Patient experience improvement framework

June 2018

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

Summary

Good experience of care, treatment and support is increasingly seen as an essential part of an excellent health and social care service, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

This patient experience improvement framework supports NHS trusts and foundation trusts to achieve good and outstanding ratings in their Care Quality Commission (CQC) inspections. We have developed it in partnership with trust heads of patient experience as a response to requests for a patient experience improvement tool.

The framework enables organisations to carry out an organisational diagnostic to establish how far patient experience is embedded in its leadership, culture and operational processes. It is divided into six sections, each sub-divided and listing the characteristics and processes of organisations that are effective in continuously improving the experience of patients.

The framework integrates policy guidance with the most frequent reasons CQC gives for rating acute trusts 'outstanding', as identified in our review of CQC reports in January 2018.

It should be implemented using quality improvement methodology and embracing the principle of continual learning. It can be adapted to meet local population and workforce needs.

Improving patient experience is not simple. As well as effective leadership and a receptive culture, trusts need a whole systems approach to collecting, analysing, using and learning from patient feedback for quality improvement. Without such an approach it is almost impossible to track, measure and drive quality improvement.

The framework

We developed the framework using the NHS Trust Development Authority (TDA) patient experience development framework (which was co-produced with over 20 trusts) and the National Quality Board (NQB) *Improving experiences of care: our shared understanding and ambition* (2015). It also draws on the following reports with a focus on patient experience both direct and indirect:

- CQC reports covering Jan 2014 to January 2018 for Outstanding (n=10) and Inadequate (n=13) trusts
- CQC reports at most recent assessment (January 2018) that were rated Requires improvement and were also placed in special measures for quality and/or finance reasons by CQC and NHS Improvement (n=5)
- Friends and Family Test
- NHS Improvement patient experience headline tool data
- PLACE inspections 2016 and 2017
- CQC (2016) *The state of care in NHS acute hospitals: 2014 to 2016*
- board minutes for Outstanding and Inadequate CQC-rated organisations.

Leaders in patient experience and a number of trusts also contributed.

In August 2017 and again in January 2018, we reviewed CQC reports of trusts rated as 'Outstanding' and 'Inadequate', and those in special measures for quality and/or finance reasons at their most recent assessment (as of January 2018).

We identified CQC's reasons for rating acute trusts services in the NHS Improvement regions as 'Outstanding' and 'Inadequate' and used the common themes as the basis for the framework. It is created specifically for providers of services found to be 'Inadequate' or 'Requires improvement' to focus their improvement but it can be used by any provider looking for improvement.

We kept the format of the TDA patient experience development framework because user feedback suggested that having been developed with significant stakeholder engagement and co-production it was easy to use.

Providers can use the framework to promote senior-level discussion of the factors such as leadership and culture that underpin an ability to improve patient experience. It may also help in the NHS mandated goal to 'improve the percentage of NHS staff who report that patient and service user feedback is used to make informed improvement decisions'. We recommend the executive with board-level accountability for improving patient experience facilitates this discussion.

We welcome your feedback on content, usability and suggestions for improvement. Please email patient experience at NHSI.PatientExperience@nhs.net

Key findings from CQC reviews

Organisations rated as Outstanding by CQC shared a number of characteristics related to patient experience. Organisations rated inadequate or in special measures also shared characteristics that were, on the whole, in contrast to the outstanding organisations. For more information about CQC inspections and ratings see the next page.

CQC inspections

CQC inspection teams are formed from a national team of clinical and other experts, including people with experience of receiving care. These teams ask five questions about the services:

Question	Description
Are they safe?	Safe: you are protected from abuse and avoidable harm.
Are they effective?	Effective: your care, treatment and support achieve good outcomes, help you to maintain quality of life and are based on the best available evidence.
Are they caring?	Caring: staff involve you and treat you with compassion, kindness, dignity and respect.
Are they responsive?	Responsive: services are organised so that they meet your needs.
Are they well-led?	Well-led: the leadership, management and governance of the organisation make sure it provides high quality care that is tailored to individual needs, encourages learning and innovation, and promotes an open and fair culture.

CQC has four rating categories for health and social care services:

Rating	Description
Outstanding:	The service is performing exceptionally well.
Good:	The service is performing well and meeting expectations.
Requires improvement:	The service isn't performing as well as it should, and the service must improve.
Inadequate:	The service is performing badly and action has been taken against the organisation that runs it

.

Figure 1 highlights that in all the NHS Improvement regions, most acute providers are rated as outstanding or good for caring, but few are so rated for safe or well-led. If a service is not deemed to be safe or well-led, this can affect its rating for effective and responsive.

