

GROUP UPDATE REPORT/ ADRODDIAD DIWEDDARU'R LISTENING AND LEARNING SUB COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: May 2025

Report by/ Adroddiad gan: Mark Henwood (Chair)

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Sub Committee had no items of which to alert the Committee

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Sub Committee wish to **advise** members of the Committee that:

- A range of feedback relating to the experience of service users and their families following attendance at the A&E departments across the Health Board area was considered. This included feedback from patient experience; complaints and Ombudsman cases; redress cases and inquests.

The Sub-Committee listened to two stories from patients, one from a staff member who attended the A&E Department with her husband in 2022; the second from a patient who attended a few months ago – both sharing similar concerns and experiences. Concerns were raised that lessons were not being learned.

The theme in both stories related to nutrition and hydration, waiting room conditions, (including seating, lack of blankets, toilet facilities), dignity and respect; lack of attention/care to patients waiting due to capacity, and a perceived growing culture of acceptance amongst staff due to continued pressures.

The stories would be presented to the Clinical Care governance Group and the Quality, Safety and Experience Committee. It was agreed that the patient and user experience feedback would be incorporated not the Unscheduled Emergency Care (UEC) Accelerated Transformation Group.

- Royal College of Emergency Medicine – a recommendation that patients making an unscheduled return to the Emergency Departments (ED) with the same condition, within 72 hours of discharge should be escalated to a consultant or senior doctor. This was raised in a Public Interest Report relating

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

to another Health Board in October 2023 and escalated to the Quality, Safety and Experience Committee at that time, as Hywel Dda University Health Board was not able to comply with this recommendation due to availability of consultants. To date, no evidence has been shared to provide assurance this is now being complied with. The Sub-Committee suggested that assurance be sought that whilst this target may be a problem to achieve 24/7, there should be a commitment to this when consultants are in the department or a senior doctor (min ST4).

- A redress cases from 2014 had highlighted issues in achieving the 15-minute timeframe for undertaking **electrocardiogram (ECG's) in the Emergency Department** for patients presenting with chest pain. There were also concerns raised about the quality of the interpretations of the readings. Further cases had highlighted similar issues and an audit undertaken for Welsh Risk Pool assurance had demonstrated a total of 639 patients were identified during the period; 93 patients (15%) received an ECG within the RCEM-recommended 15-minute target. The remaining 546 (85%) experienced delays beyond the standard, with the following time distributions: Among those who experienced delays 219 patients (34.2%) waited between 1-2 hours for an ECG, 140 patients (21.9%) waited over 2 hours, 14 patients (2%) had an ECG performed more than 6 hours after arrival. Welsh Risk Pool has requested to know what improvement plans are in place. Concern was raised by the Sub-Committee that initial cases were reported in 2014 and there was no improvement in 2025.
- Following review of a paediatric case an experience of attending A&E, it was highlighted that there is a lack of **paediatric nurses working within the A&E** department. The Royal College of Paediatrics and Child Health (RCPCH) recommends that every emergency department treating children must have at least two registered nurses on duty per shift. The nurses must hold the appropriate qualifications and competencies as required by the Nursing and Midwifery Council.

These issues would be forwarded to the Care Group Triumvirate for consideration and would be scheduled for further discussion at the Sub-Committee in the Autumn.

Assure³ (to note)/ Sicrhau (i nodi)

The Sub-Committee wish to assure members of the Committee that:

- The Sub Committee annual review report was approved via Chair's Action.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- Public Services Ombudsman for Wales (PSOW) – Two final reports were received by the Sub-Committee as follows:

- PSOW 11712 &13937

There was a delay in oncology review, caused by a delayed biopsy and miscommunication which made the patients pathway less clear. Recommendations sit with Cancer Services and include a review of the Health Board's approach to carrying out biopsies of urgent suspected cancers and refresher training on ECOG performance status scale (Eastern Cooperative Oncology Group).

- PSOW 13891

Concerns around care and treatment in respect of an ectopic pregnancy were not upheld.

- **A Public Interest Report** issued to Betsi Cadwaladr Health Board and involving two English Trusts where care had been commissioned was discussed. The report discussed concerns about colorectal and gynaecology services. The report would be shared with the relevant governance leads for the Care Groups.

The report also highlighted serious concerns about the consenting process so the report would also be shared with the Consent Lead as it was noted by the Sub-Committee that consenting issues were also becoming more apparent within the complaints received.

- The new Welsh Health Circular enclosing the updated **People's Experience Framework**, and new People's Experience Survey was received by the Sub-Committee. A self-assessment process was reviewed and endorsed. This would be issued to all Care Groups and corporate teams during June, for completion. This would inform the Health Board's self-assessment process which would be reported back to the Quality, Safety and Experience Committee in due course.

Sharing of learning/ Rhannu dysgu

- Contained within the report

Recommendation/ Argymhelliad

- The Committee is asked to discuss the issues and proposed action relating to the advise section and be assured on the items that the Committee is providing assurance on.
- The Committee is asked to approve the LLSC Annual Review Report 2024/25

People's Experience Survey (PES)

Your NHS Wales Experience

The experience that you have of care is important to us. This might be an appointment with your doctor or health visitor, a hospital stay, an outpatient visit or something else. We would be grateful if you could complete this survey so that we can understand this better.

The questions are based on the things that patients have said matter most. We will ask you questions about your latest experience of healthcare. Please help us by giving your honest opinion.

The questions mostly have four options and you are asked to tick the answer that you feel best describes how you feel.

How recent was the experience you are thinking of?

- In the last week
- Between 1 month and 6 months ago
- Between a week and a month ago
- More than 6 months ago

Thinking about this experience:

1. Was the time you waited:

- Much shorter than expected
- A bit shorter than expected
- About right
- A bit longer than expected
- Much longer than expected

2. Did you feel well cared for?

- Always
- Usually
- Sometimes
- Never

3. Were you treated with dignity and respect?

- Always
- Usually
- Sometimes
- Never

4a Which language would you prefer to communicate in?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Urdu | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | <input type="checkbox"/> British Sign Language |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Panjabi | <input type="checkbox"/> Bengali | _____ |

4b Were you able to communicate in your preferred language?

