**THE 15 STEPS CHALLENGE: A TOOLKIT FOR GOOD CARE**

Lynn Callard and Alice Williams examine the development of a process that helps staff to identify the care components that are most important to patients and carers.

### Abstract

An initiative to improve ward efficiency brought about the 15 Steps Challenge, which analyses the care provided from the patient’s perspective. This toolkit has now been harnessed to offer senior staff evidence of how well their healthcare setting is adhering to Care Quality Commission standards and is aligned with other local and national initiatives that are aimed at improving the patient experience.

### Keywords

Patient experience, service-user involvement, ward management, quality standards

While NHS staff continue to strive to deliver the best possible care, patients, rightly, want to have more of a say in shaping the care they receive. Both patients and NHS staff, however, expect care to be safe and of good quality, and that it is delivered in welcoming and clean environments.

In England, the Productive Ward programme, developed by the NHS Institute for Innovation and Improvement (NHSI), helps NHS staff to deliver this ambition by working with and supporting teams in acute trusts to identify time-wasting activities, duplication and inefficiencies that take time away from caring for patients.

As part of its work with the Productive Ward, the NHSI held a number of workshops with patients and relatives throughout 2011 and 2012, aimed at bringing a stronger patient voice into the programme. During one of these workshops, a woman spoke about her daughter, whose condition demanded frequent inpatient stays. The mother said: ‘I can tell what kind of care my daughter is going to get within 15 steps of walking onto a ward.’

This single statement by a service user prompted the development of the 15 Steps Challenge, a toolkit that helps staff understand what good care looks and feels like from the perspectives of patients and their relatives.

### Challenge

The 15 Steps Challenge requires organisations to pull together dedicated teams, which each comprise:

- A patient representative.
- A member of staff.
- A member of the board.

Each team undertakes a ‘ward walk-around’ together, providing a different perspective of the care provided and the care setting.

At the request of patients and staff with whom the NHSI worked, the walk-arounds centre on a short series of questions and easy-to-use prompts, for example, to look out for the availability of hand gels or for whether privacy and dignity are respected, that guide patients, carers and staff through their impressions and observations of a ward.

Immediately after the walk-arounds, the teams decide on what points they want to give feedback to the ward leaders and identify important themes so that strategic support for improvement can be given. To support them, teams have access to a toolkit, with information about how to set up and implement the 15 Steps Challenge, as well as useful templates and delivery tips based on experiences gained during the test stage.
The challenge is designed to help senior staff identify the components of care that are most important to patients and carers, by understanding better how service users feel about the care provided and how high levels of confidence in the care provided can be built.

Team members structure their observations of the care environment across four domains:

- Is it welcoming?
- Is it safe?
- Is it caring and involving?
- Is it calm and well organised?

These domains are based on international evidence (King’s College London and King’s Fund 2011) indicating what matters most to patients and on the Care Quality Commission (CQC) essential standards (CQC 2010). This allows the findings from the 15 Steps Challenge to be used as evidence about how well trusts meet the CQC standards.

Patient volunteers are recruited to the teams, often through local involvement network groups or patient councils, or by identifying patients who have complained about the care they have received. How staff are involved varies from trust to trust. For example, Nottingham University Hospital NHS Trust includes a matron and ward sister from different clinical areas, while other trusts include non-clinical staff from, for example, estates or governance.

How often the 15 Step Challenge is carried out also varies: at Nottingham University Hospitals, for example, it is undertaken twice a year on all wards, but some trusts may use a different team every month to carry out the challenge on, say, four wards.

Once in the ward setting, the 15 Steps Challenge team members use ‘fresh eyes’ to explore the space, and note mentally or literally on paper what they see, hear and smell. Like anyone else, nurses tend to stop sensing the features of their daily, hospital-based lives, which can be the first things that patients and carers notice.

Details that matter to patients, but are often forgotten or go unnoticed by staff who have become desensitised to their work environments include:

- Unwelcoming and cluttered entrances.
- Crowded and confusing notice boards.
- A lack of visitor information.
- A failure by staff to acknowledge newcomers onto a ward.

Through structured observation across the four domains, the team can identify aspects of practice that build confidence among patients trust includes a matron and ward sister from different clinical areas, while other trusts include non-clinical staff from, for example, estates or governance.

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Through structured observation across the four domains, the team can identify aspects of good practice that build confidence among patients, and where improvements can be made.

Staff at Nottingham University Hospitals, for example, undertook the 15 Steps Challenge across 80 wards in one day, to find out which wards had
exceptionally good visitor information, which had created the best patient day rooms and quiet spaces, and which had the most welcoming entrances. It gave the trust an opportunity to celebrate the good work done by different wards teams and spread good practice rapidly.

Development
The 15 Steps Challenge has been developed with patients, staff, trust governors, trust board members and other senior staff through a six-month series of workshops across the country as well as a four-month pilot period of on-site testing.

A prototype was developed in 2011 and more than 30 organisations were involved in developing, shaping and testing this prototype, to ensure that the end result was a toolkit produced by the people who would be using it.

