




# THE FIFTEEN STEPS CHALLENGE

Quality from a patient's perspective:  
A guide for commissioners



At an NHS meeting a mum whose daughter had a long-term condition told us

"I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward."



**This is an interactive PDF:** To navigate, use the arrow buttons at the bottom or the main menu at the top of the page.

Executive summary	Overview of the 15 Steps Challenge	Value to Commissioners	When should Commissioners use the 15 Steps Challenge?	Commissioners – How can I get started?	Embedding continuous improvement – top tips for Commissioners	How does this align with other strategic initiatives?	Appendix
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# 1. EXECUTIVE SUMMARY

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

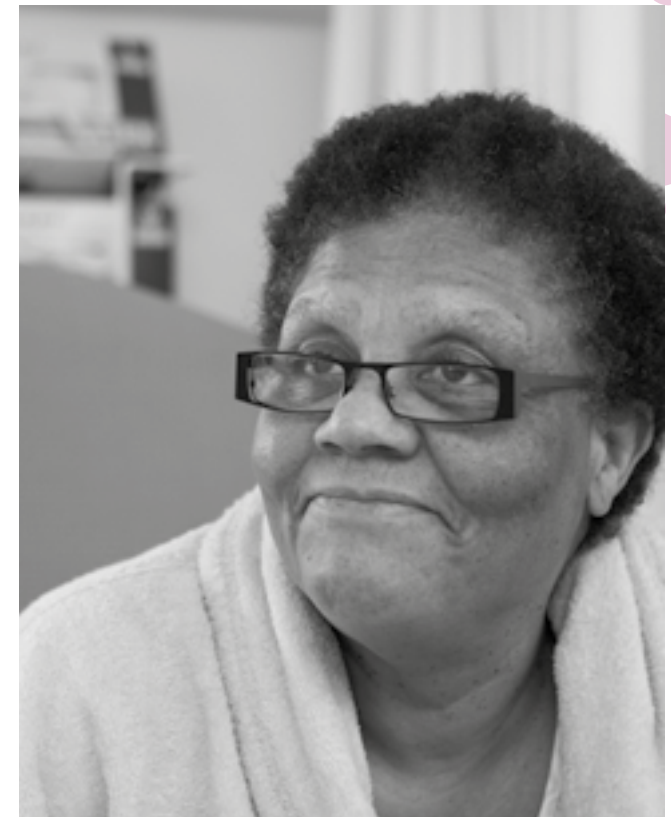
This powerful statement gives us pause for thought. First impressions and interactions can reveal a lot about a care environment.

Building confidence and trust in the quality of our care starts from first impressions. What can we tell about the quality of care from our initial observations, and how can the NHS harness the power of patients’ and carers’ perspectives to help us improve?

Involving patients in quality assessments is a vital part of both our commissioner and provider assurance processes. The 15 Steps Challenge uses a qualitative observation approach to explore what good care looks like from a patient/carer perspective. In essence it

asks you to take ‘15 steps’ into clinical areas and explore them through a patient’s eyes. The basic format of the challenge is a walkaround in a clinical area with a small team of people. However, the approach is much more than ‘mystery shopping’. Commissioners, providers and patients work together to understand and identify improvements in a healthcare setting.

The walkaround team is made up of a senior leader (possibly a Non-Executive Director or commissioner), a clinician, and, most importantly, a patient or carer. This guide, and the suite of 15 Steps Challenge toolkits - which are already in use in many provider organisations, will support commissioners to work with patients, carers and staff to visit services and understand what good quality care looks like to patients.



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Commissioners can use the 15 Steps Challenge to work with patients and carers to:

- a) Identify service improvements and good practice which could be shared with others.
- b) Gain insight and understand (from a patient's perspective) where services are meeting quality standards and assurance frameworks.
- c) Involve patients and the public directly in the commissioning process. This is a requirement of commissioners under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) - section 13Q for NHS England and section 14z2 for Clinical Commissioning Groups.

The 15 Steps Challenge methodology is simple to use and is aligned with the Care Quality Commission (CQC), the National Institute for Health and Care Excellence (NICE) and the Picker International Institute standards.

This guide describes how commissioners can apply the 15 Steps Challenge to the services that they commission, resulting in higher quality care and effective patient engagement in the commissioning process.



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## 2. OVERVIEW OF THE 15 STEPS CHALLENGE

First impressions give us our initial feeling about any situation. When we first arrive in a clinical setting, does it inspire confidence in the care that we are about to receive?

