

Patient and Family Experience Strategy

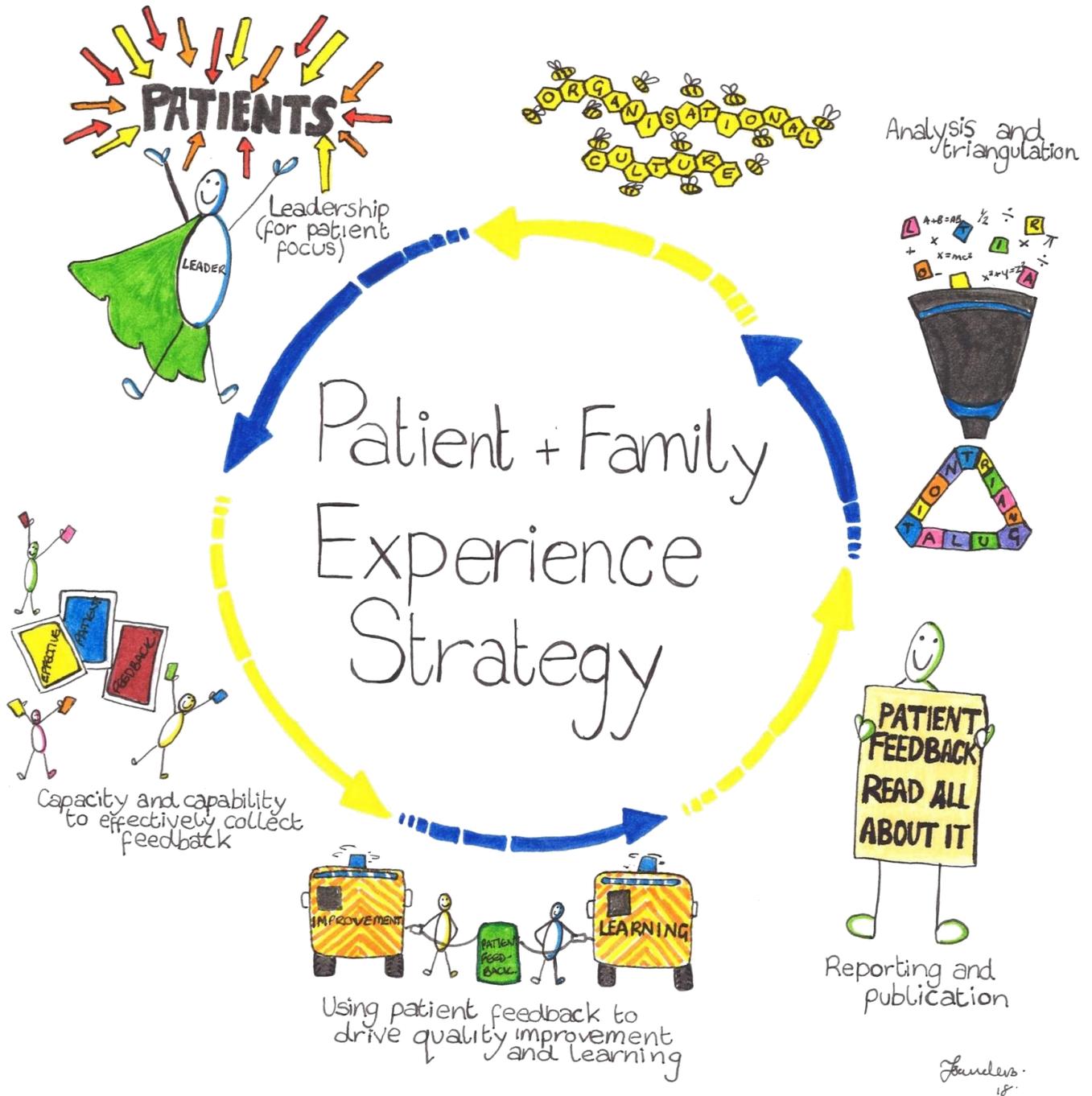
V2.0

15 August 2018

Table of Contents

1. Executive Summary.....	5
2. 2. Context / Background	6
3. Purpose / Objectives of this Strategy.....	6
4. Scope	6
5. Definitions / Glossary.....	7
6. Ownership and Responsibilities.....	7
7. Benefits.....	8
8. Risks.....	8
9. The Strategy	9
10. Implementation and Work Plan	9
11. Monitoring compliance and effectiveness	10
12. Updating and Review	10
13. Equality and Diversity.....	10
Appendix 1. Governance Information	11
Appendix 2. Initial Equality Impact Assessment Form	13
Appendix 3. Patient Experience Assessment and Improvement Tool.....	16

1. Executive Summary



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2. Context / Background

1.1. The Trust recognises the evidence that positive patient experiences result in improved clinical outcomes and in doing so, this Strategy sets out to make patient and family experience central to the core work of the Trust and to all initiatives to improve care and service delivery.

1.2. The NHS Improvement Patient Experience Framework Improvement Tool, launched in June 2018, is at the heart of this Strategy. This Framework is based on the previous Trust Development Authority's Patient Experience Development Framework, co-produced with over 20 trusts. This has been reviewed and revised in line with the National Quality Board's *Improving experiences of care: our shared understanding and ambition* (2015) and driven by evidence from CQC reports of trusts rated as 'outstanding' and 'inadequate'. The review identified CQC's reasons for rating acute trusts services as 'outstanding' and 'inadequate' and used the common themes as the basis for the framework to enable providers to focus on improvement.

1.3. This Framework will enable the Trust to carry out an organisational diagnostic to establish how far patient experience is embedded in its leadership, culture and operational processes and is intended to drive improvement of patient experience across the Trust.

3. Purpose / Objectives of this Strategy

This Strategy:

3.1. enables the Trust's focus on using patient experience to drive improvement across all aspects of quality and performance with the knowledge that organisations with a strong patient focus are also more effective in other aspects of performance and financial governance.

3.2. recognises the fundamental connection between patient experience and staff experience and the evidence that supports the phrase 'Happy Staff, Happy Patients'.

