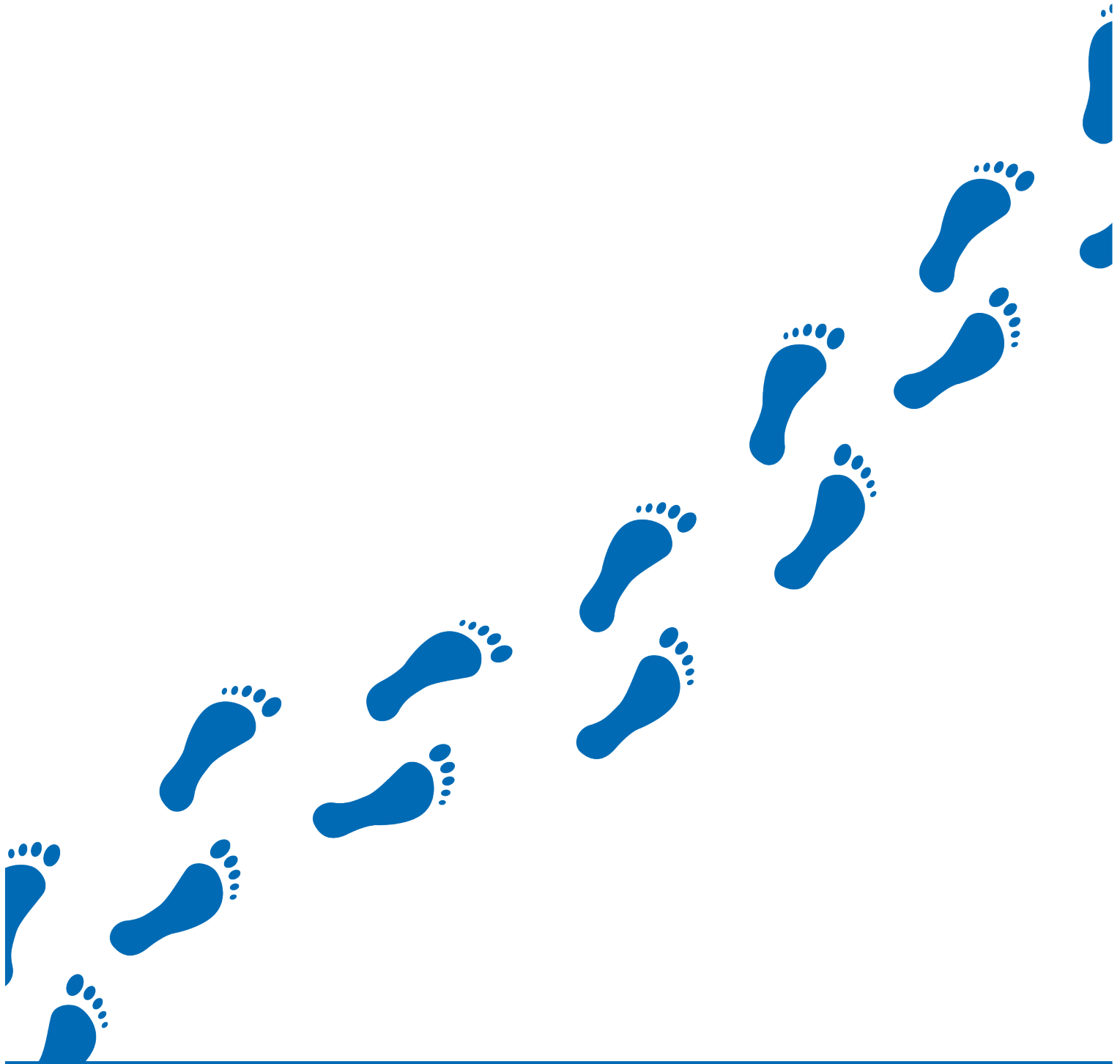




The Fifteen Steps Challenge

Quality from a patient's perspective





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1. Background

The Royal Orthopaedic Hospital (ROH) is committed to improving our service, and this is one of the ways we thought would help.

The ROH is committed to putting patients at the heart of what we do, and it was a mother's comment at a patient and family involvement workshop that kick-started the 15 steps challenge.

She told them about her daughter, whose condition needed frequent inpatient stays. She said, "I can tell what kind of care my daughter is going to get within 15 steps of walking onto every new ward".

The 15 steps challenge focuses on seeing care through a patient or family member's eyes and exploring their first impressions of the ROH.