- Always Usually Sometimes Never

5. Did you feel that you were listened to?

- Always Usually Sometimes Never

6. Were you involved as much as you wanted to be in decisions about your care?

- Always Usually Sometimes Never

7. Were things explained to you in a way that you could understand?

- Always Usually Sometimes Never

Thinking of your overall experience

8. How would you rate your overall experience?

- Very poor Poor Neither good nor poor Good Very good

9. Was there anything particularly good about your experience you would like to tell us about?

10. Was there anything particularly bad about your experience you would like to tell us about?

Thank you for taking the time to answer these questions



Llywodraeth Cymru
Welsh Government



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People's Experience Framework

Review date: August 2028

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Aim

This framework is a self-assessment maturity matrix, aimed at empowering organisations to evaluate their current position and to develop

an ambitious improvement plan for people's experience through a Value lens.

Scope

This framework will encompass all services provided by NHS Wales organisations, including commissioned services. Quality and experience indicators must be integrated into all commissioned services arrangements and the data gathered used as part of contractual monitoring and compliance.

The People's Experience Framework aligns with various regulations and acts, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Value Based Health Care Strategy and the Socio-economic Duty. Listening and learning from people's experiences is an integral element of these regulations.

What is 'People's Experience'?

People's experience is 'the sum of all interactions, shaped by the culture of the organisation, staff and systems'. People's experience can be described as how people feel when using any services and programmes offered by NHS in Wales. Whether it be in a hospital ward, outpatient appointment, participation in national screening programs, engagement with primary care services (such as GP, Optometrist, Pharmacist, Dentist), interaction with health promotion practitioners, or attendance at any event hosted by an NHS Wales Organisation.

In essence, the definition of People's Experience is fundamental to Person and Population-centredness.

The integration of all strands of experience feedback relies on local expertise and resources. However, the triangulation of experience feedback data alongside other metrics, e.g. outcomes, as depicted on the Listening and Learning Tree is indicative of an organisation committed to quality.

Health and Care Quality Standards

To help us understand what excellent quality means and how we can apply it in practice, 12 Health and Care Quality Standards have been developed.

The Standards include the six domains of quality and six quality enablers. The Health and Care Quality Standards are intended to apply broadly to the wide range of services provided by the NHS in Wales.



Duty of Quality – Person Centred quality standard

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated

with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts collaborating with professionals to get the best outcome and experience.

People's Experience principles should be considered in line with the Duty of Quality

- All people who use NHS Wales services, programmes or functions have the right to provide anonymous feedback quickly and easily when they want to.
- 'People's experience' is a continuous feedback stream.
- At times of distress there may be sensitivities in gathering feedback. However, people should still be able to give feedback if they choose to.
- The feedback should be used to celebrate and build on what is working well, and to identify areas where improvements could be made.
- People's experience feedback should be made readily available to the public in an accessible format.
- Information should show that feedback is being listened to and acted upon, e.g. 'You said, we did' and the Duty of Quality report.

The use of and the difference between People's Experience, Engagement, Patient Reported Experience Measurements (PREMS), Patient Reported Outcome Measurements (PROMs)

Engagement with people is different from People's experience and feedback. Although the two activities are related and overlap, engagement is the active participation of members of the public, communities or other stakeholders in service planning, delivery, and evaluation.

To ensure the prioritisation of people's experience, it is recommended that all NHS Wales organisations have in place a People's Experience Strategy.

Use of Patient Reported Experience Measurements (PREMs)

PREMs (Patient Reported Experience Measures) use a series of questions which require an overall rating or another quantifiable value. PREMs can be classified as either relational or functional. Relational PREMs show the patient's experience of their relationships during treatment, and can be disease specific e.g., did they feel listened to? Functional PREMs examine more practical issues, such as the facilities available.

As an example, the CARE measure, a relational questionnaire, is an example of a PREMs tool. PREMs require a large sample of respondents, to generate standardised aggregated and validated measurements and a supporting system which enables clinicians to view and react to individual PREMs feedback. Alongside People's Experience feedback, PREMs also support clinical effectiveness, safety, and quality improvement, and can support a Value-Based approach by combining specific disease specific PREMs with PROMs, but should not be viewed as a replacement for the 'How it felt to use any of the services, functions, and programs of NHS in Wales,' conversation.

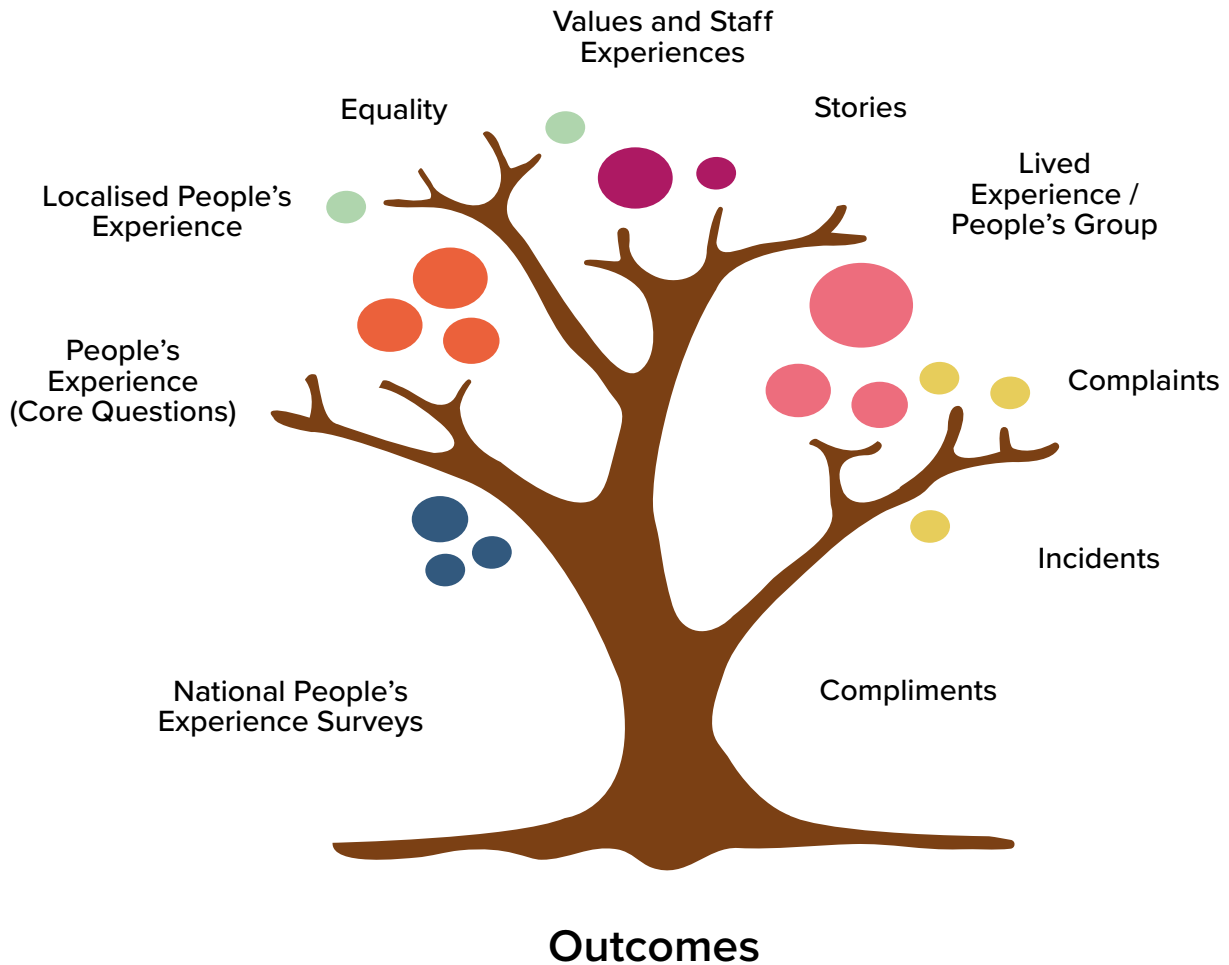
Patient Reported Outcome Measurements (PROMs)

