# Experience of care improvement framework assessment tool

This document covers specifically the 5 sections of the framework and the improvement areas within them. The full framework can be accessed on the [NHS England website](https://www.england.nhs.uk/publication/experience-of-care-improvement-framework/).

Review groups should consider each area detailed under the 5 sections. Use [the worksheet](https://www.england.nhs.uk/publication/experience-of-care-improvement-framework/) to record discussions and actions.

* [Section 1](#section1): Leadership – areas 1-4
* [Section 2](#section2): Organisational culture – areas 5-9
* [Section 3](#section3): Collecting feedback – areas 10-14
* [Section 4](#section4): Analysing feedback – areas 15-18
* [Section 5](#section5): Learning for improvement – areas 19-23

Section 1: Leadership

This section includes the following areas of practice:

* strategic influence of the community, people using services and unpaid carers
* leadership development
* senior leadership influence and support
* clinical, professional and volunteer engagement

**Area 1a:** The provider has an experience of care strategy that:

* is either a stand-alone document or is integrated into a strategy for improving quality
* has been co-produced with the community, people using services, unpaid carers, frontline staff and volunteers
* has been consulted on with key stakeholders, including the community and voluntary sector and the integrated care system partners
* has been signed off by the board
* is reviewed regularly by the board who can support improvement and mitigating actions

**Area 1b:** The provider has a delivery plan for experience of care that includes:

* listening to, collecting and ongoing analysis of both quantitative and qualitative feedback from a variety of local and national sources, including from those in the community who do not currently access services but have a need for them or are likely to in the future
* a timetable for review

**Area 1c:** The provider can demonstrate how it works with people using services, unpaid carers, communities and how this informs relevant decisions, in line with the [statutory guidance working in partnership with people and communities.](https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/)

**Area 1d:** The provider can demonstrate an approach that addresses inequalities in experience of care and both understands and meets the needs of marginalised or underserved communities.

**Area 1e:** Where it has identified health inequality gaps between actual and expected service use, the provider can demonstrate

* how it is working with people who don't currently access services but have a need to or are likely to need it in the future
* how this work informs relevant decisions

**Area 1f:** The provider can demonstrate that it’s proactively working with the community to understand the reasons behind any difference between actual and expected experience of care and is seeking to improve it.

**Area 1g:** The provider can demonstrate how it is working in partnership with the local integrated care board and system to improve experience of care.

**Area 2a:** The provider can demonstrate that experience of care, for both people receiving and providing care, is embedded in all aspects of leadership development.

**Area 2b:** The provider can demonstrate how it has involved people using services and unpaid carers in the assessment and appraisal processes for staff. This approach could involve using experience of care feedback data or other forms of evidence, including compliments, complaints and testimonials.

**Area 2c**: The provider ensures that experience of care feedback from the community, people using services and unpaid carers is embedded in the organisation’s approach to staff and volunteer training.

**Area 3a:** The provider has an executive director lead for experience of care who routinely provides the board with reports and proactively leads this area of work.

**Area 3b:** The provider’s executive leadership team is accessible and visible in the organisation and routinely engages with the community, people using services, unpaid carers, staff and volunteers.

**Area 4a:** The provider can demonstrate how all healthcare professionals are engaged and provide input into the improvement of services, efficiency changes and how changes impact everyone’s experience of care.

**Area 4b:**The provider can demonstrate how it proactively engages with and involves staff networks, such as the LGBTQIA+ staff network and the network for Black and ethnic minority staff.

**Area 4c:** The provider understands how change impacts on people using services, unpaid carers, volunteers and staff and considers this in the planning and implementation of transformational activity.

**Area 4d:** The provider can demonstrate how healthcare professional and volunteer engagement across the integrated care system are focused on people using services and unpaid carers.

**Area 4e:** There is clear medical engagement in experience of care as an equal facet of the quality agenda alongside safety and clinical effectiveness.

Section 2: Organisational culture

This section includes the following areas of practice:

* organisational development
* supporting staff engagement
* staffing levels
* organisational values
* communications and accessible information

**Area 5a:** The provider integrates the experience of the community, people using services, unpaid carers, staff and volunteers within its organisational development strategy.

**Area 6a:** The provider supports staff to listen and act on the feedback from people using services and unpaid carers.

**Area 6b:** The provider routinely compares and combines feedback from different sources to get a complete picture of the experience of care. These sources include the community, people using services, unpaid carers, staff and volunteers.

**Area 6c:**The provider supports, resources and actively engages with staff networks when delivering its approach to improving experience of care, for example, the LGBTQIA+ staff network and the network for Black and ethnic minority staff.

**Area 6d:** The provider monitors the improvements and impact made against staff survey results.

**Area 6e:** The provider uses positive reporting to identify and celebrate the achievements of staff and volunteers.

**Area 7a:** The provider can demonstrate that staff are engaged in the process of setting staffing levels and in developing the workforce.

