



Agenda Item

4.2

Quality, Safety & Experience Committee

**Executive Director and Independent Member
Quality & Safety Walkabouts**

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
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Pwrpas yr Adroddiad / Report Purpose	For Noting and to Approve
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
IM/Exec	Independent Member and Executive Director
CVC	Community Vaccination Centre
ELG	Executive Leadership Group
Band 5/7	NHS Nursing grades
IPC	Infection Prevention & Control
H&S	Health & Safety
YGT	Ysbyty George Thomas

1. Situation /Background

- 1.1 The Executive Director and Independent Member walkabouts have become an established and valued part of our assurance and improvement framework within the Health Board. These visits offer a unique opportunity for senior leaders to engage directly with clinical environments, observe practices, and interact with staff, patients, and their relatives. The walkabouts have consistently highlighted both areas of excellence and aspects needing further attention, offering a balanced and pragmatic view of the realities of care delivery.

Recent walkabouts have highlighted the unwavering commitment of staff, the effectiveness of leadership, and the positive impact of targeted improvement initiatives. At the same time, they have exposed persistent operational challenges, such as limitations in physical infrastructure, staffing pressures, and delays in patient discharge. The walkabouts have also acted as a catalyst for immediate action and escalation, ensuring that risks are addressed promptly and that good practices are recognised and shared.

This paper offers an analysis of recent walkabout findings, based on direct observations, feedback from staff and patients, and documented actions.

It also outlines the proposed future direction for walkabouts, including the development of a themed programme for 2026 and the establishment of a robust reporting framework to support committee oversight.

2. Specific Matters for Consideration

- 2.1 Walkabouts conducted by Executive Directors and Independent Members aim to offer immediate, first-hand insights into the operation of clinical areas. Unlike formal audits or scheduled inspections, these visits are characterised by their immediacy and authenticity, enabling leaders to experience the environment as staff and patients do.

The scope of the walkabouts covers a wide range of areas, including the physical environment, staff experience, patient and relative viewpoints, and the efficiency of operational processes. The visits are designed to promote open dialogue, encourage sharing concerns and successes, and highlight opportunities for improvement.

Recent walkabouts have included visits to the YGT Community Vaccination Centre, the Princess of Wales Hospital's new theatres and Ward 6 (Acute Frailty), as well as the Stroke Wards (19 & 20) at the Royal Glamorgan Hospital. Each visit has generated detailed feedback, which has been systematically reviewed and used to inform both immediate actions and longer-term planning.

At the YGT Community Vaccination Centre, the team successfully delivered over 2,500 vaccines during a three-week catch-up campaign for children who had missed their school immunisations. Plans are underway for an

expanded staff flu campaign, which will provide vaccination at more sites than ever before.

However, a combined Health & Safety and Infection Prevention & Control report has identified significant shortcomings in the current vaccination centre facilities, prompting escalation to the Executive Leadership Group and the Board.

The introduction of a Mobile Vaccination Unit is expected as a positive development, reflecting the team's commitment to innovation despite resource limitations.

The visit to the Princess of Wales Hospital's new theatres and Ward 6 revealed a well-organised and welcoming environment, with notable improvements in cleanliness and a reduction in clutter. The theatres are spacious and have benefited from efforts to standardise operating kits, which improve safety and simplify training.

Ward 6 has been refurbished to create a positive atmosphere for both staff and patients, with a new day room supported by community partnerships. However, challenges remain regarding storage space, stock availability, and discharge delays, which vary by local authority. The horseshoe corridor area, in particular, was found to be less well organised due to the volume of equipment needed for elderly care. Immediate actions were agreed, including a review of stock ordering processes and reminders to staff to seek support when facing difficulties with patient care.

The follow-up visit to the Stroke Wards at the Royal Glamorgan Hospital offered a valuable chance to evaluate progress since the previous visit. The wards appeared calmer and better organised, with staff showing a positive and resilient approach despite ongoing pressures. Staffing shortages persist, with a reliance on agency staff and block booking used to ensure continuity.

Senior nurses had not previously been involved in student streamlining opportunities, but this is now being addressed.

The daily huddles, although well-meaning, lacked focus and clear ownership of actions.

The use of the therapies space as an office was noted, and relatives raised concerns about falls, indicating potential gaps in the reporting culture.

Immediate actions included increased participation in student streamlining, recruitment for Band 5 and Band 7 roles, refinement of daily huddles, and weekly reviews of the improvement plan with the Service Director.

Across all sites, walkabouts consistently reveal examples of compassionate care, strong leadership, and staff pride. Structured improvement initiatives, such as standardising operating kits and creating dementia-friendly environments, are recognised as models for wider adoption.