PROMs (Patient reported outcome measures) assessments are essentially a structured communication assessment between a person receiving care and their clinical team, delivering standardised responses about symptom burden and quality of life. PROMs are one of the tools used within a wider toolkit, to evidence Value-Based healthcare, to better understand outcomes which matter most to people and

patients. PROMs are designed and evaluated for symptoms relating to specific conditions or around general health and quality of life.

In addition to PREMs and PROMs there is ongoing development of added measures including CROMs (Clinician Reported Outcome Measures) and SROMs (Staff Reported Outcome Measures).

Listening, Learning and Improving Tree



National People's Experience Surveys

National surveys are developed at the request of clinical areas of work and in conjunction with the NHS Wales Executive Team. There is an approval process set up, (please see Appendix A) to support the development and inclusion of national surveys within the Once for Wales Experience System. Where applicable, all organisations will engage in the national survey approach in line with the Duty of Quality 'always-on' reporting and share with people and communities via local websites, the feedback received and any service improvements that have been undertaken because of the feedback.

Information collected via national surveys will remain the responsibility of clinical areas and organisations supporting the collection. The information will also be used to populate the NHS Wales Executive Quality Dashboard.

People's Experience (core questions)

A Welsh people's experience core set of questions has been developed. Every effort should be made to use the people's experience core set of questions in all experience and feedback surveys, the core set of questions are listed below. In circumstances where people in receipt of services cannot directly provide feedback, consideration should be made for the views of family, friends, and carers (unpaid) to be gathered.

1. How would you rate your overall experience?

- Very poor
 Poor
 Neither good nor poor
 Good
 Very good

2. Was there anything particularly good about your experience you would like to tell us about?

3. Was there anything particularly bad about your experience you would like to tell us about?

4a Which language would you prefer to communicate in?

- Welsh
 Urdu
 Gujarati
 English
 Portuguese
 Italian
 Polish
 Spanish
 British Sign Language
 Romanian
 Arabic
 Other, please specify
 Panjabi
 Bengali

4b Were you able to communicate in your preferred language?

- Always
 Usually
 Sometimes
 Never

Scoring and benchmarking

An All-Wales scoring structure has been agreed upon for the Likert-based question 1, which organisations should use to benchmark, learn from each other, and make publicly available in the spirit of the Duty of Quality.

Response	Weight
Very good	10
Good	7.5
Neither good nor poor	5
Poor	2.5
Very poor	0
I don't know (if included)	N/A

Localised People's Experience Feedback (Service Specific)

Locally requested surveys should reference the National People's Experience question set, included in Appendix B (where appropriate). At a minimum, all local experience and feedback surveys are required to include the people's experience (core questions) question set.

Carers/Families

Carers/Families play a valuable role in the health and well-being of their loved ones and their contribution often goes beyond the cared for and impacts wider society and services. The contribution and role the carers play in the health and well-being of a loved one is sometimes not fully acknowledged. It is often the carer who organises appointments, arranges transportation, plays a role in explaining

information to the patient, assists with medication, as well as helping with a host of other important tasks. This level of involvement places carers in a unique position to share their experiences of services and People's Experiences surveys should be developed to allow carers to offer their feedback.

In addition, the impact of a patient's illness on a carer/family member's own health and well-being has proven to be both widespread and severe and organisations should consider the availability of a FROM (Family Reported Outcomes Measure) type questionnaire. The development and availability of such questionnaires should always be linked to the organisational ability to provide signposting and support.

Equality Monitoring

Health outcomes and experiences are often influenced by the protected characteristics of our people and communities. To support the identification of varying experiences, **all** experience and feedback surveys across NHS Wales should include a nationally agreed set of demographic and diversity (through a quality lens) questions which are included in Appendix C.

These questions should not be compulsory to answer and a clear explanation of how the data will be used and stored should be set out in the survey/questionnaire introduction. Robust processes to support the analysis of information should be developed at a local level and ensure the information provided does not affect individual access to services or care.

Organisations should also develop processes which help the capture of the demographic and diversity information of those people who have raised a complaint (at a time most appropriate).

It is expected that each organisation will have processes in place to support the analytics of information being collected to provide an extra layer to the experience data and be used to support wider quality, improvement, and engagement of communities.

Values and staff experiences

People's experience is 'the sum of all interactions, shaped by the culture of the organisation, staff and systems. The same definition can be applied to staff and put simply, staff and people's experiences are two sides of the same coin. Organisational culture and staff experiences are intrinsically linked to people's experiences. 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.

We understand that asking people 'What matters to you' instead of 'What's the matter with you' makes a significant difference to their overall experiences of NHS Wales services. How much more difference could we make if we started asking our staff a similar question: 'What matters most to you?' We should remind ourselves that this relationship could be one of the most important moves the NHS Wales makes to drive better productivity and improve experiences of care for the entire population of Wales.

The expectation is that organisations will work with Human Resources, Finance Organisational Development and Planning, Value-Based Healthcare and Data and Analytical teams to establish a work programme, which includes triangulation of data to drive improved outcomes and experiences for people through improving staff experience.

Stories

We cannot ignore the importance of conversations and narrative-based contributions in supporting quality and improvement. The use of people, communities and staff narratives should be embedded across all NHS Wales organisations.

