



THE FIFTEEN STEPS CHALLENGE

Quality from a patient's perspective;
Community care in a
patient's own home



CONTENTS

1. Background	5
2. Purpose of the 15 Steps Challenge.....	7
3. How does this align with other strategic initiatives?	11
4. Implementing the 15 Steps Challenge	13
5. A discussion guide to support feedback conversations with patients	23
6. Case study	29
7. Need help?	31
Appendix A - Information leaflet for patients/ carers	32
Appendix B - Outline template for telephone discussions	34
Appendix C - One page summary guide for conversations with patients.....	35
Appendix D - 15 Steps Challenge feedback template.....	36
Appendix E - Action Plan template	37
Literature review	38
Acknowledgements	39

THE 15 STEPS CHALLENGE: QUALITY FROM A PATIENT'S PERSPECTIVE; COMMUNITY CARE IN A PATIENT'S OWN HOME

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



1. BACKGROUND

What do patients think about the care that they receive when healthcare staff visit them in their home? It is important for staff and organisations to listen to patients' and their carers' perspectives, understanding what is working well and where services can be improved.

The NHS 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 us about her daughter, whose condition needed frequent inpatient stays, “I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward”.

A mother made this comment about her family's experience of hospital care. We asked community healthcare staff and patients if this comment is true for the care that happens in patients' own homes. They answered with a resounding “Yes!”

This mum's comment highlighted how important it is to understand what good quality care looks and feels like from a patient and carer's perspective. Our patients have high expectations for safe, good quality care.

This quote inspired the development of the 15 Steps Challenge. “The 15 Steps Challenge” is a [suite of toolkits](#) that explore different healthcare settings through the eyes of patients and relatives. With an easy to use methodology and alignment to NHS strategic drivers, these resources support staff to listen to patients and carers and understand the improvements that we can make. They are a way of involving patients, carers and families in quality assurance processes.

This toolkit was developed with community based staff, patients and carers to help understand first impressions and quality around home based care through a patient's eyes.

"They are warm, kind professional people who really feel like they know what they are doing. They always leave me with reassurance and reminders of how and when to contact them to come again."

Patient in the community

"We don't know where our first impressions come from or precisely what they mean, so we don't always appreciate their fragility."

Malcolm Gladwell, journalist and author

The 15 Steps Challenge toolkits were originally developed in 2012 by the NHS Institute of Innovation and Improvement in co-production with NHS staff and service users to support patient and carer involvement in improving our health services. Used widely since their launch, the suite of 15 Steps Challenge tools have been refreshed by NHS England and stakeholder partners to take account of new NHS guidance. Due to popular demand, we have also added a new toolkit for commissioners to the suite of resources.

1. The 15 Steps Challenge – **guidance for commissioners**
2. The 15 Steps Challenge – **inpatient services**
3. The 15 Steps Challenge – **mental health inpatient services**
4. The 15 Steps Challenge – **community services**
5. The 15 Steps Challenge – **children and young people's inpatient services**
6. The 15 Steps Challenge – **clinics and outpatients**

The toolkits are free to download from the [NHS England website](#).

2. PURPOSE OF THE 15 STEPS CHALLENGE

2.1 First impressions count!

- First impressions give us our initial thoughts and feelings about any situation, they build our confidence or our anxiety.
- What makes patients trust someone who is coming into their home?
- What makes patients feel that they are safe and cared for?
- What are the first clues to high quality care?

The purpose of the 15 Steps Challenge (Community) is:

- to help staff, patients and others to work together to identify improvements that can be made to enhance the patient experience. It is a collaborative process and should include both staff and patient representatives.
- to explore how patients experience care in their own homes.
- to provide a way of understanding patients' first impressions more clearly and how this impacts on their initial experiences of care.
- to support sharing of good practice.
- to provide structured feedback and useful information about how patients and carers view the community visit.

The 15 Step Challenge IS NOT:

- a performance management tool
- an audit (clinical, quality, safety or otherwise)

“Staff did not see the Challenge as a management tool or an audit of the service and were keen to receive feedback from carers in relation to service delivery.”

Community Children’s Nursing Team, Belfast Health & Social Care Trust

By enabling the patient’s voice to be heard clearly, the tool can be used to gain an understanding of how patients feel about the care provided and how high levels of confidence can be built and what might be done to increase patient confidence as part of a continuous improvement journey.

