

Full Council of Governors

Subject:	15 Steps Challenge Update	Date: February 2020		
Prepared By:	Rebecca Herring Corporate Matron			
Approved By:	Julie Hogg Chief Nurse			
Presented By:	Rebecca Herring Corporate Matron			
Purpose				
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from October 2019 – December 2019			Approval	
			Assurance	
			Update	X
			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				
Executive Summary				
<p>The purpose of this paper is to update the Council of Governors of the 15 Steps Challenge visits that have taken place from October – December 2019. This paper will detail the clinical areas visited, the feedback identified by the visiting teams and any themes within these.</p> <p>The 15 Steps process is not a tool for traditional clinical auditing assurance. This assurance is provided on a monthly basis by each clinical area via the audit framework which includes the Ward Environment Audit, Nursing Metrics Audit (core fundamentals of nursing care delivered), PLACE Audit and Medicines Management Audit. 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>From October – December 2019, 36 visits were performed with an average of 12 visits per month being undertaken. 32 of the 36 feedback forms have been returned equating to 88.93% of received documentation (this includes both written and digital reports).</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor’s make 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 overwhelmingly 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 October and December 2019. This paper details the clinical areas visited, the feedback identified by the visiting teams and any themes identified across the areas

This Quarter has seen the introduction of the Children and Young Peoples (CYP) team, bringing the total number of teams to 18. The CYP Team will visit clinical areas, assessing first impressions, to help the organisation gain a better understanding of the perception of young people transitioning from children’s services into adult services.

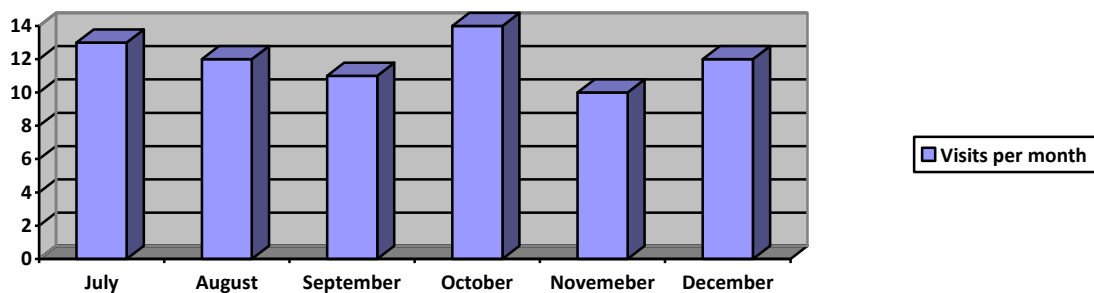
It is important to acknowledge that the 15 Steps process is not a tool for traditional clinical auditing assurance. This assurance is obtained monthly by each clinical area via the audit framework which includes Ward Environment Audit, Nursing Metrics Audit (core fundamentals of nursing care delivered), PLACE Audit and Medicines Management Audit. 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, whilst encouraging staff to initiate local service improvement.

Thematic Review Q3 October – December 2019

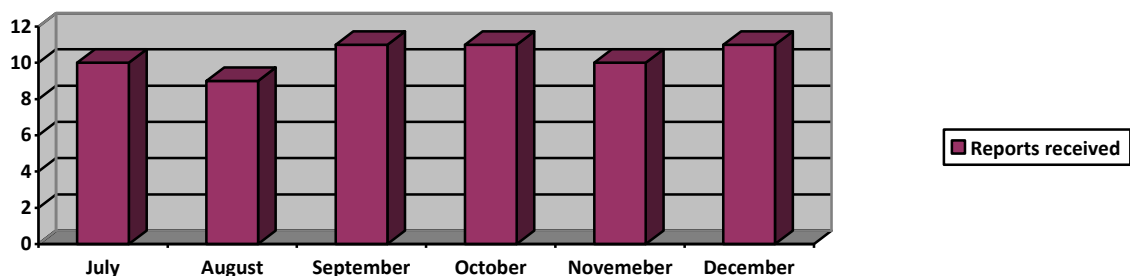
Positive engagement from the visiting teams continues, with a continued high level of support from the Governors. Additional members of the Executive and Non-Executive team will be participating in future visits.

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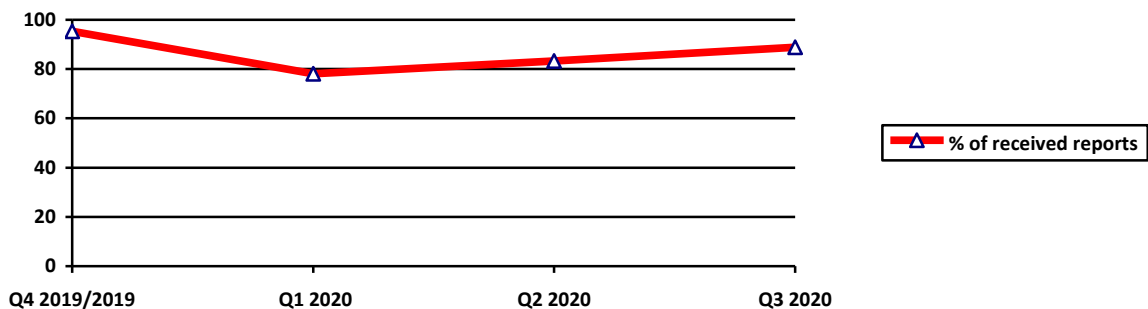
Number of visits each month:



Number of reports received each month:



Percentage of reports received each quarter:



Themes and Trends:

