engagement and communication with service users about safety and their experience;
- Establish lines of communication about service user safety among frontline staff and managers throughout all areas within the organization;
- Provide opportunities for staff to raise concerns and suggest improvements;
- Identify opportunities with staff concerned for improving safety;
- Encourage reporting of issues, errors, and near misses;
- Promote a culture for change pertaining to service user safety;
- Establish local solutions to minimise risk; and
- Demonstrate accountability.

Appendix 1: Sample Quality and Safety Walk-rounds Contact Information – as of (month/year)

UNIT/TEAM	DIVISION	NURSE / SOCIAL CARE LEAD	MEDICAL LEAD	PHONE	EMAIL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Appendix 2: Sample Senior Management Team: Quality and Safety Walk-round Members

It is useful to maintain a listing of the identified senior staff who lead or participated in Quality and Safety Walk-rounds

Senior Managers (one lead for each walk-round):

NAME	TITLE	POINT OF CONTACT
[insert details]	Disability Manager	[insert email and phone contact details]
	Director of Nursing	
	Assistant Director of Nursing	
	CNM3/CNM2	

Quality Improvement/Risk Management/Health and Safety/Technical Services/ Estates/Facilities

(May be involved in the visit or provide advice and support in follow up to the visit)

NAME	TITLE	POINT OF CONTACT

Appendix 3: Sample Communication Prior to the Walk-round

An email reminder can be sent to the unit/team the week before the Walk-round visit. An example template is as below:

<p>Dear all</p> <p>XXXX house has been scheduled for a Quality and Safety Walk-round on the dd/mm/yyyy from XX:XX am to XX:XX am.</p> <p>XXXX (Senior Manager) will be accompanied by XXXX <u>Plus any other member</u></p> <p>The aim of the Walk-round is to allow the senior management team to learn about safety issues in the house/team that are of concern to staff or service users.</p> <p>They will ask questions to which there are no right or wrong answers. The senior team would like to use the visit as an opportunity to speak to all staff. Please inform staff members of the walk-round and their opportunity to engage in the process. The senior managers would also welcome the opportunity to speak with service users if possible, at the start of the visit, and would therefore appreciate it if you could kindly arrange this on the day (if appropriate).</p> <p>If you have any queries or require further clarification, please contact me via email or contact details below. Attached is a leaflet, which explains the purpose and process of the visit. You may wish to bring it to the attention of all your team to help them understand the purpose of the visit. A notice is also attached.</p> <p>Many thanks and kind regards,</p>	<p>[insert date]</p>
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A copy of the Quality and Safety Walk-round leaflet and notice can be attached.

Appendix 4: Sample Quality and Safety Walk-round Notice



Quality and Safety Walk-round

XXX Unit/Team/House

XXX Date

XXX Time

Walk-round Senior Management Team:

XXXX (Senior Manager lead)

Notetaker:

XXXX

Unit/Team/House:

XXXXXXXX (CNM)

XXXX (Assistant Director/ Director of Nursing)

XXXX (Service Manager)

XXXX (Overview):

Appendix 5: Sample Walk-round Leaflet

Quality and Safety Walk-rounds

What is the aim of the Walk-round?

The aims in introducing Quality and Safety Walk-rounds are:

- Demonstrate senior managers' commitment to quality and safety for service users, staff and the public;
- Increase staff engagement and develop a culture of open communication;
- Identify, acknowledge and share good practice;
- Support a proactive approach to minimising risk, timely reporting and feedback; and
- Strengthen commitment and accountability for quality and safety.

How do they fit in with the quality and safety programme?

Our aim is to minimise harm – that is, we want to ensure that all preventable harm is eliminated and this will need the help of all members of staff and of service users and the public.

Quality and Safety Walk-rounds will assist organisations in demonstrating their commitment to staff engagement, building relationships, trust and service user quality and safety. They will also assist in working to meet the *National Standards for Residential Services for Adults with Disabilities* (HIQA, 2013) and preparing for the new governance arrangements within the health system.

Who is involved?

You and a member of the senior management team: CEO/GM/Service Manager, Director of Nursing, Lead/Executive Clinical Director, and/or Head of Human Resources or ICT. A member of the senior management team will visit each area accompanied by a service user representative/advocate or patient liaison officer (where possible) as well as a administrative support to record key issues discussed.

Where does the walk-round take place?

It is useful for the walk-rounds to start with a tour of the unit/house and meeting with service users (where possible). It is better to focus on the walk-round rather than a formal meeting. The walk-round team and the staff can meet and hold the discussions in any area that suits the local team. This may be in the living areas or in a quiet room within the house/unit.

What happens at the Walk-round?

A member of the walk-round team will explain and introduce the process including the agreements for confidentiality and patient safety disclosures. Members of the visiting walk-round team will then ask some questions to start a dialogue. All members of staff who participate are encouraged to respond and participate in the discussion.

Issues that can be raised may include:

- Good practice and safety developments;
- Your key patient safety concerns;
- What can we do together to improve?;
- How does your local team operate?;
- Communication – within teams and with service users;
- How can the senior management team help?; and
- Incident reporting & safety culture in the organisation.