3.3. supports delivery of the three Trust priorities: Improving Patient Safety, Strong Governance and Tackling Delays.

3.4. will serve as a driver and an enabler for the delivery of the Trust's Quality Improvement Programme.

3.5. will support future clinical and quality strategies

3.6. will support the Trust's reputation by influencing the way in which the Trust engages with people who use Trust services.

4. Scope

4.1. This is a Trust wide Strategy involving all staff, patients, families, and other stakeholders.

4.2. Trust staff working in clinical and non-clinical teams will deliver the strategy in partnership with patients, families and patient representatives.

5. Definitions / Glossary

5.1. The experience that a person has of their care, treatment and support is one of the three parts of high-quality care, alongside clinical effectiveness and safety.

5.2. 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.

The National Quality Board Patient Experience Sub Group definition (2014) of Patient Experience states that: 'Experience' can be understood in the following ways:

- 1. What** the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:
 - a. the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);
 - b. the processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).
- 2. How** that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.

Extract taken from NHS England, National Quality Board (2015):

[Improving experiences of care: Our shared understanding and ambition](#)

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6. Ownership and Responsibilities

6.1. Role of the Chief Executive and wider Trust Board

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities (for example: NHS England, Commissioners and the Care Quality Commission). These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

6.2. Role of the Executive Lead

The Chief Nurse, as the nominated Executive Lead for Patient Experience, will be responsible for ensuring structures and processes are in place to assure delivery of the Patient and Family Experience Strategy. The Chief Nurse will report to Trust Board on progress as required

6.3. Role of the Patient Experience Group

The Patient Experience Group, chaired by the Associate Chief Nurse holding the Trust's Patient Experience Portfolio, will ensure delivery of the Strategy by agreeing the related action plan(s) and monitoring progress.