Meanwhile, recurring issues related to infrastructure, staffing, and operational discipline have been highlighted as priorities for ongoing focus.

3 Assessment

3.1 The value of the IM/Exec walkabouts is evident in several key areas. Firstly, they provide direct reassurance on-site, enabling leaders to observe practices and the environment in real time.

This approach offers a more detailed and comprehensive perspective than dashboard metrics alone can provide.

For example, the readiness and cleanliness of the new theatres at the Prince of Wales Hospital, along with the positive atmosphere in Ward 6, were readily apparent during the visits.

- a. Secondly, the walkabouts facilitate quicker escalation and decision-making. Risks identified during these visits, such as the adequacy of the vaccination centre facilities, are promptly raised to the appropriate forums, ensuring that mitigation plans are developed and implemented without unnecessary delays. Specific operational actions, such as reviewing stock processes and enhancing support mechanisms for staff, have been initiated in response to particular findings.
- b. Lastly, the walkabouts yield valuable insights into the workforce experience and practical solutions. Conversations with staff have uncovered missed opportunities for recruitment and development, prompting corrective actions such as advertising vacancies and reinforcing leadership structures. The resilience and commitment of the staff, even under significant pressure, have been consistently acknowledged.
- c. The voices of patients and their relatives are also highlighted through walkabouts. Concerns about falls and staffing levels, raised by relatives during visits to the Stroke Wards, have prompted a review of the incident reporting culture and the triangulation of feedback with formal metrics. This level of engagement is difficult to achieve through written reports alone and emphasises the importance of maintaining visible and accessible leadership.
- d. Good practices identified during the walkabouts, such as standardising operating kits, refurbishing ward environments, and developing community partnerships, have been highlighted for broader dissemination. These examples demonstrate the potential for horizontal learning across sites and the importance of recognising and celebrating achievements.
- e. Balanced against these strengths were several ongoing risks and gaps. Limitations in physical infrastructure, particularly in terms of storage and layout, could compromise safety and operational efficiency. Staffing shortages and reliance on agency staff, particularly in high-acuity areas such as the Stroke Wards, risked disrupting continuity of care and eroding staff morale. Operational discipline, including the effectiveness of daily huddles and the clarity of action tracking, needed further



reinforcement. Delays in discharge, which differ by location, impacted patient experience and increased the potential for deconditioning. Lastly, discrepancies between lived experiences and formal metrics, such as those related to falls, required targeted review to maintain data integrity and promote a culture of transparency.

- f. Looking ahead, the Executive Director of Nursing is developing a themed agenda for walkabouts in 2026, aligned with national and local events of significance.
- g. A Board development session in December will be used to agree on the scope, aims, and reporting foundations for the next phase of the programme. The aim is to ensure that walkabouts remain relevant, focused, and capable of driving meaningful improvement.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below: Safe, Effective, Equitable, Efficient, Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below: No changes to service provision proposed</p>
<p>Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>No: <input type="checkbox"/></p> <p>If no, please include rationale below:</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

5 Recommendation

- 5.1 In light of the findings presented above, the Committee is asked to **Note** the findings and to **Approve** the development of a standardised reporting framework for walkabouts, to be rolled out from January 2026 and to consider for approval the following next steps:

6 Next Steps

- 6.1 It is recommended that the IM/Exec walkabout programme continue as a key tool for assurance and improvement. Approval at the December Board development session is proposed to lay the foundation for a themed annual plan for 2026, along with a clear definition of roles and site selection criteria to ensure fairness and alignment with organisational priorities.
- 6.2 The Committee is requested to approve the development of a standardised reporting framework for walkabouts, to be rolled out from January 2026. This framework should include sections for executive and independent member colleagues, covering context, observations, patient and relative feedback, recognition of good practice, risks and issues, immediate actions,

escalations, dependencies, and follow-up from previous visits. Pre-defined escalation thresholds should be established for key risks such as environmental non-compliance, continued reliance on agency staff, and patient safety signals. When walkabout feedback differs from routine metrics, a brief review should be conducted and reported through the executive function to evaluate data completeness, coding, culture, and feedback mechanisms.

The Committee is further asked to note the targeted follow-ups requested in relation to recent visits. These include receiving the formal outcome of the escalation regarding vaccination centre facilities, confirmation of stock-process reviews and storage solutions at the Princess of Wales Hospital, and assurance updates on recruitment, agency reliance, huddle quality, falls reporting, and therapies space utilisation at the Stroke Wards.

Finally, the Committee is invited to endorse the approach for a proposed template for future walkabout reports, which will promote transparency, consistency, and the sharing of best practices.