2.2 When should we use the 15 Steps Challenge tool?

There is no set time for undertaking the 15 Steps Challenge. It is designed to support wider current quality improvement work. The toolkits are flexible to fit in with different improvement approaches that your organisation is already using or might like to start implementing. It should be sponsored by senior leaders and form part of wider improvement activity.

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

- As part of a regular patient experience review.
- As a way of hearing the patient’s voice in quality improvement activity.
- 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 Steps Challenge can support evidence for the following CQC standards:

- care and treatment must be appropriate and reflect service users' needs and preferences.
- service users must be treated with dignity and respect.
- care and treatment must be provided in a safe way.
- service users must be protected from abuse and improper treatment.
- service users' nutritional and hydration needs must be met.
- all premises and equipment used must be clean, secure, suitable and used properly.

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.

Professional standards

Several of the [Royal College of Nursing's Principles of Nursing Practice](#) describe putting patients at the centre of care, making sure they are respected, treated with dignity and as individuals.

It seeks to support the [Health Professions Council – Standards of conduct, performance and ethics](#).

4. IMPLEMENTING THE 15 STEPS CHALLENGE

4.1 In summary

To get started with the 15 Steps Challenge, make sure you have a co-ordinator and senior sponsor, who can align the Challenge to wider patient experience and service improvement activity.

The co-ordinator recruits a small group of staff and patients/carers to be in your 15 Steps Challenge team. The team use the flowchart and detail given below to make contact with patients to hear about their experience of care. The 15 Steps Challenge team use the four discussion guides in section 5 to help structure the feedback from patients. The prompts encourage discussion, they are not checklists. The Challenge team then feedback to the Challenge co-ordinator, who then plans how to share any good practice observed and address any suggested improvements with frontline and executive teams. Then repeat regularly as part of a quality assurance process!





Key roles:

A **senior sponsor** within the organisation is essential. This might be the Director of Nursing or another executive lead. The sponsor ensures that the 15 Steps Challenge is aligned to strategic priorities for the organisation and supports 'board to team' involvement. The senior sponsor's role is to champion the 15 Steps Challenge across the organisation. It is important to communicate with both the executive team and with frontline teams that the 15 Steps Challenge will be happening within the organisation. This preparation work is essential so that everyone is aware that it is a good way to get "fresh eyes" and patients'/carers' views on how to improve care. The Challenge offers a way for people to work together on improvement, it is not an audit! The organisation sponsor will also ensure that any corporate themes emerging from the Challenge can be addressed strategically.

The **project co-ordinator** is the day to day lead for the Challenge. They recruit and brief the 15 Steps Challenge team. They co-ordinate any feedback from the process and follow up on any actions identified. The project co-ordinator ensures that the executive team and frontline teams are aware that the challenge is happening and that its purpose is focusing on improving patient experience. This preparation work is essential so that everyone shares common improvement goals. It is really important that this is communicated well to frontline teams.

The **15 Steps Challenge team** will be a small group of people who undertake the Challenge work. It should include staff and patient representatives.

4.2 Further detail

4.2.1 Action 1: Getting prepared for the 15 Steps Challenge

Decide which service area and/or community team the 15 Steps Challenge will cover. Agree a time period that the Challenge will be taking place, this will depend on which service or team is the focus of the 15 Steps Challenge (for example patient feedback from a large service team will take longer than for a small team). It can be useful to focus the Challenge activity in a single month, so that all staff are clear when it is taking place. A comprehensive briefing for frontline staff is necessary so that they understand what the 15 Steps Challenge is aiming to achieve. The Challenge is focused on hearing patients' views on what is working well and how things can be improved. It is an opportunity to put the patient at the heart of our learning. Staff need to feel positive about the Challenge and ready to hear about opportunities to share good practice and improvements.

Staff play a key role in raising awareness of the Challenge with their patients. Staff should leave leaflets about the 15 Steps Challenge with patients/carers after their first visit. The leaflets should be left with a pre-stamped, addressed envelope. The template for the leaflet is in Appendix A. It asks patients if they would like to be contacted and involved in providing feedback as part of the Challenge and is an opt-in approach. Patients can choose to take part by returning the leaflet with their contact details to the 15 Steps Challenge co-ordinator. The leaflet asks how they would like to be contacted, for example by telephone, by having a visit from one of the Challenge team or by e-mail.