- What makes us trust a care environment?
- What makes us feel that we will be safe and cared for?
- What are the first clues to high quality care?
- What does “good” look, feel, sound and smell like?

Both patients and NHS staff have high expectations for safe, good quality care, delivered in welcoming and clean environments. But how can we effectively involve patients and carers in making assessments of the quality of care they receive? The 15 Steps Challenge puts patients and carers right at the heart of helping the NHS to understand what is working well and what needs to change to make things better.

It does this by giving practical guidance on visiting healthcare settings with a patient/carer. Using suggested checklists, it gives the NHS an opportunity to understand how patients and the public experience our services. The suggested checklists were developed collectively with patients, families and staff. The 15 Steps Challenge is a useful tool to help us understand how we can build confidence and trust with our patients from the outset.

**Peter Clarke – Patient / Carer representative:**

“Loved it, going on to the ward, looking around, meeting staff and teams and feeding back from different perspectives will hopefully help in future developments.”

“As a carer of a disabled son doing the 15 Steps Challenge, it is nice to see his needs are met on the wards.”

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### What is it?

The 15 Steps Challenge is a structured walkaround in a healthcare setting with a small team of people. The team is made up of a senior leader (possibly a Non-Executive Director or commissioner), a clinician – usually a sister – and most importantly, a patient or carer. All 15 Steps Challenges should have a senior sponsor involved to ensure that improvement actions can be taken forward once the Challenge team has concluded its visits.

“It’s a great opportunity to have face to face discussions with ward staff. It made me challenge some of my assumptions.”

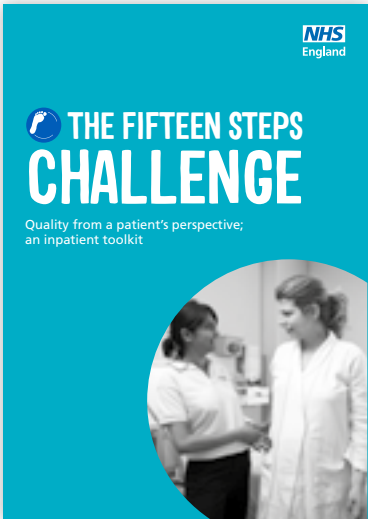
“I found this a much more relaxed format than our usual assurance visits. I was able to share information and ask questions.”

**Commissioning Manager Clinical  
Commissioning Group**



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In addition to this guide for commissioners there is a suite of 15 Steps Challenge guides aimed at different care settings. There are versions for acute inpatient settings, mental health settings, community settings, outpatients units, and children and young people's inpatient units. These toolkits can be downloaded from the [NHS England website](#).



*Acute Inpatient Services*



*Children and Young People's Services*



*Clinic and Outpatient Services*



*Mental Health Inpatient Services*



*Community Home Visiting Services*

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### 3. VALUE TO COMMISSIONERS

Commissioners can use the 15 Steps Challenge to work with patients and carers to:

- Identify service improvements and good practice that can be shared with others.
- Qualitatively understand (from a patient's perspective) where services are meeting quality standards and assurance frameworks.
- Involve patients directly in the commissioning process (a legal duty of commissioners).

In addition, by following this guide, commissioners will benefit from:

- An opportunity to work together with provider services and patients to understand the quality of care that is being provided and have a systematic process for assessing quality.
- More confidence and understanding of the services that they are commissioning.
- A way of ensuring patient engagement is embedded into the commissioning and contracting process.
- A way of providing qualitative information to support the quantitative data already available e.g. through Friends and Family tests. This form of cross-referencing can lead to a systematic way of ensuring services continuously improve.
- Assurance that provider services are undertaking patient engagement.
- An opportunity for commissioners to encourage patient/carers involvement across different aspects of commissioning such as contracting, patient experience and equality.
- Being able to evidence that there is effective patient involvement in the commissioning of services.



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## 4. WHEN SHOULD COMMISSIONERS USE THE 15 STEPS CHALLENGE?

There is no set time to undertake the 15 Steps Challenge. As a simple and flexible tool, the 15 Steps Challenge can be used to inform a number of different stages of the commissioning cycle, illustrated below. Using the 15 Steps Challenge across the commissioning cycle will ensure, and provide evidence of, good patient engagement throughout the process.

