

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Visits		Date: May 2019	
Prepared By:	Meg Haselden Corporate Matron			
Approved By:	Phil Bolton Deputy Chief Nurse			
Presented By:	Meg Haselden Deputy HoN for Quality Governance			
Purpose				
This report provides a summary of the 15 Steps Challenge visits to date and describes the new process in place since January 2019			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x			x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact	x			
Staff Impact	x			
Services				
Reputational	x			
Committees/groups where this item has been presented before				
Quality Committee March 19				
Executive Summary				
<p>It was agreed at the Council of Governors in February 19 that going the quarterly 15 Steps report to Quality Committee would be shared with the Governors. The paper detailed below was presented at Quality Committee in March 2019:</p> <p>The purpose of this paper is to update Quality Committee on the progress and outcomes of the 15 S Challenge visits that have taken place to date. This paper also details changes in the process which went live January 2019. These changes have been informed by the experience of organising the visits and feedback from the visit teams.</p> <p>The 15 Steps Challenge visits have provided a valuable opportunity for the most senior members of the Trust and Governors to increase their visibility, engagement and support to the clinical areas while monitoring the quality of care delivered to our patients.</p> <p>The feedback given by the visit teams following visits to the clinical areas has been overwhelmingly positive with lots of good practice observed. Issues and challenges have also been highlighted, but prior to January 2019 the actions to address the issues have been less obvious and the outcome of them largely unknown. A number of opportunities for improving the 15 Steps process were identified during 2018. These included moving away from pathways to discrete areas for the visits, a rolling visit rota so teams visit different areas each month, simplified paperwork and development of an action log in order to monitor the progress and outcome of any actions identified at the visits. During 2019 some teams have been trialling the Perfect Ward App to record their visit outcomes.</p> <p>Making the process and outcomes simpler and more transparent has increased the number of visits taking place each month, improved compliance with the return of the post visit paperwork and made</p>				

the reporting of the visits more straightforward and meaningful.

The paper below highlights the themes that have arisen from the visits that have taken place March 18 – February 19.

Quality Committee is asked to note the success of the 15 Step Challenge visits to date and endorse the implemented changes to the process and reporting.

1. Introduction

The purpose of this paper is to update Quality Committee on the progress of the 15 Steps Challenge visits that have taken place to date. This paper also describes the changes in the process implemented in from January 19 which were informed by the experience of organising the visits and feedback from the visit teams.

Themes arising from the visits that have taken place March 2018 – February 2019 are detailed.

2. 15 Steps Review 2018

2.1 Background

Originally developed by NHS Institute for Innovation and Improvement to support patient and carer involvement in improving health services, the 15 Steps Challenge programme was initially launched in SFH in March 2018. The visit teams consist of an executive/non-executive Board member, a senior nurse or therapist and when possible a governor. The visits are scheduled one per month and are arranged at a mutually convenient time between the team members and co-ordinate with the ward/department about the visit.

The visits follow a patient's pathway for a particular treatment or condition. Prior to January 2019 there were 24 pathways allocated to the visiting teams which directed them to a number of clinical areas dependent on which pathway was chosen. The visiting teams used the NHSI 15 Steps Challenge Tool paperwork to guide their visits and feedback the outcomes.

The core principals and purpose of the 15 Steps Challenge visits are as follows:

- Help staff, patients and others to work together to identify improvements in patient experience.
- Promote the visible leadership and support of Board members and Governors to the clinical areas promoting the message that the delivery of high quality care across the organisation is important to the Board.
- Identify good practice and encourage the sharing of that good practice for the benefit of patient experience

The process strongly aligns with our Trust strategic objectives, the Trust Nursing and Midwifery Strategy, Trust CARE Values, CQC Standards, the RCN Principles of Nursing Practice and helps support improvements to quality, safety and patient experience.

