NHS
England

THE FIFTEEN STEPS
CHALLENGE

Quality from a patient's perspective;
An inpatient toolkit

CONTENTS

**THE 15 STEPS CHALLENGE:
QUALITY FROM A PATIENT'S PERSPECTIVE; AN INPATIENT TOOLKIT**

> "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

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

This mum was not a clinician or quality assurance manager, but very quickly she could tell some important things about the quality of care in the healthcare settings that she and her daughter were attending.

Her comment highlights 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, delivered in welcoming and clean environments. This quote inspired the development of a series of 15 Steps Challenge guides.

"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. The toolkits help to explore patient experience and are a way of involving patients, carers and families in quality assurance processes.

> *"The patient is the most important person in our hospital. He is not an interrruption to our work: he is the purpose of it. He is not an outsider in our hospital: he is part of it. We are not doing him a favour by serving him: he is doing us a favour by giving us an opportunity to do so."*
>
> **Mahatma Gandhi**

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. 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.

The suite of toolkits includes:

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.

> *"NHS Hertfordshire have been undertaking Quality Assurance Visits to all Hertfordshire providers for a number of years and whilst we had been using a checklist for the visits we were excited at the prospect of testing the 15 Steps Challenge as it provided us with an evidenced based tool to strengthen our methodology. The 15 Steps Challenge mirrored what we were already looking for when we undertook visits and we found it worked well with our existing process. Firstly we used the Challenge as a training tool for staff who have not undertaken quality assurance 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. As part of the trial we used the tool on three of our visits, which were to a maternity unit, an elderly care ward and a rehabilitation unit. Our visits covered three very different care settings but the principle of the 15 Steps Challenge remained the same and showed that the tool is valuable for commissioners."*
>
> **NHS Hertfordshire, Quality and Patient Experience Team**

2. PURPOSE OF THE 15 STEPS CHALLENGE

2.1 First impressions count!

- When we first arrive in a healthcare setting, does it inspire confidence in the care that we are about to receive?
- How can first impressions make us feel that we will be safe and cared for?
- What are the first clues to high quality care?
- What does good care look, feel, sound and smell like?

The purpose of the 15 Steps Challenge is 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.

- provide a way of understanding service users' first impressions more clearly and how this impacts on their initial experiences of care.

- support sharing good practice.

The 15 Steps Challenge uses a variation on mystery shopping observational approaches to understand what service users and carers experience when they first arrive in a healthcare setting. A small "15 Steps Challenge team" visit wards and other service user areas and take note of their first impressions. The team includes staff and service users and/or carers working together. The team use the questions and prompt guides in the toolkit to support their observations and then give structured feedback about their experience, including what is working well and what could be improved.

By enabling service users' and carers' voices to be heard clearly, the tool can be used to gain an understanding of how people feel about the care provided, how high levels of confidence can be built and what might be done to increase service user confidence as part of a continuous improvement journey.

The 15 Step Challenge IS NOT:

- a performance management tool

- an audit (clinical, quality, safety or otherwise)

"People really liked this tool, for the first time we had more patients than staff involved in our walkarounds"

Deputy Director of Nursing

"Doing the Challenge was easy. At the entrance to the ward, the first thing our patient noticed, and really liked, was a photo board, explaining who the staff were and a picture illustrating what each uniform meant. But when we visited other wards none of them had a board like it. It was such a simple thing to share – we just copied and shared the uniform board and had some new photos taken for our other wards. It's a quick way to share good practice!"

Matron

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 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 an element of any existing, or new, programmes of regular Board walkarounds.

- As part of a regular patient experience review.

- As a structured toolkit to involve existing patient participation groups who are working with the organisation.

- As an additional component to any Patient-led Assessments of the Care Environment (PLACE) inspections that happen.

- Before formal quality assurance visiting, including Care Quality Commission (CQC) inspections, as an aid to see healthcare settings from a different perspective.

"I found this overall to be a great tool. The questions poised are meaningful, relevant and add substance to provoke further discussion with patients and enable structured observation."

Clinical Development Lead, North Tees and Hartlepool NHS Foundation Trust

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.

National Institute for Health and Care Excellence (NICE)

NICE have a range of national evidence based quality standards that support better patient care, including:

- "Quality standard for patient experience in adult NHS services: improving the experience of care for people using adult NHS services" (published 2012)
- "Quality standard for service user experience in adult mental health services" (published 2011, reviewed 2016)

Information and insight taken from 15 Steps Challenge feedback can help inform a staff team how they are doing against a number of areas detailed in the standards.

