

Improving Healthcare White Paper Series - No.14

Listening and learning to improve the experience of care

*Understanding what it feels like to use services
in NHS Wales*

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Note:

In this white paper, the term “patient” is used as shorthand to include patients, service users, carers and families as appropriate



1000 Lives Improvement is part of Public Health Wales, supporting organisations and individuals in NHS Wales to deliver improved health, healthcare outcomes and user experience.

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Executive summary

The NHS Wales Framework for Assuring Service User Experience was published in May 2013. It has three domains that can be used to describe the patient experience:

1. First and lasting impressions, including dignity and respect.
2. Receiving care in a safe, supportive, healing environment.
3. Understanding of and involvement in care.

It also summarises the wide range of methods that can be used to gain feedback and shows how they should be used together to get a balanced view of patient experience. They include 'real time' methods, retrospective surveys, and the use of social media, patient stories and surveys undertaken by third parties.

The recent report into how concerns are handled in NHS Wales and the external review of care in two Welsh hospitals reiterated the view that all patients must be given opportunities to give feedback about their care and this feedback must be listened to and acted on. The revised Health and Care Standards for NHS Wales now include a standard about listening and learning from feedback.

Information and feedback about patient experience needs to include not just that gained through surveys or stories, but from complaints, concerns and compliments. The Framework has therefore been updated and now includes explicit reference to the use of concerns, complaints and compliments as part of a balanced feedback approach.

Implementation of the Framework has varied across Wales and a number of case studies are included to illustrate the Framework in practice.

To support the spread of best practice, organisations should consider the development of an explicit strategy setting out how they will gain and use feedback to improve patient experience. Individuals, teams and organisations all have a role to play in listening, learning and improving experience. The way in which feedback and learning is shared with patients and the public is also important and needs to be tailored to the anticipated audience to ensure maximum impact.

Resources and skills vary considerably across Wales and it is timely to consider bringing together concerns and patient experience teams within organisations to ensure best use of resources, skills and information. Going forward:

Individuals providing care should remain aware of the key determinants of a good experience and be proactive in seeking and acting on individual feedback, resolving or escalating issues as they arise.

Organisations should consider how their resources can be pooled to create a single patient experience agenda to maximise the use of resources and the use of feedback provided by patients. All patients should be given opportunities to give feedback, without recourse to the concerns process, and more extensive spread of the Framework beyond secondary care is needed. The value of triangulating staff feedback with patient feedback and other relevant information should be exploited as part of the approach to assuring and improving the patient experience.

Nationally it would be appropriate to consider the development of guidance and specifications for a number of aspects of the Framework. These might include:

- Specifications for real time feedback systems
- Guidance on incorporating patient experience into the commissioning process
- The development of more Wales-wide service or patient-group specific retrospective surveys

In addition, sharing of expertise and skills across organisations would ensure best use of limited resources and support the sharing of best practice.

Foreword

Professor Jean White, Chief Nursing Officer, Welsh Government

The 1000 Lives Improvement white paper, *The Listening Organisation*¹ was published in June 2013 following the publication of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry². The author of that report, Robert Francis, criticised the organisation, saying that the Board “*did not listen sufficiently to its patients or staff*”³.

In her introduction to *The Listening Organisation*, Maria Battle, Chair of Cardiff and Vale University Health Board, said that “*listening to the people we serve as a routine part of the delivery and planning of healthcare helps give us a balanced view of what it is like to live with an illness, experience the treatment and what it actually feels like to be a service user. The white paper aims to encourage, support and challenge healthcare organisations in Wales to listen effectively to patients and achieve this ‘balanced view’*”.

She went on to say that “*Listening at Board level will help bridge the gap to the frontline and keep patients at the centre of decisions. At individual and clinical team level it will ensure that we focus on what patients want and experience when using services and receiving care*”.

In addition to presenting a challenge to the NHS to actively listen to patients the white paper also aimed to support NHS organisations in Wales implement the Framework for Assuring Service User Experience⁴ which was published by Welsh Government in April 2013.

In the two years since the publication of *The Listening Organisation*, NHS Wales has continued to focus on the importance of listening to, learning from and acting on the views of patients, carers and families. The publication of *Using the Gift of Complaints*⁵, a review of the management of complaints in the Welsh NHS, and Trusted to Care, the *Independent External Review of the Princess of Wales*

¹Williams, A. (2013) *The Listening Organisation*. Cardiff: 1000 Lives Plus. Available from <http://bit.ly/wp-tlo> (Accessed 28 April 2015)

² Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry*. London: The Stationary Office

³ Francis, R. (2013) *Letter to the Secretary of State 5th February 2013*. Available from: <http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf> (accessed 28 April 2015)

⁴Welsh Government (2013) *Framework for Assuring Service User Experience - Action 5 of ‘Achieving Excellence, The Quality Delivery Plan’*. (online) [Available from <http://bit.ly/patientexperienceframework> - accessed 11 May 2015] Welsh Government: Cardiff

⁵Evans, K. (2014) *Using the Gift of Complaints*. Cardiff: Welsh Government. Available from <http://gov.wales/docs/dhss/publications/140702complaintsen.pdf> (Accessed 28 April 2015)

*Hospital and Neath Port Talbot Hospital*⁶, have both reinforced the importance of listening to the concerns and comments from patients.

The revised Health and Care Standards⁷ reflect this ongoing importance by including a new standard on ‘Listening and Learning from Feedback’ to support the delivery of “individual care”.

The Welsh Government maintains a commitment to an understanding of service users’ experience as core business for NHS Wales⁸. I am clear that feedback of all types is part of a continuum which progresses from reviewing patient satisfaction, to determining what it feels like to be a patient in NHS Wales (experience), and onwards to what might cause complaints and concerns to be raised. Other things that affect patients also needed to be considered as part of the continuum, such as the experience of serious incidents and never events.

The Minister for Health and Social Services has clear expectations of what organisations need to do in implementing the framework to ensure that they have a picture of what users are experiencing in NHS Wales. He expects that information on experience is made available to the public and wants more consistency in approaches across Wales. This can be achieved by the sharing and implementation of best practice so that it becomes the norm.

This white paper therefore reflects on developments over the last two years and presents an update of the Framework for Assuring Service User Experience. It contains practical examples from around Wales of individuals and organisations setting and achieving ambitious goals for using feedback to deliver individual care and continuously improve the patient experience. It also sets out the challenges for the future to ensure that services and clinical care in NHS Wales remain person-centred.

⁶ Andrews, J. (2014) *Trusted To Care. An Independent External Review of the Princess of Wales Hospital and Neath Port Talbot Hospital*. Available from

<http://gov.wales/docs/dhss/publications/140512trustedtocareen.pdf> (Accessed 28 April 2015)

⁷ Welsh Government (2015) *Health and Care Standards*. Cardiff: The Welsh Government. Available from <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en> (Accessed 28 April 2015)

⁸ Welsh Government (2015) *NHS Outcomes Framework 2015-16*. Cardiff: The Welsh Government

The Framework for Assuring Service User Experience⁹

Background

Since the publication of the Framework for Assuring Service User Experience (the Framework), patient experience teams throughout NHS Wales have been exploring ways of using it within their organisations to support listening and learning at the frontline. At Board level it is being used to give assurance that there are systems in place to listen, learn and improve.