The 15 steps challenge toolkits were originally developed in 2012 by the NHS Institute of innovation and improvement in co-production with staff and service users to support patient and carer involvement in improving our health services.

The ROH has been undertaking quality assurance visits to all ROH providers for several years and whilst we had been using a checklist for the visits, we were excited at the prospect of testing the 15-step challenge as it provided us with an evidence-based tool to strengthen our methodology.

Firstly, we used the challenge as a training tool for staff who have not undertaken quality visits before or for staff who do not have a clinical background as it gave them an idea of what we did on a visit.



2. Purpose of the 15 steps challenge

The purpose of 15 steps is to remind us all, that our patients are the most important people in our hospital. They are not an interruption to our work: they are the very purpose of it. They are not outsiders in our hospitals: they are the heart and soul of our hospitals.

15 steps is all about putting our patients first and viewing the ward and care environment from the patient's perspective. Our 15 Step team organise visits to the wards and departments and feed back to both frontline teams and the board on their first impressions within '15 steps' of walking onto a ward.

We do this to help staff, service users, and others to work together to identify improvements that can be made to enhance the service user experience. It is a collaborative process and should include both staff and service user representatives.

We know this will aid us provide a way of understanding service users first impressions, and more clearly and how this will impact on their initial experiences of care.

The team will then support sharing good practice and sharing areas of improvement to the relevant team or department.

Feedback has shown that the challenge is useful in the following contexts:

- **As part of a regular patient experience review.**
- **As a structured toolkit to involve existing patient participation groups who are working with the organisation.**
- **Before formal quality assurance visiting, including care quality commission (CQC) inspections, as an aid to see healthcare settings from a different perspective.**



3. How Does this align with Other Strategic Initiatives?

The 15 steps challenge has been developed to align and support a number of national strategic directions.

Care quality commission (CQC)

In every inspection the care quality commission asks whether the service is safe, caring, effective, responsive to people's needs and well-led. They use a core set of quality standards, refreshed in 2014, in their inspection of health services.

Evidence of good practice identified through the 15 steps challenge may be useful material to supply in support of a care quality commission inspection, or the development of a quality account report.

The 15-step challenge can support evidence for the following CQC standards.

NHS Five year forward view

The NHS five year forward view describes how important it is to have communities involved in designing better health services. Involving patients and the public in shaping NHS services is a vital part of how the NHS improves the quality of healthcare.

National institute for health and care excellence (NICE)

Nice has a range of national evidence-based quality standards that support better patient care, including.

Royal college of nursing

Several of the principles of nursing practice describe putting patients at the centre of care, making sure they are respected, treated with dignity, and as individuals



4. Implementing the 15 steps challenge

To get started with the 15 Steps Challenge, we will ensure we have a co-ordinator, who can align the Challenge to wider patient experience and service improvement activity. Once we have recruited a small group of staff and patients/carers to be in our 15 Steps Challenge team, the team will then simply walk around the ward or clinic environment and stop and observe patients and staff in the public areas. The team use the headings and observation prompts in section 5 to help structure their thoughts and observations. The prompts encourage thoughts and discussions, they are not checklists. The Challenge team feedback to the ward staff and Challenge co-ordinator, who then plan how to share any good practice observed and address any suggested improvements. Then repeat regularly as part of a quality assurance process

Further detail

Action 1 Identify a project co-ordinator

Action 2 Identify your 15 Steps walkaround team and read the toolkit

Action 3 Use the toolkit in this publication and undertake ward walkarounds

Action 4 Feedback to the organisation sponsor and the wards, sharing good practice

Action 5 Identify actions and next steps

Action 6 Repeat the Challenge!



Identifying our 15 Steps walkaround team

This is a small team of people who will undertake the ward walkarounds (the “15 Steps Challenge team”). Which will include staff and patient representatives and to include staff with different perspectives e.g. patient engagement leads, **ward-based staff, healthcare assistants, therapists. Including non-clinical staff also brings valuable fresh eyes**, for example, staff from human resources, estates, or governance teams. Patient input can come from a range of sources, many current patients are happy to be involved in exercises like the 15 Steps Challenge. The team would also include a Governor/ Non-Executive Director and/or an Executive Director.

Our 15 Steps Challenge walkaround team will aim to have three to four members, bringing different perspectives to each group. We will aim to include a diverse group of people, for example, people with disabilities and people of different ages and backgrounds.