Staff need to be engaged in the process so they can think of ways to introduce the leaflet to their patients, leaving patients and carers with sufficient information to enable them to decide whether or not to take part. It is important that staff do not feel that this is a way of "checking up" on them as they will then be reluctant to engage with the process and may be tempted to only give the leaflet to patients who are likely to provide positive feedback. The Challenge co-ordinator collates the returned leaflets.

4.2.2 Action 2: Recruiting a 15 Steps Challenge team

Whilst waiting for leaflet responses to be returned it is time to recruit a 15 Steps Challenge team. This team of three or four people will contact patients who have opted to be part of the 15 Steps Challenge and gather their feedback.

It is good practice to include staff with different perspectives e.g. patient engagement leads, healthcare assistants, therapists. Including non-clinical staff also brings valuable fresh eyes. Patient input can come from a range of sources, many current patients are happy to be involved in exercises like the 15 Steps Challenge. Alternatively the organisation may have a patient council or forum, or you could work with your local Healthwatch. Some organisations have invited patients who have recently complained to join the 15 Steps Challenge team and help identify improvements. The Patient Advice and Liaison Service (PALS) team can often help with this. The team should also include a Governor/Non-Executive Director and/or an Executive Director. It is important to include board members in the Challenge team to ensure there is good 'board to team' involvement. 15 Steps Challenge teams should aim to include a diverse group of people, for example disabled people and people of different ages and backgrounds.

Hold a briefing meeting with the 15 Steps Challenge team. The briefing should ensure that:-

- i) Everyone is clear about the purpose of the Challenge and how it will be delivered. In particular the team need to be familiar with this toolkit and the discussion guide in section 5, which form the basis of the feedback conversations that the team have directly with patients.
- ii) The briefing should consider practical issues regarding who will contact patients. Agree a schedule of dates and times and which member of the team is going to contact which patients.
- iii) Remind the 15 Steps Challenge team 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).
- iv) Contact will usually be by telephone but the patient may prefer another contact method. If the patient has indicated that they would prefer a face to face visit to give their feedback, this will need to be arranged between the Challenge team member and the patient. Note that there may be safeguarding elements to consider – where Challenge team members are visiting patients in their own home to collect feedback, they should have an appropriate Disclosure and Barring Scheme (DBS) check in place.

v) Whatever the form of contact, the member of the Challenge team will need to clearly identify themselves as acting on behalf of the organisation. This may require some practical considerations such as temporary identification badges. It is also important to consider the requirements of patients for whom English is not their first language and those with disabilities - be mindful of the local population and their language and communication needs.

4.2.3 Action 3: Use the 15 Steps Challenge to hear patients' feedback

Members of the Challenge team make contact with patients and carers and use the Challenge discussion guides in section 5 to guide a structured conversation, drawing out the patient's feedback. There are a set of key questions and discussion prompts for challenge team members to use to explore the quality of care under four categories;

A. Well prepared

B. Safe and cared for

C. Involving

D. Communicating

The 15 Steps Challenge team will use these structured questions as a guide for discussion with patients to find out what patients experienced in relation to each category. The focus is on first impressions. What do patients and carers think when they have the first visit? What is important to them? The aim is to have a conversation to explore the patient's feedback, not to take them through a questionnaire. The conversation is important – this way we can gain a richer understanding about what works well and what matters to patients, and can identify the areas that need improvement. Try and probe the patient to explore how the visit made them feel and what helped to build their confidence and trust.

Appendix B gives a suggested outline of how a telephone conversation might be structured with a patient. Appendix C provides a one page summary of the discussion prompts from section 5.

4.2.4 Action 4: Reporting back

After the 15 Steps Challenge team have completed their discussions with patients, the team will need to work together to review the feedback received. Take some time to discuss what each member of the Challenge team has heard, felt and experienced. Everyone will have heard both similar and different things during their feedback conversations.

As a Challenge team, it is important to draw out key themes, examples of good practice to highlight, any aspects of care that made patients feel confident in the care they received and any improvement areas. It is best to do this soon after the calls/visits have finished whilst impressions are still fresh. Also review any e-mail feedback you have received. There is a template in Appendix D to summarise the feedback under each category of care that you have explored.

Working with the 15 Steps Challenge co-ordinator and as a whole team, agree the following key points.