Progress has been variable. Some organisations have limited resources available to ensure that there is widespread uptake of the approach, especially outside of secondary care. In addition, the lack of co-ordination between Patient Experience and Putting Things Right teams in some organisations has restricted the opportunities for joint learning and the best use of limited resources.

Both the original Framework and the white paper¹⁰ emphasised that in order to fully understand the patient experience, at an individual and organisational level, a balanced approach is needed using a number of data sources. Relying on one source alone would potentially lead to a skewed understanding and possibly impair the ability to deliver the improvements needed.

Most organisations have traditionally managed complaints and other feedback approaches through separate management lines. The resources aimed towards more proactive sourcing of patients views have been outweighed by those that have gone into the management of the complaints, claims and incident processes, especially since the Putting Things Right regulations¹¹ were introduced in 2011. Only slow progress has been made towards pooling the information and resources available to listen and learn from all the available feedback.

That there is a need to do this has been endorsed by both *Trusted to Care*¹² and *Using the Gift of Complaints*¹³ and in response the Framework has been updated to make even more explicit the need to combine feedback.

The authors of *Trusted to Care* said: “we must point out that an analysis of the complaints alone would not have brought to light the issues that concerned us.

⁹ Welsh Government (2013) *Framework for Assuring Service User Experience - Action 5 of 'Achieving Excellence, The Quality Delivery Plan'*. (online) [Available from <http://bit.ly/patientexperienceframework> - accessed 11 May 2015] Welsh Government: Cardiff

¹⁰ Williams, A. (2013) *The Listening Organisation*. Cardiff: 1000 Lives Plus. Available from <http://bit.ly/wp-tlo> (Accessed 28 April 2015)

¹¹ Putting Things Right Regulations available at www.puttingthingsright.wales.nhs.uk (accessed 5 June 2015)

¹² Andrews, J. (2014) *Trusted To Care. An Independent External Review of the Princess of Wales Hospital and Neath Port Talbot Hospital*.

¹³ Evans, K. (2014) *Using the Gift of Complaints*. Cardiff: Welsh Government.

Looking at complaints ... has limitations as an improvement method ... too much weight appears to have been given to them”¹⁴.

Using the Gift of Complaints discussed in detail the value of complaints and all the other sources of information about experiences of care, including compliments, and suggested the following:

It is recommended, beyond complaints, that Health Boards and Trusts expand their range of activities and contacts to draw in direct and personal experience of services. This should be supported, but not exclusively so, by actions being taken forward under the national patient experience framework¹⁵.

The revised Health and Care Standards have developed this theme and standard 6.3 ‘Listening and Learning from Feedback’ states:

...people, who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback¹⁶.

The criteria which must be met to achieve this standard includes feedback of all types, including complaints, incidents and claims.

In the light of the above, the Framework for Assuring the Service User Experience has been updated to explicitly include all of the information sources that should be used to fully understand the patient experience. In addition, recognition of the growth of alternative methods for people to give feedback, such as social media, has been included.

The Updated Framework for Assuring the Service User Experience

The updated Framework is included as Appendix 1. The Framework is in two parts. The first part identifies some of the key determinants of a ‘good’ patient experience, drawing on evidence from the literature. These are grouped in three domains which can be used to ‘classify’ feedback from any source. The second part identifies the wide range of methods and sources that can provide information about experience and shows how they can be used in combination to give a balanced view of experience.

The three Patient Experience domains are:

1. First and lasting impressions, including dignity and respect.
2. Receiving care in a safe, supportive, healing environment.

¹⁴ Andrews, J. (2014) *Trusted To Care. An Independent External Review of the Princess of Wales Hospital and Neath Port Talbot Hospital.*

¹⁵ Evans, K. (2014) *Using the Gift of Complaints.* R65 p84

¹⁶ Welsh Government (2015) *Health and Care Standards.* p32

3. Understanding of and involvement in care.

These domains are a way of helping individuals and organisations know what to listen and look out for when caring for patients and lead to a focus on the things that patients value as part of their experience of care. Each domain consists of a range of components, most of which are generic to all the settings where healthcare is delivered, but which also leave scope for individual services to include examples which relate specifically to their patients. When individuals look after patients they need to keep these domains and their components in mind when providing care to ensure that the patients experience is as good as it can be.

The domains were reviewed as part of the update of the Framework to ensure that they remained relevant for use with all types of feedback, especially for the classification of complaints.

The top six themes for complaints cited in *Using the Gift of Complaints*¹⁷, based on an overview of organisations in Wales, fit with the domains:

- Clinical care and diagnosis (safe environment)
- Delays/cancellations/appointments (first and lasting impressions)
- Waiting times (first and lasting impressions)
- Communication (understanding and involvement)
- Attitudes (first and lasting impressions)
- Admission/transfer/discharge (understanding and involvement)

Similarly, the review to consider the handling of concerns and complaints in NHS hospital care in England¹⁸ which drew on more than 2,500 testimonials from patients, their relatives, friends or carers, found that the majority of complaints related to the following themes:

- Lack of information - patients said they felt uninformed about their care and treatment (understanding and involvement)
- Compassion - patients said they did not feel they had been treated with the compassion they deserve (first and lasting impressions)
- Dignity and care - patients said they felt neglected and not listened to (first and lasting impressions)
- Staff attitudes - patients said they felt no one was in charge on the ward and the staff were too busy to care for them (first and lasting impressions)
- Resources - patients said there was a lack of basic supplies like extra blankets and pillows (safe environment)

¹⁷ Evans, K (2014) *Using the Gift of Complaints*. p24

¹⁸ Clwyd, A.& Hart, T. (2013) *A review of the NHS Hospitals Complaints System - Putting Patients Back in the Picture* [online] (Available at <http://bit.ly/clwydhart> - Accessed 29th April 2015)

These two reports clearly demonstrate that most of the issues that cause enough concern to patients for them to make formal complaints can be mapped against the three domains of a good experience. It should not be surprising that the key determinants of a good experience are the same ones that people will complain about if organisations get it wrong.

It is worth noting that in both reviews the majority of concerns relate to services provided directly through NHS organisations, rather than services provided by contractors such as General Practitioners, dentists and pharmacists and they also tend to be hospital focused. The Framework has been designed to be appropriate for all settings and it is likely that if and when complaints and concerns about these services are collated they will be classifiable using the three domains.

Core questions

To support the introduction of real time methods 15 core questions¹⁹, five for each domain, have been developed and these will be used in each NHS Wales health board and trust to obtain feedback across Wales. To ensure applicability across different settings of care, they may be complemented by service specific questions as appropriate.

At the frontline they can support real time resolution of issues at local level, whilst providing the Board with greater understanding of the quality and safety of the service provided.

Service User Feedback

To support a balanced approach, the second part of the Framework consists of four quadrants which group together a wide range of feedback methods. Each method can provide differing types of feedback, which may be qualitative or quantitative, more or less descriptive and more or less generalisable.

