

**Council of Governors - Cover Sheet**

<b>Subject:</b>	15 Steps Challenge Update.		<b>Date:</b>	13 <sup>th</sup> August 2024		
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<b>Purpose</b>						
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from April to June 2024.			<b>Approval</b>			
			<b>Assurance</b>			
			<b>Update</b>	<b>x</b>		
			<b>Consider</b>			
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
<b>x</b>			<b>x</b>			
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Failure to achieve the Trust's financial strategy					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					<b>x</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
<b>Acronyms</b>						
<b>Executive Summary</b>						
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from April to June 2024. 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 explores different healthcare settings through the eyes of patients and relatives, also providing the opportunity to align patient and staff experiences, and to promote a positive experience for all, encouraging staff to understand and initiate local service improvement.</p> <p>During the reporting period from April to June 2024, there were a total of 26 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.</p>						

The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.

## Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between April and June 2024. This paper details the clinical and non-clinical areas visited, the feedback identified by the visiting teams, and any themes or trends noted.

It is important to acknowledge that 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.

During the reporting period, there was a total of 26 visits completed, identifying an increase from the previous quarter, that highlighted 19 visits were completed, visit areas were as follows:

April	May	June
Clinic 1	SDEC, UEC	Minster
Medical Day Case	Ward 21	Bereavement Centre
Clinic 4	Clinic 11 Paediatrics	Ward 23
Ward 14	Ward 31	Clinic 6
Clinic 9	Ward 41	Clinic 7
Lindhurst Ward MCH		Ward 12
Radiology, incl. CT, MRI		Ward 52
Ward 36		Endoscopy
Main Theatres		Ward 43
Restaurant Level 6		Case Notes
		Emergency Department
Total 10	Total 5	Total 11

When analysing the qualitative data, themes, and trends can be seen throughout all visits and are positive, it should be acknowledged that storage appears to be a Trust-wide issue with many areas struggling with this, below are some examples of the feedback received.

### Welcoming:

Staff were keen to talk to the teams and engagement was noted to be very good in most of the areas. The teams were welcomed during their visits on arrival, except in one area in which it took a while for the door to be answered, however, engagement was good once greeted by the department sister on duty.

All staff were noted to interact well with patients and each other.

### Caring and Involving:

High standards of patient information were available in all areas that were visited.

Clinic waiting areas were noted to be spacious, clean, light, and airy, with high ceilings and plenty of comfortable seating. Hand gels and handwashing facilities are available and small play areas were identified for children in the clinic waiting rooms. Disabled patients were being supported to access clinic areas.

Good patient facilities were noted, including, toilets, baby change, and complimentary drinking water, all were clean, tidy, and in good repair, with one area having paint refreshed during the visit.

Patients reported adequate privacy and dignity during appointments, for example, a private area for weighing and taking vital signs. One particular patient who was resting spoke highly of the environment and her experience.

A couple of patients felt communication with them could be better regarding plans. This was discussed with the Nurse in charge to ensure patients are included in decision-making when appropriate and clear communication.

An interaction with a student nurse on placement was very positive, she explained that the ward had been very supportive, giving her lots of learning experiences and nothing was too much trouble. She stated she would be sad to leave.

#### **Safe:**

It would appear some health and safety issues were currently being addressed by our health and safety team, in one area, this work was confirmed as ongoing by the department leader with many improvements in that area having already taken place.

Fire exits were clear from clutter and hand gels were noted at the point of care.

One Department leader talked of the last complaint and incidents, which were minimal, and how learning from these was adopted.

Ward displays were up to date with areas adhering to infection control, including the resus trollies being identified in the correct locations, and were clean, and accessible.

#### **Well-organised and calm:**

Most departments and wards felt calm and organised despite areas being busy, for example, one department had 80 plus appointments scheduled each day.

Good feedback was received from a Preceptorship Nurse and an International Nurse about the support they had received in their working area.

Staff boards were noted to be up to date in many areas highlighting good co-ordination of the ward/department.

**Issues identified during the visits:**

The majority of actions identified during the visits were addressed at the point of contact, seeing immediate action being taken, where appropriate and in accordance with the 15 Steps process, with assurance given that where required communication would be shared with the wider team, to prevent similar occurrences.

Several issues were resolved shortly following the visits, and currently, any outstanding that weren't confirmed as complete, including during the previous quarter, are identified below seeing some actions as ongoing.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
Ward 31	Welcome board, concealed. Consider moving.	Department Leader	✓	Ongoing	In progress of getting a new one printed.
Radiology	Concern over staffing at night.  Telephone interruptions during MRI.  Recruitment of staff.	Service Leader	✓	Ongoing.  Completed	Discussed with Divisional SLT at specialty performance meeting and have added a trial on a temporary basis a HCA support worker overnight. Working with UEC division around the option of a Radiology band 3 coordinator for CT. Awaiting placement of new MRI, working with Skanska  Staff recruitment is still very good. All posts over the last few months have been successfully recruited too.
Main Theatres	To arrange a visit when increased activity.  Storage limited	Department Leader	✓	Ongoing	Awaiting new visit.  Storage noted to be a trust-wide issue.
Ward 36	Inappropriate use of the ED screen	Ward Leader	✓	Completed	Raised at the time of visit, ward leader discussion.
Restaurant	Issues with food being limited.  Issues with how	Medirest	x	6months/ October 2024	Ongoing work, around provisions is currently being undertaken. Looking

	busy the restaurant was.				at alternatives.
Medical Day case	Concerns were raised around privacy and dignity, space, chairs, and facilities during surge. Limited access to medical input for SURGE patients – can become challenging if patients become unwell or TTOs are not prescribed.	Department Leader	✓	Ongoing Completed	Update Surge hasn't occurred since opening in May 2024.
Paediatric clinic 11	Office space an issue, currently limited.  Translator information requests	Department Leader	✓	Ongoing	Referred to AGM, to look at new space.  Discussed translation information and processes, with comms.
Ward 52	One recline chair is damaged, and already out for repair. Contacting charitable funds.	Ward Leader	✓	Ongoing  September 2024	Need to obtain the serial numbers and send them with what cushions need recovering.
Clinics 6 & 7	Office Space	Department Leader	✓	Ongoing	As discussed at the time of the visit, if office space became available, they could move into this as space is limited.
Endoscopy	To showcase the service/training	Department Leader	✓	Ongoing.	A discussion was held with the leader about the possibility of showcasing the work completed.  To consider outstanding service story.
Ward 43	One wall to be painted.	Department Leader	✓	Ongoing  May 2024	Due to be painted during life cycle in October, ward leader will ask for this to be done sooner if possible.
Newark Theatres	Storage space  Emergency bed access discussed		✓	Completed	Lack of storage now resolved utilising other spaces at Newark.  Trail to check a bed can access and it can safely.
Ward 51	TV Access	CEO	✓	Ongoing	To look at access of TVs for patients.



**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 and if any issues were identified it allowed them to act on this, improving as required, and sharing of 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. It is 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 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 August, September, and October 2024, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues allowing for improvements or sharing of positive findings.