The 15 Steps Challenge team would meet three times. Firstly, a Project “kick-off” meeting: This usually takes place a few weeks before the day of the walkarounds. This meeting covers introductions and briefing the Challenge team. Ensure that everyone is clear about the Challenge purpose and introduce them to the toolkit. The 15 Steps Challenge team will be reminded that any information they hear from patients as part of the 15 Steps Challenge is confidential and should only be used for the purposes of the Challenge

Secondly, The Walkaround: The team will meet up to undertake ward walkarounds. After the walkarounds are completed, the team will pass their feedback to both the wards visited and to the Project Co-ordinator. The Project Co-ordinator will undertake some preparation in advance of the walkarounds, for example arranging the visitor permissions required for ward visits.

Finally, the team will meet up after the walk around to discuss the findings to come up with an action plan for the relevant departments. The team will come together to identify improvements that can be made to enhance patient experience but to also celebrate the positives that were identified.



Undertake ward walkarounds

Before the Challenge team start their walkarounds, it is helpful to have a quick re-cap. Ensure that everyone is clear about the toolkit and its purpose. It will be helpful for each team member to take on the role of focusing on one specific category.

- Ring the visitor bell to gain access to the ward (don't swipe in!).
- With your 15 Steps Challenge team take 15 steps into the ward (not literally)
- Let the nurse in charge or ward manager know that you are on the ward and that you are the 15 Steps Challenge team. As it is good practice to ask if there are any infection control or safeguarding concerns that put parts of the ward "off limits".
- Use our senses to build up our first impressions and then explore the ward further.
- The focus is on first impressions. What do patients and visitors see? What is important to them?
- Use the headings and observation prompts in section 5 to structure our thoughts and record your comments.
- Spending about 15 minutes on the ward is usually enough time to do this. Explore the publicly visible spaces. What interactions can be observed? What do you notice that can be shared with other ward teams and spread to every ward? Absorb how the ward makes you feel.

Feedback to the organisation sponsor and the ward team

After each ward walkaround the 15 Steps Challenge team should record their impressions (there is a template for this provided at Appendix B). Take some time to discuss what each person saw, felt and experienced. Team members will have noticed both similar and different things. Find a balanced view across the varied perspectives.

- The 15 Steps Challenge team jointly agree on some key points to feedback.
- Share the highlights with the ward leader.
- Make sure the feedback includes the great things that were observed. Celebrate the positives; this is about sharing good practice!
- Ensure that areas that could be improved are also identified.
- In addition to the feedback for each individual. ward, can the 15 Steps Challenge team identify any key themes that are emerging across several wards?
- The team also feeds back to the Project Co-ordinator who will share findings.



Identify actions and next steps

Agree actions that need to happen after the walkaround. If there was good practice to share, agree how this will be done and who will do it. There may be a number of improvements identified in the ward walkarounds that can be put in place quickly, some may be more complex. Agree what actions can be taken forward by the ward team, what needs to be taken forward by the Project Co-ordinator and where the organisation sponsor needs to have strategic input.

Repeat the Challenge!

The 15 Steps Challenge is designed to support a continuous improvement approach. Repeat the ward walkarounds at regular intervals. Regular reviews with walkaround teams will help ensure that good practice is rapidly shared. It also ensures that improvements are identified and are taking place. Regularly taking the time to hear patients' and carers' perspectives will support them to feel confident in their care from the outset

Golden rules for feedback

1. Avoid delays - delays in feeding back can result in reduced momentum and power of the recommendations.
2. Plan in advance how you are going to give feedback – who will do this from the 15 Steps Challenge team?
3. Encourage staff to feel part of the process in advance so that it doesn't feel like a "them and us" situation.
4. Encourage the recipients of feedback to undertake their own self-assessment before giving feedback from patient stories e.g. "What do you think patients are saying specifically about how they experience our service?"
5. Provide non-judgemental feedback which is truthful, direct and constructive.
6. In feeding back, offer some positive examples, followed by some recommendations for improvement and end with some positives. This is a constructive way to deliver feedback.
7. Enable recipients to give feedback on how they found the process and the feedback to understand how it could be more effective.
8. Ensure that there is an opportunity for staff to action plan based on feedback and they have ways to share good practice.



4. THE WALKAROUND – WHAT TO LOOK OUT FOR PROMPTS

Aligned with CQC standards and evidence about what matters to service users, the 15 Steps Challenge toolkit asks the team to explore the quality of care under four categories.