The Health Foundation has published an evidence scan²⁰ reviewing over 300 empirical studies looking at measuring patient experience and includes much information which is useful when combining methods as part of a feedback strategy as required by the Framework. In the updated Framework the use of emerging

¹⁹ Welsh Government (2013) *Framework for Assuring Service User Experience - Action 5 of 'Achieving Excellence, The Quality Delivery Plan'*. (online) [Available from <http://bit.ly/patientexperienceframework> - accessed 11 May 2015] Welsh Government: Cardiff

²⁰ Health Foundation (2013). *Evidence Scan No. 18. Measuring Patient Experience*. London: The Health Foundation. Available from <http://www.health.org.uk/public/cms/75/76/313/4300/Measuring%20patient%20experience.pdf?realName=7qM8Wm.pdf> (accessed 20 May 2015)

methods such as social media^{21,22} has also been included and the need to consider complaints and compliments as part of the framework has been made explicit.

The four quadrants are:

Real Time

These are methods that allow patients to give their views whilst they are in our care. They are often short surveys focusing on key indicators of experience with a space for free text. Such methods can be developed locally using in house or commercial software or can be provided by third parties such as iWantGreatcare²³, the Picker Institute²⁴ and CRT²⁵.

Real time feedback methods are high on the agenda for most organisations. However, there is no UK consensus on best practice for methods of data collection, presentation and communication that best support frontline staff, service leads, and managers in improving services.

The Picker Institute and Oxford University have just commenced a 30 month study funded by the National Institute for Health Research Health Services and Delivery Research Programme (NIHR) to undertake research that evaluates the introduction and impact of real-time feedback approaches in the NHS²⁶. The output from the research will help set the direction for the future. However, in the meantime NHS Wales will need to consider the most appropriate ways of gaining and using real time feedback.

Particular care needs to be taken to ensure that real time methods are not seen as the only way to gain experience data; the other methods included in the framework also need to be considered. They also require a learning and supportive infrastructure to facilitate their introduction and optimum use.

There are several examples of how real-time feedback is being used in NHS Wales organisations. For 18 months Abertawe Bro Morgannwg University Health Board has actively tried to increase patient feedback. Snap 11 is a live web-based system that captures feedback via the internet and 'feedback zones' at hospital entrances and other strategic places.

Patients in the health board have access to free wi-fi and when they log in they are asked if they would like to give feedback. People are asked one question initially: Would you recommend this ward or this hospitals to your friends and

²¹ Greaves, F et al. (2013) *Harnessing the cloud of patient experience: using social media to detect poor quality healthcare*. BMJ Qual Saf 2013;22:251-255 Available from <http://qualitysafety.bmj.com/content/22/3/251.full.pdf+html>

²² Greaves, F. et al (2014) *Tweets about hospital quality: a mixed methods study*. BMJ Qual Saf 2014;0:1-9 Available from <http://qualitysafety.bmj.com/content/early/2014/04/19/bmjqs-2014-002875.full.pdf+html>

²³ www.iwantgreatcare.org (accessed 2 June 2015)

²⁴ www.pickereurope.org (accessed 2 June 2015)

²⁵ www.crtviewpoint.com (accessed 2 June 2015)

²⁶ Picker Europe (2015) *Data collection begins on real-time feedback collaboration, with University of Oxford* [online] Available from: www.pickereurope.org/news/data-collection-begins-on-university-of-oxford-real-time-feedback-focused-collaboration-2/ (accessed 21 May 2015)

family?’ and answer on a scale. They are then asked if they would like to give more detailed feedback through the All-Wales Patient Feedback Questionnaire. The feedback zones have tablet interfaces, that ask the same ‘friends and family’ question.

Feedback cards are also given to patients. These are scanned to capture feedback. As soon as information is fed in, this generates live reports across the system, which all ward sisters can access. Relevant reports are put up on boards in clinical areas every week.

Health board staff are encouraged to reflect on feedback and study what affects patients experience. An example of a change made in response to feedback is the restructuring of phlebotomy services in one hospital to address capacity issues that were causing people using the services to have a poor experience.

Email alerts have been set up to trigger a response if particular words or phrases are used. For example, ‘nutrition’ is a trigger word. In one case, feedback was given by a patient about nutrition and prompted an email alert. A senior nurse was able to visit the ward, speak to the patient and resolve the issue. This shows the real clinical benefit that real-time feedback can provide.

Betsi Cadwaladr University Health Board has been using iWantGreatCare, a web-based real time feedback system that gives patients and carers the opportunity to evaluate their experience of care. Alongside the online system, the health board also used printed cards to collect feedback as well. Patients were given opportunity to give feedback on web, but 89 per cent of the feedback collected came through the paper-based version.

There was some initial scepticism from staff. There was wariness of “just another audit” and some staff expressed fears of a ‘blame culture’ developing if there was a lot of negative feedback. These attitudes soon altered once iWantGreatCare was in place as the majority of feedback was very positive.

Some comments were negative. However, being real-time, these comments could be acted on as they were received, so issues were not allowed to escalate. Many changes were small. For example, feedback one week about a ward noted that the bathroom was dirty. This information was passed to the ward sister and domestic services. They pinpointed the issue was a missing waste bin - something that could be sorted immediately. This was a small change but it had a big impact on patient perceptions of the environment they were receiving care in.

iWantGreatCare had a major impact on staff morale. Feedback reports were provided to wards and if individual staff were named in positive manner, then they were told about this and thanked.

Cwm Taf University Health Board captures real time patient experience using the Fundamentals of Care (FOC) patient survey across all wards, unscheduled care, out-patients and theatres since April 2014. In October 2014 a redesigned patient

experience survey started being used in maternity, paediatrics, neonatal services and mental health.

10 patient surveys are completed in each ward each month and results are shared at the Patient Experience Steering Group, monitored by the Quality Steering group and included in the Patient Experience Report for the Board.

All information collected from the survey is entered into the Fundamentals of Care Audit Metrics system. This enables Ward Managers and their teams to analyse information and act on any trends.

In Aneurin Bevan University Health Board, the Care Home ‘Ask and Talk’ (CHAA^T) volunteer service supports older people living in care homes, and their relatives. Following concerns of abuse in care homes, the health board revised its existing governance processes to focus on patients experience and safeguarding where care is provided for NHS patients by non-NHS providers.

CHAA^T is a collection of skilled NHS retired professionals acting as volunteers, who offer a confidential ‘ear’ and support to individuals living in nursing homes. Providing a ‘chatty experience’ has enabled patients and relatives to engage in meaningful discussion in a non-threatening and confidential environment.

The response from older people has been positive, with the service seen as a way of raising issues safely. Comments from care home residents include: “Everything is private and it gives us a chance to voice our opinions.” “...it allows us to tell others what it’s like to be in a home. It also makes sure that what happens here is good for us.” Feedback from relatives and staff has been equally positive.

Retrospective

These are surveys issued to patients after an episode of care or clinical encounter, which allow people to give more in-depth feedback. They can also be used to incorporate quality of life, Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

Several NHS Wales organisations are using the core questions from the Framework for Assuring Service User Experience (see Appendix 1). Cwm Taf University Health Board uses the core questions in clinical areas where no real time surveys were in place, including paediatric wards, therapies, pathology and theatres.

