

Standard Operating Procedure

15 Step Challenge

Version 2.0

Document Review History

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1.0 Purpose of the document:

The purpose of this document is to provide guidance for all Board of Director members, Senior Nurses and Governors at Sherwood Forest Hospitals NHS Foundation Trust (SFH) on the standard and expected outcomes of the 15 Step Challenge visits expected by the Chief Nurse and understand the steps which are required to ensure that our wards are safe and that our staff demonstrate caring behaviours in a caring environment.

3.0 Scope:

This Standard Operating Procedure (SOP) supports the 15 Step Challenge visit process for the senior team members visiting and experiencing the wards and departments within this Trust. The visiting teams will experience the patient's pathways through the Trust, and become familiar with the services that our patients use on their journey.

4.0 Expected outcome of the Standard Operating Procedure:

- To ensure that there is a standardised approach to the 15 Step Challenge visits across the Trust
- To understand the process and roles and responsibilities of the visit team members
- To outline the role of Corporate Nursing in supporting the visits
- To equip Board Members and Governors with a framework to inform their clinical visits, to ensure that the Trust Board understands what is happening throughout our hospital (Machell et al, 2010);
- To provide clarity on the process of escalation and the principles to be used
- To help staff, patients and others to work together to identify improvements for our patient's experience
- To identify good practice and encourage the sharing of good practice for the benefit of patient experience.

5.0 Roles and Responsibilities:

Board of Directors member:

The role of the Board of Directors member is to ensure that they view, understand and experience what the patients and their relatives' experience. They take the opportunity to identify if there is any help they can offer to the ward with regard to issues and concerns they may have that they are struggling to resolve. They should input to the completion of the Post Visit Feedback Report and ensure it is returned to Corporate Nursing within 5 working days of the visit.

Senior Nurse:

The role of the Senior Nurse is to co-ordinate the Board member and the Governor in arranging the visit as allocated by the Corporate Nursing Team. The Senior Nurse will ensure that any additional information required is requested from the Corporate Nursing Team. They should input to the completion of the Post Visit Feedback Report and ensure it is returned to Corporate Nursing within 5 working days of the visit.

Governor:

The role of the Governor is to provide a 'fresh eye' view of the care our patients receive, and to follow the clinical pathways to support them in their role of Governor. The Governor should input into the completion

of the Post Visit Feedback Report.

Corporate Nursing Team

The Corporate Nursing Team will facilitate the successful completion of the visits by the allocation of visit areas, ensuring the teams receive the necessary paperwork and information prior to the visits, collating the post visit information and maintaining an action log. The Corporate Team are responsible for the analysis of the post visit reports to identify themes and trends and the progress of the actions, reporting these upwards to the Nursing Midwifery and AHP Board and the Trust Board.

6.0 Operational Standard:

6.1 Establishing the Visit Team:

There are three members of the team, the Board of Director member (Executive and Director Team and the Non-Executive Directors), the Senior Nurses (Deputy Chief Nurse, Heads of Nursing, Lead Nurses and Nurse Consultants) and the Council of Governors member. The list of teams is held by Corporate Nursing and will be updated as team members leave/new team members join.

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.

6.2 Allocation of the patient pathways:

The visit areas will be allocated each month by Corporate Nursing to the visit teams, the aim being that each area receives a maximum of 6 visits per year. Corporate Nursing will ensure that a record is kept of all visits and ensure that all aspects of the visits are recorded to establish themes and trends.

As visits are allocated the necessary information and paperwork to support them undertaking their visits will also be sent out to the teams by Corporate Nursing as detailed below.

There are 39 wards/departments identified for visits which are detailed in Appendix 1.

6.3 Arrangements of the visit:

The Senior Nurse will make the arrangement with the Board of Director member and the Governor, and co-ordinate with the ward about the visit.

6.2 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 HON/Ms/Matrons/Leads as and when required/appropriate.

6.3 The Visit:

The visit team will:-

- Ensure that the Ward Sister/ Charge Nurse or Nurse-in-Charge (NIC) is aware of the teams arrival to the ward;
- The team will spend the first 15 minutes, observing, monitoring, listening and feeling the ward environment, experiencing the ward as the patients and their relatives experience the ward, using the guidance embedded in the post visit feedback form to prompt their focus (reproduced in the table below).
- The team should speak to patients, relatives if appropriate/available and ward staff to ascertain their views about the ward, the care received and what it feels like to work there.

- The team should identify any issues and discuss these with the Ward Sister/ Charge Nurse or NIC at the time of the visit.
The team should take the opportunity to identify if there is any help they can offer to the ward with regard to issues and concerns they may have that they are struggling to resolve.