Figure 1: Outstanding and good CQC rating by domain for each region
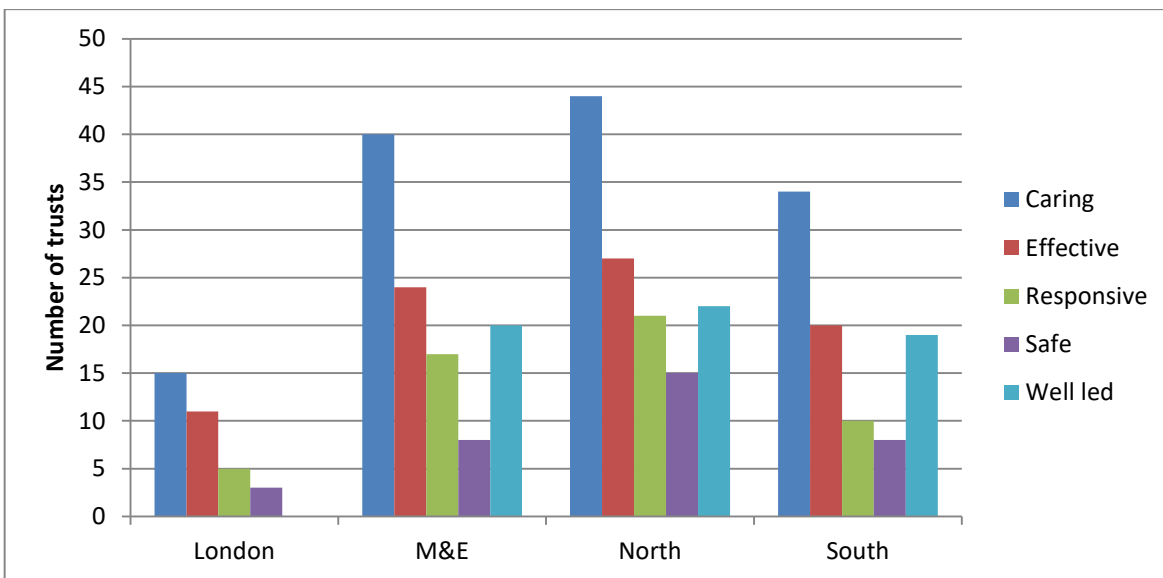

M&E: Midlands and East

Key themes

Analysis of the CQC narrative reports revealed the following consistent themes when rating acute providers as 'Outstanding' or 'Inadequate':

- leadership
- organisational culture
- compassionate care
- safe staffing levels
- consistent incident reporting and learning lessons.

The patient experience improvement framework supports improvement in these areas through self-assessment.

Figure 2 illustrates the number of times these topics were mentioned in the CQC reports studied and the emerging pattern.

Figure 2: Frequency of emerging themes

Figure 2: Frequency of emerging themes
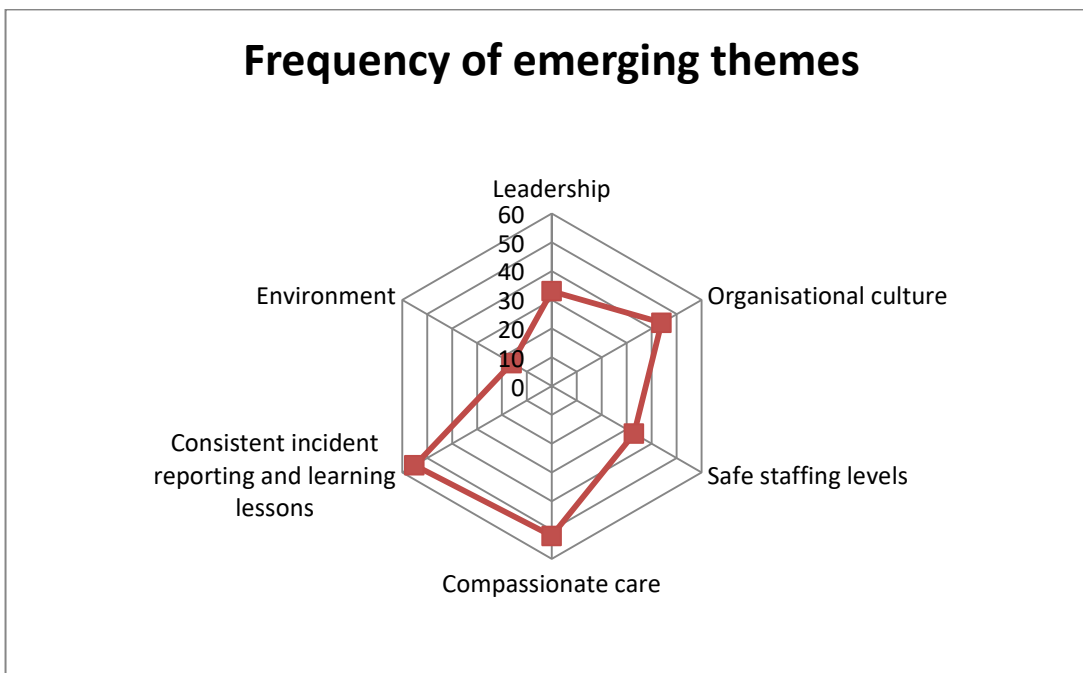
Leadership

Where all the workforce and stakeholders were aware of and worked with an organisation strategy with an explicit patient safety focus, this reflected services that were well designed to meet the needs of patients. Where staff were proud of the organisation and engagement in quality improvement and the strategy were strong, this was reflected in excellent interactions between staff and patients and between staff themselves.

