

Board of Directors Meeting in Public - Cover Sheet

Subject:	15 Steps	Date: December 2018		
Prepared By:	Meg Haselden Corporate Matron			
Approved By:	Suzanne Banks, Chief Nurse			
Presented By:	Suzanne Banks, Chief Nurse			
Purpose				
This report provides a summary of the 15 Steps visits to date and a proposal to revise the process going forward based on feedback received.		Approval	X	
		Assurance	X	
		Update		
		Consider		
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
X	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				
Nursing, Midwifery and AHP Board - November 2018 Trust Executive Meeting - November 2018				
Executive Summary				
<p>The purpose of this paper is to update the Board of Directors on the progress and outcome of the 15 Steps Challenge visits that have taken place to date. This paper also proposes some changes in the process going forward 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 following visits to the clinical areas has been overwhelmingly positive with lots of good practice observed. Issues and challenges have also been highlighted, but the actions to address the issues have been less obvious and the outcome of them is largely unknown. The paper below highlights the themes that have arisen from the visits that have taken place March – October 2018.</p> <p>After nine months of visits a number of opportunities for improving the process have been identified. These include 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.</p> <p>It is anticipated that by making the process and outcomes simpler and more transparent it will increase compliance with the return of the post visit paperwork and make the reporting of the visits</p>				

more straightforward and meaningful.

Board is asked to note the success of the 15 Step Challenge visits to date and approve the proposed changes to the process going forward.

1. Introduction

The purpose of this paper is to update the Board of Directors on the progress of the 15 Steps Challenge visits that have taken place to date. This paper also proposes some changes in the process going forward informed by the experience of organising the visits and feedback from the visit teams.

2. 15 Steps Review

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 Sherwood Forest Hospitals NHS FT (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 were scheduled one per month and were 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. There are 24 pathways allocated to the visiting teams which will direct them to a number of clinical areas dependent on which pathway has been chosen. The visiting teams use 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 Current Position

The maximum number of 15 Step Challenge visits that can be delivered every month is 17 – one per team. The actual number of visits known to have been planned has varied between 6- 12 per month.

Since March 2018 there has been 83 15 Step Challenge visits planned. Of these 10 are known not to have gone ahead and less than half completed paperwork packs have been returned. See Appendix 1 for list of teams and planned visits.

There is a standard operating procedure (SOP) to provide a standardised framework for the visits. The SOP specifies that each visiting team should have a suite of information available about the area to be visited three days prior to the visit taking place. This should include information about complaints, concerns and compliments and any additional information the visit team request. Unfortunately this information has not consistently been made available to date, possibly due to the complexity of visits being based around a pathway covering several areas and not one discrete ward/department.

There are 24 pathways available for the visit teams to follow. The SOP advises that these will be allocated to the visit teams by Corporate Nursing each month. In practical terms this has not happened however a revision to this was emailed out to all visiting teams earlier this year 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.

3.0 Thematic review March 2018 – October 2018

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 the actions to address the issues have been less obvious and the outcome of them is largely unknown.

The 33 completed visit tools demonstrated that every visit highlighted areas of good practice and during six of the visits no issues were identified. The visit teams report that any issues that required immediate action were dealt with at the time.

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

3.1 Good Practice Observed:

- Nearly all the visiting teams made comment about how busy the wards were but also how organised and calm they felt.
- The staff were widely described as welcoming, friendly, professional and were observed delivering compassionate care.
- The patients spoken to have provided positive feedback about the care they were receiving.
- Environments were noted to be clean and on the whole tidy.
- Good team working observed.

3.2 Issues Identified:

- Ward Boards and other information were not always up to date.
- Some clutter observed in some of the areas.
- Signage was highlighted as being confusing/only in English/too small in some areas.
- Equipment was highlighted as an issue in some areas – not enough seating/damaged seating, out of date equipment, a broken lock, and dirty toys.
- The waiting times for take home medications (TTOs) were flagged as delaying timely discharge in some areas.

See Appendix 2 for greater detail of the visit outcomes.

4.0 Appraisal of Current 15 Steps Challenge Visit Process

The current 15 steps Challenge visit process has been running for nine months. During this time a number of practical issues have surfaced in terms of the organisation and management of the process. Feedback has also been received from members of the visit teams in order to improve the visit reporting tool, the pathway visit process and allocation of visits.

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

4.1 Working Well:

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

4.2 Areas for Review/Improvement:

- Paperwork – lengthy and repetitive.
- No process for identifying and monitoring actions to address issues highlighted/support required.
- Pathway visit process means that some areas, such as the Emergency Department, are visited frequently and other areas in the Trust will never get a visit.
- Pre visit information has not been consistently available.
- Visits take too long to complete.
- Teams have found it difficult to fit in a visit every month.

Taking into consideration the points identified above, the Board of Directors are asked to consider a new approach to delivering the 15 Steps Challenge visits going forward.

5.0 Proposed New Process

5.1 Allocation of Visits:

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

The visit allocation will be 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. A 12 month programme will be used as the template for allocation of visit areas. The visit teams will be advised of their area to visit by Corporate Nursing towards the end of the previous month; this will allow for adjustments to the rolling 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 3 for example visit rota.

5.2 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 will be 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 Head of Nursing/Head of Midwifery/Matrons/Senior Nurse Leads, as and when required/appropriate.

5.3 Paperwork:

Whilst retaining the principles and ethos of the 15 Steps Challenge the proposed 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 will be returned to Corporate Nursing within 5 days of the visit having taken place. See Appendix 4 for proposed new visit paperwork.

5.4 Actions:

In order to measure and monitor the actions identified, an Action Log will be kept by Corporate Nursing. This will record 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 will then contact the action owners on a monthly basis for an update on progress. Once an action is completed it will be moved to a separate section of the report. Any actions which on further investigation are unable to be completed will, after agreement from Board be closed and again moved to a separate section of the action log. This will enable a very visible record of the outcomes of the visits and the support the visit team members are able to give the clinical areas. See Appendix 5 for proposed action log.

5.5 Reporting structure:

It is proposed that the reporting route and frequency remain as currently set out in the existing SOP:

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

5.0 CONCLUSION

The 15 Step Challenge visits have proved to be 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. However, the process to date has not run exactly as intended and according to the process described in the SOP.

There are a number of potential reasons for this. The pathway approach to visits has caused some confusion and has led to some areas being visited a lot and others not visited at all. The paperwork is lengthy, repetitive and does not lend itself to easy analysis. It is difficult to identify

actions and using the current process impossible to monitor ultimate outcomes. Less than half the paperwork for the visits has actually been returned – this may be indicative of the lengthy nature of the visit feedback tool.

After running the visits for 9 months opportunities have been identified to modify the current process to make it more user-friendly and give it a wider scope across the Trust. The proposed new process offers the opportunity to make the management of the visits easier due to the rolling nature of the visit rota. The simplified paperwork is easier to complete and will hopefully improve return compliance. The simplified paperwork and creation of an Action Log will make the visit outcomes more transparent and easier to report going forward.

Board of Directors are asked to note the success of the 15 Step Challenge visits to date and approve the proposed changes to the process going forward.

Meg Haselden
Corporate Matron
December 2018