

# A shared commitment by health and care organisations to improve experience of care



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# 1

## Section

### Section 1. **About this booklet**



**This is an easy-read booklet. It is an accessible version of a guide to Improving Experience of Care.**



**The guide is from The National Quality Board.**



**The guide talks about a shared commitment for those working in health and care systems to improve experience of care.**

## Section 1. About this booklet



Blue Words

When a word or phrase is difficult, we have explained it in **blue writing**.



We have split this booklet up into different sections to make it easier to read.

You may want to read it in stages.



Support

You may want support to read through this booklet.



In yellow boxes there are links to other helpful documents.



## Section 2. The National Quality Board



**The National Quality Board is where national organisations with responsibility for good quality care come together.**



**In 2015 The National Quality Board published the first Improving Experience of Care guide.**



**Our  
experiences**

**The guide explains why a good experience of care is important.**

## Section 2. The National Quality Board



**Integrated Care Systems** include NHS services, local authorities and other local partners.



Together they plan health and care services for their population.



The Covid-19 pandemic has shown us more about **health inequalities**.



**Health inequalities** are the unfair differences in people's health across groups of people.

## Section 2. The National Quality Board



**These differences may make things harder for people and limit their chance to live a longer, healthier life.**



**Health inequalities do not have to happen.**



**We have learned a lot about working with people who experience health and care to make things better.**



**To keep up to date, The National Quality Board has updated its Improving Experience of Care information.**

## A shared commitment to quality

for those working in health and care systems



Developed by the National Quality Board

Click here to read **‘A shared commitment to quality for those working in health and care systems’**

National Quality Board

### Position Statement: Managing Risks and Improving Quality through Integrated Care Systems

The intersection of health and care is changing. The recently published White Paper - Integration and the NHS - sets out a vision for a new model of care, where health and care services work together to deliver a more integrated and patient-centred system.

A shared commitment to delivering quality in ICSSs  
The integration of health and care services across health and care systems will bring about a new model of care, where health and care services work together to deliver a more integrated and patient-centred system.

The NHS is committed to delivering quality in ICSSs. The NHS is committed to delivering quality in ICSSs. The NHS is committed to delivering quality in ICSSs. The NHS is committed to delivering quality in ICSSs.

Key requirements for quality in ICSSs  
Systems and their constituent parts must have two overarching quality requirements:

1. To ensure the fundamental standards of quality are delivered - including meeting quality standards, including safety, risk, and patient experience and outcomes.
2. To ensure the quality of services, to meet the needs and expectations of the people using them.

Click here to read the **‘National Quality Board Position Statement on Quality in Integrated Care Systems’**

Guidance: Working Group  
Position: System Quality Groups



### National Guidance on System Quality Groups

National Quality Board

Version 1.01 January 2022

Click here to read the **‘National Guidance on System Quality Groups’**

NHS

Home | Our work | Commissioning | Get involved

Our advice for clinicians on the coronavirus is here  
If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

Our work

Partnerships and relationships

National Quality Board

Agencies, services and systems

Our shared ambition for compassionate, inclusive leadership

Post-ICSS publications

National Quality Board publications for Integrated Care Systems

Home | Our work | Partnerships and relationships | National Quality Board | Our shared ambition for compassionate, inclusive leadership

### Our shared ambition for compassionate, inclusive leadership

Why a shared focus on compassionate, inclusive leadership matters now

Our leaders at every level will play a critical role rising to these challenges and delivering the vision for high quality, inclusive care and out in the NHS. Shared Commitment. There is a growing evidence base (eg. West 2021) to demonstrate that in addition to being well led, the most effective care services are those for compassionate leaders that understand the impact of wider inequalities on health outcomes and actively promote equality, diversity and inclusion.

Compassionate leaders place the quality of care at the heart of what they do, and respect and empower people sharing on and delivering care to achieve this together. They have values and behaviours that inspire understanding and trust, build inclusion and reduce inequalities. They are driven by empathy and a strong commitment to learning and listening, in order to improve the health and wellbeing of all.