- What details will be fed back to the frontline team? These should be practical examples of good practice and improvements needed.
- What themes will be fed back to the organisation's sponsor and executive team? These should be broader issues that have a more strategic link.
- It is also good practice to provide feedback to those patients who have been part of the 15 Steps Challenge and update them on the impact that their feedback has had. This could be done, for example, by letter, newsletters or email, with an update on "you said....we did".

"They are thoughtful and considerate and explain everything in a way even us 'oldies' can understand and we feel personally involved."

Quote from a patient who took part in giving feedback to the 15 Steps Challenge

The co-ordinator should meet with the frontline team leader and the organisation sponsor to discuss the findings of the Challenge.

Rapid feedback to the team is really important. Keep in mind that they have been under scrutiny from the 15 Steps Challenge team and this may make everyone anxious.

- Be timely and avoid delays - delays in feeding back can result in reduced momentum and power of the recommendations.
- Be courteous.
- Plan in advance how you are going to give feedback – will this be done verbally or would it also be useful to have some written information?
- Encourage staff to feel part of the process in advance so that it doesn't feel like a "them and us" situation.
- 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?"
- Provide non-judgemental feedback which is truthful, direct and constructive.
- 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.
- Enable recipients to give feedback on how they found the process and the feedback to understand how it could be more effective.
- Ensure that there is an opportunity for staff to action plan based on feedback and they have ways to share good practice.

(Adapted from Royal College of Nursing, Workplace resources for practice development).

4.2.5 Action 5: Developing actions and next steps

Having identified what is working well, and what can be improved, the next step is to move from understanding patient experience to actions.

The organisation sponsor, co-ordinator and frontline team review the outcomes from the 15 Steps Challenge and identify actions. Agree what actions can be taken forward at a team level, what needs to be taken forward by other teams and where the organisation sponsor should have some strategic input. The organisation sponsor will link corporate and strategic actions to other programmes of improvement and make sure that actions from patient feedback are progressed.

If there was good practice to share, agree how this will be done and by whom. Be clear about who will take these actions forward and by when. There is a template in Appendix E to develop an Action Plan.

- Discuss and agree priorities for action resulting from the 15 Steps Challenge feedback.
- Identify and celebrate the positives - this is essential for sharing good practice.
- Record what the action is, who is taking it forward and by when.
- Be smart about tracking your actions – you may wish to develop an action plan specifically for the Challenge. However, teams 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? This way there is an existing process to ensure actions are completed, monitored and reviewed.
- Review the actions at an agreed date. Agree to repeat the Challenge within a specific timescale. This will help keep track of the progress and improvements that are being made within the organisation.

4.2.6 Action 6: Regular reviews and embedding 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 the care provided. The way in which the 15 Steps Challenge is embedded will be different for each organisation, dependant on processes, structures and opportunities that already exist. The toolkit is designed to be flexible to fit in with local opportunities.

It is useful to consider:

- Repeating the Challenge for different service areas and teams.
- Agreeing an organisational approach to regular 15 Steps Challenges; what teams will be involved and over what time interval? This might include all service areas and teams over a year, repeating with each team, aiming for year on year improvements. Or, to randomly select teams every two or three months to get a flavour of patients' views. Some organisations are aiming to add the 15 Steps Challenge to existing activities for example, monthly "frontline focus" days.
- Focusing on service areas that are receiving lots of positive patient feedback and ones that have received complaints – what can be learnt and shared?
- Making this a part of the PALS and complaints response – where appropriate ask those who have complained to be part of a 15 Steps Challenge team identifying improvements.
- Developing a pool of 15 Steps Challenge team members. Over time, having a pool of people will make sure that the Challenge activities are shared by many people and not just a few.

"The Challenge team reported that the patients they spoke to appeared pleased to have been invited to take part."

**15 Steps Challenge co-ordinator, 5 Boroughs Partnership
NHS Foundation Trust**

5. A DISCUSSION GUIDE TO SUPPORT FEEDBACK CONVERSATIONS WITH PATIENTS

Aligned with CQC standards and evidence about what matters to patients, the Challenge toolkit asks the team have a discussion with patients about the quality of care under four categories;



Well prepared



Safe and cared for



Involving



Communicating

Each of the categories follow the same format. There is a headline question and some discussion prompts. This section is not a questionnaire or checklist but is a guide to help you structure your feedback conversations with patients and carers and to structure some of the quality indicators that you may have subconsciously noticed. The 15 Steps Challenge team might want to cut or print these out for easy reference when they have their feedback conversations with patients. All of the quotes on these pages are taken from discussions with patients and carers. A one page summary of these discussion prompts can be found at Appendix C.