6.4. Role of the Quality Assurance Committee

The Quality Assurance Committee will hold to account the work and actions of the Patient Experience Group (PEG). It will receive exception reports from PEG and scrutinise progress in delivering the Strategy on behalf of the Trust Board.

6.5. Role of the Divisional Management Teams

Divisional Management Teams (the triumvirate of Clinical Director, Associate Director and Associate Director of Nursing) are responsible for ensuring sufficient activity in their Division to deliver the action plans related to the Strategy across all services. Effective mechanism for communication and dissemination of information to all clinical teams must be assured.

6.6. Role of the Matron for Patient Experience

The Matron for Patient Experience is responsible for coordinating the development, implementation and monitoring of the Strategy and its related action plans, and updating it as needed.

6.7. Role of the Patient and Family Experience Team

The Patient and Family Experience Team will support the Matron for Patient Experience in monitoring the progress of the action plans that support the delivery of the Strategy.

6.8. Role of Individual Staff

All staff members are responsible for ensuring they understand the principles within the Strategy and meet the requirements of involving patients and their families in decisions about care and treatment, and involving patients and their representatives in planning and improving service and care delivery.

7. Benefits

7.1. Driving improvement in patient experience with engaged staff will serve to improve both patient and staff experience.

7.2. Engaging all staff, both clinical and non-clinical, in a patient focused improvement activity will strengthen shared learning across the Trust and improve ward to board reporting.

8. Risks

8.1. The risk of not implementing this Strategy is that improvement in patient experience will remain in pockets of excellence and not be shared Trust-wide.

8.2. Lack of staff engagement will lead to areas of lack of ownership and compromise delivery of the Strategy.

9. The Strategy

9.1. *The NHS Improvement Patient Experience Framework Assessment Tool (2018)* will be used as the foundation for driving improvement in patient experience across the six domains. The characteristics of the domains are given in detail in Appendix 2 but in summary they are:

9.2. *Leadership*

This domain focuses on the values and behaviours of senior leaders in the Trust. There should be a clear commitment to equality and diversity to ensure the needs of all are met.

9.3. *Organisational Culture*

This works towards establishing a culture that is patient focused and values behaviour that enhances the experience of patients.

9.4. *Capacity and capability to effectively collect feedback*

This ensures the organisation has multiple and effective routes for patients and families to provide feedback.

9.5. *Analysis and Triangulation*

This works towards a systematic and consistent approach to analysing and making sense of patient feedback, and considers it alongside patient safety and patient outcomes data.

9.6. *Using patient feedback to drive quality improvement and learning*

This ensures 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.

9.7. *Reporting and publication*

This focuses on regular reporting and publishing of patient experience data and the co-production of quality improvement plans with a range of stakeholders including patients and frontline staff.

10. Implementation and Work Plan

10.1. The assessment tool will be used as a diagnostic tool to enable a Trust wide self-assessment and, working together with staff, patients, and patients' representatives, will facilitate action plans to improve within each domain.

10.2. A 3 year work plan will be developed in consultation with staff, patients, and patients' representatives to support the delivery of the Strategy.

10.3. The Improvement Tool will be implemented using quality improvement methodology and embracing the principle of continual learning.

11. Monitoring compliance and effectiveness

Monitoring through Patient Experience Group, reported to Trust Board via appropriate subcommittee,

Element to be monitored	The action plans related to the six domains of the improvement tool will be monitored.
Lead	Associate Chief Nurse holding the Trust's portfolio for Patient Experience and the Patient Experience Matron.
Tool	NHS Improvement Patient Experience Framework Tool
Frequency	Annual Self Assessment
Reporting arrangements	Monitoring and reporting will take place quarterly via the Patient Experience Group and reported to Trust Board via the appropriate subcommittee.
Acting on recommendations and Lead(s)	Patient Experience Group will oversee the recommendations and action plans developed as part of the Strategy work plan
Change in practice and lessons to be shared	Patient Experience Group will take responsibility for overseeing changes in practice and shared learning.

