

Council of Governors

Thursday 7 April 2022

Report Title:	Virtual visits and the 15 Steps Programme – a proposed way forward
Executive/NED Lead:	Giles Thorpe – Chief Nurse
Report author(s):	Rebecca Driver, Director of Communications and Engagement and Tammy Shepherd, Head of Patient Experience
Previously considered by:	

☒ Approval

☒ Discussion

☐ Information

☐ Assurance

Executive summary		
<p>Throughout the pandemic, we have worked together to maintain governor and non-executive director visibility within operational areas through virtual visits using Microsoft Teams.</p> <p>As we now start to move out of the pandemic, many Governors and Non-Executive Directors (NEDs) have expressed a wish to be physically present on Trust sites to meet colleagues and learn about services.</p> <p>It is proposed that this will be delivered through the 15 Step Programme which was presented to the last Council of Governors meeting in September 2021.</p>		
Action Required of the Council		
<p>The meeting is asked to:</p> <p>Approve the recommendation to move to more on site presence, to stop virtual visits, and to begin to be involved in the 15 Steps Programme as described in the attached paper, led by the Head of Patient Experience.</p>		
Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>		<p>If we do not have effective surveys, feedback and appropriate management arrangements in place not only do we risk causing harm to a patient but also risk of referrals to complaints, PHSO, claims and reputational damage. Patient experience supports the organisations with improved learning and ensuring that learning is</p>

	<p>embedded throughout the organisation. ESNEFT is not afraid to listen to the patients and their views.</p>
Trust Risk Appetite	<p>Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong</p>
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	<p>ESNEFT is committed to providing a service that is fair, effective and accessible to all in alignment with the NHSE Complaints Regulations 2009. ESNEFT is committed to regulation 16 receiving and acting on complaints and feedback Health and Social Care Act 2008 regulation 2014: regulation 16 CQC.</p>
Financial Implications	<p>If complaints or feedback is not managed appropriately, there are satisfaction and financial implications of complaints, PHSO referrals and claims.</p>
Equality and Diversity	<p>In order to ensure that we do not directly or indirectly discriminate we have considered the needs of patients and staff in accordance to the Equality Act 2010 and the equality and diversity agenda in relation to protected characteristics.</p> <p>Consideration to all complaints has been given to:</p> <ul style="list-style-type: none"> • age • disability • gender reassignment • marriage and civil partnership • pregnancy and maternity • race • religion or belief • sex

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Report Title:	15 steps programme
Executive/NED Lead:	Giles Thorpe, Chief Nurse
Report author(s):	Tammy Hughes, Head of Patient Experience
Previously considered by:	N/A

☒ Approval

☒ Discussion

☐ Information

☐ Assurance

Executive summary
<p>The Fifteen Steps Programme – Implementation (planned for July 2022 with infection control input)</p> <p>Background</p> <p>ESNEFT is committed to putting patients and our communities at the heart of everything it does.</p> <p>In response to a mother's feedback in relation to her daughter needing regular inpatient stays the 15 Step Programme was initiated. She highlighted what good quality care looked and felt like. Her feedback highlighted how important it is to understand what good quality looked like from a patient's perspective. She reported that she could tell what kind of care her daughter would get within 15 steps of walking onto every new ward.</p> <p>The 15 steps programme was originally developed in 2012 by the NHS Institute of Innovation in co-production and has since been refreshed by NHS England to take account new guidance. https://www.england.nhs.uk/wp-content/uploads/2017/11/15-steps-inpatient.pdf</p> <p>Purpose</p> <p>The purpose of the 15 steps programme is to help staff, service users and others to work together to identify improvements that can be made to enhance the patient and relative experience. It is a collaborative process and will involve both staff and user representatives.</p> <p>A small team visit wards and departments and take note of the first impressions using questions and prompt guides to support their observations and then give structured feedback about their experience.</p> <p>By using the tool appropriately it can support the development of understanding how people feel about the care ESNEFT provides and what might be done to increase service user involvement in quality improvement. The tool is not a performance management tool or an audit. Feedback has shown that the tool can be helpful to highlight any unseen areas for development which will better support more formalised visits from external bodies and regulators.</p> <p>For example the 15 steps programme guide aligns with the Key Lines of Enquiry which guide CQC inspections, considering whether services are safe, caring, effective, responsive to people's needs and well led.</p>

The Plan and Next Steps

The lead for this programme of works will be the Head of Patient Experience (HOPE). Each visit will have a confirmed team, led by the HOPE, that consists of the following:

Head of Patient Experience
Non-Executive Director
Governor (s)
Patient / service user / relative

A meeting will be set with the team a couple of weeks prior to the visit covering introductions, ensuring that everyone is clear about the tool kit, process and to answer any questions prior to the visit.

On the day of the visit, the team will be reminded of the process and a quick recap. The team lead will introduce themselves to the nurse in charge and request to know if there are any infection control or safeguarding concerns that the team should be aware of prior to the full team entering the ward. If there are no issues then the visit will begin. The team should spend approximately 15 minutes on the ward using the toolkit.

After each review the team should record their impressions on the provided sheet, take time to discuss their observations and what they experienced outside of the ward environment. A representative of the team should collate the agreed key points to feedback, and then share them with the nurse in charge, always remembering to celebrate the good things observed. There should be a planned walkabout each month covering all sites (acute and community).

The lead for the programme (HOPE) will record all the comments, highlighting any themes and share them with the Deputy Chief Nurse (Quality). The HOPE will identify learning, good practices that can be shared and any improvements that could be made and the themes will be reported through PEG and QPS. An agreed date will also be set up to revisit that area after a couple of months.

From Feedback to Action / the so what!

Using the feedback from each of the individual wards / departments and identifying any themes the HOPE and patient experience team will then work with the areas to ensure there is learning and action taken to improve. Improvements should be shared during the revisit to evidence how the programme helps improve the experience for patients and families.

Tammy Shepherd, Head of Patient Experience