Things to Look Out For:	
Welcoming	Safe
<ul style="list-style-type: none"> Do you feel welcomed to the ward -- staff acknowledge/greet you and offer assistance. Do staff appear friendly? Is ward/department information available, clear and visible – visiting times, how to complaint compliment. Is there information about what the uniforms mean? 	<ul style="list-style-type: none"> Is the ward/department safety information clear and up to date. Is the environment clean, IPC practices evident, hand gels available and used.? Patients and staff have identification bracelets/ badges. Staff can tell you how they learn and improve from incidents etc. – how information is shared. Patients have access to call bells, drinks, side tables, and walking aids they might have. Fire exits clear and uncluttered.
Caring and Involving	Well Organised and Calm
<ul style="list-style-type: none"> How is dignity and privacy being respected? How are staff interacting with patients and each other? Visitors have access to chairs and space to visit. Information about how to complain and compliment is visible. What do patients and careers think about the care they have received/witnessed on the ward? 	<ul style="list-style-type: none"> Does the ward feel calm or chaotic (even if it is busy) Is the environment uncluttered and tidy Is the environment well maintained including walls, floors, windows and ceiling. Is signage clear to rooms, toilets etc. Is equipment stored tidily, in date and clean.
Underpinned by Trust CARE Values	
Communicating and Working together	We will proactively engage with each other, share information, keep people informed, listen and involve people and work as one team
Aspiring and Improving	We will set high standards, given and receive feedback in order to learn, keep improving and aspiring for excellence
Respectful and Caring	We will treat everyone with courtesy and respect, show care and compassion, support and value each other.
Efficient and Safe	We will act competently, be reassuringly professional, demonstrate reliability and consistency to engender confidence, and be efficient and timely and respectful of other's time.

6.4 Feedback:

The Team will discuss the findings of their visit with the Ward Sister/ Charge Nurse or NIC at the time of the visit. Any actions identified will be documented on the visit feedback form, an action owner identified and a timescale for the completion of the action agreed. The Post Visit Feedback Report can be found in Appendix 2.

6.5 Completed Post Visit Feedback Reports:

All completed Post Visit Feedback Report will be returned to Corporate Nursing via the Project Support Officer & PA to the Deputy Chief Nurse electronically within working 5 days of the visit having taken place.

Once all forms have been returned the Corporate Nursing team will review for trends and themes and the

actions will be logged. The outcome of the visits and progress of the actions will be reported to the Nursing, Midwifery & AHP Board and Trust Board as detailed below.

6.6 Escalations:

At the time of the 15 step challenge the visiting team should escalate any concerns to the Ward Sister/ Charge Nurse/ NIC and to the Matron. The Divisional Head of Nursing should be made aware of the concerns by the Senior Nurse representing the team, following the visit, unless it is deemed that escalation is appropriate at the time of the visit.

In the case of concerns raised where these are not being appropriately managed or not being appropriately escalated, the Senior Nurse should escalate to the Chief Nurse/ Deputy Chief Nurse directly.

All escalations should follow the principles of SBAR, these are:-

S B A R	
S	Situation: Briefly describe the situation. Give a succinct overview
B	Background: Briefly state pertinent history. What got us to this point?
A	Assessment: Summarise the facts. What do you think is going on?
R	Recommendation: What are you asking for? What needs to happen next?

All escalations should be reported on the feedback documentation.

6.7 Monitoring and Reporting:

The formal reporting route for the 15 Step Challenge Visits is:

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

The reports will monitor compliance with the visit programme, the progress of the actions identified and identify themes and trends.

7.0 References:

Machell S, Gough P, Naylor D, Nath V, Steward K, Williams S (2010). *Putting Quality First in the Boardroom: Improving the business of caring*. The King's Fund, London

15 Steps Challenge Visit Areas

Ward 11	Ward 32	ICU	Therapies
Ward 12	Ward 34	Day Case Unit	Sexual Health
Ward 14	SSU	EAU	Birthing Unit and Theatres
Ward 21	Discharge Lounge	ED and AECDU	Antenatal Clinic and Maternity Ward
Ward 22	Ward 41	Theatres	NICU
Ward 23	Ward 42	Pre Op	MCH Chatsworth Lindhurst and Oakham wards
Ward 24	Ward 43	Endoscopy	Newark Wards
Ward 25	Ward 44	Cardiology Cath Lab	Newark OPD, Theatres and UCC
Ward 31	Ward 51	WTC	Radiology inc CT and MRI
		OPD	

**15 Steps Visit
Post Visit Feedback Form**

Post Visit Feedback Form to be returned to David Norman within 5 working days of the visit.

Date and Time of Visit:	
Location of Visit:	
Team:	
Person completing report:	

Things to Look Out For:

<p align="center">Welcoming</p> <ul style="list-style-type: none"> Do you feel welcomed to the ward — staff acknowledge/greet you and offer assistance. Do staff appear friendly? Is ward/department information available, clear and visible – visiting times, how to complaint compliment. Is there information about what the uniforms mean? 	<p align="center">Safe</p> <ul style="list-style-type: none"> Is the ward/department safety information clear and up to date. Is the environment clean, IPC practices evident, hand gels available and used.? Patients and staff have identification bracelets/badges. Staff can tell you how they learn and improve from incidents etc. – how information is shared. Patients have access to call bells, drinks, side tables, and walking aids they might have. Fire exits clear and uncluttered.
<p align="center">Caring and Involving</p> <ul style="list-style-type: none"> How is dignity and privacy being respected? How are staff interacting with patients and each other? Visitors have access to chairs and space to visit. Information about how to complain and compliment is visible. What do patients and careers think about the care they have received/witnessed on the ward? 	<p align="center">Well Organised and Calm</p> <ul style="list-style-type: none"> Does the ward feel calm or chaotic (even if it is busy) Is the environment uncluttered and tidy Is the environment well maintained including walls, floors, windows and ceiling. Is signage clear to rooms, toilets etc. Is equipment stored tidily, in date and clean.

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Welcoming Caring and Involving Safe Well Organised and Calm CARE Values	
Positives/ Good Practice Observed	Comments

Welcoming Caring and Involving Safe Well Organised and Calm CARE Values			
Issue/Problem	Action	Who is Responsible	Timescale