Visible and accessible leadership sets the tone for the staff. Where the board heard a patient story at every meeting the executive and non-executive directors appeared to have an understanding of patients' experiences.

A clear sense of clinical leadership from the medical director and engagement of clinicians in the development of a clinical strategy provided momentum for quality, patient experience and safety.

Where the chief executive and chair led a positive learning and development culture this enabled all staff to be supported within their role and develop further.

Organisational culture

An open and transparent organisational culture has a positive impact on staff and patients. Where there were highly encouraged and evident innovation and quality improvement programmes, there was also a notable improvement in the patient experience. Where there is a culture of all staff groups showing pride in their work and in being part of the organisation, this seemed to lead to a real commitment to learn from mistakes.

Where staff were proud of their organisation as a place to work and spoke highly of the culture coupled with consistently high levels of constructive engagement, staff at all levels were keen to contribute to service improvement which led to a positive patient experience.

Patients also have a positive experience where there is a culture of safety across an organisation that puts the patient first and gives patient experience the highest priority with the implementation of real-time patient feedback. Information about

real-time patient experience displayed on all wards and clinic areas gives added evidence of priority. A culture of ensuring lessons are learnt from complainants' feedback can be used to improve services.

Patients' experience is adversely affected if there is a culture of bullying or harassment: where staff do not recommend their organisation as a place to work, they feel devalued by the organisation, there is poor support from managers, they experience stress at work, or bullying or harassment. If staff no longer report incidents because they do not get a managerial response or feedback, patients are likely to feel that staff have not been open with them and communications will be difficult.

Where staffing difficulties are perceived not to have been responded to, morale is likely to be low. Staff need to feel respected, valued, supported, appreciated and cared for by senior managers. They need to know that executive board members have a clear vision and values that are universally shared. There should be a Freedom to Speak-Up Guardian in place.

Staff need a good understanding of the organisational strategy; they should be aware of the plans and objectives for their services so they feel engaged.

In some organisations there was limited evidence that information about the local population's needs was used to inform the planning and delivery of services. Public engagement is necessary and affects the experience of patients.

Staff engagement is crucial and use of staff engagement schemes can be beneficial (for example Listening into Action). Where there is silo working, lack of accountability, acceptance of poor behaviour and performance, and a lack of connection with the trust leadership, morale will be low and patient experience adversely affected.

Compassionate care

Patient experience is positive when staff give care that is compassionate, involves patients in decision-making and provides them with good emotional support. Patients were keen to describe instances where departments and individuals had significantly exceeded their expectations. Patient experience was enhanced when

staff ensured there was time for patients to ask questions, when people using the services were treated as individuals and their specific emotional needs considered, including their cultural, emotional and social needs.

Patients and public voice should be heard through a number of sources including the council of governors feeding information into the trust, with clear processes for feedback. Where staff created a strong, visible, person-centred culture, they were highly motivated and inspired to offer the best possible care to patients. The appointment of a head of patient experience indicated organisational commitment to this aspect of quality.

Patient experience was positive when patients and their families felt involved and understood what to expect in relation to their care. Patient experience was improved where staff treated patients with dignity and respect at all times.

Patient care can be delayed or missed where there are staffing pressures and the standards of caring for individual patients may fall below what would be expected. Where patients were being moved from ward to ward more than once and on occasion transferred late at night, this affected their treatment and prolonged their stay in hospital. When the capacity of emergency departments is exceeded, the privacy and confidentiality of patients should be a priority, especially when they are being cared for on trolleys in the corridors. Escalation areas where patients are cared for if a bed is not available in their specialty area should be risk assessed.

Patients should be cared for in environments that are suitable for their condition, with appropriate equipment available should their condition deteriorate. This all adds to patients' experience during peak pressure for the hospital. Patients in the emergency department who are waiting for a bed should be offered suitable nutrition and hydration.

Safe staffing levels

Nurse staffing levels appear to be a decisive factor in good patient experience. Despite staffing challenges, CQC reports and the staff survey report the positive impact on staff where staffing levels are managed effectively. Where nursing vacancies lead to nurses being moved throughout the hospital to support patients,

however, they may not be familiar with the ward or the specific needs of patients and this seems to have a negative impact on patient experience.

Where staffing levels were significantly below the recommended standards the care was not consistently safe and had a negative impact on patient experience.

In some instance staffing pressures led to care becoming task- focused which led to little positive interaction with patients. When staff have an overwhelming feeling of being short staffed this can on occasion be shared with patients. If staff are not involved in developing their own workforce they feel under increased pressure, especially if feeling understaffed and overburdened with training.