12. Updating and Review

12.1. The strategy will be kept under review by the authors and RCHT Patient Experience Group in line with wider Trust strategic and operational developments and practice changes.

12.2. The minimum review period will be in three years' time in line with Trust policy.

12.3. Revision activity is recorded in the version control table at the beginning of this document.

13. Equality and Diversity

13.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

13.2. Equality Impact Assessment

13.3. The Initial Equality Impact Assessment Screening Form is at Appendix 1.

NB: References and Associated Trust Documents

Up-to-date references, including details of supporting or associated Trust or Cornwall Health Community documents, must be listed on the Governance Coversheet.

Appendix 1. Governance Information

Document Title	Patient and Family Experience Strategy V2.0		
Date Issued/Approved:	15 August 2018		
Date Valid From:	15 August 2018		
Date for Review:	15 August 2021		
Directorate / Department responsible (author/owner):	Beverley Balin-Bull Matron for Patient Experience		
Contact details:	01872 252952		
Brief summary of contents	This Strategy outlines the Trust's approach to improving patient experience.		
Suggested Keywords:	'patient experience', 'quality improvement', 'engagement'		
Target Audience	RCHT	CPFT	KCCG
	✓		
Executive Director responsible for Policy:	Chief Nurse		
Date revised:	15 August 2018		
This document replaces (exact title of previous version):	The Patient Experience Strategy 2015-2020 V1.3		
Approval route (names of committees)/consultation:	Patient Experience Group		
Divisional Manager confirming approval processes	Frazer Underwood, Associate Chief Nurse		
Name and Post Title of additional signatories	'Not Required'		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical/PatientExperience		
Links to key external standards	<ul style="list-style-type: none"> NHS Constitution NICE CG138 <i>Patient Experience in Adult Services</i> NHS Complaints Regulations 2009 		

	<ul style="list-style-type: none"> • CQC Regulation 10: <i>Dignity and respect</i> • CQC Regulation 16: <i>Receiving and acting on complaints</i>
Related Documents:	<ul style="list-style-type: none"> • NHS Improvement (2018) <i>Patient Experience Improvement Framework</i> • National Quality Board (2015) <i>Improving experiences of care: our shared understanding and ambition</i> • NHS Outcomes Framework Domain 4
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
1 Mar 12	V1.0	Initial Issue	Shirley McIntyre Patient and Public Engagement Manager
1 Jan 15	V1.3	Full rewrite	Lana-Lee Jackson, Patient Experience Manager
15 Aug 18	V2.0	Full review. Change of document title.	Beverley Balin-Bull Matron for Patient Experience

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<i>Name of Name of the strategy / policy /proposal / service function to be assessed</i>					
Patient and Family Experience Strategy V2.0					
Directorate and service area: Patient and Family Experience			Is this a new or existing Policy? EXISTING		
Name of individual completing assessment: Beverley Balin-Bull			Telephone: 01872 252952		
1. Strategy Aim	The aim of this Strategy is to strengthen the characteristics in the Trust that directly contribute to improving patient experience and staff experience.				
2. Strategy Objectives	<p>This Strategy:</p> <ul style="list-style-type: none"> • enables the Trust's focus on using patient experience to drive improvement across all aspects of quality and performance with the knowledge that organisations with a strong patient focus are also more effective in other aspects of performance and financial governance. • recognises the fundamental connection between patient experience and staff experience and the evidence that supports the phrase 'Happy Staff, Happy Patients'. • supports delivery of the three Trust priorities: Improving Patient Safety, Strong Governance and Tackling Delays. • will serve as a driver and an enabler for the delivery of the Trust's Quality Improvement Programme. • will support future clinical and quality strategies • will support the Trust's reputation by influencing the way in which the Trust engages with people who use Trust services. 				
3. Strategy – intended Outcomes	That the patient voice is present across the trust quality improvement programmes and that there is measurably increased patient engagement activity in activities to improve care and service delivery.				
4. How will you measure the outcome?	Through annual self assessment using the NHS Improvement Patient Experience Framework Self Assessment Tool				
5. Who is intended to benefit from the strategy?	Patients and staff				
6a) Who did you consult with	Workforce	Patients	Local groups	External organisations	Other