Key question:

**“Was the [*insert job title*] coming to see you well prepared?
What were the things that happened that made you feel that?”**

Things to consider and discussion points

- Did they introduce themselves and their role and show you an identity badge?
- How were you informed of and prepared for the visit?
- Did the person arrive when expected?
- If they were going to be late, did they inform you?
- Did you know what to expect during your visit?
- Did they know what they had to do and how to do it?
- Did they have the correct equipment for the care needed?
- Did you feel rushed during the visit?
- Were they well informed and did they know your details?

Quotes from patients:

“I hate to be eating when people call, so if I know someone is coming I don't eat until after they have been”

“I wish people would remember, I may be housebound but I do have a schedule, I like to know when people are coming”

“I like staff to arrive with knowledge about the visit and know what they are expected to do”



Key question:

“Did the [*insert job title*] make you feel safe and cared for? What made you feel that?”

Things to consider and discussion points

- Did the person give you their full attention whilst delivering your care?
- Were they approachable and respectful to you and your relatives/carers?
- Did you feel your needs were dealt with competently and confidently?
- Did you feel confidentiality was maintained?
- Were you happy with the care they provided?
- Were they professional in appearance and approach?
- Were your cultural needs taken in to account?
- Did they wash their hands where appropriate?
- Were they respectful of your home and belongings?
- Did you agree your care plan together?

Quotes from patients:

“I like to be called Mrs.... until I decide they can call me by my first name”

“Don't dictate rules in my house”

“If you must leave your mobile phone on please explain why”

“Have a clear treatment plan and communicate it to me”



Key question:

“Did the [*insert job title*] make you feel involved with the care you received? What were the things that happened that made you feel this?”

Things to consider and discussion points

- Did they let you ask questions and voice any concerns you may have had?
- Did they involve you in agreeing your care/treatment plan?
- Did they ask you if you wanted to involve your relative/carer in your treatment discussions?
- Did they read any healthcare notes left in the house?
- Did they ask for your consent or agreement before treatment?

Quotes from patients:

“My appointment with you is exactly that – mine and should not be affected by others”

“Take the time to listen....”

“Don’t assume we are stupid”

“Don’t disregard our carers/relatives”



Key question:

“Did you feel the [*insert job title*] communicated with you in a way you could understand? What were the things that happened that made you feel this?”

Things to consider and discussion points

- Was communication in the right format and language?
- Were you able to understand what they were telling you?
- Did they give you any relevant telephone numbers/contact details?
- Could they answer all your questions, if not did they offer to get back to you with an answer?
- Did the people involved in your care communicate effectively and directly with each other?
- Did they listen to you?
- Did they talk to you about referring you to other professionals?
- Did you receive clear information on what was to happen next?
- Did they follow through any specific actions from the visit to you?

Quotes from patients:

“Saying things like ‘I am really busy’ changes the dynamics of care”

“Communication with me is key”

“It is important to have clear communication from the outset to manage expectations from patients and staff”

“You need to be tuned in from the start and work from where the patient is”



6. CASE STUDY: SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

We all appreciate the value of first impressions and know how it can really influence our experience of a service. Whether it's a shop, bank, café or hotel, we know how sometimes it's the small things that can make the world of difference to us.

These small things may not be apparent to a service provider, but they can form a lasting impression on the person using the service. Healthcare within the NHS is no different with many small details all contributing to the patient's overall experience of our care.

The Community Nursing and Active Recovery team at Sheffield Teaching Hospitals NHS Foundation Trust decided to implement the 15 Steps Challenge. They wanted to consider how a service that provides care, not in the controlled environment of a hospital, but in the less tangible setting of the patient's own home and explore what promotes a good impression and inspires confidence.

Investment in the 15 Steps Challenge has encouraged Community Services to pause for a moment and undertake a unique style of enquiry. This has provided patients with a 'voice' and given staff opportunity to 'listen' and appreciate what 'practice and simple gestures' help patients feel safe, valued and cared for. The team have made implementation of the 15 Steps Challenge a Commissioning for Quality and Innovation (CQUIN) target.