When escalation processes were well defined and embedded throughout the organisation to ensure safe staffing this appeared to link to a positive patient experience.

Staff did not appear to feel the burden of nurse vacancies when staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. This also appeared to be the case when staffing shortages were swiftly responded to.

A strong culture of shared ownership for patients, along with effective multidisciplinary working, had a direct impact on patient and staff experience. Effective multidisciplinary working secured good outcomes and seamless care. Where a multidisciplinary approach was actively encouraged there were examples of co-ordinated care having a positive impact on patient experience. When staff in all disciplines worked well together for the benefit of patients, patient experience was positive and this correlated with Friends and Family Test and the staff survey.

Consistent incident reporting and learning lessons

Where there was a strong 'no blame' culture staff felt empowered to report incidents and recognised the importance of reporting them to ensure patient safety. Where there was evidence of learning from incidents across all services a strong culture of incident reporting was embedded at all levels of the organisation. Different mechanisms were used to share learning. All this has a positive impact on patient experience through staff.

Where learning from incidents was either not occurring or not appropriate, opportunities to identify and apply any learning to prevent recurrence were inconsistent or missed.

Patients had a positive experience even when complaining as long as complaints were responded to in a timely and appropriate manner. This usually resulted from in a conversation with the patient and being open about the incident. In these cases the Duty of Candour was followed and trust processes were open and transparent for patients, families and carers.

Where approaches to learning from complaints were inconsistent the complaints were not always managed in a timely or appropriate manner and trust boards did not receive evidence of how the trust was addressing the themes and trends in the complaints.

Where there was a wide range of data to monitor and measure clinical outcome this was related to a positive patient experience, assurance provided at board level and an Outstanding-rated organisation. Where audits highlight areas for improvement there needs to be evidence of implemented and monitored action plans to secure quality improvement. Care and treatment should be planned and delivered in line with current evidence-based guidance and standards if they are to have an impact on patient experience.

Where there was effective governance and assurance the board had clear oversight of the risks affecting the quality, experience and safety of care for patients.

Where there was a clear understanding across all areas of the trust regarding the Mental Capacity Act and deprivation of liberty safeguards (2005), boards were more likely to be adequately sighted on progress to ensure the organisation met statutory obligations for safeguarding.

Using the framework

This framework helps trusts to focus on the key factors (including the underlying factors) that need to be present in a provider focused on the needs of its patients. It brings together the characteristics of organisations that consistently improve patient experience and enables boards to carry out an organisational diagnostic against a set of indicators.

We developed the indicators in response to staff and patients feedback and using the best bits of existing tools, in particular of the TDA patient experience development framework. The CQC review themes enable organisations to identify their performances against:

- leadership
- organisational culture
- collecting feedback: capacity and capability to effectively collect feedback
- analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.

There is a breakdown of how different users could use it on the next page.

Users	Purpose
Boards	Can use this as a self-assessment tool – use each of the sections as a prompt for discussion, agree areas for action and follow-up review
Divisional teams	Can use each of the sections as a prompt for discussion, agree areas for action and follow-up review. This work will then feed into the work at corporate level
Boards and senior managers	Can share with commissioners and stakeholders to frame discussions about the trust's quality improvement priorities for patient experience
Boards and senior teams	Can inform patient experience strategy development
Boards and senior teams	Can frame and present evidence to external bodies of the plans and actions the Trust has for improving patient experience.

Trusts may like to complete a score for each element of the framework as a basis from which to track quality improvement but it is important to note this is not a comparison tool so any scoring is for the organisation's use only. What is important is being able to track the quality improvements over time.

This framework does not cover everything. It is specifically aimed at supporting healthcare providers. However, we are increasingly talking in terms of health systems and patient pathways, with an increased focus on empowering patients to fully participate in decisions about their care and treatment.

The assessment tool

Leadership (for patient focus)

Almost all NHS organisations profess to put the patient at the centre of everything they do but this principle needs to be clear in the values and behaviours of senior leaders. There should be a clear commitment to equality and diversity ensuring the needs of all are met.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
1	The board has a strategy to deliver improved patient experience and regularly engages with groups of patients and other key stakeholders. The organisation uses the output from such engagement to inform its plans to deliver the strategy.	1A. The organisation has a patient experience strategy (either a stand-alone document or integrated into a strategy for improving quality) co-produced with patients and frontline staff, consulted upon, and signed off by the board. Patient experience should be both fully aligned with and integral to quality improvement.				
		1B. The trust also has a delivery plan, impact measures and review timetable and carries out an annual review of progress towards achieving the strategy.				

