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Addysgu Powys  
Powys Teaching  
Health Board

## Quarterly Leadership Walkarounds in Maternity Service - SOP

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board  
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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## **1.0 Scope**

This Standard Operating Procedure (SOP) applies to all maternity clinical areas and birth centres within Powys Teaching Health Board and is relevant to all staff working within these settings.

## **2.0 Introduction**

The following SOP is to ensure that maternity environments across Powys are consistently clean, safe, and well-functioning, supporting the delivery of high-quality, individualised care. This includes maintaining high standards of cleanliness and infection prevention, ensuring that equipment and facilities are fit for purpose, and creating an environment that promotes safety, dignity, and positive experiences for women, babies, and their families.

This approach also supports staff to work effectively within a well-organised and adequately resourced setting, enabling timely care, reducing risks, and promoting overall quality and safety across all maternity settings.

This SOP aims to provide the senior leadership team (SLT) with clear oversight of maternity settings in Powys, promote safe and high-quality maternity care, foster staff engagement, and acknowledge accomplishments whilst promoting improvement.

## **3.0 Objectives**

- Provide visible leadership presence and support for clinical teams.
- Conduct safety checks and fresh eye observations within maternity settings across Powys.
- Ensure high standards of care are maintained across all maternity settings.
- Recognise and celebrate achievements and positive practice.
- Identify risks and opportunities for improvement, while consistently fostering a culture of psychological safety and learning.
- Feed structured observations back to clinical teams and into operational planning via 6-weekly Operational Meetings (See appendix A).

## **4.0 Definitions**

- PTHB – Powys Teaching Health Board
- SOP – standard operating procedure
- HOM – Head of Midwifery

- AHOM – Assistant Head of Midwifery
- QI – Quality Improvement
- MNVP – Maternity and Neonatal Voices Partnership

## **5.0 Roles & Responsibilities**

### ***5.1 Head of Midwifery and Sexual Health***

The Head of Midwifery and Sexual Health has responsibility for:

- Ensuring all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure
- Carry out Quarterly Leadership Walkarounds as required
- Address any immediate safety concerns identified within maternity settings from walkarounds
- Support the development of action plans for areas identified that require improvement
- Ensure actions are reviewed and completed via the QI forum

### ***5.2 Assistant Head of Midwifery***

The Assistant Head of Midwifery and Sexual Health Services has responsibility for:

- Ensuring dissemination of this document to all relevant staff
- Ensure Quarterly Leadership Walkarounds are scheduled for each site throughout the year and SLT staff members are allocated to attend
- Carry out Quarterly Leadership Walkarounds as required
- Address any immediate safety concerns identified within maternity settings if deputising for Head of Midwifery
- Support the development of action plans for areas identified that require improvement

### ***5.3 Consultant Midwife***

The consultant midwife has responsibility for:

- Carry out Quarterly Leadership Walkarounds as required
- Support the development of action plans for areas identified that require improvement
- Support any identified areas of improvement if required

### ***5.4 Women and Childrens Risk and Governance Lead***

The Women and Children’s Risk and Governance Lead has responsibility for:

- Monitoring and reporting of themes / trends / areas of escalation in relation to the findings within the quarterly leadership walkarounds of birth centre environments.

- Ensure Walkaround Observation Forms (Appendix B) are reviewed by governance teams and filed appropriately on sharepoint
- Carry out Quarterly Leadership Walkarounds as required
- Develop action plans for areas identified that require improvement and share with relevant staff for actioning.
- Log all actions via the QI Forum and track progress to ensure timely completion
- Escalate to the Head of Midwifery (HoM) where progress against agreed action plans is not being achieved.

### ***5.5 Quality Improvement Lead***

The Quality Improvement Lead has responsibility for:

- Carrying out Quarterly Leadership Walkarounds as required
- Support the development of action plans for areas identified that require improvement
- Support and progress quality improvement opportunities that are identified on walkarounds

### ***5.6 Operational Lead Midwife***

The Operational Lead Midwife has responsibility for:

- Understanding the SOP and ensuring regular oversight of the birth centres to ensure high standards are maintained.
- Ensure teams are aware and available when walkarounds are scheduled and be prepared to meet the member of staff leading the walkaround.
- Working with the appropriate team to review and implement the agreed action plan.
- Provide support to ensure the team completes the action plan within agreed timescales.
- Escalate to the Senior Leadership Team (SLT) where sufficient progress against the action plan is not being achieved.