There is an expectation that organisations will have processes in place to allow them to capture and listen to people's stories. These stories should be shared at Committees and Board meetings, in addition to being used as part of staff training and organisational awareness.

To support the collection and thematic analysis of stories from across NHS Wales, it is expected that all organisations contribute to the All-Wales NHS Digital Story Library. To support organisations the NHS Wales Digital Story toolkit is included in Appendix D.

Lived experience/people's groups

Lived experience refers to the unique and personal encounters, perspectives, and insights that individuals gain through direct involvement in particular situations or circumstances. It encompasses the real-life experiences, emotions, challenges, and lessons learned by individuals as they navigate various aspects of their lives. Lived experience is deeply subjective and can be influenced by a person's background, culture, beliefs, and personal circumstances. In various contexts, such as healthcare, social services, or advocacy, lived experience is valued for its authenticity and its potential to offer valuable insights and inform decision-making processes.

It is expected that all organisations consult with their lived experience/people's groups, and this is triangulated as part of their people's experience feedback.

Complaints

Complaints are a part of the experience feedback family and are an expression of dissatisfaction, which is significant enough to prompt the person to raise the matter.

An exemplary organisation will include experience and other sources of feedback so that action can be taken quickly where required. Hotspots can be easily shown and reported to senior leadership, Committees, Board meetings and the public in an accessible format.

Complaints are managed through the robust policy framework and processes of 'Putting Things Right Regulations'. The principles of 'Always on' should be aligned to the sphere of complaints.

Incidents

Clinical incidents refer to unintended or unexpected events that occur during the provision of healthcare services and have the potential to cause harm to patients, staff, or visitors. These incidents can range from errors in medication administration to communication breakdowns, equipment malfunctions, or adverse reactions to treatments. Clinical incidents are typically analysed to understand their causes, prevent recurrence, and improve patient safety and quality of care. Incident reporting and investigation systems are commonly used in healthcare settings to find and address clinical incidents promptly. Incidents should be considered in the triangulation of feedback methods.

Compliments

Compliments are an unsolicited expression of gratitude. People invest their time to leave a compliment in the hope that the behaviours they experience are repeated and routinely available to others. The comparison of compliment and complaint numbers in isolation from the contextual narrative has minimal benefit when looking to support quality and improvements. To support a mutual understanding of what constitutes a compliment and to ensure all NHS Wales Bodies maximise the capturing of compliments, common definition of a compliment is provided below:

'A positive or appreciative statement about any individual NHS Wales staff member, services, programme, or function, which includes the expression of praise, admiration, or congratulations which goes beyond common courtesy. This can be received through a variety of means including verbal and written'.

It is expected that all NHS Wales Bodies develop and implement a robust 'Always on' system for the collection of compliments within easy reach for all people and communities. Organisations should also develop processes which support learning from compliments, processes to recognise areas and staff who are mentioned in the compliment, processes to share good practices highlighted within compliments wider in the organisation.

Good Practice Local Self-Assessment Tool Recommendation

It is recommended that all NHS Wales Bodies complete a local self-assessment Red Amber Green (RAG) rating score for each element of the framework as a basis for local quality and improvements.

National assurance is overseen by NHS Executive Wales.

1. Review each criteria statement and identify the range of evidence available which supports each statement. Ask yourself questions such as:

a. How embedded is the process which supports this criterion?

b. Are we consistent across the organisation/ service as a whole?

2. Then judge the strength of the evidence through a RAG rating –

Red No / insufficient evidence.

Amber Evidence available but may need further development.

Green Sufficient relevant evidence.

Where you have judged the evidence available to support the criteria as **Red**, then this is an area for development/exploration and should be included in your organisation's development plan. The **Amber** criteria will also need to be addressed before assessment, **but if you have ten or more Red criteria focus on these first before adding the Amber criteria to your improvement plan.**

Criteria	Name of person/team completing the self-assessment	Date self-assessment undertaken	What we have in place	Our Rating Red Amber Green	Areas for focus/ improvement in next 12 months	Date of reassessment	Name of group/ committee to receive self- assessment outcome
Leadership							
Capacity and capability to effectively collect feedback							
Analysis and triangulation							
Using people's feedback to drive quality improvement and learning							
Reporting and publication							

Areas for Local Self-Assessment

Leadership

The Board and senior leadership show their dedication to prioritising people's experience in all their initiatives. They work towards enhanced collaboration, ensuring that all individuals play a crucial role in the decision-making processes, to achieve the best possible outcomes and experiences.