#### Creating a shared ambition

We believe that it is now timely to build a shared ambition for health and care leaders, leadership standards and our leadership education. Compassionate leadership is embedded in Our Leadership Way (previously referred to as the Leadership Compact) which is soon to be published and pilots to the importance of the heart, head and hands of leadership: leading with compassion, curiosity and through

Click here to read about **our shared ambition for compassionate, inclusive leadership**

# 3

## Section

### Section 3. High-quality care

- 1 ✓
- 2 ✓
- 3 ✓

High-quality care has 3 parts:



**Clinical effectiveness**



**Safety**



**Experience of care**



This booklet is about one of these 3 parts of high quality care:

**Experience of care**

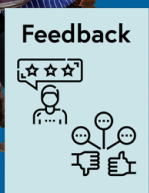
## Section 3. High-quality care



**We will explain these phrases further on in the guide.**



**Co-production as default for improvement**



**Using insight and feedback**



**Improving  
experiences**

**Improving experience of care at the core  
priority work programmes**

# 4

## Section

### Section 4. **A shared understanding**



**The National Quality Board asks all of us to share their commitment.**

**A commitment is an agreement to do something.**



**To work together in our local Integrated Care Systems**



**Improving**  
experiences

**To improve peoples' experience of care.**

## Section 4. A shared understanding



**This is in health services and care services.**



**And across **clinical pathways**.**



****Clinical pathways** is the name we use to describe the best way to make care happen.**



**It means we use the evidence about what works best to organise and to provide care.**

## Section 4. A shared understanding



**A person's care experience starts from their very first contact with the health and care system.**

**And it continues right through to their last.**



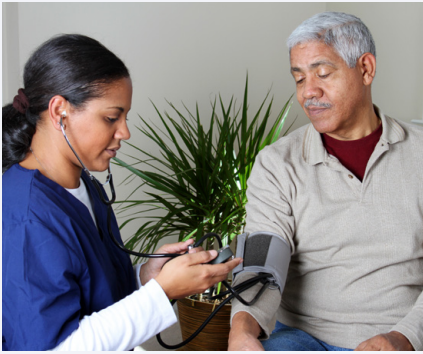
**This may be years after their first contact.**



**And can include end-of-life care.**



## Section 5. Ali's experience of care



**Ali is someone who has come into the system to receive care.**



**Harmony is a care worker who meets Ali.**



**Here are 3 examples of Ali's experiences of care or treatment.**

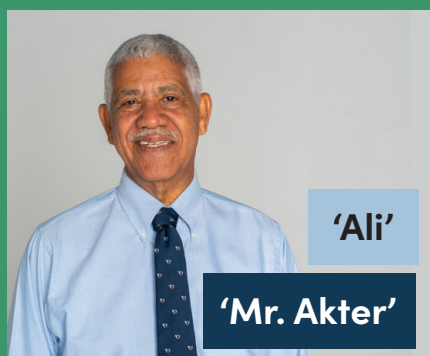
## Section 5. Ali's experience of care



**“Do I know who to contact if I have a problem?”**



**“Has Harmony explained the procedure to me?”**



**“Has Harmony asked me what name I want to be called by?”**



**We can think of Ali's experiences in different ways:**

## Section 5. Ali's experience of care



**Firstly, what happens between Ali and Harmony when they are with each other? (for example when they communicate about something)**



**Secondly, what happens when Ali needs Harmony to explain how the system works (for example booking an appointment)**



**Thirdly, how Ali feels about what happens between him and Harmony.**



**For example:**

**Did Ali feel treated with respect?**

THE BERYL  
INSTITUTE

Click here to read or watch a video about  
**Defining Patient Experience** from  
**The Beryl Institute**

**NICE** National Institute for  
Health and Care Excellence

Click here to read the NICE guidance about  
**improving the experience of care for  
people using adult NHS services**

**NICE** National Institute for  
Health and Care Excellence

Click here to read the NICE guidance about  
**improving the experience of care  
for people using adult NHS mental  
health services**

**NICE** National Institute for  
Health and Care Excellence

Click here to read the NICE guidance about  
**improving babies, children and  
young people's experience of healthcare**



