

Council of Governors

Subject:	15 Steps Challenge Update		Date: July 2023		
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Approved By:	Candice Smith Director of Governance.				
Presented By:	Grace Radford Patient Experience Manager.				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from April to June 2023.				Approval	
				Assurance	
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
No previous committees/groups.					
Acronyms					
Executive Summary					
<p>This paper aims to update the Council of Governors on the 15 Steps Challenge visits, which have taken place from April to June 2023. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>During the reporting period from April to June 2023, there were a total of 15 visits confirmed as undertaken, with reports completed and returned.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15 Step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>					

Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between April and June 2023. This paper details the clinical and non-clinical areas visited, the feedback identified by the visiting teams, and any themes or trends.

There was a total of 15 visits confirmed, with completed reports returned.

The 15 Steps process is not a tool for traditional clinical auditing assurance, the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience, to promote a positive experience for all, whilst encouraging staff to initiate local service improvement.

Visit Areas:

April visits:

- Clinic 11, Paediatrics
- Pharmacy
- Clinic 14
- Welcome Treatment Centre

May Visits:

- Discharge Lounge
- Ward 24
- Ward 34
- Clinic 15
- Ward 43

June Visits:

- Sherwood Birthing Unit and Theatres
- Ward 23
- Ward 14
- Therapies, Orthotics, and Hydrotherapy
- NICU
- Ward 21

Themes and Trends: When completing an analysis of the qualitative data, themes, and trends can clearly be seen throughout all visits and are of a positive nature, below are examples of the feedback received

Welcoming:

- Ward staff were welcoming on arrival and offered assistance.
- Clinical areas were clean and tidy, and department information was visible and available.
- All areas appeared calm and well-coordinated, and staff were noted to be working together.
- Uniform policy is adhered to by all staff.

Caring and Involving:

- Patients report being well looked after and understanding the plan in relation to their care and what the next steps were.
- Patient feedback was positive, and all patients appeared comfortable.
- Staff heard being kind to patients.
- Patients commented that the care they received was excellent.
- Privacy and dignity are noted to be respected by all patients present.

Safe:

- Environments observed to be clean with good IPC practices evident.
- All patients receiving treatment had ID wristbands.
- The majority of signage and displays are all relevant and up to date.
- Clinical areas are tidy, and the staff was noted to be making use of their time to tidy their areas and keep them presentable.
- Fire exits were clear and uncluttered.
- Hand gels are clearly visible at the point of care and in other areas such as the ward entrance and nurse bases.

Well organised and calm:

- Areas felt calm and controlled, despite being busy.
- There was a strong sense of ownership and leadership demonstrated by the staff.
- No clutter in the corridors and equipment is stored in the appropriate areas.
- The Trust CARE values were demonstrated and upheld by staff.

Issues identified during the visits:

The majority of actions identified during the visits were addressed at the point of contact, seeing immediate action being taken, where appropriate, with assurance given that where required communication would be shared with the wider team, to prevent similar occurrences.

Below is an indication of any actions that were requiring updates currently,

Concerns were raised regarding a mobile hand wash area. Following the visit, it was confirmed the mobile hand basins had been removed as they were becoming mouldy, and an offensive smell was identified. The Ward Sister confirmed hand gels are available in the seating area for patients to use, and toilets with wash basin facilities are available for independent/chair patients x 2.

Barrier-nursed patients that require a cubicle will have a toilet closed for them and this will be amber-cleaned following their discharge from the discharge lounge. The area currently has 2 toilets so can facilitate this process at present, clinic areas also have further toilet facilities available.

Issues were raised regarding televisions on the walls not working, as the Unit is moving locations in the near future, the cost of completing a small works task was not justified. The area currently provides daily newspapers, reading books, puzzle sheets and a working radio.

Staff noted that there are still some issues around the workload for the Elective LSCS list, only managed to complete two of three on EI List and one had to be completed by the emergency team. Issues raised from the previous day when the anaesthetist was unhappy about the SOP for EL LSCS list re: emergency work and opening of the second theatre. It was agreed this would be discussed further during regular operational meetings to ensure the new processes were implemented and understood by all staff.

COVID signs still on display asking relatives to wear masks, these were removed immediately.

Several minor environmental issues were noted with tape still being on the walls from coronation celebrations & information leaflets on the floor outside the ward. Ward Sister was updated and actioned removal.

A notice board required updating within the main foyer and a little tidy-up was required, this was actioned by the Ward Sister.

Cages were noted in the main foyer awaiting collection, Medirest was contacted to request urgent removal.

A single sign stuck to the wall stating the entrance only has been partially removed making it no longer legible, update from the matron confirmed this had been removed and the wall was painted by the end of April.

It was noted in a small waiting area outside that there were non-uniform chairs and some with splits in. The matron for that division confirmed the chairs were removed and replaced prior to the end of April.

There were problems witnessed with a pharmacy robot alarming, this action remains outstanding as the team is currently updating a business case and working with Skanska to review the roof space and to ascertain a design for the robot

Patient feedback:

Feedback received from patients and carers was positive regarding current and previous admissions. Any concerns raised by patients were escalated immediately to the Department Leader for review and action.

When triangulating this with the Friends and Family Test feedback, concerns, and compliments you can see below some of the positive words used to describe Sherwood Forest Hospitals:



Visiting team's feedback:

The Trust CARE values and behaviours were reflected throughout the language used within all the reports and demonstrated an alignment with patient feedback.

Feedback was provided to area owners by the visiting teams if any issues were identified allowing them to act on this, improving as required, and sharing the positive findings.