The questionnaire has been used with patients, relatives and carers by the health board’s Patient Experience Manager during ward walks in some community hospitals. In one hospital this identified a lack of facilities for longer-term patients who did not have visitors to purchase essential items such as toothpaste, newspapers, and magazines. The Patient Experience Manager worked with the WRVS and the site manager to introduce a daily trolley service and establish a coffee shop in the out-patients’ area.

The core questions have also been used in the Screening Division of Public Health Wales NHS Trust to help teams measure and make improvements. The Screening Division Informatics Team analyse the responses to the survey and produce output reports, which are shared at programme, division and organisational level.

There are several outcomes from this use of the core questions. Staff are more aware of the importance of user experience, service users have a way of commenting on their interactions with the division, and staff can make positive changes to improve the screening experience.

Cardiff & Vale University Health Board uses surveys to collect retrospective data. The Health Improvement and Patient Outcome (HIPO) project was implemented in early 2002, collecting data on patient satisfaction and quality of life for patients in three hospitals. In-patients, day cases and selected out-patients were sent a postal survey six to eight weeks after discharge.

The results are fed back as general reports and, in the case of specialised studies, also to the relevant department. The entire process is 'in house' to ensure there are no issues with data protection and consistency of approach. This also means surveys can be easily adapted to allow for service-specific data collection.

So far, HIPO has enabled the health board to:

- Identify areas that may need improvement.
- Review aspects of care where patients are very satisfied with the service.
- Assess performance.
- Monitor deterioration or improvements in care provided from a patient perspective.
- Evaluate which areas are of most importance to the patient and the public.
- Request data that may be useful to evaluate service delivery.
- Undertake specific studies on areas they require additional information on.
- Analyse Quality of Life in numerous disease groups.

HIPO is an evolving process that gives patients the opportunity to give feedback on their care. The HIPO team is exploring how to support the work with PROMs and PREMs in line with the prudent healthcare agenda in the health board.

Proactive/Reactive

These are primarily methods which demonstrate a commitment to allow any patient to share observations about their experience at any time, and without being asked. They can include feedback cards, free phone numbers, online surveys and social media. They usually combine specific questions with the opportunity to provide free text comments. Such methods can be developed locally and can also be provided by third party providers such as Patient Opinion²⁷ and iWantGreatCare.

²⁷ www.patientopinion.org.uk (accessed 2 June 2015)

They are complimentary to real time methods and may use the same data collection methods.

‘The Big Thank You’ was developed by Hywel Dda University Health Board to enable balanced feedback to be collected. The health board was concerned that focusing on negative feedback contains a risk of a negative culture developing. It was felt gaining positive feedback could help organisations develop a more positive culture.

The Big Thank You offers patients an opportunity to comment on the positive things staff do, enabling the health board to reward and praise staff when things go right. Interestingly, it has also meant members of staff are more likely to listen to and seek to learn from negative feedback as well.

The Big Thank You was ‘soft-launched’ when the health board launched it’s free in-hospital wi-fi service. When patients or members of the public log in to the wi-fi they are directed to a landing page that includes an option to discuss their experience in hospital. They then have the option of completing the national service user experience survey, which rates the organisation against the key all-Wales domains of patient experience, or complete a Big Thank You.

Service users are asked two questions - Which individuals or teams they want to say thank you to, and what that person or team had done that they wanted to say thank you for.

The difference between the Big Thank You and informal ‘thank yous’ received by staff, such as cards or gifts, lie in the identification of what people are particularly saying thank you for. The information is collected and can be measured to identify what makes a difference to patient experience. Good practice can therefore be reinforced and built on for the future. Staff are also made aware of the effect their actions and attitudes have on people.

Velindre NHS Trust use the Fundamentals of Care (FoC) Standards Audit as one of a number of quality assurance measures of nursing care. The audit is undertaken annually to identify areas of good practice and excellence along with areas for practice and service improvement.

Examples of improvement from undertaking the FoC Audit and patient experience work are:

- Improved ward bathroom facilities.
- Improved facilities for relatives/carers.
- Installed wi-fi for carers and patients.
- Re-established a patient snack round on the out-patient units. Carers can also purchase from these snack bars.
- Hooks on the back of toilet doors.
- Increased outreach clinics for patients to be closer to home.

The trust involves patient groups to gain patient and carer feedback. This “enriches the authenticity” of the audit process and provides an accurate reflection of patient experience. The trust also learns about staff experiences from the staff Fundamentals of Care staff feedback form.

The Welsh Ambulance Services Trust (WAST) has developed a unique model for collecting and sharing service users’ stories via their website.

The facility allows members of the public to submit details of their experience of the services provided by WAST, via a designated section of the website. The stories collected are used internally to identify areas of good practice and improvement, and to gain an insight into service users’ needs.

The site also allows the organisation to share some of these stories in a variety of formats according to appropriateness and consent, whilst also providing an opportunity to comment and provide update on progress and improvement.²⁸

Balancing

This includes a range of additional sources of feedback. It includes concerns, complaints and compliments and also surveys undertaken by third parties, such as charities and Community Health Councils. It also includes the rich narrative that comes from patient stories. The value of hearing first hand input from patients, families and carers through patient groups, support groups and other forums should be recognised and valued. Traditionally these would be meeting or newsletter based, but increasingly may include social media. However it is obtained, the domains in the framework can be used to both classify the information or shape questions and discussion.

The Welsh Ambulance Services NHS Trust (WAST) uses a number of methods to collect feedback from people using its many services.

Patient stories are taken from people who are happy to share their experiences. These stories are brought back into the organisation and discussed - there is learning whether the experience is positive or negative. Stories may be discussed in WAST’s learning group, quality committee or Board depending on the story. Work is then identified and taken forward.

One example of a patient story leading to service change is a person who received an electrocardiogram (ECG) on the way to hospital. On admission, nurses removed the ECG pads, which was a painful process, and replaced them with a new set of ECG pads that fitted their equipment. The patient queried why WAST and the hospital were using two different types of equipment. This story was heard by the quality committee and investigated. To reduce this duplication and waste,

²⁸ Puntoni, S., Hawker, L., Sullivan, H. & Clement, A. (2012) *Collecting and sharing stories via the Welsh Ambulance Services Trust website*. Cardiff: 1000 Lives Plus

different equipment was procured by WAST so that hospitals did not need to replace ECG pads.

Hywel Dda University Health Board has encouraged the use of Stories for Improvement across many different services to create opportunities to discover what it is like for patients, and their carers and families.

It has been described as “Like holding mirror up and seeing what our services look like to somebody else.” This recognises that when delivering services it can be difficult for staff to know what those services are like from the point of view of the person receiving them.

Stories are used in a number of different arenas:

- In service improvement projects.
- In staff training.
- At board meetings - many public board meetings start with a patient story.

Many patients are very willing to talk about experience to help improve services. Most people say they find the process a positive experience. They are happy to share in great detail and offer personal reflection. Listening to stories helps staff to remember that the experience of patients is an important part of their care.