Leadership promotes a culture defined by compassion, empathy, and kindness while upholding principles of privacy, dignity, and human rights. These values and behaviours are actively embraced by all members of the workforce.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
The organisation has a strategically endorsed document by the Board aimed at enhancing people's experiences. This document advocates for a system-wide strategy emphasising quality, continuous improvement, and ongoing learning.	<p>The organisation has a People's Experience Document, collaboratively developed with input from individuals and communities, with consultations involving all staff and relevant stakeholders.</p> <p>This document undergoes approval through the organisation's governance process.</p> <p>The People's Experience Framework is designed to be seamlessly aligned with and integral to the Duty of Quality, Health and Care Quality Standards, and Duty of Candour. This approach reflects a commitment to value-based healthcare.</p>	<p>The organisation aims to establish an approved document outlining people's experiences. This document should be easily comprehensible for individuals, communities, and staff.</p> <p>The People's Experience Document is expected to exhibit harmony with other essential policy documents and plans, such as the Quality Strategy, Equality Plan, and others.</p>
The Board can show evidence of actively listening to feedback from individuals and undertaking measures where appropriate to enhance both the experience and the quality of service.	<p>A variety of feedback and engagement methods are in place, actively promoted and widely disseminated.</p> <p>Every staff member is involved, contributing their insights to the development of services and efficiency changes, with a focus on understanding how these changes impact individuals, communities, and staff.</p>	Evidence in public reports of listening, reporting, and acting upon feedback e.g., 'you said, we did,' in line with the Duty of Quality.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>People's experience is integrated into all leadership development initiatives, encompassing efforts by everyone involved. This fosters a culture dedicated to continuous learning and improvement, prioritising quality, safety, and experience.</p>	<p>All leaders and senior managers actively contribute to an efficient quality management system, possessing the requisite skills, knowledge, and values to provide person-centred services. In addition, leaders and senior managers take proactive steps to incorporate learning, quality, and experience into leadership development, staff objectives, appraisals, and other relevant processes.</p>	<p>The organisation can show the use of Peoples Experience feedback in decision-making and planning and delivery of services.</p> <p>The organisation can provide tangible evidence of incorporating people's experience into the decision-making process and the planning, and delivery of services.</p>
<p>The senior leadership team is visible, with a designated Executive Director taking accountability for leading quality, and people's experience to ensure that the organisation fulfils its Duty of Quality and obligation to promote active listening and learning from experiences and feedback.</p>	<p>The Executive Lead or nominated deputy for people's experience consistently helps discussions on experience and regularly presents comprehensive reports to the Board. Proactively taking charge of this domain within the organisation, the nominated lead ensures that people's experiences (including stories) become a routine feature in various meetings, including those held by the Board and its sub-committees.</p>	<p>People's experiences and the corresponding actions are disclosed in the Board and other published reports.</p> <p>People's experience reports cross-reference various experience/ feedback sources, including compliments, general feedback, satisfaction ratings, complaints, and Value-Based healthcare. Information e.g. (PROMS/PREMS), incorporating both goals and shared decision making tools</p> <p>Lived experiences of people along with associated learnings and actions, are shared both internally and externally. This information is balanced with staff experiences and stories.</p>
<p>The organisational development strategy and implementation plans are underpinned by a commitment to improve people's experiences.</p>	<p>People's experience is integrated into the organisational development strategies. This should also include ensuring that our staff are trained and equipped to engage and work collaboratively with our public and communities.</p>	<p>There is recognition that staff experience is critical to people's experience and service quality. This should be referenced in key documents such as IMTPs, and Patient Experience (People's Experience) Strategies.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation values and celebrates innovation by staff that demonstrates a consistent approach to people's experience and quality improvements.</p>	<p>Staff are supported by senior managers and colleagues to listen and act locally as a response to feedback and the organisation routinely captures, analyses and reports on the outcomes from any quality improvement work.</p> <p>Monitoring takes place against the results of the staff and people experience surveys.</p> <p>Staff behaviour is compassionate, involves people and communities in decision-making and provides good emotional support to people.</p>	<p>Innovations are recognised within a wide range of policies, procedures, and reports to the Board.</p> <p>Also celebrated and recognised at staff awards; appraisal; Research and quality improvement programmes.</p> <p>There are opportunities for shared learning throughout the organisation and wider, including the opportunity to share good practices and learn from mistakes.</p> <p>Staff training includes opportunities to understand and embed:</p> <ul style="list-style-type: none"> • compassionate leadership and culture within the organisation • positive feedback – learning from compliments. <p>People and communities are involved in staff training through a variety of means including lived experience stories to delivering the training. Active involvement of people and communities at NHS Wales meetings can positively impact outcomes and contribute towards raising staff awareness.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>Organisational culture and staff experiences are intrinsically linked to people's experiences. 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.</p>	<p>The organisation has developed, with people and staff, a set of values, articulated through all corporate documents, which reflect the values of NHS Wales.</p> <p>The organisation has a process for ensuring values are owned by staff.</p> <p>The organisation has in place a values-based recruitment and appraisal system.</p>	<p>Organisations have an agreed and published Values and Behaviour Framework that has been developed with staff, people, communities, and all relevant stakeholders.</p> <p>Person-centred care/provision (population-centredness) is a core element of the organisation's values and promotes a co-productive way of working.</p> <p>Standards for values and behaviours are part of recruitment, interview processes, staff Job descriptions, role profiles and appraisal.</p>
<p>The organisation expresses its commitment to engaging with people and communities through all its communications. This is per the Duty of Quality.</p>	<p>The organisation's website and other externally facing communications are accessible and clear and people would judge them to be user-friendly. They also articulate a commitment to person or population-centred services and programmes.</p> <p>People and communities are actively involved in the development, production, and review of all public-facing health (including promotion) and well-being information.</p> <p>People and communities can access correspondence relating to their health or care in an accessible format suitable for their needs.</p>	<p>Communication is available bilingually in a range of formats (Welsh and English) but should also include user-friendly and jargon-free easy-to-read information, BSL, audio and language of choice. Organisational websites are designed to use language that is clear in meaning and jargon-free.</p> <p>Public-facing information relating to an individual's or community's health and well-being is developed in line with good practice and is subject to stakeholder review before publication. Stakeholder review is inclusive and relevant to the people and communities who would access the information.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
		<p>Organisations compliance in line with the Accessible Information and Health Care and Quality Standards. Every organisation shows how they will implement, comply, and monitor the Accessible Information Standards.</p> <p>Feedback from staff, people and communities is routinely gathered and includes feedback on whether information and communication are accessible.</p>