Alignment with other initiatives
Throughout the design process, the development team repeatedly heard from front line staff that they wanted a toolkit that avoided duplication of the work involved with other initiatives. Rather than an extra task to perform, staff highlighted the need for the toolkit to add value to existing initiatives. As a result, the 15 Steps Challenge is aligned with a number of local and national initiatives (Box 1) to help strengthen the work that trusts do to improve patients’ experience.

Both the NHS Operating Framework (Department of Health (DH) 2011a) and the NHS Outcomes Framework for 2012/13 (DH 2011b) highlight the need for stronger patient and carer engagement and improved experience.

It was also recognised, however, that the tool should be in line with the CQC essential standards (CQC 2010) and other national initiatives such as the Energise 4 Excellence (E4E) programme, developed under the auspices of the then chief nursing officer for England (DH 2011c).

The four domains of the toolkit are aligned, for example, to the following CQC essential standards (CQC 2010):

- Outcome 1: respecting and involving people who use the services.
- Outcome 4: care and welfare of people who use the services.
- Outcome 5: meeting nutritional needs.
- Outcome 8: cleanliness and infection control.
- Outcome 9: management of medicines.
- Outcome 10: safety and suitability of premises.
- Outcome 11: safety, availability and suitability of equipment.
- Outcome 16: assessing and monitoring the quality of service provision.

Box 1 Strategic alignment

National priorities
- NHS operating framework 2012/13.
- Implementing the ‘friends and family’ test.

Patient experience
- Engaging patients.
- Improved satisfaction.

Quality improvements
- Service improvement initiatives.
- Board engagement in quality.

Support to regulatory and inspection frameworks
- Preparing for and evidencing compliance with Care Quality Commission standards.
- Alongside patient environment action teams.

Case study 1

The 15 Steps Challenge fits in well with the East Sussex Healthcare NHS Trust and Canterbury Christchurch University Kent’s focus on developing peer observation skills among staff and is a useful framework for staff to understand what patients think of the care they are receiving.

Staff from the trust’s estates department have been involved in the challenge, becoming involved directly as part of the teams undertaking the ward walk-arounds. They made valuable contributions to support the work, and their observations identified many areas where improvements could be made.

Notices could be centred less on staff and more on what patients or carers need or want to know, for example, and many ward areas were found to be cluttered, untidy or unwelcoming.

These concerns were easily and inexpensively addressed by changing and organising notices and ward information, and, by discussing storage solutions with the estates department, the challenge has already been introduced into the children’s department.

There has been strong support for the challenge from staff, who told us that the toolkit provides ‘a framework for understanding patients’ experiences and identifies small but high-impact improvements in a credible way’.
Case study 2

The 15 Steps Challenge has received strong support from members of the board at Maidstone and Tunbridge Wells NHS Trust, Kent, who feel that it has helped ‘re-energise’ existing quality walk-arounds.

The tool is used monthly and is linked to the trust’s ward-review process and Care Quality Commission (CQC) reviews that focus on dignity and nutrition (CQC 2011). ‘People really liked this tool,’ says John Kennedy, the trust’s deputy director of nursing. ‘For the first time, we had more patient representatives than staff involved in our walk-arounds.’

The challenge has achieved the following benefits for patients: the introduction of a ‘buddying approach’ to practice development, which allows staff from different wards to work together to achieve best practice; the introduction of monthly ward reviews; and the public display of ward routines so that they are visible to patients and relatives. Senior trust staff also aim to introduce regular peer reviews among ward sisters.

The tool has been well received by front line staff working on wards, and other staff such as those in outpatients and radiology have requested to use it too.

The toolkit helps identify evidence of good practice relating to these standards, thereby helping trusts to provide useful material for CQC inspections or the completion of the quality accounts that all trusts need to publish annually outlining their promise and vision on quality as required by the DH. It also fits under the E4E patient experience domain, which is aimed at encouraging patients to report experiences of health care.

The toolkit aligns too with the Royal College of Nursing (RCN) Principles of Nursing Practice (RCN 2012), which put patients’ perspectives at the centre of care and encourages nurses to work with them to identify the need for, and make, improvements.

Next year, the government in England intends to implement a ‘friends and family test’ across all acute wards and emergency departments, asking patients to score how likely they are to recommend their care organisations to family and friends who may need treatment (DH 2012). However, although the friends and family scores across healthcare organisations can offer quantitative information about whether or not patients would recommend services, they will not indicate why.

To answer this question, organisations can use qualitative information from the 15 Steps Challenge, along with other surveys, to provide more detailed and subtle, and therefore robust, descriptions of how services can be improved.

Next steps

Since its launch in May 2012, the 15 Steps Challenge has received a great deal of interest from NHS staff across the UK.

More than 2,000 copies of the printed programme have been issued to more than 120 acute care organisations throughout NHS England and more than 2,000 have been downloaded from the website.

There has also been interest from healthcare providers in Australia, Canada and New Zealand, who are considering the use of the toolkit locally.

The NHS Institute has been working with patients, services users, carers and staff to develop various versions of the challenge. A version aimed at care in mental health inpatient settings, for example, and another for community based care in patients’ homes were launched in October.

Find out more

The toolkit can be accessed at www.institute.nhs.uk/products/15StepsChallenge

For more information about these programmes, contact productivecare@institute.nhs.uk

References