Each of the headings follow the same format. There are some questions and prompts help your observations. These are not designed to be used as a checklist or “clipboard” exercise but to help you to structure some of the quality indicators that you may have subconsciously noticed.



15 Steps walkabout questionnaire

Welcoming

Questions to ask yourself	Comments
<ul style="list-style-type: none"> • Using my senses – what can I hear, smell, see, feel, touch? • What is the atmosphere like? • What interactions are there between staff/patients/visitors? • Is there visible information that is useful and re-assuring? What is it? • Acknowledgement on arrival – eye contact, smiles, a greeting. • Contact information for relatives and visitors is visible. • Visiting times are evident. • Information about who the staff team are and who the ward manager is. • Is there information about what the uniforms mean? • Is there evidence that the ward is accessible to those with disabilities? 	

Walkaround undertaken on.....

by(names of 15 Steps team)

Ward:.....



Safe

Questions to ask yourself	Comments
<ul style="list-style-type: none"> • What do I notice about safety issues? • Does this ward appear to think that safety is important? • What tells me that staff are concerned about safety and preventing harm (e.g. infections, falls)? • How are medicines managed on the ward? • A clean environment. • Hand gels are available and used. • Clear information about infection control. • Rubbish/dirty items and linen are disposed of appropriately and not visible. • Patients and staff have identification bracelets/ badges. • Patients have access to call bells, drinks, side tables, and walking aids they might have. • Equipment and environment appears to be well maintained. • Protected times/areas for staff to manage drugs and essential equipment. • Mealtimes might be protected on some wards to ensure patients are not interrupted while eating. • Security and fire procedures are evident. 	

Walkaround undertaken on.....

by(names of 15 Steps team)

Ward:.....



Caring and involving

Questions to ask yourself	Comments
<ul style="list-style-type: none"> • How have the staff made me feel? • Are there any indicators that patients and carers are involved in their own care? • How is dignity and privacy being respected? • How are staff interacting with patients (are lower tones used for private conversations)? • Can I observe good team working taking place? • Is the routine of the ward evident to patients (e.g. when ward rounds happen, mealtimes, tea, when the League of Friends trolley comes round)? <p>Things to look out for</p> <ul style="list-style-type: none"> • Staff are communicating with patients. • Patient feedback is displayed. • Curtains are long enough, close fully and are used. • Patients are dressed to protect their dignity. • Information available for patients and carers in a clear and user friendly format. • Visitors have access to chairs and space to visit. • Information about how to complain and compliment is visible. 	

Walkaround undertaken on.....

by(names of 15 Steps team)

Ward:.....



Well Organised and calm

Questions to ask yourself Comments	Comments
<ul style="list-style-type: none"> • Does the ward feel calm or chaotic (even if it is busy)? • Is essential information about each patient clearly visible (even where names are anonymised)? • Is there evidence that equipment is stored in particular places and where it should be? • Are there doors open to other rooms (e.g. stock/linen cupboard, staff room or kitchen)? Do they look well organised, clean and uncluttered? Things to look out for • An uncluttered, clean environment, including nurses' station, hallways, bays and visitor areas. • Clear signage to rooms, toilets etc. • Well maintained, appropriate (e.g. non-slip) and clean condition of walls, floors, windows and ceiling. • Staff have easy access to patient information that is visible and organised. There is a transparent and communal information board (e.g. Patient Status at a Glance board). 	

Walkaround undertaken on.....

by(names of 15 Steps team)

Ward:.....



Your Local Priorities

Questions to ask yourself	Comments
<p>(Agree these with the 15 Steps Challenge team in advance)</p> <p>Remember to ask questions about how this priority made you feel,</p> <p>What your senses can tell you from first impressions, what behaviours and interactions are linked.</p> <p>Things to look out for</p> <p>(What would service users, relatives and visitors notice about this priority from their first impression?)</p>	

Walkaround undertaken on.....

by(names of 15 Steps team)

Ward:.....



6. FROM FEEDBACK TO ACTION

Having identified what is working well, where there are good practice ideas and what can be improved, it is important to make good practice sharing and improvements actually happen.