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.

"This fits in so well with the work we are doing around the environment for people with dementia & our Caring for Carers."

Ipswich Hospital NHS Trust Senior Nurse, Dementia Care
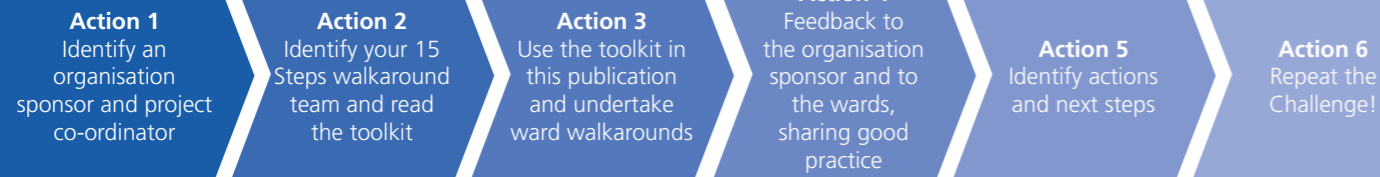
4. IMPLEMENTING THE 15 STEPS CHALLENGE

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. Once you have recruited a small group of staff and patients/carers to be in your 15 Steps Challenge team, the team 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!

> *"This tool doesn't require hours of work, it is quick and simple to use and we had really good feedback for our clinic team."*
>
> **Health Visitor, Suffolk Primary Care Trust**

4.2 Further detail

Action 1	Action 2	Action 3	Action 4	Action 5	Action 6
Identify an organisation sponsor and project co-ordinator	Identify your 15 Steps walkaround team and read the toolkit	Use the toolkit in this publication and undertake ward walkarounds	Feedback to the organisation sponsor and to the wards, sharing good practice	Identify actions and next steps	Repeat the Challenge!

Action 1 Identify an organisation sponsor and project co-ordinator

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 a 'Board to Ward' 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 walkaround team. They co-ordinate any feedback from the process and follow up on any actions identified. They should let staff know that the walkarounds are happening, although it isn't necessary to tell staff which wards or clinics will be visited.

Action 2 Identify your 15 Steps walkaround team

This is a small team of people who will undertake the ward walkarounds (the "15 Steps Challenge team"). It must include staff and patient representatives and it is good practice 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. 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 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. 15 Steps Challenge walkaround teams should aim to have three to four members, bringing different perspectives to each group. Aim to include a diverse group of people, for example disabled people and people of different ages and backgrounds.

The 15 Steps Challenge team should only need to meet together twice;

1) **Project "kick-off" meeting:** 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 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). It is useful to cover practicalities including how many and which wards will be part of the Challenge, dates and times of the walkaround, expectations on the day and any follow up that might be required.

2) **The Walkaround:** The team meet up to undertake ward walkarounds. Arrangements will vary according to how you are using the Challenge, but you might undertake four ward walkarounds weekly or monthly, or you might cover several departments over a day twice a year. After the walkarounds are completed, the team need to pass their feedback to both the wards visited and to the Project Co-ordinator.

The Project Co-ordinator may need to undertake some preparation in advance of the walkarounds, for example arranging the visitor permissions required for ward visits.

Action 3 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 can 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 always literally – the point is to walk into the main space of the ward environment and get a feel for how the ward operates).

- Let the nurse in charge know that you are on the ward and that you are the 15 Steps Challenge team. It is good practice to ask if there are any infection control or safeguarding concerns that put parts of the ward "off limits".

- Use your senses to build up your 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 your 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.

Action 4 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 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 with the senior sponsor.

Action 5 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.

Action 6 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.

4.3 Practical tips for the ward walkarounds

The walkarounds should be unannounced, but its useful to alert the staff teams that the 15 Steps Challenge is happening about a week before the walkarounds – it can be useful to use the template poster for staff and patients in Appendix A.

Remember to brief the 15 Steps Challenge team on your infection control procedures, so that they observe hand hygiene and other important safety requirements.

Even before walking into the ward area spend some time noticing the entrance area – what is it like, is there useful visitor information, is there information about protected mealtimes, does the entrance way feel cared for?