"The 15 Steps Challenge has provided us with the opportunity to question our custom and practice, challenge ritual and routine and consider practicalities and logistics. Areas highlighted in action plans vary from the mundane and ordinary, to the fascinating and most thought provoking. Some improvements have been made using simple 'quick wins' being resolved locally at an operational level, where others have been complex requiring more strategic support. I believe these actions, whether monotonous or innovative, have all helped towards making good care...even better!"

Jan Blaylock, Modern Matron and 15 Steps Challenge co-ordinator

Recent implementation of the 15 Steps Challenge has brought to light a range of good practice and learning points. The team were able to use patient comments to build 15 Steps Action Plans for each part of the service and are being monitored via each service Governance Meeting and Local Business Meeting.

Examples of improvements

Patients told us:

'Not knowing when staff are going to come, can be difficult for me, especially if I want to go upstairs, get my lunch or go to the toilet.'

This feedback gave us a gentle reminder that our housebound patients still have schedules and routines, so this generated action for the service to explore better ways of keeping patients informed of visiting times e.g. promoting the use of text messaging.

Patients also said:

'We see lots of faces, they all have different uniforms, it's hard to know who's who'

This feedback gave us a gentle reminder that while we know who we are, it's not always clear to our patients! So this generated action for the service to develop a 'uniform identification' leaflet for patients.

A 3 minute video ['Community Services – Care Through Our Patient's Eyes'](#) has been created on behalf of Community Services, to thank our staff for taking part, and communicate some of the outcomes. The video also highlights how simple gestures can help care feel more personal and patients feel more valued.

7. NEED HELP?

For more information and copies of the other 15 Steps Challenge toolkits visit the [NHS England website](#).

Contact us:

The Public Participation Team,
NHS England,
Quarry House,
Quarry Hill,
Leeds
LS2 7UE

e-mail: england.nhs.participation@nhs.net



APPENDIX A - INFORMATION LEAFLET FOR PATIENTS/ CARERS

This leaflet can be given to patients and carers. It gives information about the 15 Steps Challenge and asks them if they would like to take part. The leaflet template can be downloaded as an editable document from our [website](#).

Insert your logo here

The 15 Steps Challenge
Quality from a patient's perspective

Insert your logo here

Organisation information to be inserted here

Quote from a mother which sparked the first 15 Steps Challenge in a hospital setting:-
"I can tell what kind of care my daughter is going to get within 15 steps of walking onto every new ward."
 Staff and patients told us that the principle of first impressions applied equally to home care settings, so we have developed the 15 Steps Challenge for community services.
"We don't know where our first impressions come from or precisely what they mean so we don't always appreciate their fragility."
 Malcolm Gladwell – Journalist and author.

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Insert your logo here

Insert your logo here

What do you think about the treatment you receive from health care staff who visit you in your own home?
 To help us understand the first impressions you have of the care you receive our organisation is undertaking the 15 Steps Challenge.
 The 15 Steps Challenge has been designed to help us think more carefully about quality of care from a patient's point of view.
 We would like to talk to you either by telephone or to visit you at home to talk in detail about the care you have had from our staff.
 If you would prefer we can send you some questions via e-mail.
 We are really keen to hear your thoughts because it's by listening to you that our staff can improve the way they work.
 Your views will be heard by people independent of your care team and will not affect the treatment you receive in any way.

As part of the 15 Steps Challenge we want to hear what you think about the care you have received under the following categories

Well prepared

"Was the person coming to see you well prepared? What made you feel that?"

Safe and cared for

"Did the person visiting make you feel safe and cared for? How did they do this?"

Involving

"Did the person visiting make you feel involved with the care you received? How did they do this?"

Communicating

"Did you feel the person visiting communicated with you in a clear way that you could understand? What made you feel this?"

Please complete and return this section in the stamped addressed envelope provided if you would like to take part in our 15 Steps Challenge or contact our clinical lead:
 15 Steps Challenge lead

 by email
 or phone

Your contact details:-
 Name.....
 Telephone number.....
 Email address.....
 Are you a:-
 Patient
 Carer
 Other
 Would you like to talk to us:-
 Face to face
 By telephone
 Via email
 Please tick which you would prefer. We will contact you to arrange a visit or telephone call.

Tell us which community healthcare team visited you (e.g. health visitors/dietitians/nurses)*
 * Healthcare professional to fill this in.