Click here to read **'What We Need Now'**  
from **National Voices**



Click here to read the **'I statements'** from  
**Making It Real 2018**

## Section 6. Creating the best experience of care



**We create the best experience for people receiving care when 3 things happen:**



**1**

**We co-produce improvements in our Integrated Care System.**



**2**

**We use insight and feedback from people's experience of care and from colleagues.**



**3**

**We put improving experience of care at the core of our priority work programmes.**

# 7

## Section

### Section 7. Co-producing improvements



**Co-producing change is when:**



**Everyone involved in the system works together.**



**Everyone recognises each other as being equally valuable.**

## Section 7. Co-producing improvements



**By everyone we mean the staff and people receiving care.**



**People receiving care includes people from across all communities.**



**This means we can learn from everyone's experiences to:**



**1. Connect with many different people and ideas.**

## Section 7. Co-producing improvements

What  
matters  
most



**2. Be certain about what matters the most to people when we are improving things.**

↑ ↑ ↑  
Changes



**3. That when we make changes that they will last.**

PAYMENT →

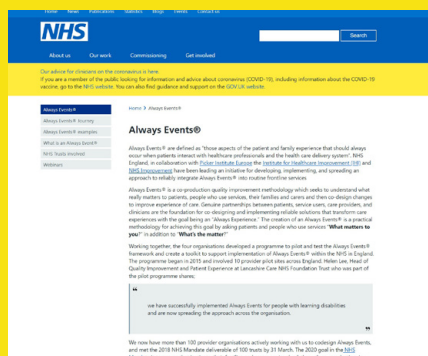


**Co-producing our improvement work means not just paying staff but also paying people receiving care to help us do this.**

## Section 7. Co-producing improvements



Click here to read about a **co-production model from NHS England and Coalition for Personalised Care**



Click here to find out more about **Always Events®**



Click here to read about **Integrated Care System implementation guidance on working with people and communities**




Click here to read about **Working in Partnership with People and Communities, NHS England**


# 8

Section


## Section 8. Using insight and feedback



**Using insight and feedback is about listening to people's experience of care and to the views of the NHS staff who provide it.**



**Insight does not come from just one survey, patient story, focus group or public meeting.**



**It is about using lots of different ways to understand different issues and then to ask:**

## Section 8. Using insight and feedback



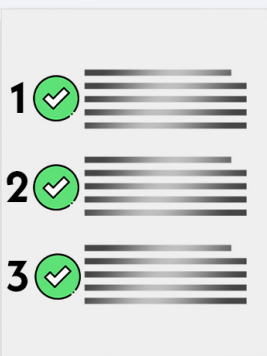
**“How do we use what we have found out to improve the quality of every person’s experience?”**

### Dignity



### Respect

**This is how we find out about how people feel about important things such as dignity and respect.**



**Some of the ways our Integrated Care System finds insight are:**

## Section 8. Using insight and feedback



**All the time asking for feedback from:**



**People who use  
our services**



**Families and  
unpaid carers**



**Other members  
of the public**



**Working together to:**



**Design  
services**



**Run  
services**



**Review  
services**

## Section 8. Using insight and feedback



**Using existing surveys like the Friends and Family Test.**



**Always involving people receiving care when deciding how to improve things.**



**Listening and responding to stories in meetings with managers.**



**Listening to people's stories and experiences of care.**

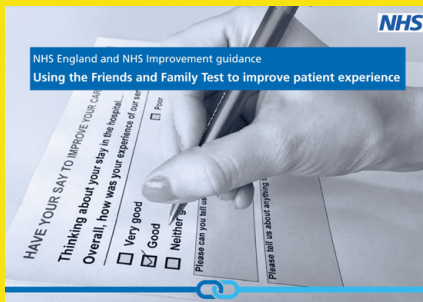
## Section 8. Using insight and feedback



Click here to read a report from **The King's Fund** about **How to listen to and learn from people and communities**



Click here to read **Bite-size Guides to Patient Insight** from **NHS England**

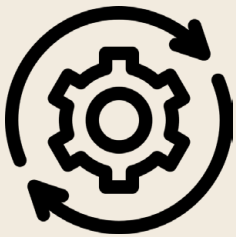


Click here to read **Guidance on implementing the Friends and Family Test** from **NHS England**

# 9

## Section

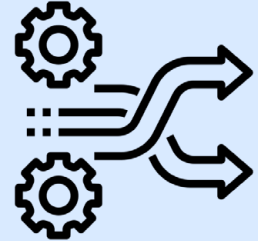
### Section 9. Our priority work programmes