Walk approximately 15 steps into the ward. Note: all wards are different - sometimes 15 steps might only take you half way down an entrance corridor. This will provide useful information, but keep walking! The point is to get to the main public area of the ward. Observe what is around you as you go. Make sure you let the ward manager know that you are on the ward and who you are.

Stand quietly for a few minutes and have a good look around taking in what you notice from your different senses. What you smell and hear can be as important as what you see. Try not to get caught up in the detail of the toolkit at this point, really focus on your first impressions.

Once you have absorbed information quietly and independently, spend some time looking closely at the details. Look at the notice boards, the information on cupboard doors, and any equipment that is stored in spaces open to public view. What do you notice about the activities of staff and patients going on around you? Be courteous and do not intrude, but observe how people interact. You may wish to have short conversations with staff and patients.

Beware of assumptions as you do your walkarounds. For example, the flustered person at the reception desk might not be the receptionist, but someone who is covering for five minutes while the usual receptionist is away from the desk. If in doubt, ask.

Often there are areas and times (for example protected mealtimes) that are not visible to the 15 Steps Challenge team, however, there is usually information about these areas and times - poster information, pictures and checklists on cupboards. These will all contribute to your sense of how the ward operates.

The headings and observation prompts in the next section give examples to look out for and aid discussions about how care is being delivered. It is important to note that care settings will vary in order to meet the needs of the patients in that particular environment.

Do not forget to record your positive impressions as well as areas that could be improved. Let the ward manager know when you are leaving the ward and if you have seen some particularly good practice, let them know straight away!

4.4   Practical tips for giving feedback

Constructive feedback is important. Identify someone in the 15 Steps Challenge team who will give the feedback, and ensure that they have the skills for delivering constructive comments. Feedback to the ward team on the same day is vital. Remember, they have been under scrutiny from the 15 Steps Challenge team and this makes everyone anxious. Make sure that the ward leader hears the team's comments as soon as possible. Give feedback verbally and agree if further written information would be helpful.

Good feedback is:

- **timely**
- **constructive and honest**
- **courteous**

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.

(*Adapted from Royal College of Nursing, Workplace resources for practice development*)
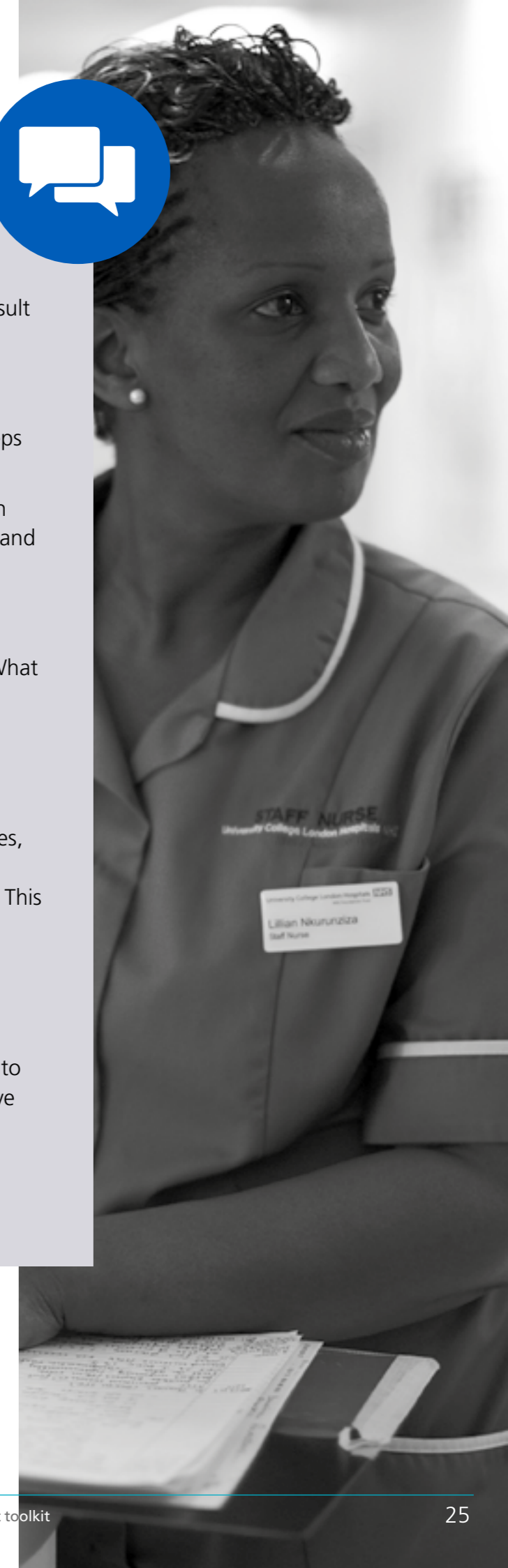
5. THE WALKAROUND – WHAT TO LOOK OUT FOR PROMPTS

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;

| Welcoming | Safe | Caring and involving | Well organised and calm |

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.