Cut and return this section

APPENDIX B – OUTLINE TEMPLATE FOR TELEPHONE DISCUSSIONS

The text below was developed by the Starfish team of Norfolk Community Health and Care. It can be used/ adapted for your own 15 Steps Challenge use.

Introduce yourself

- ✓ Name / job role / organisation / member of the 15 Steps Challenge team.

Give some background

- ✓ Clarify who you are talking to...patient/carer/other.
- ✓ Refer to their recent home visit by healthcare staff team and the 15 Steps Challenge leaflet they recently completed.

Explain what the 15 Steps Challenge is...

- ✓ The aim is to hear about patient's experiences so that good practice can be shared and improvements can be made.
- ✓ Highlight the quote from a parent that sparked the Challenge (from a hospital setting): "I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward".
- ✓ This method of capturing experiences focuses on the first impressions staff give to patients, parents and carers when visiting them in their own homes.

Explain the interview process...

- ✓ There are four main questions to answer with time allowed to expand on your own experience.
- ✓ Responses will be handwritten by the 15 Steps Challenge team member on to a template during the interview.
- ✓ The interview is not expected to last more than 20 minutes.

Confidentiality / safeguarding – PLEASE READ OUT THE FOLLOWING:

- ✓ Individual names and any personal details or sensitive information shared with me today will remain confidential unless any serious safety concerns are raised.

Check consent to continue...

- ✓ Would you like to continue now with the interview questions? Please remember you can choose not to answer individual questions or stop the interview at any time.
- ✓ Commence with the interview keeping an eye on the time!
- ✓ Aim for no more than five minutes per question.

Following the interview, explain what happens next...

- ✓ All responses (email, telephone, postal questionnaire or face to face interview) will be collated by the 15 Steps Challenge team to identify key findings/ themes.
- ✓ The 15 Steps Challenge team will meet with healthcare teams and give them feedback.
- ✓ Healthcare teams will create an action plan for implementation – would you like to receive information about the findings and actions arising? (please record their contact details separately and not on their own interview sheets).

And finally, a big thank you for taking part!!

APPENDIX C – ONE PAGE SUMMARY GUIDE FOR CONVERSATIONS WITH PATIENTS

Well prepared

- Did they introduce themselves and their role and show you an identity badge?
- How were you informed of and prepared for the visit?
- Did the person arrive when expected?
- If they were going to be late, did they inform you?
- Did you know what to expect during your visit?
- Did they know what they had to do and how to do it?
- Did they have the correct equipment for the care needed?
- Did you feel rushed during the visit?
- Were they well informed and did they know your details?

Safe and cared for

- Did the person give you their full attention whilst delivering your care?
- Were they approachable and respectful to you and your relatives/carers?
- Did you feel your needs were dealt with competently and confidently?
- Did you feel confidentiality was maintained?
- Were you happy with the care they provided?
- Were they professional in appearance and approach?
- Were your cultural needs taken in to account?
- Did they wash their hands where appropriate?
- Were they respectful of your home and belongings?
- Did you agree your care plan together?

Involving

- Did they let you ask questions and voice any concerns you may have had?
- Did they involve you in agreeing your care/treatment plan?
- Did they ask you if you wanted to involve your relative/carer in your treatment discussions?
- Did they read any healthcare notes left in the house?
- Did they ask for your consent or agreement before treatment?

Communicating

- Was communication in the right format and language?
- Were you able to understand what they were telling you?
- Did they give you any relevant telephone numbers/contact details?
- Could they answer all your questions, if not did they offer to get back to you with an answer?
- Did the people involved in your care communicate effectively and directly with each other?
- Did they listen to you?
- Did they talk to you about referring you to other professionals?
- Did you receive clear information on what was to happen next?
- Did they follow through any specific actions from the visit to you?

APPENDIX D - 15 STEPS CHALLENGE FEEDBACK TEMPLATE

The Reviewers:

Service/team/area:..... Date:.....

Well prepared:

Positives	Recommendations

Safe and cared for:

Positives	Recommendations

Involving:

Positives	Recommendations

Communicating:

Positives	Recommendations

Overall themes and comments:

APPENDIX E - ACTION PLAN TEMPLATE

Completed by: Date:

Well prepared:

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

Safe and cared for:

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

Involving:

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

Communicating:

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

LITERATURE REVIEW

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