

Council of Governors - Cover Sheet

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| Subject: | 15 Steps Challenge Update | | Date: May 2023 | |
| Prepared By: | Sally Whittlestone Corporate Matron | | | |
| Approved By: | Phil Bolton Chief Nurse | | | |
| Presented By: | Sally Whittlestone Corporate Matron | | | |
| Purpose | | | | |
| This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from January to March 2023. | | | 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 | |
| Identify which principal risk this report relates to: | | | | |
| 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 | | | | |
| | | | | |
| Acronyms | | | | |
| | | | | |
| Executive Summary | | | | |
| <p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from January to March 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 January to March 2023, there were a total of 22 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-centered, 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 January and March 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 22 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:

January visits:

- Newark Theatres
- Case notes
- ITU
- Ward 21

February Visits:

- Emergency Department
- Urgent Care Centre Newark
- Ward 31
- Ward 32
- Clinic 6
- Clinic 7
- Chatsworth
- Ward 41
- Stroke unit.
- Mortuary and Bereavement Centre
- Pathology

March Visits:

- Sexual Health
- Maternity
- SDEC
- Ward 51
- Clinic 1
- Clinic 3
- Little Millers Nursery

Themes and Trends:

Welcoming:

- Ward staff was noted to be welcoming in all areas, staff were polite and greeted teams on arrival.
- Clinical areas were clean and tidy and uncluttered, and good IPC practices were noted.
- One area described how they were welcomed to the ward by the Matron, Ward Leader, and Nurses, describing the area as excellent.

Caring and Involving:

- Patients reported being well looked after and understood the plan in relation to their care and what the next steps were.
- Patient feedback was positive, and all patients appeared comfortable.
- One team witnessed a supportive interaction between a patient and their relatives.
- Patients were noted to be treated with respect and addressed respectfully, maintaining privacy and dignity.
- Staff felt there was a real shift in a positive direction and are making plans to change their model of working to further improve.
- The staff was attentive, and the care received was positive, the patient had the choice of City or here but chose here.

Safe:

- Environments were clean with good infection prevention and control practices demonstrated.
- The ward environment was well maintained.
- Signage and displays all relevant and up to date, described as being innovative in one area.
- Staff were noted to be wearing ID badges.
- All patients were witnessed wearing wristbands.
- Daily staffing/ harms board noted to be up to date.
- New notes trollies have also made a difference in the safe moving and handling of notes and efficient working

- Staff members highlighted that they were having high and low-level wall bumpers installed to protect the walls and keep future decorating costs to a minimum protecting the walls from both trolleys and chairs
- Fire exits were clear and uncluttered.

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.
- Clinics had systems in place and were well organised in relation to the specialties that were attending
- The Trust CARE values were demonstrated and upheld by staff.

Issues identified during the visits:

No one at the reception desk to greet people entering the area. Staff in A bay didn't approach us but were accommodating once approached, and immediate action was taken, Staff was to be vigilant as to who is entering the ward in the absence of the ward receptionist.

Sets of patient notes in clinic room unlocked and unattended, immediate action taken, The team informed a member of staff who will action immediately and raise with staff to ensure it doesn't happen again.

High-level damp dusting in Clinic 6 is required, [top of 1 filing cupboard]. Immediate action was taken, and informed member of staff who rectified this.

Provision of new storage facilities due for completion in April. Follow up visit is required to see progress and identify any support required; an update is required.

The overall decor is very good however some high-use areas such as door frames require redecorating including some unfinished repair work. To ask Skanska to repaint doorframes – An update is required as to if the work has yet been completed.

The staff information board is up to date however some of them are of a non-wipeable nature, Update 21/21/23 - Small works jobs have been requested so awaiting Skanska to remove boards. All documents are down from boards.

A Department had not been used for a few weeks over Christmas, high-level damp dusting has not been completed. Ward leader to meet with cleaning staff to clarify roles and a new system was setup to ensure clear ownership and frequency of cleaning schedule.

It was noted an area had a Shortage of basic stationary supplies e.g., Patient labels. There was no process for checking stock levels and ordering was ad hoc and few people knew the process. The processes have been reviewed and a new one has been put in place in order that stock does not run out. The photocopier room in the same area needs shelving for the boxes of new paper, which at the moment are stored on the floor and are at risk of falling onto people's feet.

Contact made to look at ordering new, update required. The department is generally in need of decorating and the ceiling assessing, an update on the date being undertaken is required.

The Sexual Health service is provided via a tender process which is due for renewal this autumn and the team will be nervous about the process and uncertain future, to be discussed by the Deputy Chief Nurse. The service is often in a position where team members uncover domestic violence, sexual exploitation in both adults and children. This can be very distressing for staff as they support victims and families in managing this process. They feel they have good internal processes, but we wondered if we should be considering this as an organisation specifically, discussion with the well-being lead.

In one area the Toilet signage was noted, designating it for both sexes, signs were updated as appropriate. This area was Operating on a handwritten whiteboard and an electronic system one board for jobs and updates, updates required.

Discharge Hub, Discussion around how the referral service works. Equipment needs to be in place before a patient can be listed as ready for discharge, which can cause some delays and is frustrating, an update is required.

Please note our update on action progress is limited at this time due to unforeseen exceptional circumstances, however, a detailed update will be provided in the reports moving forwards.

Patient feedback:

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

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.



Conclusion:

The 15 Steps Challenge is a valuable source of qualitative information that aligns patient and staff experience to collectively promote a 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's 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-centered compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.

Next Steps:

Moving forward visits are planned through May, June, July, August, September, and October results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues, themes, and trends that are identified throughout the 15 Steps Challenge visits, triangulated with the Friends and Family Test, concerns, compliments, and complaints, giving support to focus on improvement's and sharing positive feedback