### ***5.7 Midwives***

Midwives have responsibility for:

- Read and familiarise themselves with the contents of this document.
- Be aware of, and prepared for, scheduled Quarterly Leadership Walkarounds.
- To engage with Senior Leadership Team (SLT) members during Quarterly Leadership Walkarounds to highlight safety concerns, examples of good practice, and opportunities for improvement.
- Support and contribute to the implementation of any action plans relevant to their area of work.

- Escalate to the Operational Lead Midwife where there are barriers to completing agreed action plans.

### **5.8 Maternity and Neonatal Voices Partnership (MNVP) Representative**

The MNVP Representative has responsibility for:

- Participating in the Quarterly Leadership Walkarounds alongside senior team members in an advisory capacity
- Represent service user voice and perspective when observing the environments
- Contribute to improvement suggestions and feedback for maternity teams

### **6.0 Frequency**

- The senior leadership team (SLT) (Head of Midwifery (HoM), Assistant Head of Midwifery (AHoM), Governance Lead, Consultant Midwife, and Quality Improvement Lead) will carry out quarterly visits to each maternity setting.
- One member of the SLT will lead each quarterly visit at each site.
- Additional visits may be arranged to address high-risk concerns or when specific improvement is required.
- Where possible, visit dates will be planned and scheduled in advance for the calendar year by the Assistant Head of Midwifery, who will allocate SLT members to each visit.

### **7.0 Quarterly Walkaround Process**

#### **7.1 Pre-Visit Preparation**

- Schedule walkaround visits and clearly communicate their purpose to teams and staff, ensuring staff are available on the day of visit to collaborate
- Review previous walkaround reports to understand context and identify prior areas of good practice.
- Maintain awareness of areas previously identified for improvement to support follow-up and progress monitoring.

#### **7.2 On-Site Activities**

- SLT member to introduce themselves and explain the process of the quarterly leadership walkaround with staff members
- Conduct safety checks and fresh eye observations around the maternity setting

- Work through the Walkaround Observation Form (appendix B) which will include
  - Patient Safety
  - Communication and Culture
  - Patient Experience
  - Documentation and Systems
  - Environment and Equipment
  - Staffing and Workload
  - Compliance and Governance
  - Escalation and Risk
  - Immediate Feedback
- Engage with staff to gather feedback, concerns, and improvement suggestions.
- Recognise achievements and positive practice.

### **7.3 Post-Visit Actions**

- Complete the Walkaround Observation form (Appendix B).
- Follow the Feedback and Escalation Flowchart to determine appropriate actions based on walkaround findings (Appendix A).
- Identify any immediate safety concerns and escalate promptly to the Head of Midwifery (HoM) or deputising staff member in their absence (see Appendix A).
- Summarise findings for the six-weekly operational meetings, highlighting key positives, risks, and required actions.
- Walkaround Observation Forms (Appendix B) to be submitted to the governance lead and saved to the designated Women & Childrens SharePoint file.

### **8.0 Monitoring and Review**

- All findings from the Quarterly Leadership Walkarounds (Appendix B) will be fed back through the six-weekly operational management meetings (see Appendix A).
- Where areas requiring escalation or improvement are identified during walkarounds, these will initially be discussed at the weekly QUAD meeting, and an action plan will be developed where necessary (see Appendix A).
- Agreed actions will be communicated back to the team and monitored through the Quality Improvement (QI) Forum to ensure progress and completion (see Appendix A).
- Quality improvement opportunities will be identified and progressed based on feedback and findings from the walkarounds.
- Follow-up visits with teams will be arranged as required to support improvement and monitor progress.

- Any immediate safety concerns identified during walkarounds must be escalated without delay to the Head of Midwifery (HoM) or a deputising staff member in their absence.
- Learning points and examples of good practice will be shared across the service via the weekly brief to promote and reinforce safe, high-quality care.
- All relevant information will be incorporated into six-weekly operational meetings, with escalation to wider governance structures where required.