At the end of the process, we will agree the actions to be taken forward together to make the area safer for service users.

We ask staff to think of an example of good practice and a patient safety experience that they have addressed and bring this to the meeting to share with us, e.g. service users not getting their medications on time, service users not being reviewed when required, etc.

What will happen to the information we gather?

Senior managers will respond to the local team within an agreed time frame, thanking all individuals for their participation and highlighting the main areas discussed and actions agreed.

References

Frankel, A., Graydon-Baker, E., Nepl, C., Simmonds, T., Gustafson, M., and Gandhi, T. (2003) "Patient Safety Leadership Workarounds" *Joint Commission Journal on Quality and Safety* 29 (1):16-26.

Leonard M, Frankel A, Simmonds T, Vega K.: *Achieving (2004) Safe and Reliable Healthcare Strategies and Solutions*. Chicago: Health Administration Press.

For Information Contact:

[insert details]

Appendix 6: Sample Preparation for the Senior Managers Leading Quality and Safety Walk-Round

Dear All,

[insert date]

The Quality and Safety Walk-round visit which you are leading is scheduled to visit XXXX unit/team/house on dd/mm/yyyy from xx:xx am to xx:xx am.

Please find attached a sample question guide. This information serves as background material to assist you in preparing for the conversation with the unit/team. Following this rigidly, on the walk-round may distract from the flow of the discussion. An open dialogue is more effective.

The information you might consider reviewing, in existing reports, in preparation for the visit might include:

- Relevant quality and performance indicators;
- Unit/team/house risk register;
- Infection prevention and control issues;
- Complaints/compliments;
- Incidents/near misses;
- Quality improvements;
- Staffing complements/absenteeism; and
- Health and safety issues.

If you require any further details or clarification about the visit, please do not hesitate to contact me.

Best wishes,

Attach the Action Plan report from the last walk-round (if relevant) and the Quality and Safety Walk-round Discussion Guide.

Appendix 7: Sample Communication after the Quality and Safety Walk-round

A copy of the draft Action Plan is circulated to all those present at the walk-round for comment and approval. All positive feedback and suggestions for improvements are also noted and these are included in the email sent to the team following the walk-round (see below).

In some instances, it can be useful to focus on a small number of high priority issues identified on a Quality and Safety Walk-round.

A suggested email template is as below:

<p>Dear XXXX,</p> <p style="text-align: right;">[insert date]</p> <p>Thank you for investing the time and participating in the Quality and Safety Walk-round to XXXX unit/team/house on dd/mm/yyyy.</p> <p>As agreed, please find attached a draft version of the action plan that highlights safety action points that together we will take forward with the intention of resolving or raising further awareness on the issue.</p> <p>In addition, we would like to note the positive feedback we received during the visit:-</p> <ol style="list-style-type: none">1.2.3. <p>Suggestions for unit/team/house to consider as part of promoting further good practice are:</p> <ol style="list-style-type: none">1.2.3. <p>If you wish to make any amendments to the attached report or to the comments above, I would be grateful if you could please let me know by XXX 20XX. The final action plan will then be emailed to all concerned to ensure agreed actions are taken forward.</p> <p>Kind regards and many thanks,</p>

It is good practice to distribute the draft action plan within an agreed time frame.

Appendix 8: Sample Final communication after the Quality and Safety Walk-round

The final action plan is circulated to all participants in the walk-round within an agreed timeframe.

An example email template is as below:

<p>Dear All,</p> <p style="text-align: right;">[insert date]</p> <p>Thank you for participating in the Quality and Safety Walk-round to XXXX unit/team/house on dd/mm/yyyy. Further to my email (dated XXX) please find attached the final action plan that takes account of your comments and highlights the agreed priority issues that will be taken forward.</p> <p>Again, we would like to note the positive feedback we received during the visit:</p> <ol style="list-style-type: none">1.2.3. <p>Suggestions for unit/team/house to consider as part of promoting further good practice are:</p> <ol style="list-style-type: none">1.2.3. <p>Our agreed time scale for addressing the issues is dd/mm/yyyy. Please keep me briefed on the progress to enable me to update the Quality and Safety Walk-round database.</p> <p>Thank you.</p> <p>Kind regards,</p>

The named person for coordinating the Quality and Safety Walk-rounds takes responsibility for following up progress on the action plans as the deadlines approach. Progress on all other issues are normally captured at the next walk-round visit for that particular area (or as agreed by the senior management team).

Appendix 9: Sample Quality and Safety Walk-round Action Plan Template

TOPIC	ISSUE OR CONCERN RAISED	WHAT HAS ALREADY BEEN DONE TO ADDRESS ISSUE	ACTION TO BE TAKEN FOLLOWING WALK-ROUND	PERSON RESPONSIBLE	DUE DATE

Areas: Incident Reporting; Communication; Environment; Equipment; Process; Teamwork; Prevention and control of HCAI; Continuing Professional Development; Leadership.

Appendix 9: Sample Quality and Safety Walk-round Action Plan Template (continued)

FEEDBACK	SUGGESTIONS

Areas: Incident Reporting; Communication; Environment; Equipment; Process; Teamwork; Prevention and control of HCAI; Continuing Professional Development; Leadership.