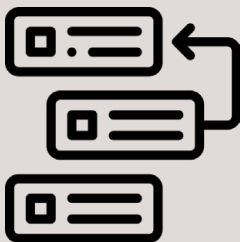
**System**



**Improvement**



**Transformation**



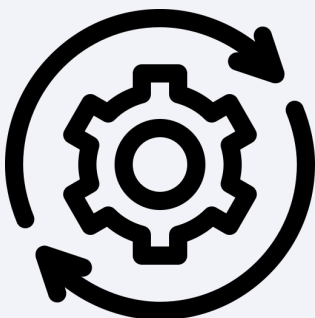
**Priority**



**Plans**



**Quality**



**These are system words.**

## Section 9. Our priority work programmes



**Each system word is about our agreement to improve the experience of care for people.**



**We want to explain in every system how we:**



**MY experience**

**1. Think about and respond to people's experience of care**



**Measure**

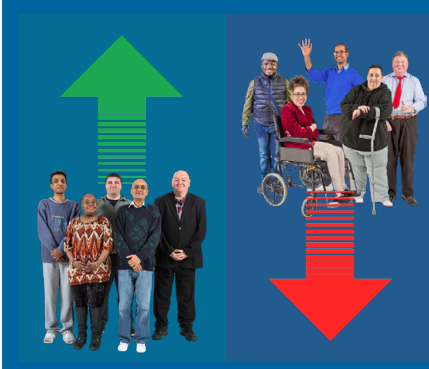


**Improvements**

**2. Measure improvements in people's experience of care.**

## Section 9. Our priority work programmes

### 3. Tackle health inequalities



### 4. Understand and improve staff experiences



### 5. Connect staff experience at work with people's experience of care

Staff experience



Patient experience

### 6. Understand more about and support unpaid carers.



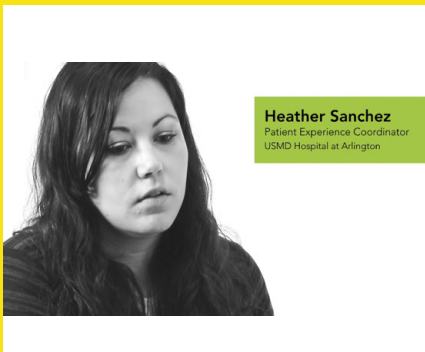
## Section 9. Our priority work programmes



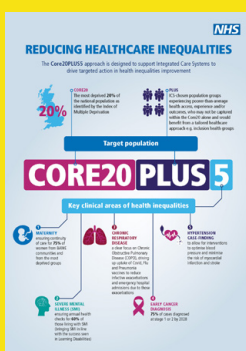
**Unpaid carers help keep health and care services going.**



**Click here to read and watch a video about the NHS commitment to carers**



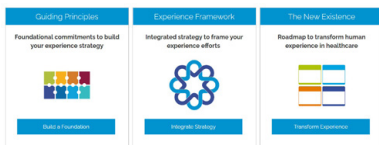
**Click here to watch a video about defining the patient experience**



**Click here to see a poster about reducing health inequalities**

## Section 9. Our priority work programmes

### THE BERYL INSTITUTE



Click here to read about the **Path to Experience Excellence** from The Beryl Institute

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NHS

For advice on the framework, visit the [framework page](#).

If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the [NHS website](#). You can also find guidance and support on the [NHS.uk website](#).

#### Patient experience improvement framework

Document last updated: 27 June 2019  
Page number: 10  
Page version: 1.0  
Page type: Framework

The Patient Experience Improvement Framework is an evidence-based organisational development tool that gives NHS a framework to assess their current approaches to experience of care. The Framework is based on CQC reports and themes from trusts rated as adequate and outstanding.

##### Document



Patient experience improvement framework

PDF 955 KB 41 pages

##### Summary

It sets the areas of leadership, culture, collecting data, triangulating data, learning for improvement and reporting/publishing to make the improvement, and it can be used to develop strategy and delivery plans to cover all aspects of experience of care from patients, families, carers as well as staff.

The framework is not mandatory and is a tool for improvement for any queries please contact [info@nhs.uk](mailto:info@nhs.uk)

Click here to read about the NHS **Patient experience improvement framework**

Links between NHS staff experience and patient satisfaction:  
Analysis of surveys from 2014 and 2015



Click here to read about the **links between NHS staff experience and patient satisfaction**

**A co-production group worked together to make this easy-read document.**

**This document was made with NHS England.**

**We created this survey as people who are:**

"Chilled, relaxed, kind, helpful and caring"

"Creative and committed"

"Kind and generous with my time to others"

"Passionate, approachable and dedicated"



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**To find out more:**

**Visit our website:** [thinklusive.org](https://thinklusive.org)

**e-mail:** [hello@thinklusive.org](mailto:hello@thinklusive.org)

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