## **9.0 References / Bibliography**

N/A

**Version Control:**

Version	Summary of Changes/Amendments	Publication Date
1	Initial Issue	05/06/2026

**Engagement & Consultation**

**Key Individuals/Groups Involved in Developing this Document**

(remove those not applicable)

Directorate	Date	Job Title
Nursing, Quality, Women and Family Health	02/04/2026	Powys Midwives

**Task & Finish Group Members**

(complete where applicable)

Name	Job Title

## Equality Impact Assessment

Has an Equality Impact Assessment (EIA) been completed		NO:
Name of the person giving this response	E.Doman-Jones	
If NO:	Not applicable to this SOP	
If YES:	Attach EIA as an appendix to this document	

### Procedure Approval Route

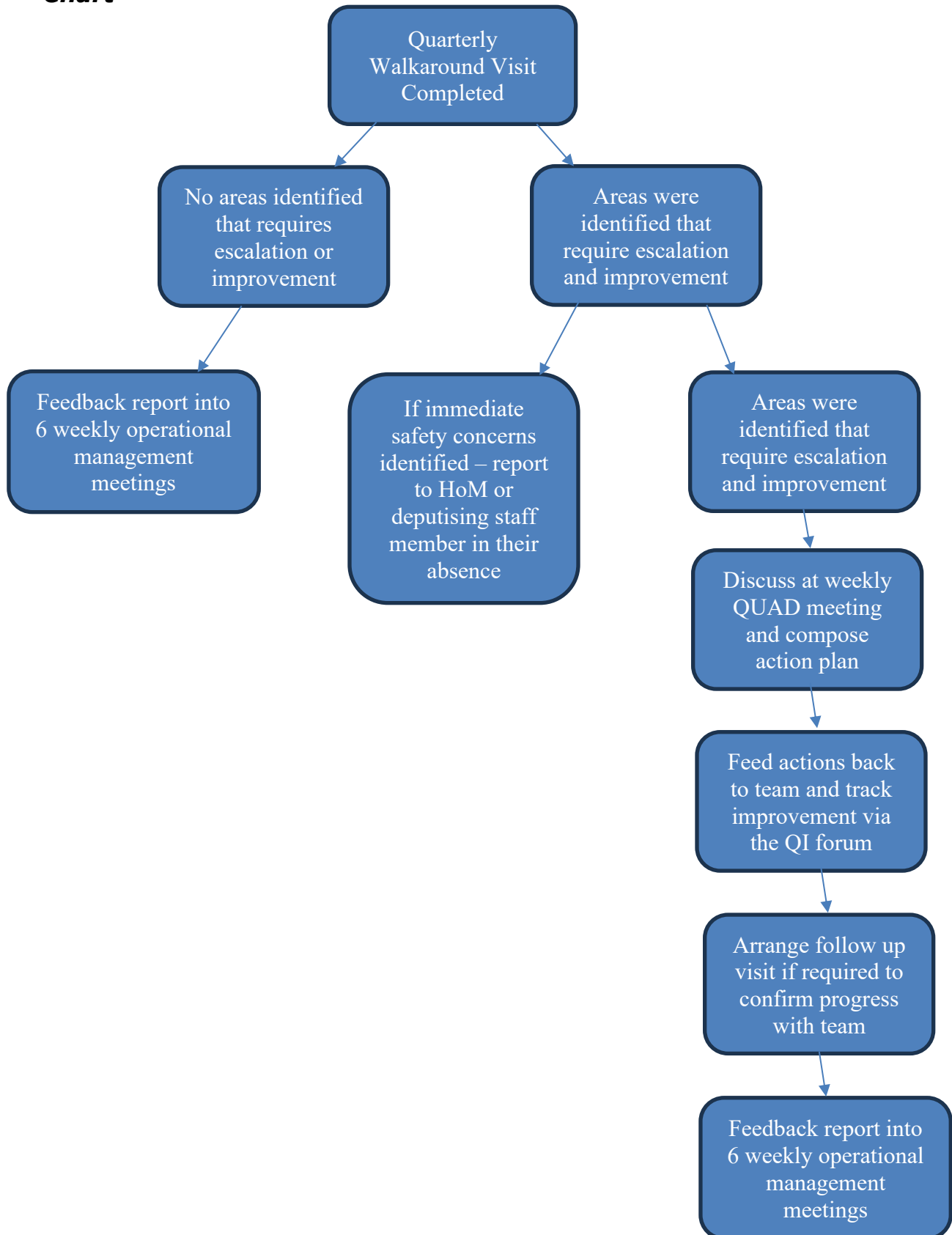
(include all stages of approval remove those not applicable)

