

**15 Steps Challenge, Paediatric
Outpatients Department at EDGH**
A report by Healthwatch East Sussex



What we did and why

We undertook this activity to gain a young person's perspective on paediatric facilities at Eastbourne District General Hospital (EDGH), following the recent changes to paediatric services at ESHT. We also aimed to understand what staff thought of the changes and any improvements they felt could be made.

We used a team of Healthwatch East Sussex staff and Young Healthwatch volunteers to undertake the 15 Steps Challenge in the paediatric outpatients department (Friston) at EDGH. Although this department has not be changed, we aimed to gain a full picture of paediatric care at EDGH, and whether the department had felt any impact from the wider changes made.

Our team looked at the four key areas set out in the NHS 15 Steps Challenge Guide: **Welcoming; Safe; Caring and involving;** and **Well organised and calm.** The team used a list of prompts, also taken from the NHS guidance, to structure our observations on what we felt worked well and what could be improved. We also looked at areas for consideration that had been highlighted as important for young people in our previous work.





15 Steps Challenge

What is the 15 Steps Challenge?

The 15 Steps Challenge toolkits were originally developed in 2012 by the NHS Institute of Innovation and Improvement, in co-production with staff and service users to support patient and carer involvement in improving our health services.

The 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.





Friston: Outpatients & Planned Care

Friston Children's Outpatients Unit

Healthwatch East Sussex (HWES) visited Friston Children's Outpatients Unit on 30th October 2024.

During the visit, there were 6 members of staff on duty in the unit. A neurology clinic was being held at the time of the visit.

Approximately 4 patients and their families were seen in the department while we were there, with numbers fluctuating across the course of the visit.

We were shown around the unit by hospital staff, including the waiting area and treatment rooms.





What we observed – Outpatients

1. Welcoming

What worked well:

- The staff were friendly and welcoming.
 - It was clear when arriving in the department where patients should sign in.
 - There was a wide variety of toys, books and other age-appropriate activities available for children, all located at low level so young children could reach them.
 - Electronic games for older children were also available to be brought out when appropriate.
 - The waiting area was spacious with lots of colour and artwork.
 - Information aimed towards young people was displayed in the waiting area – e.g. display boards about transition to adult services, asthma, etc.
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What we observed – Outpatients

What did not work well:

- It was confusing to get to the department from the main hospital entrance.
- There was little information visible about who the staff are and their roles.

Our volunteers said:

Young Volunteer (aged 10)

"It is really nice and welcoming. Staff are really friendly."

Young Volunteer (aged 14)

"[It] seems to be the correct environment for children with the decorations, coloured text and the waiting room with toys, animations and drawings."



What we observed – Outpatients

2. Safe

What worked well:

- The area appeared clean and tidy.
- Staff were clearly identifiable with scrubs and lanyards.
- There was a low gate across the entrance to the ward for secure entry and exit while still appearing welcoming and unintimidating.
- Hand gel was available.
- There were clear and visible signs about fire safety and notices encouraging families to leave the waiting area tidy when they leave.

What did not work well:

- No visible information about infection control.
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What we observed – Outpatients

Our volunteers said:

Young Volunteer (aged 14)

"I do believe it is rather safe in this wing. There's easy identification, infection control and seemingly a well maintained environment."

Young Volunteer (aged 10)

"I think they would take good care of me."





What we observed – Outpatients

3. Caring and involving

What worked well:

- Staff were kind, welcoming and made our young volunteers feel comfortable.
 - Consideration was given to the fact that children may be anxious while waiting, having bloods taken, and being weighed & measured, and there were distraction toys available.
 - There was plenty of room in the waiting area for families to sit and play.
 - There was a 'calm corner' in the waiting room, with a grounding technique on the wall.
 - A pet therapy dog and handler came in while we were there.
 - There was a box in the waiting area for patient, friends & family feedback surveys.
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What we observed – Outpatients

What did not work well:

- In the waiting area, some sounds were audible from the treatment rooms (e.g. a child crying), which could potentially cause anxiety for those waiting to be seen.
- There was no visible information about how to make a complaint.

Our volunteers said:

Young Volunteer (aged 10)

"Staff make you feel welcome and happy. Children would still be a bit scared to come in here but it's very nice."

Young Volunteer (aged 14)

"There does seem to be a heavy element of involvement, entertainment and consideration. There's respect and dignity. Patient needs met."