Cwm Taf University Health Board is using the Putting Things Right framework²⁹ to stop concerns at ‘birth’ and avoid them developing into formal complaints. The complaints process was analysed and was found to be a cyclical, duplicative, long process that was resource-intensive and offered low levels of satisfaction for service users and staff.

The process changed so members of the complaints team telephoned complainants on receipt of their complaint letter or email. This verbal contact was used to clarify the exact complaints or concerns. Complainants are connected with the correct team with regards to their complaint and a meeting is offered with the aim of earlier resolution of their complaint.

Feedback has been generally positive with complainants more satisfied with the process, resulting in fewer ‘second meetings’. The following examples are typical of the response received:

- “Thank you for taking the time to ring me personally - it means a lot”.
- “It’s nice to actually speak to someone, not just have lots of paperwork - it’s more personal”.
- “I am pleased to know that the organisation is taking my matter seriously.”
- “I felt that they took notice and that I had contact with a real person”.

This new method has resulted in shorter investigations and quicker resolutions of issues. The number of cases referred to the Ombudsman has also reduced.

²⁹ www.puttingthingsright.wales.nhs.uk

Velindre NHS Trust triangulated their own patient experience material with the findings of an external study, the Macmillan Cancer Survey, which was commissioned by the Welsh Government. The survey was comprehensive covering all elements of the cancer journey and allowed Velindre as a specialist cancer treatment centre to receive in-depth feedback around the services provided locally and at an all-Wales level. The results allowed comparison between cancer types so that any variation could be reviewed and where appropriate challenged.

Where possible, the trust used the results in conjunction with the results from the All-Wales Experience Surveys and other feedback mechanisms to triangulate the areas therefore providing a more robust analysis of patient experience at Velindre Cancer Centre.

The results helped the trust focus upon the areas that required improvement thereby improving the pace of change. Also, where professionals may have been reluctant to change, this direct feedback from a substantial number of patients provided evidence of the need for change. Improvements were made to boost the welfare rights service for cancer patients, and also to support individual cancer pathways through appointing pathway managers.

A national ‘carer’s survey’ co-ordinated by Public Health Wales NHS Trust gathered information from carers across Wales of their experiences of receiving information and support from health and social care services. There was a particular focus on carers’ assessments, discharge and care planning.

The survey used a tele-research company to conduct the research, via random digital dialling across Wales. The main reason for this was to try and reach a wider selection of carers beyond those already ‘known’ to services. High numbers of people reported caring responsibilities in the 2011 Census, but the numbers known to statutory and voluntary agencies across Wales was much lower.

The findings provided useful local data for health boards to evaluate their support for carers. The general findings showed a higher level of satisfaction amongst unpaid carers than other research undertaken by other surveys. However, some key issues were confirmed by the research, for example, low levels of carers’ assessments, and poor uptake of carers’ allowance.

Combining methods

When surveys and other methods of actively seeking views are being designed they should always include questions or prompts to elicit views about the key components of each domain. The domains should also be used to ‘classify’ narrative and descriptive feedback so that a complete understanding can be gained.

For example, in order to gain a complete understanding of the patient experience in an Emergency Unit, information from complaints, compliments, survey results -

real time and retrospective, and patient stories can be mapped against the domains and the information triangulated to ensure that a balanced picture is obtained. Areas of strengths and weaknesses can be identified so that improvements can be made. When proactive methods are designed they can include specific focus on these areas. Information about where things are done well can also be helpful in identifying what staff and systems should be doing consistently to ensure that care is person-centred and leads to a 'good' experience of care.

Ambitions and strategies

At present few NHS organisations have an explicit strategy describing how they will approach implementation of the Framework. Much good work has been undertaken, but mainly in isolation and not usually as part of an overarching strategy. This approach leads to potential gaps appearing in the feedback gained. For example, without explicit commitments there is often a tendency towards the following biases and issues:

- A focus on secondary care.
- A focus on those who are able to easily engage with traditional methods.
- Not being clear to patients and the public that feedback of all types is welcomed and encouraged.
- Not consistently sharing feedback with individuals and the public in general.
- Providing limited feedback to staff.
- Managing and learning from concerns and other feedback through separate reporting lines.

A listening and learning approach based on the Framework should explicitly address these issues. It should spell out the routine data collection that will be undertaken, including a real time feedback approach, and give an open invitation to all patients and families to give feedback. It should detail how information from all sources will be brought together and what steps will be taken to address the issues raised to consistently and continually improve experience.

Listening, learning and acting on what we hear

The Framework provides an approach to gathering and classifying feedback. However, unless we can also demonstrate that we are listening as individuals and organisations to what it tells us there is little point in collecting feedback.

Effective listening is a skill that can reveal many things including what people really mean, not just what they say. Although most of us would think that listening is a skill we already have, to listen effectively we need to be interested in a topic

as without this we are unlikely to listen closely to someone relate their experiences. It is also easy to superimpose our own experiences and expectations as a filter over what we listen to.

Use of the Framework can help the development of a structured approach to listening by:

- Demonstrating that you *really* want to listen effectively.
- Setting improvement goals to improve your listening skills.
- Identification of what to listen for and focus on while listening.
- Demonstrating continuous evaluation and ongoing review and interpretation of the feedback.

There are three levels at which it is vital to listen:

- At the frontline, as individuals or clinical teams directly working with patients.
- At department or middle management level to listen to what is happening across a range of services on the frontline.
- At board level, to get a whole system picture, to gain assurance and ensure departments are working together to provide one, consistent, excellent patient experience.

In addition, the public at large will have views on NHS services locally and methods should be in place to ensure that these are heard.

Listening on the frontline

Staff who deliver clinical care and support services at the frontline hear patients every day. This should lead directly to the improvement of patient experience on a true real-time basis.

At this level, listening fundamentally relates to identifying and meeting the needs of individual patients. *Using the Gift of Complaints* noted that:

“...common courtesy is the start, just a simple greeting or an acknowledgement to them in the manner they have chosen to be addressed. This includes making eye contact and through this offering a friendly and open face that they know they can communicate with. Best practice in customer service is to continually be asking open or closed ended questions that encourage response”³⁰.

The *Hello My Name Is* campaign³¹ was launched in September 2013 by Dr Kate Granger, a doctor and terminally ill cancer patient. While Dr Granger was being

³⁰ Evans K (2014) *Using the Gift of Complaints*. p.69

³¹ Hello My Name Is <http://hellomynameis.org.uk/> (Accessed 29 April 2015)

treated in hospital for post-operative sepsis, she noticed that not every member of staff who approached her introduced themselves. Dr Granger said:

“As a patient, you are in a vulnerable position. The healthcare team knows so much personal information about you, yet you often know nothing about them. This results in a very one-sided power imbalance. A simple introduction can help to redress this imbalance. I also believe it is the first rung on the ladder to providing compassionate care by establishing a human connection and building trust with a person”³².