		1C. The organisation has a programme of patient, patient representative and public engagement which informs key decisions. Ideally this engagement should be in partnership with local commissioners.				
2	Patient experience is embedded in all trust leadership development work (including that undertaken by operational managers and clinical staff).	2A. Patient experience is embedded in all aspects of leadership development.				
		2B. Patients are involved in assessment and appraisal processes for staff. (for example patient feedback data or other forms of involvement including complements, complaints, testimonials).				
3	There is visibility of the senior leadership team with an identified executive lead accountable for leading quality improvements in patient experience, who routinely presents reports and	3A. The executive lead for patient experience routinely provides the board with reports and proactively leads this area of work within the organisation. Patient stories are routinely used at board meetings and other trust settings.				

	leads discussion with board colleagues on patient experience.	3B. The senior leadership team is accessible and visible in the organisation and routinely engages with patients and frontline staff.			
4	There is clear clinical leadership from the medical director and director of nursing and engagement of clinicians in the development of the quality strategy and clinical strategy which provides momentum in terms of quality, patient experience and safety.	4A. All clinicians are engaged and provide input into the development of services and efficiency changes and how change impacts on patients and front line staff.			
		4B. Levels of clinical engagement across both acute and community settings are focused on patients.			
		4C. There is clear medical engagement in patient experience as an equal facet of the quality agenda alongside patient safety and clinical effectiveness.			

Organisational culture

The organisational culture is patient focused and values behaviour that enhances the experience of patients.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
5	The organisational development strategy and implementation plans are underpinned by a commitment to improve patient experience.	5A. Patient experience is integrated into the organisational development strategy.				
6	The board values and celebrates innovation by frontline staff to improve the experience of patients and specifically staff who demonstrate they consistently exceed patient expectation, and always deliver individualised care	6A. Staff are supported to listen and act locally as a response to patient feedback and the organisation routinely captures analyses and reports on the outcomes from this. Monitoring takes place against the results of the staff survey				
		6B. There is a process in place to identify and celebrate				

		achievements of staff who consistently exceed patient expectations and the board is engaged and fully involved in the process.			
		6C. staff are engaged in the process of setting staffing levels and in developing their own workforce.			
		6D. Staffing level escalation processes are well defined and embedded throughout the organisation to ensure safe staffing.			
		6E. Staff give care that is compassionate, involves patients in decision-making and provides good emotional, spiritual and religious support to patients			
7	Staff are proud to work for the organisation and speak highly of the culture. Staff throughout the organisation feel able to raise concerns	7A. The organisation has developed, with patients and staff, a set of values, articulated through all corporate documents, which reflect the values in the			

	and believe they will be listened to and supported.	NHS Constitution. The organisation has a process for ensuring values are owned by staff.				
		7B. The organisation has in place a values-based recruitment and appraisal system				
8	The organisation expresses its commitment to patients through all its communications, and routinely offers to provide copies of clinical correspondence	8A. The organisation's website and other externally facing communications are accessible and clear and patients would judge them 'patient friendly'. They also articulate commitment to patients.				
		8B. The trust has a process of testing its communications to patients with patients, prior to publication.				
		8C. Patients are routinely offered copies of correspondence about them in an accessible format (Accessible Information Standard).				

Capacity and capability to effectively collect feedback

The organisation has several routes through which patients can provide feedback

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
9	The organisation participates in all mandated surveys (including where applicable the National Patient Survey Programme, the Friends and Family Test and systematic local surveys, eg post-discharge survey), and works with commissioners to develop and implement rapid/real, or near real-time patient feedback	9A. Full compliance with all mandated surveys, and a comprehensive programme of seeking rapid, real or near real-time from patients using the most up to date technology available to them.				
		9B. Strong evidence of adherence to best practice guidelines for patient experience.				
10	The trust has a patient-friendly complaints process, which complies with national guidance.	10A. The organisation has an accessible user-friendly complaints process. Information is visible in all locations patients receive care, and where applicable is available from community staff.				

		10B. Complaints information is clearly displayed on the trust's website and available within two clicks.				
		10C. Complainants are offered a face-to-face meeting, supported throughout the process and their feedback sought on completion of dealing with the complaint.				
		10D. Feedback about how the complaint was handled is routinely gathered.				
		10E.There is evidence that practice has changed following complaints and improvements have been sustained				
11	Frontline staff take ownership of, and deal with, issues raised by patients, and only where necessary refer on to others. When patients express a wish to complain clear information is provided and support given. The Duty	11A. Frontline staff are supported by managers and their teams to address concerns raised by patients, and there is a process for teams to share and learn from this.				
		11B. Duty of Candour regulations are well understood and				

	of Candour is followed.	embedded. The organisation's processes are clear and transparent.				
		11C. The importance of patient feedback is embedded in the organisation's approach to staff training.				
12	Patients are given information about the range of ways they can provide feedback (which might include paper-based surveys, comment cards, web, text, devices, kiosks, and apps) and are supported by staff to use these. Approaches offered take account of the needs of patients who are less able or less willing to feedback.	12A. The organisation provides information to patients about how to give feedback in a range of different ways. Patients are made aware of HealthWatch as a route for giving feedback.				
		12B. The organisation employs a range of methods to collect patient feedback, based on patient need and preference. Staff are familiar with these and encourage and support patients.				
		12C. Trust meets or exceeds national average response rate for all elements of the Friends and Family survey.				