Questions to ask yourself	Comments
• Using my senses – what can I hear, smell, see, feel, touch?	
• How does this ward make me feel?	
• 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?	
• What have I noticed that builds my confidence and trust?	
• What makes me less confident?	
Things to look out for	
• Welcoming reception area.	
• Welcome signs (including other languages).	
• Acknowledgement on arrival – eye contact, smiles, a greeting.	
• Information available, clear and visible.	
• 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:...

Questions to ask yourself	Comments
• What do I notice about safety issues?	
• Does this ward appear to think that safety is important?	
• What information tells me about the quality of care here?	
• What tells me that staff are concerned about safety and preventing harm (e.g. infections, falls)?	
• How are medicines managed on the ward?	
• What have I noticed that builds my confidence?	
• What makes me less confident?	
Things to look out for	
• 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.	
• Can I see information that says the ward is improving in identified areas? Is the information clear and understandable?	
• 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:...

Questions to ask yourself	Comments
• What behaviours can I see that do or do not inspire confidence?	
• How have the staff made me feel?	
• What can I understand about patient experience on this ward?	
• 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)?	

Things to look out for

- 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.
- Information is seen that empowers patients (e.g. they can wear their own clothes, choose their own meals).
- Signs that equality and diversity needs are being met.
- 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:..

Questions to ask yourself	Comments
• 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).
- Patient boards show evidence of co-ordination between different departments.
- Equipment stored tidily and is managed e.g. colour-coded, staff return equipment after use, stock cupboards are clearly labelled – including visible management (photos of content).

Walkaround undertaken on...
by ....(names of 15 Steps team)
Ward:..

Use this section to highlight any additional themes to observe that are important to your own organisation:

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

Walkaround undertaken on..

by ....(names of 15 Steps team)

Ward:..

5. 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 co-ordinator **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.

6. EMBEDDING A PROCESS OF CONTINUOUS IMPROVEMENT

The 15 Steps Challenge is designed to support continuous improvement. It is not a one-off activity but should be regularly repeated. 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.

Consider:

- Agreeing an organisation wide approach to regular 15 Steps Challenge walkarounds; what wards will be visited, over what time interval. Some organisations have decided to visit all of their wards in one day and repeat this every six months. Other organisations have decided to randomly select wards to visit every week, fortnight, or quarterly to get a flavour of patients' views. Others have decided to add the 15 Steps Challenge to existing activities, including monthly "Quality Walkarounds", "Board to Ward" days, weekly "frontline focus" days, or have added it to the cycles of PLACE inspections.

- Visiting wards that are receiving lots of positive patient feedback and wards that have received complaints – what can be learnt and shared?

- Developing "You Said....We did....." information boards for ward areas. This helps to inform patients and visitors of the improvements that are being made and gives real examples of how patients' views are listened to and acted on.

- Making this a part of the PALS and complaints response – where appropriate ask those who have complained to be part of a 15 Steps team identifying improvements.

- Involving a wide range of patients and carers in the 15 Steps Challenge teams. Ask former patients/carers if they would like to get involved, some organisations have asked current service users for their input. One idea is to ask current patients to focus on one area each (e.g. "Welcoming" or "Safe") and ask them to apply the 15 Steps Challenge to their experience.

- Undertaking ward walkarounds at different times of the day for example visiting times or evenings. How does the patient/carer experience change?

- Exploring the difference between wards that are delivering different types of care/specialist units – often there are creative ideas that can be shared from one area to another.

- Developing a pool of 15 Steps Challenge team members. Over time, having a pool of people will make sure that the visits and time commitments are shared by many people and not just a few. It will reduce the number of briefings that are required. It also ensures a large pool of "fresh eyes".

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

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?

ACKNOWLEDGEMENTS

- 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 refreshed and updated in 2017.

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