As a result, she launched *Hello My Name Is*, with the idea of reinforcing the importance of introductions. Dr Granger began promoting the subject by posting about it on her blog and launched the hashtag #hellomynameis to promote the topic via Twitter. Healthcare students in Wales have responded positively to the campaign³³ as have many staff and organisations throughout Wales³⁴. It is a simple, yet meaningful way of ensuring that right from the start there is communication between clinical staff and patients that goes beyond that merely needed for clinical diagnosis and treatment.

To promote this work further the 1000 Lives Improvement Student and Educator Community co-ordinated a national competition in 2014 called ‘Hello My Name Is’. The competition built on Dr Kate Granger’s idea and asked students to submit a 500 word reflective narrative of their experiences using the simple introduction, alongside a visual ‘selfie’ holding the ‘Hello My Name Is’ sign. Students were also encouraged to discuss the campaign on social media to raise awareness.

Students from different health professions engage in the campaign. It increased understanding of the value of communication between care-givers and patients, and also communication within a multi-disciplinary team. The campaign helped to develop students’ professional skills and impacted attitudes towards patients by encouraging a person-centred approach. Long-term, it is hoped students will maintain their commitment to using the introduction once they enter the workforce.

Medical and nursing students in Cardiff tested an approach, as discussed in the initial white paper, where they encouraged students to ask patients after they have had a teaching or learning encounter with them *‘If there was one thing I could do to improve your stay here today, what would it be?’*³⁵ This supports openness around experience between clinical staff and patients.

³² <http://hellomynameis.org.uk/> (Accessed 29 April 2015)

³³ 1000 Lives Improvement (2015) *A collection of personal reflections from the 1000 Lives Improvement Student and Educator Community, inspired by the global campaign ‘Hello my name is’*. Cardiff: 1000 Lives Improvement. Available from <http://bit.ly/hmnibklt>

³⁴ Betsi Cadwaladr University Health Board (2015) *Health Board supports the “Hello my name is..” Campaign* [online] Available from <http://www.wales.nhs.uk/sitesplus/861/news/35784/local> (accessed 4 June 2015)

³⁵ Carson-Stevens, A., Jones, A., Hansen, AS., Printz, A., Patel, E., Bhatt, J., Panesar, SS. (2013) *“What can I do to improve your care today?”- one question closer to patient-centred care* American Journal of Medical Quality, Volume 28, 2. 174 <http://ajm.sagepub.com/content/28/2/174.extract> (accessed 29 April 2015)

The responses gave a snapshot of what patients think would improve their stay in hospital. The majority of requests were for the most basic of care needs such as "Please can I have a drink of water?". The responses correlate well with the three domains of patient experience, further reinforcing what contributes to a positive experience for patients.

The approach has now been adopted by other medical schools³⁶, yet it is a simple and effective approach which could be further developed and used by all frontline staff. By identifying what patients ask for regularly, staff can be more proactive in offering support in these areas rather than waiting to be asked.

Listening as a ward, service, department, practice or directorate

At this level in an organisation there needs to be an ongoing flow of information and discussion about the patient experience. This will ensure that what is heard at the frontline is also heard by those who can influence the resources, systems and processes that have a significant impact on patient experience, and who can stimulate and deliver system-wide change in response to concerns.

The value of an empowered leadership role at this level to reducing complaints by taking early action to resolve issues was recognised in *Using the Gift of Complaints*³⁷. To support this role, the availability of real time and retrospective information needs to be readily available, through some type of dashboard and the team need regular opportunities to share, discuss and act on the information.

In order to ensure that improvements are put in place, the management team also need to provide an environment where patient-centred care is the norm and in which the national learning programme, Improving Quality Together³⁸, can be implemented and sustained. This will ensure that all teams are equipped to introduce improvements as a result of what they have learned from listening to patients.

Listening as an Organisation

Trusted to Care stressed how essential it is for Boards to have adequate and appropriate assurance processes in place to ensure that they have the right data available, and they are able to turn data into drivers for quality improvement and change³⁹. There needs to be a process of continuous improvement in place based on knowing 'what good looks like' and where the services provided by the organisation stand in relation to this.

³⁶The Ask One Question Challenge [online] Available from <https://www.ucl.ac.uk/medicalschoo/staff-students/general-information/patient-experience/ask-one-question> (accessed 5 June 2015)

³⁷ Evans, K. (2014) *Using the Gift of Complaints*. p.65-66

³⁸ See www.IQT.wales.nhs.uk

³⁹ Andrews, J. (2014) *Trusted To Care. An Independent External Review of the Princess of Wales Hospital and Neath Port Talbot Hospital*.

There is guidance available for Boards to ensure they know what patients experience in their organisation⁴⁰. There are a number of ways to build up a picture of what it feels like to be a patient and Board members should ask themselves whether the picture of care that they see in reports actually correlates with what they hear from patients and relatives. Boards should also ensure that consideration of patient experience is seen as integral to the operation of the organisation as financial and performance issues. This can be addressed through effective use of the outcomes framework and by paying equal attention to all aspects of the health and care standards.

To ensure that they listen to patients effectively, Boards can do the following:

- Agree a Patient Feedback strategy, including a cycle of regular and periodic reports and areas for focus across all areas of service delivery.
- Expect to see reports which :
 - Are integrated with other reported data and analysis as core business for the organisation
 - Are outcome focused, and include data from all sources considered linked by theme together not separately.
 - Include improvement actions taken and follow-up data.
 - Are not just numbers; the reports need to reflect the impact on people and the improvements made.
 - Use basic rules where numbers are used, such as identifying sample size, response rates and trend lines as appropriate.
 - Are focused equally on primary and community care as well as secondary care, and cover the totality of the patient journey e.g. ambulance journeys and transfer, discharge and interface issues,
- Invite patients, relatives and carers to present their experiences to the Board⁴¹.
- Give close attention to staff feedback and triangulate it with patient feedback where possible. There is a strong link between staff welfare and morale and patient experience⁴². To ensure that listening takes place on the frontline, managers and leaders also need to be aware of issues related to staff working conditions. Bullying, harassment, and abusive management can lead to a high turnover of staff and closely aligns with poor patient

⁴⁰ Dr Foster Intelligence (2010) *The Intelligent Board Patient Experience*. [online] Available from: <http://www.healthcaregovernance.org.au/docs/the-intelligent-board-patient-experience-2010.pdf> (Accessed 4 June 2015)

⁴¹ 1000 Lives Plus (2012) *Patient and Person Driven Care Case Study - No. 3. Face to face storytelling at a Board meeting*. Cardiff: 1000 Lives Plus

⁴² Dawson, J. (2014) *Staff Experience and Patient Outcomes: What do we know?* London: NHS Employers Available from <http://www.nhsemployers.org/-/media/Employers/Publications/Research%20report%20Staff%20experience%20and%20patient%20outcomes.pdf> (Accessed 4 June 2015)

experience⁴³. Research has also shown that individual staff wellbeing is best seen as an antecedent rather than as a consequence of patient care performance⁴⁴.

- Be transparent about patient feedback and ensure the organisation publishes analysis of feedback, good and bad.
- Ensure that decisions made are influenced by knowledge of patient experience and always include patient experience as one of the outcome measures to assess the impact of any changes in service provision.