Capacity and Capability to effectively collect feedback

The organisation has several routes through which People and Communities can provide feedback.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation ensures that people's experiences and overarching themes are at the core of all surveys, including post-discharge surveys. It collaborates with teams to devise and execute rapid, real, or near-real time feedback processes.</p>	<p>The organisation fully adheres to all mandated mechanisms and has a comprehensive programme dedicated to looking for rapid, real-time experience and feedback from individuals, utilising the most up to date technology available to them.</p>	<p>A unified system for Wales should facilitate benchmarking across organisations and support real-time feedback through various channels, such as SMS, IVR, online platforms, paper, etc.</p> <p>Organisations are encouraged to consider reframing the question from 'What's the matter?' to 'What matters to you?' This shift in focus aims to prioritise and address the individual's concerns and preferences.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation has established an accessible experience and feedback process that aligns with national guidance and regulations.</p>	<p>The organisation has implemented accessible and user-friendly feedback processes, enabling individuals to easily submit compliments, provide feedback, or raise concerns in their language of choice. Information related to these processes is prominently displayed and accessible across all locations and formats (website and display screens etc).</p> <p>Organisations have in place a systematic process for capturing experiences, feedback, and concerns specifically about how complaints are handled and the overall process. There is unambiguous evidence that feedback is consistently collected, and the organisation has implemented changes in practice.</p> <p>Moreover, these improvements have been sustained over time.</p>	<p>There is robust national guidance and widespread awareness of experience and feedback systems throughout the organisation, both internally and externally, with a particular focus on reaching seldom-heard communities. Clear visibility is ensured through the availability of leaflets and posters in bilingual formats (Welsh and English), and other languages in line with local population needs. In additional accessible formats, including Easy Read, British Sign Language (BSL), audio should also be made available.</p> <p>The organisation can provide evidence of collecting experience and feedback regarding the concerns process. Furthermore, they can demonstrate tangible improvements made because of the gathered experience and feedback.</p> <p>Feedback is systematically collected monthly, and there is documented evidence of improvement (where appropriate). This information is presented within the organisation and externally to the public.</p>
<p>All staff take ownership of and promptly address feedback and concerns at the earliest opportunity. Clear information is provided, and support is extended when individuals express a desire to provide feedback or raise a concern.</p>	<p>All staff are supported by their colleagues in addressing concerns raised by individuals, and there is a structured process for teams and the broader organisation to share and learn from these experiences.</p>	<p>All staff are empowered to reflect on all feedback and receive support to enhance the experiences of individuals. The organisation has clear processes in place to escalate, share, and learn from all feedback.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>Duty of Candour</p>	<p>Staff comprehend and act upon the Duty of Candour as outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The significance of experience and feedback is integrated into the organisation's approach to staff training.</p>	<p>All staff members, including those who are front facing or involved in service development, have completed Duty of Candour training.</p> <p>The organisation can provide evidence of being open and honest with people and communities when things go wrong.</p> <p>Training on experience feedback is incorporated into all sides of the organisation, including induction processes, leadership development programs, and staff appraisals.</p>
<p>People are provided with information about the various avenues via which they can leave feedback, encompassing paper-based surveys, comment cards, web platforms, text messages, devices, kiosks, and apps.</p> <p>Staff support individuals in utilising these approaches, ensuring consideration for the needs of those who may be less able or less willing to provide feedback.</p>	<p>The organisation disseminates information to individuals in multiple ways to provide feedback. People are informed about various avenues available to them as routes for sharing their experiences and feedback.</p> <p>The organisation utilises a variety of methods to collect feedback from people, tailoring these approaches based on individuals' needs and preferences.</p> <p>Staff members are well-versed in these methods and actively encourage and support people in providing feedback.</p> <p>Organisations are encouraged to establish experience/feedback Quality Indicators (QIs) for all public-facing services, and programmes in alignment with the People's Experience Framework. These should support quality improvements and be reported internally within the organisation while also being made available externally to the public.</p>	<p>The organisation can demonstrate it has in place various accessible methodologies and routes for the capture of people's experiences.</p> <p>Organisations can demonstrate a quality improvement approach to introducing new routes for capturing people's experience and evidence learning which has resulted in improvements.</p> <p>Staff can direct people and communities to a variety of feedback routes.</p> <p>The QIs along with all performance-related information should be made available on websites and in reports in a format which is easily understood. Also, in the case of online, the information should be easy to find.</p>

Analysis and Triangulation

The Organisation has a systematic and consistent approach to analysing and making sense of feedback (qualitative and quantitative) and considers it alongside safety and outcomes data.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation has implemented a systematic method for analysing feedback and experiences gathered in various forms.</p> <p>Additionally, the organisation has dedicated analytics and intelligence support for its experience data, generating clear and helpful reports.</p>	<p>The organisation routinely and systematically analyses all forms of feedback and experience, consolidating all strands and identifying themes upon which it acts.</p>	<p>The organisation employs real-time sentiment analysis to identify opportunities for early resolutions.</p> <p>All forms of feedback and experience undergo triangulation with various other outcome measures and are included in quality and assurance reports across the organisation, as well as in other public reports. Quantitative data, when available, is graphically plotted over time to provide a visual representation of trends.</p> <p>Demographic and diversity information is analysed aligned to the experiences themes to identify any variation and support improvement or engagement work (as required). The data is translated into business intelligence, informing meaningful quality improvement actions and engagement (where appropriate).</p>
<p>The organisation generates reports displaying the correlation between enhancing outcomes, safety, and the experience of people. This information is routinely triangulated with data from staff surveys, providing a comprehensive perspective on overall performance.</p>	<p>Reports explicitly highlight themes where people's experiences correlate with other quality measures.</p> <p>Organisational reports clearly articulate these relationships and outline the quality improvement actions that result from the analysis.</p>	<p>All forms of feedback and experience undergo triangulation with a variety of other outcome measures and are incorporated into organisational quality and assurance reports. This information is also included in other public reports.</p> <p>A robust relationship is maintained with services and teams to ensure that feedback, wherever feasible, translates into improvements. This collaboration involves staff from a range of disciplines across the organisation.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation adeptly employs experience data to efficiently identify and pinpoint areas of deteriorating performance, facilitating prompt action to address the underlying causes.</p>	<p>The organisation proficiently utilises experience and feedback data as an early warning system for declining standards. This enables leaders at various levels to detect concerns and implement quality improvement approaches promptly.</p> <p>The organisation utilises data related to experience and engagement to comprehend variations.</p> <p>Experience is fully aligned with and integral to quality improvement efforts.</p>	<p>Trend graphs are employed to identify abnormal activity within the feedback system. Additionally, alerts are set up to trigger actions promptly in response to key concerns. This system helps in staying vigilant to emerging issues and taking timely corrective actions.</p> <p>All quality improvement processes unequivocally demonstrate the utilisation of experience data. The insights derived from the data play a leading role in shaping and enhancing the organisation's quality improvement initiatives.</p>
<p>Experience and feedback information is routinely taken into consideration and acted upon by all teams. When a larger scale service redesign is necessary, such feedback is appropriately escalated and incorporated into the decision-making process.</p>	<p>Services, programmes, and functions receive feedback promptly and in a format that is suitable for their users.</p> <p>Organisations regularly engage in discussions about the data and leverage it for quality improvements.</p> <p>The organisation has an effective approach to celebrating and sharing local learning.</p>	<p>The organisation should have access to a quality management system where data is live and in real-time, providing them with immediate and up-to-date insights. The quality management system should encompass all sources of experience and feedback.</p>

Using People's Feedback to Drive Quality Improvement and Learning

The organisation actively and consistently seeks experiences and feedback from people to foster a learning culture underpinned by quality and service improvement initiatives.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation actively and consistently seeks people's experiences to foster a learning culture underpinned by quality and service improvement initiatives.</p> <p>There is evidence that the organisation uses these experiences and feedback, and staff are aware that people's experiences are central to influencing quality improvement. Moreover, people are actively engaged as equal partners in the decision-making processes, service plans and evaluation.</p>	<p>Staff demonstrate a good understanding of the theory and practice of shared decision-making with people, and its principles are reinforced through education and training programmes.</p> <p>People are actively involved in all aspects of their health and possess an understanding of the expectations related to their health and well-being.</p> <p>The organisation has a mechanism in place to capture whether people felt involved in decisions about their own or their communities' health and well-being.</p> <p>The organisation has a mechanism in place to capture whether people felt involved in service, programme design or evaluation.</p>	<p>Staff, including those who are front-facing or involved in planning, service development or quality improvement, have undergone education and training for shared decision-making.</p> <p>Public information incorporates health decision information.</p> <p>Clinical and public information are designed to reflect shared decision-making principles, emphasising collaboration between healthcare professionals and the public in the decision-making process.</p> <p>The organisation can evidence and make public, people's involvement right from the outset, highlighting a commitment to hearing and listening.</p>