Analysis and triangulation

The organisation has a systematic and consistent approach to analysing and making sense of patient feedback, and considers it alongside patient safety and patient outcomes data.

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
13	The organisation has a systematic way of analysing patient feedback in all its forms, including complaints. The organisation also has dedicated analytics and intelligence support for its patient experience data, which produces clear helpful reports	13A. The organisation routinely and systematically analyses feedback, brings together all strands and identifies themes which it acts on.				
		13B. The organisation has dedicated analytics and intelligence support to ensure it can make best use of its patient experience feedback data.				
14	The organisation produces reports that demonstrate the correlation between improving patient outcomes, patient safety and patient experience. This is also routinely triangulated with	14A. Reports highlight themes where patient experience correlates with other quality measures (for example patient safety and clinical outcomes) and board reports clearly articulate the relationships and the quality				

	staff and the staff survey	improvement actions arising.				
15	The organisation is able to use patient experience data effectively to identify and locate deteriorating performance, and to enable quick action to address the causes	15A. The organisation effectively uses patient experience data to provide an early warning system for deteriorating standards of care that enables leaders at a range of levels to spot when there are concerns, using quality improvement approaches.				
		15B. The organisation is using data related to patient experience to understand variation. Patient experience is both fully aligned with and integral to quality improvement				
16	Patient feedback is routinely considered and acted upon by frontline teams, and escalated when larger scale service redesign work is required	16A. Departments and teams receive feedback fast and in a form they can use.				
		16B. Frontline teams routinely discuss patient feedback and use it to improve care.				
		16C. The trust has an effective approach to celebrating and sharing learning locally.				

Using patient feedback to drive quality improvement and learning

The organisation actively and routinely seeks out patient feedback to be a learning organisation which is underpinned by quality and service improvement work. The organisation can evidence that it uses feedback and staff know that patient feedback is used to drive quality improvement. Patients are actively involved in decision making as equal partners (Participation in the Always events programme is in place),

	Characteristics	Suggested requirement needed to meet the characteristic	Org. score (0-5)	Current position	Planned action to improve	What will good look like?
17	The organisation supports staff to share decision making about care and treatment with patients, and actively supports staff to involve patients in their care.	17A. Staff demonstrate a good understanding of the theory and practice of shared decision making, its principles are underpinned through training programmes.				
		17B. Patients and their families are involved in their care and understood what is expected in relation to their care.				
		17C. The organisation performs above peer in the NHS mandated national survey questions asking if patients felt involved in decisions about care and				

		treatment.			
18	The organisation uses staff appraisal to identify training needs and based on need, implements training for staff so they able and confident to use feedback to improve services using quality improvement methods and tools.	18A. The organisation has a systematic approach to identifying staff training needs related to using patient feedback to improve services.			
		18B. The board and executive team have a good understanding of how change happens in complex systems, and how change impacts on patients and frontline staff.			
		18C. There is a consistent approach to sharing learning across the organisation.			
19	All proposals for service change, project initiation document and business cases are accompanied by evidence of their potential impact on the experience of patients.	19A. The results of an impact assessment are always included within proposals.			
		19B. Patients and service users have been involved in the design stage of any service change. There is evidence of co-production.			

20	The organisation uses quality improvement methods and tools to try to continuously improve quality of experience of care and outcomes for patients.	20A. Frontline staff engage in quality improvement and are given the skills required to identify quality problems, carry out tests of change, measure their impact and act on the results.				
		20B. The organisation gives all staff the opportunity to contribute and act on ideas for quality improvement.				
		20C. The organisation performs above peer in the NHS Mandate goal to 'improve the percentage of NHS staff who report that patient and service user feedback is used to make informed improvement decisions'				

Reporting and publication

The organisation regularly reports and publishes its patient experience data, and co-produces its quality improvement plans with a range of stakeholders including patients and frontline staff

	Characteristics	Suggested requirement needed to meet the characteristic	Org, score (0-5)	Current position	Planned action to improve	What will good look like?
21	Patient experience is a key component of the trust's annual quality accounts.	21A. The quality accounts include information about patient experience and how the trust is listening and responding to patients, along with examples of improvements to services or care it has made as a result.				
22	The organisation routinely publishes transparent and publically accessible information about the feedback patients have provided, and its response to feedback (and ensures this information is available through multiple routes).	22A. Information is available and accessible to patients and the public.				
		22B. The organisation has a Communications strategy in place which is clear about who the organisation shares information about patient experience.				
23	The organisation supports a	23A. Co-production is widely				

model of co-production and supports patients and staff to deliver this approach.	used, and the organisation can cite examples of co-production, including the use of specific improvement methodologies, where staff have worked in partnership with patients to improve services.			