1. **Using the feedback** from individual wards and the key themes that have emerged from the Challenge as a whole, the Challenge coordinator **decides with the ward leaders and the organisation sponsor** what actions will be taken at a ward level and what actions are needed at a organisation wide or strategic level.
2. **Record** what the actions are, who is taking these forward and by when. There is a template to help you do this at Appendix C.
3. **Identify and celebrate the positives** – agree how the good practice will be shared and promoted (e.g. via ward meetings, an organisation newsletter, emails celebrating good practice). A vital part of the 15 Steps Challenge is the rapid sharing of good ideas that other teams can replicate.
4. **Be clever about your action plan** – you may wish to develop an action plan specifically for the 15 Steps Challenge. However, wards can sometimes be inundated with action plans for a wide range of initiatives – can some of the identified actions be linked to existing action plans, for example training plans or estates maintenance plans? This way there is an existing process to ensure actions are done, monitored and reviewed.
5. **Review the actions at an agreed date.** Revisit the ward walkarounds regularly. Agree to repeat the 15 Steps Challenge within a specific timescale. This will help keep track of the progress and improvements that are being made within the organisation.



APPENDIX A - TEMPLATE FOR A WARD POSTER FOR STAFF AND SERVICE USERS

VISITORS, STAFF AND PATIENTS – WE NEED YOUR HELP! “

The 15 Steps Challenge

I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward”

quote from parent

What did you think when you first arrived on this ward?

We know that there are lots of important elements to excellent care, and we believe that first impressions count. A good first impression builds confidence and reassurance. We want to get this right for patients and carers. To help us do this we are working on our 15 Steps Challenge. This means that we are working with groups of patient representatives and others to help us identify what works well and what can be improved on our ward. You may see this group visiting our ward. Please feel free to talk to them about your experience and ideas. If you have comments and ideas, you could also talk to.....on our ward, who can make sure that your feedback is added into our 15 Steps Challenge.

THANK YOU FOR YOUR HELP





APPENDIX B - 15 STEPS CHALLENGE FEEDBACK TEMPLATE

The Reviewers:

Ward area:..... Date:.....

Welcome:

Positives	Recommendations

Safe:

Positives	Recommendations

Caring and involving:

Positives	Recommendations

Well organised and calm:

Positives	Recommendations

Overall themes and comments:



APPENDIX C - ACTION PLAN TEMPLATE

Completed by: Date:

WELCOMING:

Action required	Strategic theme	Who will do this?	By when?	Where will it be reported?

SAFE:

Action required	Strategic theme	Who will do this?	By when?	Where will it be reported?

CARING AND INVOLVING:

Action required	Strategic theme	Who will do this?	By when?	Where will it be reported?

WELL ORGANISED AND CALM:

Action required	Strategic theme	Who will do this?	By when?	Where will it be reported?



Acknowledgement

The 15 Steps Challenge was developed in co-production with many stakeholders who support the NHS to improve the quality of patient care. We would like to thank all those who have helped develop the 15 Steps Challenge. Patients, carers, volunteers and staff too numerous to mention individually but whose insight and expertise has been invaluable.

Thanks also to colleagues from the Care Quality Commission, Royal College of Nursing and numerous local patient groups, the Patients Association, and the Foundation Trust Governors Association. We would like to particularly thank those organisations who have volunteered their time, enthusiasm and fresh eyes to be involved in the pilot field testing of the 15 Steps Challenge tool.

- Ashford & St. Peters Hospitals NHS Foundation Trust
- Bedford Hospital NHS Trust • Berkshire Healthcare NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust
- East Kent Hospitals University NHS Foundation Trust.
- East Sussex Healthcare NHS Trust
- First Community Health and Care • Hampshire Hospitals NHS Foundation Trust
- Hinchingsbrooke Health Care NHS Trust
- Isle of Wight NHS Primary Care Trust
- NHS Hertfordshire
- Maidstone & Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Oxford University Hospitals NHS Trust
- Papworth Hospital NHS Foundation Trust



Portsmouth Hospitals NHS Trust

- Royal Surrey County Hospital NHS Foundation Trust
- Surrey Community Health
- St George's Healthcare NHS Trust
- The Ipswich Hospital NHS Trust
- University Hospital Southampton NHS Foundation Trust
- Western Sussex Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust

The 15 Steps Challenge toolkits were originally developed by the NHS Institute for Innovation and Improvement, this organisation has subsequently become part of NHS England, within the Sustainable Improvement Team. The toolkits have been



Notes





Notes





The Royal
Orthopaedic Hospital
NHS Foundation Trust

If it matters to you,
It matters to us.

We're listening.