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>The organisation employs quality improvement methodology and tools as part of an ongoing process to enhance services, programmes, and functions continuously.</p>	<p>Staff actively engage in quality improvement skills to identify problems, carry out tests of change, measure their impact, and act on the results.</p> <p>The organisation empowers all staff by providing the opportunity to contribute and act on ideas for quality improvement, with a clear process for measuring their impact through experiences and feedback.</p> <p>The organisation actively benchmarks and can demonstrate the utilisation of people's experience to make informed decisions.</p> <p>This involves comparing its practices and outcomes to identify areas for improvement and implement informed decision-making processes. (e.g., National People's Experience Surveys, Core Questions or Lived Experiences/People's groups).</p>	<p>There is evidence of education and training courses designed to support Quality Indicators (QI's) in service improvement, in line with the Duty of Quality.</p> <p>Organisations should have a process in place to ensure the public is informed about how their experiences and feedback have influenced change. This involves transparent and accessible communication to demonstrate the impact of public input on organisational decisions, evaluations, and improvements.</p> <p>Organisations can evidence how their Lived Experience or People's groups have supported the identification of shared learning and quality improvements. This should be included in the Duty of Quality report, and all other appropriate reports and made available to the public in an easy-to-find and accessible format.</p>

Reporting and Publication

The organisation regularly reports and publishes its people's experience data and co-produces its quality improvement plans with a range of stakeholders including the public, statutory and voluntary organisations, and the organisation's staff group.

Characteristics	Suggested requirement needed to meet the characteristic	What will good look like?
<p>People's experience should be a key component of organisational reports in line with the Duty of Quality.</p>	<p>Relevant reports include information about people's experiences and how the organisation has encouraged feedback, listened to, and is responding to people's experiences, including examples of improvements.</p>	<p>The organisation's Annual Quality report, Improvement, engagement, equality report, Duty of Candour and Putting Things Right reports include examples of how the organisation responds to experiences and feedback. In the case of Incidents/Complaints/Duty of Candour/Inquests, this would include the post-experiences of the handling process.</p>
<p>The organisation routinely publishes transparent and publicly accessible information within easy reach (e.g. 2 clicks) about people's experiences and the organisation's response to feedback (and ensures this information is accessible through multiple routes).</p>	<p>Information is available and accessible via a range of formats and platforms. This should include the accessibility requirements of seldom-heard communities and communities with low socio-economic backgrounds and communities with sensory loss.</p>	<p>The Annual Quality reports, Improvement, Engagement, Equality report, Duty of Candour and Putting Things Right reports should be available via a range of appropriate formats and platforms.</p>
<p>The organisational reports reflect the feedback offered via all external bodies e.g., Llais (Citizens Voice Body), Health Inspectorate Wales, Public Service Ombudsman Wales, and any other regulatory/ statutory body.</p>	<p>Reporting demonstrates that representations made on behalf of the public and feedback to the organisation have been incorporated and considered.</p>	<p>The organisation will review its communication channels to ensure it promotes the role of all regulatory/ statutory bodies in producing reports.</p>

Appendix A: National Surveys Process Document

National Surveys are overseen by the NHS Executive in line with the national survey road map. The governance process for national surveys is facilitated by the Once for Wales Concerns Management System Central (OfWCMS) team.

- The person or group proposing the national survey is responsible for liaison and engagement with the appropriate Executive Director in each organisation to gain support for the national survey to be undertaken.
- The person or group proposing the national survey will attend the Safety & Learning WRP People's Experience Feedback Network meeting to present their survey.
- A national survey request form must be completed and submitted, with the relevant survey questions, to the Once for Wales Concerns Management System Central (OfWCMS) team via email: OnceForWales.CMS@wales.nhs.uk.
- The OfWCMS team will acknowledge receipt of the request form and survey and arrange for the person or representative of the group proposing the national survey to attend a National Editorial Board meeting.
- All proposed national surveys will be presented to the National Surveys Editorial Board.
- Once approved by the National Surveys Editorial Board the national survey request form will be signed by the National System lead for Experience Feedback Wales System and stored by the OfWCMS Central team.
- The person or group proposing the national survey will need to have the survey translated into Welsh and any other language that they wish the survey to be deployed.
- The OfWCMS Central team will liaise with Feedback Experience System Leads and the supplier to progress the various stages required.
- The person or group proposing the national survey will be responsible for identifying and liaising with the teams within the organisations who will roll out the survey locally.
- The teams who will roll out the survey locally will be responsible for liaising with the Feedback Experience system lead within the organisations to ensure weekly feedback reports are set up correctly.
- The OfWCMS Central team, Feedback Experience System Leads, supplier, the person or group proposing the national survey and the teams responsible for the roll out of the survey locally, will agree a launch date.
- The supplier will, at an agreed time, facilitate the transfer of the data received from the survey held in organisations systems, to the national analytical tool.
- Access to the national analytical tool and to the data generated from this system will be managed by the OfWCMS Central team in accordance with the arrangements agreed by the National Surveys Editorial Board and following GDPR Principles.
- The OfWCMS Central team, will work with the Feedback Experience System Leads, supplier, the person or group proposing the national survey and the teams responsible for the roll out of the survey locally, to agree data sets for national reports to be generated both in the national analytical tool and in local systems.

Appendix B: People's Experience Survey

Your NHS Wales Experience

The experience that you have of care is important to us. This might be an appointment with your doctor or health visitor, a hospital stay, an outpatient visit or something else. We would be grateful if you could complete this survey so that we can understand this better.

The questions are based on the things that patients have said matter most. We will ask you questions about **your latest experience of healthcare**. Please help us by giving your honest opinion.

The questions mostly have four options and you are asked to tick the answer that you feel best describes how you feel.

How recent was the experience you are thinking of?

- In the last week Between 1 month and 6 months ago
 Between a week and a month ago More than 6 months ago

Thinking about this experience:

1. Was the time you waited:

- Much shorter than expected A bit shorter than expected About right
 A bit longer than expected Much longer than expected

2. Did you feel well cared for?

- Always Usually Sometimes Never

3. Were you treated with dignity and respect?

- Always Usually Sometimes Never

4a. Which language would you prefer to communicate in?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Urdu | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | <input type="checkbox"/> British Sign Language |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Panjabi | <input type="checkbox"/> Bengali | <input type="text"/> |

4b. Were you able to communicate in your preferred language?