**Area 7b:** The provider can show how well escalation processes are defined and embedded throughout the organisation to ensure safe staffing.

**Area 7c:** The provider can demonstrate that staff give care that is compassionate.

**Area 7d:** The provider can demonstrate that staff involve people using services and unpaid carers in making decisions about their care and treatment.

**Area 7e:** The provider can demonstrate that it provides good emotional, spiritual and religious support to people using services, unpaid carers, staff and volunteers.

**Area 8a:** The provider has a set of values that have been co-produced with people using services, unpaid carers, volunteers and staff.

**Area 8b:** The provider refers to its values in all corporate documents, which reflect the broader values in the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england).

**Area 8c:** The provider has an accountability framework to ensure its values are demonstrated by staff and volunteers.

**Area 8d:** The provider has a values-based recruitment and appraisal system in place.

**Area 9a:** The provider can demonstrate that the information it provides is accessible and clear to people using services, unpaid carers and the public, and ensures it is available through multiple routes.

**Area 9b:** The provider can demonstrate that it identifies, records and shares the communication and information needs and preferences of people receiving care and unpaid carers.

**Area 9c:** The provider co-produces communications with people with lived experience and other stakeholders to ensure communications are clear and readily understood.

Section 3: Collecting feedback

This section includes the following areas of practice:

* qualitative and quantitative feedback, from a variety of sources: for example, Friends and Family Test (FFT), patient experiences, national surveys
* complaints
* Patient Advice and Liaison Service (PALS)
* escalation and Duty of Candour

**Area 10a:** The provider can demonstrate a comprehensive programme of seeking rapid and real or near real-time feedback from people using services and unpaid carers.

**Area 10b:**The provider can demonstrate an effective approach to collecting and hearing feedback from marginalised or underserved communities.

**Area 10c:** The provider can demonstrate that there is a process to collect and hear feedback from volunteers.

**Area 10d:** The provider can demonstrate it supports and uses national patient experience surveys and the Friends and Family Test. It ensures all people who use services and unpaid carers are given the opportunity to feedback, see the results, support co-produced improvements and see the impact locally.

**Area 10e:** The provider can demonstrate that it uses existing quantitative and qualitative datasets that speak to experiences of care, before beginning to collect new data. This approach will ensure any new data collection is necessary and targeted at evidenced gaps in insight.

**Area 10f:** The provider can demonstrate adherence to [best practice guidelines for experience of care](https://www.england.nhs.uk/wp-content/uploads/2022/10/B1632-shared-commitment-for-those-working-in-health-and-care-oct2022.pdf).

**Area 11a:** The provider undertakes stakeholder mapping to seek feedback from all relevant groups and communities, ensuring no one is missed and everyone’s accessibility and inclusivity needs are considered.

**Area 11b:** The provider can demonstrate its adhering to [statutory guidance](https://www.legislation.gov.uk/ukpga/2006/41/section/13E) for improving the quality of care.

**Area 11c:** The provider is proactive in informing and signposting people to the range of ways they can provide feedback, including through the NHS website and other organisations, such as Healthwatch.

**Area 11d:** The provider employs a range of methods to collect feedback, considering accessibility and based on the recorded needs and preferences of people using services and unpaid carers.

**Area 11e:** The provider employs a range of methods to collect feedback from people who do not currently access care but who have a need for it or would be likely to need it in the future.

**Area 11f:** The provider empowers staff to actively identify and record communication and information needs and preferences made by people using services and their unpaid carers.

**Area 12a:** The provider has an accessible and user-friendly complaints policy, which complies with statutory regulations. Information is visible in all locations where care is received and is available from community staff where applicable.

**Area 12b:** The provider clearly displays information on how to make a complaint on its website, and this is accessible within no more than two clicks from the home page.

**Area 12c:**The provider offers a discussion with a named contact and complainants are supported throughout the complaints process.

**Area 12d:** The provider can provide evidence that practice has changed following complaints.

**Area 12e:** The provider monitors insight arising from complaints, such as patterns and notable variations in experiences of care, to support understanding of and reduce health inequalities, ensuring improvements are sustained.

**Area 13a:** The provider provides information about Patient Advice and Liaison Service (PALS) that is visible in all locations where people use services and is available from community staff where PALS is provided.

**Area 13b**: The provider clearly displays information about how to use PALS on its website and this information is accessible within no more than two clicks from the home page where PALS is provided.

**Area 13c**: The provider routinely gathers and reports on feedback about how issues have been handled where PALS is provided.

**Area 13d**: The provider can provide evidence that practice has changed in response to feedback from PALS.

**Area 13e**: The provider monitors insight arising from PALS, such as patterns and notable variations in experiences of care, to support understanding of and reduce health inequalities, ensuring improvements are sustained.