“This is a great opportunity to build relationships with our commissioning colleagues and talk with them about some of the issues that we face.”

“Using the tool was a great success and a great opportunity to work in collaboration, learning from each other.”

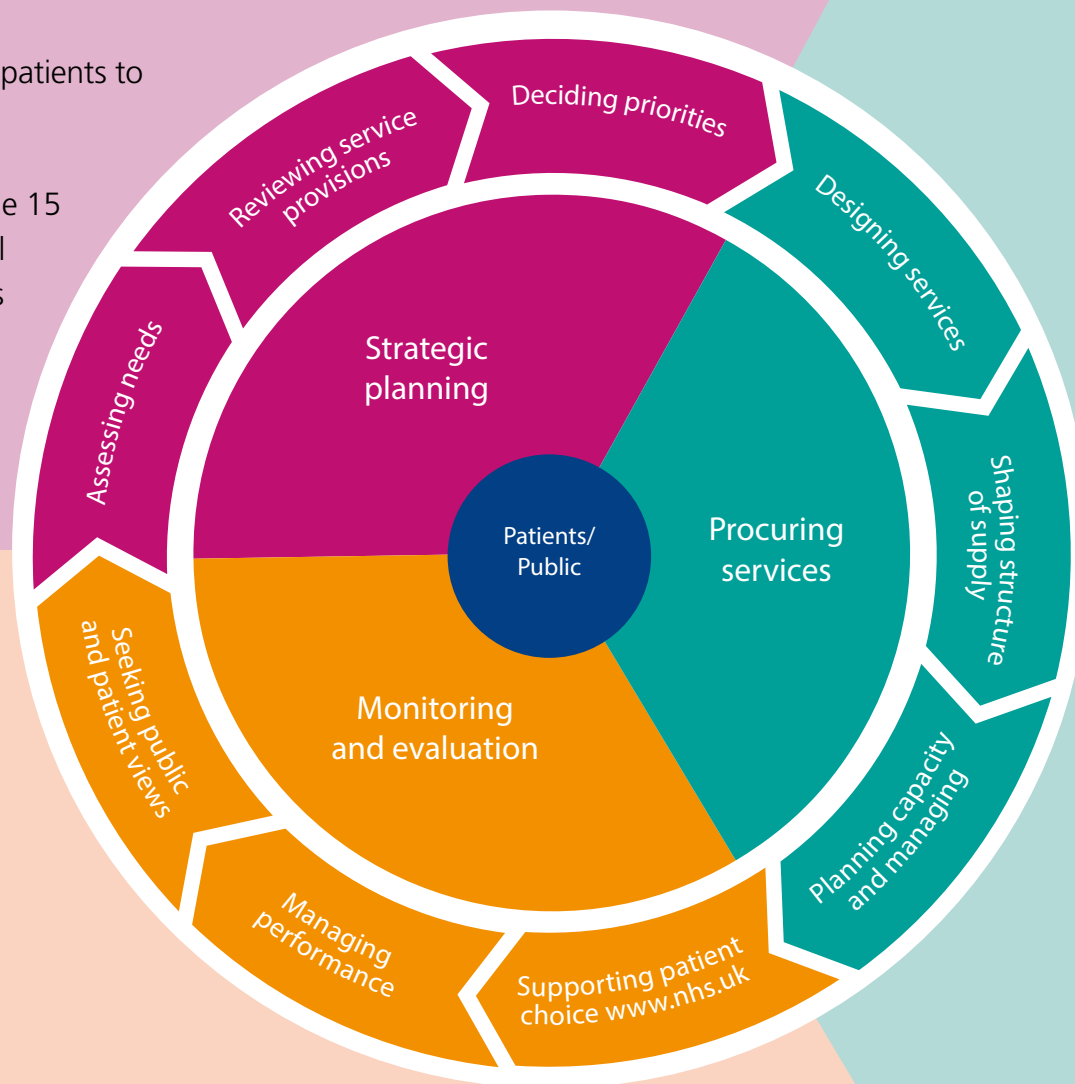
**Head of Transformation – NHS Foundation Trust**



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- To work closely with providers and patients to identify priorities for improvement.
- Providers might already be using the 15 Steps Challenge to support internal improvements – if so, their findings can be shared to support a better understanding of how patients view the services and where improvement can be made.

- To ensure effective involvement of patients and carers in assessing the quality of the services that are commissioned on their behalf.
- As part of assurance visits; part of a regular visit cycle or part of a visit in response to concerns raised.