2.2 Position March – December 2018

The standard operating procedure (SOP) provided a standardised framework for the visits. The SOP specified that each visiting team should have a suite of information available about the area to be visited 3 days prior to the visit taking place. This was to include information about complaints, concerns and

compliments plus any additional information the visit team request. Unfortunately this information was not consistently being made available to the visit teams, possibly due to the complexity of visits being based around a pathway covering several areas and not one discrete ward/department.

There were 24 pathways available for the visit teams to follow. The SOP advised that these would be allocated to the visit teams by Corporate Nursing each month. In practical terms this did not happen, however a revision to this was emailed out to all visiting teams advising them to choose a new pathway each month from the 24 available. In reality the majority of the teams appear to have been following the same pathways albeit in some cases visiting different areas of their pathway each month.

During this time a number of practical issues had surfaced in terms of the organisation and management of the process. Feedback had also been received from members of the visit teams in terms of the visit reporting tool, the pathway visit process and allocation of visits.

In general the visits were very well received by the visiting teams and by the clinical areas alike. There were many elements of the visit process that were clearly working well but there were also areas that were identified as requiring review/ improvement. These are detailed below:

2.3 Working Well:

- Provided a structured mechanism for the Trust Board, Governors and senior management team to visit and engage with our patients and the clinical teams.
- Enabled the Trust Board, Governors and senior management team to identify and understand day to day challenges and issues and offer support where required.
- Aligned with Trust strategies, values and CQC standards.
- Provided a qualitative view of the quality of care delivered in our wards and departments.
- Had the potential to form part of the Ward Accreditation process once reinstated.

2.4 Areas for Review/Improvement:

- Paperwork – lengthy and repetitive.
- No process for identifying and monitoring actions to address issues highlighted/support required.
- Pathway visit process meant that some areas, such as ED, were visited frequently and other areas in the Trust will never get a visit.
- Pre visit information was not consistently made available.
- Visits took too long to complete.
- Teams found it difficult to fit in a visit every month.

3.0 New Process from January 2019

3.1 Allocation of Visits:

The visits continue on a monthly basis, however rather than a pathway the teams are allocated a discrete ward/department to visit. This generally appears to make the visit time shorter and more likely that the visit teams are able to accommodate monthly visits.

The visit allocation is on a rolling programme so that the team will visit a different area each month and will ensure that there is an even distribution of visits across the Trust. The visit teams are advised of their area to visit by Corporate Nursing towards the end of the previous month, this allows for adjustments to the rota to be made in the event of visits not being able to go ahead and ensure each ward/department receives regular visits. See Appendix 1 for example visit rota.

3.2 Pre-Visit Information:

Prior to the planned visits information with regard to complaints/concerns/compliments and where available Ward Assurance/Perfect Ward results for the previous month is circulated to the visiting teams by Corporate Nursing. Other information can be requested via the respective Matrons/Leads should the team require it. The teams can also be asked to focus/pay attention to particular issues if required by HON/Ms/Matrons/Leads as and when required/appropriate.

3.3 Paperwork/ Visit Documentation:

Whilst retaining the principles and ethos of the 15 Steps Challenge the revised paperwork is much simplified. Guidance for teams to frame their visit remains embedded and it enables very quick identification of areas of good practice noted and also any actions agreed on the day. Where an issue is identified/action agreed, the paperwork encourages identification of an 'action owner' and a timescale for achievement. The completed paperwork is returned to Corporate Nursing within 5 days of the visit having taken place. See Appendix 2 for visit feedback paperwork.

During January and February three of the visit teams trialled using the Perfect Ward App to document their visits. Both pros and cons for using the App have been identified, however the current absence of a facility to record any actions meant that the teams also had to complete the action plan part of the paper template. The current recommendation is that once the action planning function is made available in Perfect Ward then a much bigger trial and evaluation should take place. The trial should consist of half the visit teams using the App and half using the current paper post visit feedback reports. This will enable the capture of a much broader base of user feedback and allow for a real comparison of data richness, reporting and action plan capture. Trust Board will then be able to make an informed decision about the level of assurance they require and which format best delivers that.