What we observed – Outpatients

4. Well organised and calm

What worked well:

- The ward was calm and generally quiet, and the staff were calm.
 - The space was tidy and well-organised, with neat storage and equipment clearly labelled.
 - There were clear signs for toilets and treatment rooms, using colourful child-friendly signs.
 - There was plenty of room to move around easily.
 - Patients were not waiting long and were seen quickly; the department seemed to run efficiently.
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What we observed – Outpatients

What did not work well:

- The environment became less calm when a large family group came in together – however, there was space for all of them and the children played happily together in the waiting area; it simply changed the dynamic on the ward.

Our volunteers said:

Young Volunteer (aged 14)

"The ward is extremely calm and quiet, with well displayed info, very tidy and accessible regions. [...] Of course calmness depends on the children in there."





Staff survey – Outpatients

In addition to the 15 Steps, we also undertook a staff survey to understand the department environment and paediatric care at EDGH. We felt that department staff were well placed to feedback on their department and what could be done to improve patient experience.

We asked staff to give feedback on the physical environment, the support they are given to provide care, what they thought of the recent changes to paediatric care, and if there are any changes they would like to see in relation to the care of children and young people.





Staff survey – Outpatients

Staff survey responses

- Due to a low number of staff from Friston Children's Outpatients Unit completing the survey, statistical percentages cannot be provided in relation to survey responses.
 - As such, only the staff comments have been included in this report.
 - It should also be noted that comments given may not be representative of the opinions of the wider staff team.
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Staff survey – Outpatients

Staff survey responses

When asked about whether the **physical environment of the department supports young people to feel welcome**, staff comments included:

“Looking at examples of physical environments in other trusts highlights that we can be better, notably in respect of supporting people with neurodiversity”

“Staff interaction is positive”





Staff survey – Outpatients

Staff survey responses

When asked about whether the **physical environment of the department is suitable for providing treatment for young people**, staff comments included:

“Generally, clinics accommodate young people with most support needs. There are examples of young people who have needed to have somewhere quiet to be as the OPD environment has led to sensory overload.”





Staff survey – Outpatients

Staff survey responses

When asked about whether they feel supported to **provide the best possible care for patients**, staff comments included:

“All staff are supportive. Consultants welcoming to include healthcare transitions [as] part of clinic conversation.”

“The challenge may be in securing a clinic room to be available to support a speciality clinic”





Staff survey – Outpatients

Staff survey responses

Staff confirmed that **training around communicating with young people** had been offered and they felt that this was a particular strength:

“This is an area which I can demonstrate evidence of communicating when spoken language may not be the younger person’s primary form of communication.”





Staff survey – Outpatients

Staff survey responses

When asked if they felt **recent changes to paediatric care at ESHT have had an impact** on their work, comments included:

"I am reliant on a clinic room being available to support speciality clinics at Friston OPD and Kipling OPD. The teams are always accommodating and I look to request space to work several weeks in advance of a specific clinic date. There may be less clinical room space on some days compared to previously."





Staff survey – Outpatients

Staff survey responses

When asked if there were **any changes they would like to see** in relation to caring for children and young people, comments included:

“We can always be seeking to improve practice – sensory boxes, neurodiverse reasonable adjustments etc”

Staff also commented:

“I’m proud to be in the role that I have and that there is opportunity to promote healthcare transitions”





Recommendations

HWES Recommendations:

1. Information should be visible in the waiting area about who the staff are and their different roles.
 2. Treatment and consulting rooms would benefit from better sound-proofing to prevent sounds being audible in the waiting area.
 3. More consideration should be given to supporting children with neurodiversity, including older children.
 4. Clinical room availability should be reviewed against service need, in collaboration with staff, to ensure that adequate space is available for speciality clinics.
 5. The ward would benefit from better signage across the hospital to ensure that patients can easily find their way.
 6. Information about infection control should be visible on the ward.
 7. Information about how to make a complaint and how complaints are dealt with should be visible in the waiting area.
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Conclusion

Overall, our volunteers felt that Friston was a calm, well-organised and safe environment for children and young people, with considerable thought given to making children feel welcome.

While our volunteers were impressed by the atmosphere in Friston, there were some basic improvements that could be made in relation to information being visible and available in the department.

Staff also fed back that they felt more consideration could be given to those with neurodiversities and that the availability of clinical space could sometimes be an issue.

We would like to thank all the staff at East Sussex Healthcare NHS Trust who supported this piece of work.