Sharing the Feedback, Learning and Improvements with the Public

If patients are being encouraged to give their feedback it is important that there are effective methods in place to report back outcomes in a meaningful way. The design and routes by which this is done requires careful consideration.

The approaches used must ensure transparency and candour. They should tell the good as well as the critical and should use multiple communication methods, including social media. However, the approach must not overlook those who do not have online access and who may have communication difficulties of whatever cause.

An appropriate approach is to share the information received (You said), what we understood (We heard) and what the outcome was (We did). Infographics can be used to communicate data in a visual way and it is important to ensure that NHS and management jargon is absent.

‘You Said, We Did’ is being used by the Screening Division of Public Health Wales NHT Trust to show how the division is using feedback a positive way to make changes that have a positive impact on service user experience. ‘You Said, We Did’ is one of three areas in the ‘Your Experience’ section of the screening website⁴⁵, alongside compliments and patient stories.

Staff working within some parts of the division have organised ‘You Said, We Did’ posters in clinical settings for people who are not able to access the website. The division plans to roll this practice out across all programme in due course.

‘You Said, We Did’ has enabled the division to establish a two-way communication pathway between the service and service users. It has generated positive feedback from other members of staff and service users. Most feedback has

⁴³ NHS Institute for Innovation and Improvement (2006-2013) “*Helping Staff to Improve Patient Experience*”, part of *Transforming Patient Experience: The Essential Guide*. [Online resource available from www.institute.nhs.uk/] (Accessed 25 March 2013)

⁴⁴ Maben J et al (2012) *Exploring the relationship between patients’ experiences of care and the influence of staff motivation, affect and wellbeing*. Southampton: National Institute for Health Research Service Delivery and Organisation programme. Available from

http://www.nets.nihr.ac.uk/_data/assets/pdf_file/0007/85093/ES-08-1819-213.pdf (accessed 18 May 2015)

⁴⁵ www.screeningforlife.wales.nhs.uk

highlighted areas of improvement which are relatively small in terms of scale and financial resource for example, better signage when attending clinics, and clearer information in terms of directions.

Another approach to sharing learning from feedback is through displaying feedback close to where care is delivered. 'Patient Experience Zones' can be developed - specific locations where patient feedback is displayed and opportunities given to people to add their comments. In Abertawe Bro Morgannwg University Health Board, feedback gained through the Snap 11 system is displayed on wards, including actual comments made by patients alongside general metrics. Clinical areas are also benchmarked against each other. Several wards have shown systematically week on week gradual improvement and after a short period of time are attaining consistent high scores. This provides assurance to the public that patients will receive high quality care in that clinical area.

Understanding the experience of all patients in NHS Wales

The Framework was designed to be applicable to patients in all clinical settings. To date, most of the focus has been on developing and testing methods in secondary care and there are a number of key issues that remain to be addressed to ensure full implementation of the framework.

The majority of clinical care takes place outside secondary care and there needs to be concerted effort across Wales to ensure that patients in primary care and other settings have opportunities to provide feedback. Patients also frequently cross organisational boundaries and there is a need to develop methods to assess and address the experience of patients along their whole pathway. Joint working between the NHS, Local Authorities and the third sector is also required to fully understand the experience of patients in all settings and as they cross sector boundaries.

Health boards in Wales are responsible for protecting and improving the health of their population. In many cases health services will be both planned and provided by the same health board, but in other instances provision will be by independent NHS contractors, other health boards, organisations in NHS England, via the Welsh Health Specialised Services Committee, or non-NHS organisations (e.g. third sector or statutory partners). Consideration needs to be given to how the commissioning process addresses the experience of patients. This should include all aspects of the commissioning, design and delivery of services. Specifications for services should include requirements for providers to gain, review and act on patient experience in the delivery of their services.

A large proportion of patients have characteristics that impair their ability to engage with more traditional means of giving feedback. Patients with communication difficulties, the elderly, young children, people who do not speak or understand English, and those from minority ethnic communities are at risk of

being excluded from the opportunities that are given to patients to provide feedback. There is an urgent need for the use of methods that best obtain feedback from these groups.

Organising for an Improved Patient Experience

The move towards a complete understanding of the patient experience in NHS Wales has started. However, there remain a range of challenges, some of which are outlined earlier, which are in need of strategic thought and action. At present, the resources available to take forward the Framework vary considerably across Wales. In addition, there are specific skills needed to fully implement the Framework and their availability varies across Wales.

The Framework and recent overviews of using feedback to improve the patient experience stress the need to aggregate data from multiple sources⁴⁶ and to move the focus from collecting data to using it to improve care⁴⁷.

There are challenges which can restrict the ability to triangulate feedback and other relevant information from a number of sources. These issues were explored at a workshop held for patient experience staff and concerns teams from across Wales⁴⁸. The group strongly supported the need to ensure that all feedback from patients, carers and families (including concerns, compliments and complaints) is considered when seeking to understand what it feels like to use NHS services.

A major contributor to achieving this would be the pooling of resources from concerns and patient experience teams in organisations. This has begun in Cardiff & Vale University Health Board, which has aligned its Patient Experience and Concerns teams. This closer working has helped the health board achieve better understand the data through a process of triangulation of patients views and experiences that are collected in a number of formats, including patient stories, surveys, compliments, concerns, Fundamentals of Care audits, Healthcare Standards, incident reports and so on.

A team, which included representatives from Corporate Nursing, Patient Safety, Patient Experience and Concerns, has gathered relevant information from all their specific areas of interest. Some of this data was held manually with the majority being held on differing databases or IT systems.

The team are looking for “meaningful intelligence” about the whole system, rather than considering data in isolation. There are opportunities to highlight areas of

⁴⁶ Health Foundation (2013). *Evidence Scan No. 18. Measuring Patient Experience*. London: The Health Foundation. Available from www.health.org.uk/public/cms/75/76/313/4300/Measuring%20patient%20experience.pdf?realName=7qM8Wm.pdf (accessed 20 May 2015)

⁴⁷ Coulter, A. et al (2014) *Collecting data on patient experience is not enough: they must be used to improve care*. BMJ Available from <http://www.bmj.com/content/348/bmj.g2225.full.pdf+html>

⁴⁸ *Notes of a meeting of the National Service User Experience Group October 2014* available at www.wales.nhs.uk/sites3/Documents/420/NSUE%20Minutes%208th%20October%202014.pdf (accessed 13 May 2015)

good practice and provide “red flags” for areas requiring extra review and scrutiny would become apparent.

Abertawe Bro Morgannwg University Health Board has also taken this approach and included a data analyst to support triangulation of all feedback, including incidents.

This work has demonstrated that NHS Wales organisations hold significant amounts of data pertaining to patient experience and satisfaction. This project demonstrated that it is impossible to easily integrate this data to provide information to guide improvement and identify good practice.

There may also be opportunities to share expertise across Wales through collaborative working across organisations. This could be achieved through integrated systems with all organisations using the same software to give oversight of all the information about patient experience, e.g. safety and risk including incidents, adverse events and near misses, patient feedback, complaints, compliments, comments and concerns.