b). Please identify the groups who have been consulted about this procedure.	√	√		√	Volunteers
	Please record specific names of groups Healthwatch Cornwall				
What was the outcome of the consultation?	Healthwatch Cornwall support this Strategy				

7. The Impact Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		√		
Sex (male, female, trans-gender / gender reassignment)		√		
Race / Ethnic communities /groups		√		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		√		
Religion / other beliefs		√		
Marriage and Civil partnership		√		
Pregnancy and maternity		√		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		√		
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:				

<ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 			
8. Please indicate if a full equality analysis is recommended.	Yes		No ✓
9. If you are not recommending a Full Impact assessment please explain why. Neutral impact This Strategy offers an opportunity to strengthen the Trust's equality and diversity standards.			
Signature of policy developer / lead manager / director Beverley Balin-Bull		Date of completion and submission 1 June 2018	
Names and signature of members carrying out the Screening Assessment	1. Beverley Balin-Bull, Matron for Patient Experience 2. Human Rights, Equality and Inclusion Lead	1 June 2018	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
 c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
 Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed Beverley Balin-Bull

Date 1 June 2018

Appendix 3. Patient Experience Assessment and Improvement Tool

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
<i>Leadership (for Patient Focus)</i>							
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	2A	Patient experience is embedded in all aspects of leadership				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	trust leadership development work (including that undertaken by operational managers and clinical staff).		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 leads discussion with board colleagues on patient experience.	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.				
		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	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				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	development of the quality strategy and clinical strategy which provides momentum in terms of quality, patient experience and safety.		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							
5	The organisational development strategy and implementation plans 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	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				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	individualised care		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 and believe they will be listened to and supported.	7A	The organisation has developed, with patients and staff, a set of values, articulated through all corporate documents, which reflect the values in the 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	8A	The organisation's website and other externally facing communications are accessible and clear and patients would				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	its communications, and routinely offers to provide copies of clinical correspondence		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

9	The organisation participates in all mandated surveys and works with commissioners to develop and implement rapid/real, or near real-time 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.				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
		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 of Candour is followed	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 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.				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
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

13	The organisation has a systematic way of analysing patient feedback in all its forms, including complaints. The organisation also has dedicated analytics and	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.				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	intelligence support for its patient experience data, which produces clear helpful reports						
14	The organisation produces reports that demonstrate the correlation between improving patient outcomes, patient safety and patient experience. This is routinely triangulated with the staff survey	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 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				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
			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.				
<i>Using Patient Feedback to Drive Quality Improvement and Learning</i>							
17	The organisation supports staff to share decision making about care and treatment with patients, and actively supports	17A	Staff demonstrate a good understanding of the theory and practice of shared decision making, its principles are underpinned through training programmes.				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	staff to involve patients in their care.	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 are 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	19A	The results of an impact assessment are always included within proposals.				

Ref	Characteristics	Sub-Ref	Suggested requirement needed to meet the characteristic	Org. score 0-5	Current position	Planned action to improve	What will good look like?
	business cases are accompanied by evidence of their potential impact on the experience of patients.	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

Ref	Characteristics	Sub-Ref	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 model of co-production and supports patients and staff to deliver this approach.	23A	Co-production is widely 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.				

Extract taken from NHS Improvement, (2018): [Patient Experience Improvement Framework](#)

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