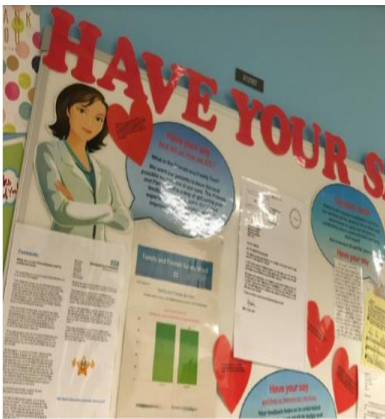
Welcoming:

- Most areas had clear sign posting ensuring patients, carers and visitors could locate the area with ease.
- Each team had noted that they have received a warm positive welcome when presenting to each area.
- Staff were seen as friendly and were willing to engage with the visiting teams.
- Areas were noted to be bright and well maintained which supported positivity amongst staff.
- Clinical areas smelt fresh and clean.



Caring and Involving:

- Dignity and privacy of patients was respected.
- Patients and relatives stated they felt well cared for and safe. Patients looked well cared for and there appeared to be a good number of nursing, therapy and medical staff actively engaging with patients to provide care and support.
- Teams observed menu choices being made for the next meal, with patient's commenting on the menu choices available and the quality of the food.
- There was lots of information available for patients and relatives regarding health promotion and support ranging from interactive health promotion information via a TV screen to wall mounted displays in many areas. Displays included Makaton (sign language), Tissue Viability and Sepsis.
- Information on how to complain and compliment was visible in many areas including lots of displays throughout the departments of patient feedback.
- Many examples of person centred care were observed. Several wards had initiatives to support patients with dementia, quiet areas for patients to go and relax and age appropriate areas for children and young people.

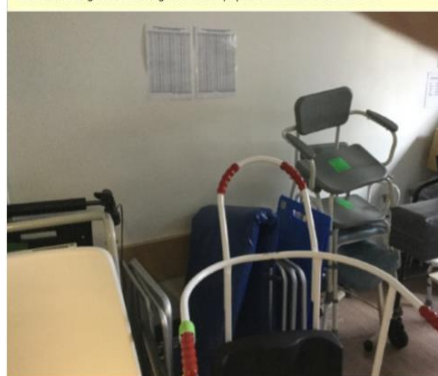


Safe:

- Ward/department safety information was clear and up to date.
- Environments were clean with infection prevention and control practice demonstrated.
- Patients were observed to be wearing the appropriate identification bands.
- Staff were easily identifiable and wore Trust identification badges.
- Staff were able to discuss how they learn and improve from incidents and how information is shared including ward level communication cells, shared information groups and regular updates from leaders.
- Patients had access to call bells.
- Fire exits were clear and uncluttered.
- One clinical area was noted to have an 'improvement wall' in the patient area that detailed the improvements that had been made and the reasons behind each suggestion. This was a great way of demonstrating to patients, carers and staff all the improvements that had been generated.
- Storage areas were organised and equipment clearly labelled as clean.



Store was organised though full All equipment was labelled clean.



Well organised and calm:

- Areas felt calm and controlled.
- There was a strong sense of ownership demonstrated by all staff.
- There was a collective sense of pride amongst teams.
- Support and visibility from divisional senior management was highlighted as strong by staff.
- The Trust CARE values were demonstrated and upheld by staff.
- Ward and Department Leaders were visible.



Patient feedback:

Feedback received from patients and carers was overwhelmingly positive with a strong sense of compassion being seen throughout the conversations being had during the visit.



Visiting team's feedback:

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

Friendly
Excellent
Safe
Inspired
Positivity
Warmth
Smiles
Kind
Knowledgeable
Talent
Teamwork
Leadership
Pride
Praise

Issues identified during the visits:

- One area required support with the process of Deprivation of Liberty. Post visit additional support was provided by the Safeguarding Team; with focused learning and additional ward resources for staff.
- One area had discussed issues with lack of space due to increasing service demand. Discussions were encouraged within the wider team for re-configuration of space and exploring different approaches to ways of working. This has been successful.
- One area has discussed concerns regarding the amount of time allocated for cleaning as the Department Leader felt this was insufficient. This has been escalated by the visiting team to the Head of Estates and divisional Triumvirate for the service needs to be reviewed.
- One area had raised concerns about the storage of beds and empty cages on the corridor opposite the ward entrance. This has been escalated by the visiting team and the option of the volunteer team supporting with the removal and appropriate storing of this equipment is being explored.
- One ward board had information missing and required updating. This was escalated and a new ward board has been ordered and the area is awaiting delivery.
- One area highlighted that they would like to re-configure an area that is currently not being utilised on the ward. This has been escalated to the Estates team and divisional Matron to explore this possibility and support change of use.
- The CYP Team highlighted that there was a lack of information displayed in areas explaining that it is acceptable for patients to use their own mobile phones in most areas

and asked about the possibility of the WIFI code being displayed. This has been raised as a point of reference at the Matrons Meeting.

Conclusion

The 15 Steps Challenge is a valuable source of qualitative information that aligns patient and staff experience to collectively promote positive experience for all and support staff to initiate local service improvement. Not to be used as a single process of quality measurement, the 15 Steps Challenge is used in conjunction with several clinical audits that support the triangulation of the delivery of quality care from a multifaceted approach.

The programme of visits also continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor representation is a valuable element in the 15 Step process as they provide a unique opportunity to capture real time honest patient feedback. The outcomes of the visits continue to be overwhelmingly positive with many examples of person centred compassionate care, pride and positivity and a strong sense of CARE values being demonstrated across the organisation.