3.4 Actions:

In order to measure and monitor the actions identified, an Action Log is kept by Corporate Nursing. This records the date and area of the visit, the issue/challenge, the action/support required to address the identified issue, the person who is to complete the action and by when. Corporate Nursing contacts the action owners on a monthly basis for an update on progress. Once an action is completed and has been reported on it is moved to a separate section of the report. Any actions which, on further investigation, are unable to be completed are closed and again moved to a separate section of the action log. This enables a very visible record of the outcomes of the visits and the support the visit team members have been able to give the clinical areas. See Appendix 3 for the action log.

3.5 Reporting:

The reporting route and frequency are as detailed below:

Reporting to:-	Frequency:	Documentation:
Nursing, Midwifery & AHP Board	Monthly	Report
Board of Directors	Monthly – Board Pad	Report
	Quarterly	Full Board Report

3.6 Standard Operating Procedure

The SOP has been updated to reflect the changes made to the 15 Steps Challenge process implemented in January 2019. See Appendix 4.

4.0 Thematic review March 2018 – February 2019

The feedback given by the visit teams following visits to the clinical areas has been overwhelmingly positive with lots of good practice observed. Issues and challenges have also been highlighted. Prior to January 2019 the actions to address the issues have been less obvious and the outcome of them largely unknown. However since January 2019 the visit teams have been able to identify any ongoing actions on their feedback paperwork. The actions are then logged and progress reported on.

Between March and December 2018 85 visits were undertaken, an average of 8.5 per month, and only 39% of visit feedback forms were returned. January and February 2019 have shown a much improved picture with 28 visits having been undertaken during the 2 month period, an average of 14 visits per month and 89% of visit feedback forms returned.

The top 5 areas of good practice and top 5 issues/challenges are detailed below:

3.1 Good Practice Observed:

- Busy wards/departments but despite this how organised and calm they felt.
- The staff are widely described as welcoming, friendly, professional.
- Staff are noted to be positive about their work and feel supported.
- Good care delivery observed and positive feedback received from patients with regard to the care they were receiving.
- Environments were noted to be clean and on the whole tidy.
- Good team working observed and staff report feeling supported.

3.2 Issues Identified:

- Ward Boards and other information not always up to date.
- IG issues relating to unattended patient records noted in some areas.
- Signage was highlighted as being confusing/only in English/too small/not enough in some areas.
- Equipment and fixtures and fittings have been highlighted as an issue in some areas – damaged seating, out of date equipment, broken/missing locks.
- The wait for TTOs was flagged as delaying timely discharge in some areas.

See Appendix 5 for greater detail of the visit outcomes.

5.0 CONCLUSION

The 15 Steps Challenge visits are a valuable and successful way of increasing the engagement and visibility of the most senior members of the Trust and the Governors with the clinical areas. It enables Board members and Governors to gain a first-hand view of the quality of care delivered in the Trust and provides them the opportunity to support the clinical areas with challenges and issues they may be struggling to address themselves.

In January 2019 a revised process and simplified paperwork was launched to make the outcomes and actions arising from the visits transparent and reportable. This has also, so far, increased the number of

visits taking place each month, improved compliance with the return of the post visit paperwork and made the reporting of the visits more straightforward and meaningful.

The outcome of the visits has been overwhelmingly positive with lots of good practice observed. Where issues and escalation items have been identified, these have been addressed at the time where possible and taken forward where not. The progress of these longer term actions will continue to be monitored and reported on. The use of the Perfect Ward App has been reviewed and recommendations for moving forward with a larger trial of the App have been made.

Quality Committee is asked to note the success of the 15 Step Challenge visits to date and endorse the changes to the process introduced in January 2019.

Meg Haselden
Corporate Matron