A common set of descriptors suitable for data from all sources could be based on the patient experience domains and be used to develop a common approach to search and interrogation methods for reporting.

Above all, the group highlighted the need for one overall patient experience agenda across Wales and within organisations with senior level commitment to ensure that patient experience information compares equally with the financial and performance agendas. The updated Framework provides the focus for this.

Priorities

There is much that individuals and organisations can do locally and nationally to ensure that the work that has been undertaken to date is built on and used to give assurance that patient experience continues to improve in NHS Wales. The case studies included in this white paper describe some of the innovation that has been undertaken across Wales. The challenge now is to spread best practice and make NHS Wales a leader in the field of assuring and improving patient experience.

Individuals providing care should remain aware of the key determinants of a good experience in the service they are part of and be proactive in seeking and acting on individual feedback, resolving or escalating issues as they arise.

Organisations should consider how their resources can be pooled to create a single patient experience agenda, to maximise the use of resources and the feedback provided by patients. All patients should be given opportunities to give feedback, without recourse to the concerns process and more extensive spread of the Framework beyond secondary care is needed. The availability of methods suitable

for all patients, including those with communication difficulties, needs to be addressed.

The value of triangulating staff feedback with patient feedback and other relevant information should be exploited as part of the approach to assuring and improving the patient experience.

Nationally it would be appropriate to consider the development of guidance and specifications for a number of aspects of the Framework. These might include:

- Specifications for real time feedback systems.
- Guidance on incorporating patient experience into the commissioning process.
- The development of more national, service or patient group specific retrospective surveys.
- The development of validated methods for patients with communication difficulties.

Conclusions

NHS Wales has demonstrated a commitment to understanding and improving the patient experience. While the profile has increased in recent years, and there is a greater understanding of the information that can be used to describe experience at an individual and organisational level, there remain challenges.

The balance between national direction from Welsh Government and local scope for individual organisational approaches needs to be clarified. There is also significant value in sharing and implementing best practice with 1000 Lives Improvement providing support.

Early agreement on how some of the national priorities identified above will be taken forward would support the development of a direction of travel and signal to patients and the public that all NHS organisations want to understand their experience and will be taking steps to improve it.

Appendix 1 - the updated Framework for Assuring Service User Experience

Service User Experience can be defined as “What it feels like to be a user of the NHS in Wales”. A service user can be defined as someone who uses or has access to Health Services in any setting, including their families and unpaid carers. NHS Wales provides services across a wide range of patients both in the community and in hospital settings therefore there cannot be a generic approach to determining service user experience.

The specifics of what is important to service users and how this influences their experience will need to be defined for each group and clinical setting, although there are common themes which cross all service boundaries.

The NHS in Wales has adopted a service user experience framework which describes the evidence based key determinants of a “good” service user experience and identifies the key attributes and uses of a range of feedback methods. This includes a set of core questions which will be used in all NHS organisations in Wales as part of their implementation of the Framework. Independent contractors and other stakeholders are invited to use the Framework whenever seeking feedback on service user experience.

Use of the framework will enable the service user voice to be heard at all levels in NHS Wales. An effective feedback programme will aim to:

- Ensure that clinical teams have methods available to allow all patients (and their families and carers) to provide feedback on the care they receive.
- Allow speedy resolution of issues raised by individual patients.
- Allow identification of key themes and trends arising from feedback of all types (including concerns) and the actions taken.
- Provide assurance to the Board that the key components of the patient experience are being assessed and that action is taken to deliver improvements.

Key Determinants of a “Good” Service User Experience:

The key determinants of a “good” service user experience, based on national and local published evidence, include:

- *First and Lasting Impressions*

For example:

- Being welcomed in an appropriate manner;
- Being able to access services in a timely way;
- Being treated with dignity and respect

- *Receiving care in a Safe, Supportive, Healing Environment*

For example:

- Receiving care in a clean, clutter free environment;
- Receiving good, nutritious, appropriate food;
- Having access to drinks;
- Having rigorous infection control practices in place.

- *Understanding and Involvement in Care*

For example:

- Receiving appropriate, timely information;
- Being communicated with in an appropriate, timely manner;
- Involvement of patients, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer

These three domains can be used to support the use and design of feedback methods and be used to classify feedback from all sources.

Service User Feedback Methods:

Patients, families and carers can give feedback in a wide variety of ways. Some may be specifically designed by organisations to encourage feedback, however there are other sources. It is important that patients, families and carers feel that their views, positive, negative or neutral, are welcomed, that notice will be taken and improvements made were necessary. Organisations should use feedback from all sources to gain a balanced view of experience

A balanced range of methods is shown below:

“Real Time”	“Retrospective”
Short surveys used to obtain views on key patient experience indicators whilst patients, carers and service users are in our care (such as in hospital) or very shortly afterwards (such as on discharge or immediately after an out-patient appointment).	Surveys post discharge or any clinical encounter in any setting to gain in depth feedback of service user experience. They can also incorporate quality of life measures and Patient Reported Outcome/Experience Measures (PROM/PREM)
“Proactive/Reactive”	“Balancing”
Provide opportunities for all service users/families/carers to provide feedback. Includes feedback cards, permanent and temporary online surveys and emerging methods such as text, QR codes and social media.	Concerns and complaints Compliments Clinical Incidents Patient stories Patient groups Third party surveys such as Community Health Councils and voluntary organisations

Using the Framework to Assure and Improve Service User Experience

It is strongly recommended that a mixture of methods is used wherever possible, to gather views of each of the three key domains, in order to obtain a balanced understanding of “what it feels like to be a service user”. The feedback obtained should also be considered in the light of feedback obtained through other sources including complaints and compliments (which can also be classified using the key domains). In this way areas for improvement be identified and lessons learned from areas that are performing well.

To support the introduction of “real time” methods 15 “core” questions, covering each domain, have been developed and these will be used in each Health Board and Trust to obtain real time feedback across Wales. To ensure applicability across different settings of care, they may be complemented by service specific questions as appropriate.

At the frontline they can support real time resolution of issues at local level, whilst providing the Board with greater understanding of the quality and safety of the service provided.

Versions of the core questions to be used with people with communication difficulties are also being made available. A number of equality monitoring questions have been included and guidance on the application of the Equality Monitoring questions should be sought from each Health Board and Trust Equality leads.

Domain	Questions
First and Lasting Impressions	Do you feel that people were polite to you? Do you feel that you were listened to? Do you feel you were given enough privacy? Were you given the support you needed to help with any communication needs? Were you able to speak in Welsh to staff if you needed to? Do you feel that you were given all the information you needed? From the time you realised you needed to use this service, how long did you wait?
Safe, Supportive Environment	Thinking about the place where you received your care - how clean was it? Did you see staff clean their hands before they cared for you? Did you feel that everything you needed for your care was available? If you asked for assistance, did you get it? If you asked for assistance, did you get it when you needed it?
Understanding of and involvement in care	Did you feel you understood what was happening in your care? Were things explained to you in a way that you could understand? Were you involved as much as you wanted to be in decisions about your care?

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Listening and learning to improve the experience of care

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