- To ensure patients' and service users' views are used to inform service design and identify areas for service change and improvement.
- To ensure patient led ideas are built into service specifications.
- To inform the contracting process, ensuring outcomes and improvements identified in the 15 Steps process are built in to support improvements.

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## 5. AS A COMMISSIONER, HOW DO I GET STARTED?

Be clear about why you are using the 15 Steps Challenge and which part of the commissioning cycle it supports. This will help determine who, in addition to patient and carer representatives, should be involved and how you might work together with, e.g.

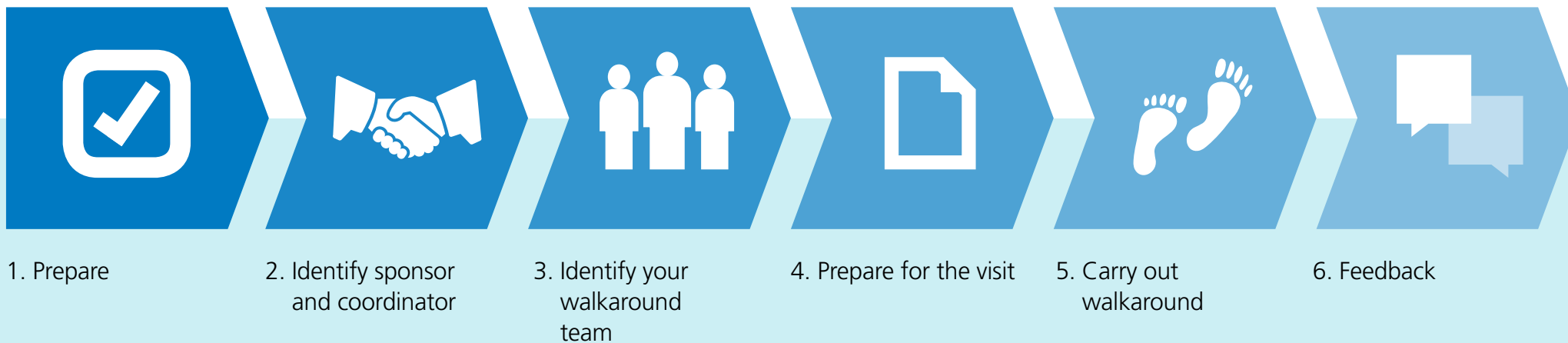
- Other commissioners
- Providers of services
- Local Healthwatch
- Other patient groups

The following actions will help you carry out a successful 15 Steps Challenge visit.



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## Actions



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## 1) Prepare

### a. Working with your provider services

There are already versions of the 15 Steps Challenge toolkits aimed at providers. Do you know if your local providers are using them? Your first step should be to find out. If you find out that they are, then an option for you would be to ask to be involved in the walkaround team. If you commission a specialist service e.g. respiratory services, why not see if you can be involved in walkarounds on the respiratory wards?

### b. As part of a commissioning assurance process

Work with a small team of patient representatives to undertake 15 Steps Challenge visits to services that you commission. These visits will inform the quality assurance process, identifying improvements and any good practice that can be shared with other service providers

that you commission. You could ask your local Healthwatch be involved in a walkaround team. You might want to commission them to do this on your behalf, although we would still recommend that you are part of the team. Healthwatch will work with patient representatives from the local community, who can also be part of the team. You may prefer this approach as it gives a degree of independence.

### c. As part of the contracting process

We know that some commissioners already carry out quality assurance visits as part of their contracting process. If you do this, you could consider establishing a 15 Steps Challenge team as part of this. Remember, they will not be doing a performance review but actively involving patients in giving their views on how they feel about the service.

Another alternative is to write into your contracts that the provider organisation should undertake regular 15 Steps Challenge walkarounds. This will assure you that they actively seek patients' views on the services they provide. Ideally, you should ask to be involved in the walkaround team and you should ask for copies of their action plans and/or board papers.

You may want to consider making the completion of the 15 Steps Challenge part of a Commissioning for Quality and Innovation (CQUIN) payment connected with hearing patients' voices in service delivery.

Once you have decided which approach you are taking, you will need to identify which services that you commission will be reviewed and then identify which of the five toolkits is relevant for that area (see page 7). [Healthwatch England](#) can help you find your local Healthwatch.