Name	When	Outcome
Powys Midwives	02/04/26	Consultation
Maternity Guidelines Group	05/05/26	Sent to W&CH Guidelines
Women and Childrens Policies and Procedures Governance Group	19/05/26	Formally Ratified

## APPENDICIES



### Appendix A – Feedback and Escalation Flow Chart



## Appendix B – Quarterly Leadership Walkaround Form

Link to: [Quarterly Leadership Walkaround Form - BLANK TEMPLATE.docx](#)

### Quarterly Leadership Walkaround – PTHB Maternity Settings

Clinical Area / Site: \_\_\_\_\_

Date of Walkaround: \_\_\_\_\_

Time: \_\_\_\_\_

SLT Members Present: \_\_\_\_\_

Staff Engaged With: \_\_\_\_\_

---

#### 1. Patient Safety

Yes No Comments

Medication practices safe  
(review medications dates  
and controlled drug log  
book & vaccine dates and  
fridge temp log)

\_\_\_\_\_

Infection prevention &  
control measures adhered  
to (hand hygiene, PPE,  
etc.)

\_\_\_\_\_

Immediate safety concerns  
identified

\_\_\_\_\_

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#### 2. Communication and Culture

Yes No Comments

Communication between  
staff is clear, respectful,  
and effective

\_\_\_\_\_

Staff feel able to raise  
concerns and escalate  
issues

\_\_\_\_\_

Staff feedback channels  
(Staff Voices) visible

\_\_\_\_\_

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#### 3. Patient Experience

Yes No Comments

Women and families  
treated with dignity and  
respect

\_\_\_\_\_

Yes No Comments

*Patient feedback channels (CIVICA) visible*      \_\_\_\_\_

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#### 4. Documentation and Systems

Yes No Comments

*Patient records stored appropriately*      \_\_\_\_\_

*Care plans and risk assessments clearly documented (Random selection of the BadgerNet records from team's caseload)*      \_\_\_\_\_

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#### 5. Environment and Equipment

Yes No Comments

*Clinical environment clean and well maintained*      \_\_\_\_\_

*Equipment available, functional, and checked regularly*      \_\_\_\_\_

*Emergency equipment checks (e.g., resus trolley) up to date*      \_\_\_\_\_

*Storage areas safe, organised, and equipment in date*      \_\_\_\_\_

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#### 6. Staffing and Workload

Yes No Comments

*Staffing levels appropriate for acuity and demand*      \_\_\_\_\_

*Staff supported and aware of escalation processes*      \_\_\_\_\_

*Any concerns regarding workload*      \_\_\_\_\_

*Staff wellbeing and morale reviewed*      \_\_\_\_\_

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#### 7. Compliance and Governance

Yes No Comments

Staff aware of current guidelines and policies (Recently updated/new guideline or SOP to discuss)   \_\_\_\_\_

Evidence of audit, learning, and quality improvement activity   \_\_\_\_\_

New initiatives (e.g., digital systems) embedded into practice   \_\_\_\_\_

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**8. Escalation and Risk**

Yes No Comments

Current risks requiring escalation   \_\_\_\_\_

Delays or barriers to care identified   \_\_\_\_\_

Safeguarding concerns appropriately managed   \_\_\_\_\_

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**9. Immediate Feedback**

Yes No Comments

Positive practice identified   \_\_\_\_\_

Areas for improvement   \_\_\_\_\_

Actions agreed with team   \_\_\_\_\_

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**10. Follow-Up**

Yes No Comments

Follow-up visit required   Proposed date: \_\_\_\_\_

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**11. Summary for Governance Reporting**

Yes No Comments

Key themes identified   \_\_\_\_\_

Risks identified   \_\_\_\_\_

Actions to be tracked via QI Forum   \_\_\_\_\_

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*Form Completed By:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_