Next steps

Boards should use this patient experience improvement framework to identify areas where they need to focus to have the biggest impact. It should be part of your continuous learning and quality development and should be reviewed annually and presented to the board to demonstrate the priority of patient experience and quality improvement at board level.

NHS Improvement and NHS England are starting to work more closely together and are developing a single resource in the future to support trusts. Ahead of this closer working, NHS Improvement and NHS England can both offer support to organisations independently and have a number of resources available through their respective websites

Annex A: Evidence, policies and guidance

This is not an exhaustive list − if you can suggest anything else, please let us know.

Characteristic	Policy and evidence	Additional resources and good practice examples
Leadership	NQB (2015) *Improving experiences of care: Our shared understanding and ambition.* www.england.nhs.uk/ourwork/part-rel/nqb/ NHS Outcomes Framework (Reference to Domain 4). www.gov.uk/government/statistics/nhs-outcomes-framework-indicators-august-2017-release Single Oversight Framework for NHS providers. https://improvement.nhs.uk/resources/single-oversight-framework/ Report of Mid Staffordshire NHS Foundation Trust. Public Inquiry Report. http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report Berwick review into Patient Safety. www.gov.uk/government/publications/berwick-review-into-	National Institute for Health Research Service Delivery and Organisation Programme. *Models of medical leadership to improve patient experience.* www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1808-236_V07.pdf NHS Employers (2014) *Staff Engagement to improve service quality.* www.nhsemployers.org/case-studies-and-resources/2014/12/staff-engagement-creates-better-patient-outcomes Parliamentary and Health Service Ombudsman Principles of good complaint handling, www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling The King's Fund (2013). *Patient Centred Leadership: rediscovering our purpose.* www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/patient-centred-leadership-rediscovering-our-purpose-may13.pdf Healthcare Leadership Model, NHS Leadership Academy. www.leadershipacademy.nhs.uk/resourc

	patient-safety The King's Fund (2016) *Patients as partners: Building collaborative relationships among professionals, patients, carers and communities* www.kingsfund.org.uk/publications/patients-partners The King's Fund (2013). *Patient-centred Leadership.* www.kingsfund.org.uk/publications/patient-centred-leadership National Quality Board (2014). *Improving people's experience of care toolkit -* www.england.nhs.uk/?s=Improving+people%E2%80%99s+experience+of+care+toolkit+-+NQB+2014 NHS Improvement (2017) Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts https://improvement.nhs.uk/resources/well-led-framework/	es/healthcare-leadership-model/ National Quality Board (2015), *Improving experiences of care: Our shared understanding and ambition.* www.england.nhs.uk/ourwork/part-rel/nqb/ Picker Institute (2018).The risks to care quality and staff wellbeing of an NHS system under pressure www.picker.org/wp-content/uploads/2014/12/Risks-to-care-quality-and-staff-wellbeing-VR-SS-v8-Final.pdf Care Quality Commission www.cqc.org.uk/what-we-do NHS Mandate 2017-2018 www.gov.uk/government/publications/nhs-mandate-2017-to-2018
Organisational culture	Leading Change: Adding Value. A Framework for Nursing, Midwifery and Care Staff www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf Health Education England *Guidance on values-based recruitment* www.hee.nhs.uk/our-	NHS England culture of Care Barometer www.england.nhs.uk/leadingchange/staff-leadership/ccb/ NHS Employers Do OD TEAM development toolkit. www.nhsemployers.org/news/2014/01/do-od-team-development-toolkit---now-available Exploring the relationship between patients experiences and the influence on staff motivation, affect, and well-

work/values-based-recruitment

NICE Guidance Patient Experience Evidence Update
http://arms.evidence.nhs.uk/resources/hub/1032743/attachment

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NICE Guidance Patient Experience in Adult Services
http://guidance.nice.org.uk/CG138

Hello my name is – campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care:
http://hellomynameis.org.uk/

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https://improvement.nhs.uk/improvement-hub/culture-and-leadership/

being Professor Jill Maben, 2013
www.nets.nihr.ac.uk/projects/hsdr/081819213

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www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

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www.england.nhs.uk/ourwork/patient-participation/

House of care model – a framework, adopted by NHS England, for enhancing the quality of life for people with long term conditions:
www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/

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www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf

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Collecting feedback	National Patient Survey Programme www.nhssurveys.org/ NHS England. Friends and Family Test Guidance www.england.nhs.uk/fft/ NHS Complaints Regulations www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf NHS Complaints Guidance www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service NHS England. Insight resources. The use of patient insight effectively in delivering local services. www.england.nhs.uk/ourwork/insight/insight-resources/	NHS England. Improving Experience of care through people who use services www.england.nhs.uk/wp-content/uploads/2013/08/imp-exp-care.pdf e-Learning for Health – Health Education England, online training on management of complaints www.e-lfh.org.uk/programmes/complaints-handling/how-to-access/ NHS Choices What is PALS (Patient Advice and Liaison Service)? www.nhs.uk/chq/pages/1082.aspx?CategoryID=68 Patient Experience in Trusts map www.patientlibrary.net/cgi-bin/library.cgi?page=ALLMAP;prevref= Good practice for handling feedback; RCN guidance on handling and learning from comments, concerns and complaints 2014 www.rcn.org.uk/professional-development/publications/pub-004725 Complaints handling and improvement; Patients Association www.patients-association.org.uk/projects/complaints-handling-improvement/ Parliamentary and Health Service Ombudsman - Care Quality Commission - Healthwatch - NHS England, An Opportunity to Improve, General practice complaint handling across