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## 2) Identify sponsor and coordinator

Identifying the Challenge sponsor is critical to the success of the whole process. Their role is to provide senior leadership and support.

If the provider organisation is already doing the 15 Steps Challenge, they will have already identified a sponsor. It is important that as commissioners, you seek senior buy-in from within your organisation. This will help you ensure that strategic importance is given to the 15 Steps Challenge, that adequate resources are made available and that there is support to implement the outcomes of the Challenge.

It is recommended that the commissioner leading this should link directly with the provider's Chief Executive, involving them in the process from the outset. An agreement should be reached at this stage as to how the feedback from the Challenge will be delivered and actioned.

If your commissioning organisation is leading the 15 Steps Challenge process, you will need to identify a co-ordinator whose role is to establish and prepare a team for the walkaround and liaise with the provider organisation both before and after the visit.



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### 3) Identify your walkaround team

The co-ordinator will need to identify a walkaround team. If the provider organisation is already doing the Challenge, you could ask to be included in their teams. If they are not, you will need to set up your own team. This should include a:

- patient, carer, or patient representative.
- senior person from the provider organisation.
- commissioning lead from your organisation.
- clinical person from the provider organisation.

You might want to contact your local Healthwatch to get involved, or you may have your own volunteer team that you could work with. CCGs will have lay members on their

governing bodies and on their community engagement committees, who could form part of the team. Additionally, patient representatives could also come from Patient Participation Groups in local GP surgeries. Aim to include a diverse group of people, for example disabled people and people of different ages and backgrounds.

Remember, you will need to refer to your local safeguarding process to ascertain if team members require an up to date Disclosure and Barring Service (DBS) check.

The 15 Steps Challenge team should 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 (your organisation may have a confidentiality agreement that can be used).



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## 4) Prepare for the visit

Once you have your walkaround team, the Challenge co-ordinator will need to:

- Ensure that the team is provided, in advance, with the version of the 15 Steps Challenge relevant for the area to be visited (see the different care setting toolkits on page 7).
- Arrange a briefing session to go through the toolkit in advance of the visit.
- Remember that the walkaround is designed to focus on observations that are aligned to the CQC essential standards. The walkaround should explore if the area feels:
  - Welcoming
  - Safe
  - Caring and involving
  - Well organised and calm?
- Be aware that each of the toolkits for different care settings has a suggested checklist of things to look out for. These checklists differ in the different versions of the toolkit. Make sure you use the right one for the care setting that you are looking at.
- Decide whether the walkaround needs be unannounced or pre-planned. If the visit is pre-planned, you will need to liaise with the service provider.



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## 5) Carry out the walkaround

The team carries out the walkaround and uses the suggested checklists in the relevant toolkit for that care environment. The important things to remember are:

- Put yourselves in service users' and carers' shoes.
- You are focusing on what your first impressions are, particularly using your senses – what can you see, hear, smell?
- Be sensitive to what is going on in the care environment.
- If you are asked to leave by staff for a valid reason (e.g. safeguarding or infection control), do so immediately.
- You do not need to spend more than 15 to 20 minutes in each care area.
- Discuss your observations as a team as soon as you leave the care area.
- Once you have agreed your comments as a team, return to the care area and give feedback to the manager on duty.
- Feedback should be supportive and from a patient's perspective – what was working well and where there could be improvement?
- Repeat your walkaround for all of the care settings that you are visiting. There are a number of ways to do this. E.g. you could visit a few care settings every month or you could visit all in one day. This will depend on your local opportunities.



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## 6) Feedback

Once the whole visit is concluded, it is important to write a brief report on what has been seen. The report should be made available to the services, the executive sponsor of the provider organisation and the sponsor of the commissioning organisation. It is important that the reports and feedback are reviewed at board level. This should be done with an improvement ethos, not audit ethos – we know from experience that constructive direct feedback, coupled with praise for good practice, works really well. Commissioners are in an excellent position to spread good practice around the different sites/organisations that provide the services that they commission.

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

Following the visit, it is recommended that there is a meeting between the provider organisation, commissioners and patient representatives to agree the action plan. This facilitates joint ownership of the plan and ensures that it is clear which organisation is responsible for each action.