**Area 13f**: The provider routinely captures a range of written and spoken qualitative feedback, including through lived experience, focus groups and existing datasets, such as the NHS website.

**Area 13g:** The provider monitors and evaluates the impact and outcomes from quantitative and qualitative evidence as to the experience of care.

**Area 13h:** The provider can demonstrate it uses both quantitative and qualitative evidence about the experience of care at board level and in committees that support improvements

**Area 14a:** The provider supports staff in addressing concerns raised by people using services, unpaid carers, families and volunteers.

**Area 14b**: The provider has a process for demonstrating how teams can share and learn from responding to concerns raised by people using services, unpaid carers, families and volunteers.

**Area 14c**: The provider can demonstrate that [Duty of Candour regulations](https://www.gov.uk/government/publications/nhs-screening-programmes-duty-of-candour/duty-of-candour) are well understood and embedded; the provider’s processes are clear and transparent.

Section 4: Analysing feedback

This section includes the following areas of practice:

* quantitative and qualitative analysis
* quality assurance
* governance
* delivering improvement
* action and service redesign

**Area 15a:** Theprovider candemonstrate that it routinely and systematically analyses quantitative feedback using appropriate methods and best practice, such as ensuring data is representative and statistical uncertainty is measured.

**Area 15b:** The provider can demonstrate that it routinely and systematically analyses qualitative feedback using appropriate methods and best practice. This includes not attempting to apply quantitative analysis to qualitative datasets, which will result in a loss of meaning and insight.

**Area 15c:** The provider has dedicated analysis and support to ensure it can best use its experience of care feedback data.

**Area 15d:** The provider ensures that analysing experience of care data is a key component of annual quality accounts.

**Area 15e:** The provider’s quality accounts include information about experience of care and how the trust is listening and responding to feedback from the community, people using services and unpaid carers. This should include examples of improvements to services or care the provider has made as a result of feedback.

**Area 16a**: The provider highlights areas where experience of care correlates with other quality measures (for example, safety and clinical outcomes).

**Area 16b**: The trust board reports clearly to articulate the relationships between the quality measures (experience of care, safety and clinical outcomes) and quality improvement.

**Area 17a**: The provider monitors qualitative and quantitative data from staff, volunteers, communities, people using services and unpaid carers to identify variations and areas for improvement relating to experiences of care.

**Area 17b**: Staff and volunteers within the provider are empowered to use feedback to inform continuous improvements in line with [NHS IMPACT](https://www.england.nhs.uk/nhsimpact/).

**Area 18a**: The provider has a process to support staff to continually improve how they gather feedback so they can use this to improve the quality of care.

**Area 18b**: The provider expects all teams to routinely use qualitative and quantitative data feedback about care experiences to make improvements.

**Area 18c**: The provider has an effective approach to sharing learning locally, including recognising and rewarding good practice and identifying opportunities to improve the quality of care.

Section 5: Learning for improvement

This section includes the following areas of practice:

* care planning and shared decision-making
* staff appraisal
* service change
* co-production
* quality improvement

**Area 19a:**The provider uses [shared decision-making tools](https://www.england.nhs.uk/personalisedcare/shared-decision-making/) to help people using services and unpaid carers make informed decisions about treatment and care options.

**Area 19b:**The provider has a process for demonstrating that people using services and unpaid carers are all involved in care planning, including the [statutory duty to involve unpaid carers in discharge plannin](https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance)g.

**Area19c:**The provider can demonstrate that people using services and unpaid carers, understand any roles they may have in the agreed care plan.

**Area 19d:**The provider performs highly in those NHS-mandated national survey questions that ask if people felt involved in decisions about care and treatment.

**Area 20a:**The provider has a systematic approach to identifying staff and volunteer training needs to use feedback to drive improvement in experience of care.

**Area 20b:** The provider’s board and executive team have a good understanding of how change happens in complex systems, and how change impacts people using services, unpaid carers, volunteers and staff.

**Area 21a**:The provider can demonstrate that staff engage in continuous improvement using an improvement methodology in line with [NHS IMPACT](https://www.england.nhs.uk/nhsimpact/).

**Area 21b**:Staff have the capability and capacity to identify areas for quality improvement and undertake these improvements in partnership with people with lived experience.

**Area 22a:**The provider can demonstrate that results of impact assessments are always included within proposals.

**Area 22b:**The provider can demonstrate how people with lived experience and unpaid carers have been involved at all stages of any service change, and there is evidence of meaningful co-production or co-design within this.

**Area 23a:**The provider can demonstrate that staff and volunteers are given the opportunity to contribute and act on ideas for continuous improvement, including recognising and rewarding where staff and volunteers have responded positively to experience of care feedback.