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Royal College of Paediatrics and Child Health (RCPCH), Recipes for Engagement, Children and young people in the lead - It's their agenda, 2015

		Me first, Children and young people-centred communication, Presentation
		Care Opinion www.careopinion.org.uk/
		NHS Choices – Responding to Feedback www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/managingfeedback.aspx
		Patient Voices Project – Capturing stories www.patientvoices.org.uk/
		PEN (2013) Patient Experience – Children and Young people case studies http://patientexperiencenetwork.org/wp-content/uploads/2013/11/PEN-CYP-Survey-report-FINAL-electronic.pdf
		Picker Institute Europe – a not-for-profit organisation that makes patients' views count in healthcare: www.pickereurope.org/
		Maternity Voices http://nationalmaternityvoices.org.uk/
		National Voices https://www.nationalvoices.org.uk/
		Patient Experience Library https://www.patientlibrary.net/cgi-bin/library.cgi?page=Welcome;prevref=
Analysis and triangulation	NHS England Patient Experience Overall Measurewww.england.nhs.uk/statistics/statistical-work-areas/pat-exp/	Patient Experience; the Health Foundation www.health.org.uk/search?search=patient%20experience
	Patient Experience overall measure supporting toolswww.gov.uk/government/statistical-data-sets/patient-	

	experience-overall-measuresupporting-tools Getting It Right First Time (GIRFT) National programme helping improve care in the NHS by addressing variations in service https://improvement.nhs.uk/news-alerts/getting-it-right-first-time-recruits-new-clinical-leads/#h2-getting-it-right-first-time-girft-overview	Health Foundation *Top tips for Measuring Patient Experience* www.health.org.uk/blog/ten-tips-for-measuring-patient-and-carer-experience/
Using patient feedback for improvement	Improvement Hub, NHS Improvement https://improvement.nhs.uk/improvement-hub/patient-involvement/ Patient and Family-Centred Care toolkit. Point of Care Foundationwww.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/ Making the case for quality improvement: lessons for NHS boards and leaders www.kingsfund.org.uk/publications/making-case-quality-improvement Simplified Knowledge and Skills Framework (KSF) www.nhsemployers.org/SimplifiedKSF NHS England Nursing, midwifery and care staff; Leading Change, Adding Valuewww.england.nhs.uk/leadingchange/	Experience based co-design tool kit: Point of Care Foundation www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/ NHS England. 15 Steps challenge; www.england.nhs.uk/participation/resources/15-steps-challenge/ SCIE – Living with dementia: four people share their experiences and give a moving and personal insight into often overlooked aspects of the condition: www.scie.org.uk/socialcaretv/video-player.asp?v=living-with-dementia SCIE – Personalisation: 11 films, linked to relevant resources, six told from the perspective of people who use services, www.scie.org.uk/socialcaretv/topic.asp?t=personalisation Foundation of Nursing Studies library of case studies and projects https://www.fons.org/library/library

	Always Events; those aspects of the patient's experience that should occur when patients, service users, their family members and carers, interact with health care professionals and the health care delivery system https://improvement.nhs.uk/resources/always-events/	
Reporting and publication	Department of Health *Quality Accounts guidance 2015-16* www.gov.uk/government/publications/external-assurance-for-nhs-trusts-quality-accounts NHS England Business Plans 2017-19 www.england.nhs.uk/publication/nhs-england-funding-and-resource-2017-19/ Report of the all-party parliamentary committee on complaints in the NHS Published 2012 https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/35004.htm	Picker Institute Europe – a not-for-profit organisation that makes patients' views count in healthcare: www.pickereurope.org/ Point of Care Foundation: independent charity working to improve patients' experience of care and increase support for the staff who work with them: www.pointofcarefoundation.org.uk/Home The King's Fund: projects, articles, blogs and events around patient experience: www.kingsfund.org.uk/topics/patient-experience The Patient Experience Network – a membership network with a key emphasis on learning from each other and best practice: http://patientexperiencenetwork.org/ Beryl Institute: global community of practice and thought leader on improving patient experience in healthcare, papers on key issues, case studies and an annual programme of research grants: www.theberylinstitute.org/ Healthwatch rights and responsibilities in health and social care: www.healthwatch.co.uk/rights-and-responsibilities

Acknowledgements