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## 6. EMBEDDING THE 15 STEPS CHALLENGE INTO REGULAR REVIEWS AND CONTINUOUS IMPROVEMENT

The 15 Steps Challenge is designed to support continuous improvement. It is not a one-off activity but should be a regular part of improving services. The 15 Steps Challenge helps to focus your attention on what matters to patients. It is useful to think about:

- Carrying out the Challenge in all the areas where you commission care.
- Thinking about who is part of the Challenge team. If you have a particular issue that you need to focus on, consider involving service users from a particular care area, or colleagues from other teams who can bring different insight e.g. medicines management or contracting teams.
- Involving a wide range of patients and carers in the 15 Steps Challenge teams. Are there patient representatives from your CCG or your GP practice groups who might like to be involved? This will help you build up a team of regular volunteer patient representatives.
- If people have complained to you about the care they have received in a provider organisation, you might like to ask them to be involved.
- Consider working in partnership with other organisations who can help you e.g. Healthwatch, the voluntary sector or other patient representative groups.
- Recording your involvement with the 15 Steps Challenge and including it as part of your assurance reporting.
- Ensuring that when you come across areas of good practice you report these back to the service and share with other organisations as well.

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## How can we embed this process?

- Make it a regular part of your commissioning processes.
- The way in which the 15 Steps Challenge is embedded will be different for each organisation, dependent on why it is being used, which part of the commissioning cycle it supports and internal processes, structures and opportunities that already exist. The 15 Steps Challenge is designed to be flexible to fit in with local opportunities.
- Many commissioning organisations have patient experience and patient involvement teams. Why not see if you can find somebody within one of these teams who can take a lead?
- Developing relationships with your provider organisations will help you work together on implementing the Challenge visits.



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## 7. HOW DOES THIS ALIGN WITH OTHER STRATEGIC INITIATIVES?

In addition to the strategic alignments in the original toolkits, there are specific requirements for commissioners that the 15 Steps Challenge will help you achieve.

[The NHS Five Year Forward View \(October 2014\)](#) encourages more patient involvement in the provision of care.

[Everyone Counts \(December 2013\) – planning for patients 2014/15 to 2018/19](#) tells us that patients want ‘high quality care – care that is safe, clinically effective and provides as good an experience for patients as possible’.

[CCG improvement and assessment framework 2016/17](#) – within indicator 165a, commissioners are required to evidence how they engage and involve patients and the public.

[NHS Constitution \(2015\) – Principle 4](#) – The patient will be at the heart of everything the NHS does.

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# APPENDIX 1 FREQUENTLY ASKED QUESTIONS

## 1. As a commissioner, I would like to do the 15 Steps Challenge but my provider organisation isn't doing it – what should I do?

You can still do the 15 Steps Challenge. You will need to identify a patient representative and you could involve a representative from your CCG nursing community. You will have to engage with the provider organisation and it would be best if you could encourage them to join with you in undertaking the challenge.

## 2. We already do quality assurance visits. Should we still do the 15 Steps Challenge?

Definitely. We have worked with a number of organisations in this position and they have found that the 15 Steps Challenge is

complementary to what they already have in place. They have used it alongside what they would do normally. It has given them the opportunity to actively involve patients in their visits and given them a tool to use.

## 3. We would not normally include provider staff in our quality assurance visits. Is it important to include them?

We would strongly advise you to do your best to include them. During the development and testing of this guide, this was one of the strongest benefits of undertaking the 15 Steps Challenge. Commissioners told us that they valued the opportunity to undertake the challenge with their provider colleagues. It was an opportunity to build relationships and understand more about each other's roles and challenges.

## 4. We would like to do a walkaround like this in our Primary Care organisations but you don't have a toolkit for this. What should we do?

You can still use the foundations of the 15 Steps Challenge toolkit for acute providers as your guide. Is the area you are looking at:

- Welcoming?
- Safe?
- Caring and involving of patients?
- Well organised and calm?

These are all still relevant in a GP practice or clinic setting. You might want to make a few amendments and look for some specific issues, but you can agree this with your visit team prior to the visit.

## Need help?

- Find out more about the suite of toolkits on the [NHS England website](#).
- If you need further information contact [engagement@nhs.uk](mailto:engagement@nhs.uk).

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# ACKNOWLEDGEMENTS

We would like to thank all those who assisted in the development of this guide. This includes the patient representatives, commissioners and acute providers who attended the focus groups and gave their time and ideas.

We would also like to thank the three organisations that helped us in the testing phase. These were:

- Leicester City Clinical Commissioning Group**
- Newark and Sherwood Clinical Commissioning Group**
- Portsmouth Hospitals NHS Trust**