- Always Usually Sometimes Never

5. Did you feel that you were listened to?

- Always Usually Sometimes Never

6. Were you involved as much as you wanted to be in decisions about your care?

- Always Usually Sometimes Never

7. Were things explained to you in a way that you could understand?

- Always Usually Sometimes Never

Thinking of your overall Experience

8. How would you rate your overall experience?

- Very poor Poor Neither good nor poor Good Very good

9. Was there anything particularly good about your experience you would like to tell us about?

10. Was there anything particularly bad about your experience you would like to tell us about?

Thank you for taking the time to answer these questions

Appendix C

Equality Monitoring

We are committed to ensuring that everyone receives fair and equal respect.

Whatever your age, disability, ethnicity, faith, gender reassignment or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below.

Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone.

1. What is your age?

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 0-15 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 55-64 years | <input type="checkbox"/> 75+ years |
| <input type="checkbox"/> 16-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 65-74 years | <input type="checkbox"/> I prefer not to say |

2. What is your gender?

- | | | | |
|-------------------------------|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> I prefer not to say |
|-------------------------------|---------------------------------|--------------------------------|--|

3. At birth, were you described as:

- | | | | |
|-------------------------------|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> I prefer not to say |
|-------------------------------|---------------------------------|--------------------------------|--|

4. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Yes, a lot | <input type="checkbox"/> Yes, a little | <input type="checkbox"/> Not at all | <input type="checkbox"/> I prefer not to say |
|-------------------------------------|--|-------------------------------------|--|

5. Which of the following options best describes how you think of yourself?

- | | | | |
|---|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> I prefer not to say | | | |

6. What is your religion?

(Please choose one option that best describes your religion)

- | | | | |
|--|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim | <input type="checkbox"/> Any other religion |
| <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Buddhist | | | |

7. What is your ethnic group?

(Please choose one option that best describes your ethnic group or background)

White:

- | | | |
|---|---|---|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> English | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Any other white background | |

Mixed / multiple ethnic groups

- | | |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other Mixed / multiple ethnic background |

Asian / Asian British

- | | | |
|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background | |

Black / African / Caribbean / Black British

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other Black / African / Caribbean background |
|----------------------------------|------------------------------------|---|

Other ethnic group

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> I prefer not to say |
|-------------------------------|---|--|

Thank you for taking the time to answer these questions

Appendix D

The Digital Stories Toolkit – Using Stories to Improve Quality

In September 2021 it was agreed by the Welsh Directors of Nursing that digital storytelling would form a keyway of capturing feedback and learning to improve our services. This toolkit covers the methodology and information needed by everyone who is digitally recording stories, related to individual feedback and personal experiences of any of the health services provided via NHS Wales.

This toolkit has been developed in partnership with all NHS Wales organisations. It is for use across all programmes, services, and functions provided under the NHS Wales umbrella where quality and improvement are a priority.

This toolkit can be accessed via the following link: [Digital Story Toolkit \(sharepoint.com\)](#)

LISTENING AND LEARNING SUB COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

1. Introduction

In line with Standing Orders the Listening and Learning Sub Committee (LLSC) must submit an Annual Report to the Quality, Safety and Experience Committee through the Chair within 6 weeks of the end of the reporting year, setting out its activities during the year and how the Sub Committee has met its Terms of Reference during the financial year.

2. Terms of Reference and Workplan

The Terms of Reference (TOR) for the LLSC is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 4 November 2024. The LLSC has a work plan for the forthcoming year which is fairly dynamic, in response to experience feedback and any emerging themes and trends arising from internal and external sources. The workplan reflects the requirements of the Sub-Committee as established by its Terms of Reference.

The LLSC meetings are organised according to a theme which reflects the experience and feedback for the service area, as well as regular items of business and priority planned pieces of work. It is recognised that the work plan is fluid, and responsive to issues and risks.

Reporting Groups

The LLSC does not have any sub-groups or reporting groups.

3. Table of attendance

The sub-committee has been quorate during the financial year. A quorum consists of a minimum of 8 members, one of whom must be the Chair or Vice Chair.

The sub-committee is always well-attended; however, it is recognised that consistency in membership fluctuates, as clinical staff capacity and commitments allow.

The Chair of the Sub-Committee changed in February 2025 from C Patel, Independent Member, to M Henwood, Executive Medical Director. Independent membership also changed from March 2025 from C Patel to M Imperato.

Sub Committee Activities – alert, advise and assure.

The Sub Committee is required to report to the Committee after each meeting by presenting a report highlighting the key discussion items at the Sub Committee.

Alert – The following matters were areas where the Sub Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Committee as engagement action or intervention was required.

Changes to the NHS (Concerns, Complaints and Redress) Regulations (Wales) 2011.

In October 2024, the Committee was alerted to the revised process for complaints, incidents, concerns, claims and redress cases. The Welsh Government is keen that health bodies maximise every opportunity to resolve concerns as early as possible and is keen to see improvement in this area as soon as possible. Concerns were discussed around capacity and risks to implementation due to significant changes in process, particularly in relation to the NHS Redress Scheme.

As part of the preparedness for implementation, the Listening and Learning Sub-Committee agreed that the current timeframe of 2 working days for an early resolution be increased to 5 working days, leading to 10 in advance of the formal implementation date of the new Regulations (date to confirmed). The Quality, Safety and Experience Committee endorsed this decision which will affect a complaint handling policy change for the remainder of the financial year. A review would be undertaken of the impact prior to increasing the timeframe to 10 working days.

Equality, Diversity and Inclusion

In response to an Ombudsman's thematic report 'Equality Matters' which identified lack of reasonable adjustments; poor communication and outdated policies and procedures across public bodies in Wales, the Sub-Committee held a thematic meeting reviewing the report findings and associated recommendations, as well as organisational data and feedback. It was noted that organisations were not fulfilling their duty under the Equality Act 2010 and the Ombudsman reminded bodies that a failure to make a reasonable adjustment for a person with a protected characteristic is a form of discrimination.

Of particular note within the concerns thematic discussion, was the struggle that people with neuro-divergent conditions had in accessing and communicating with the health service. These communication challenges often resulted in relationships breaking down, restrictions being applied in accessing services then leading to complex complaints. There is an increasing prevalence of neuro-divergent conditions in the population and the workforce.

There was a significant amount of quality improvement work being undertaken across the Health Board, led by the Integrated Autism Service; Diversity and Inclusion and Community Outreach Teams, and the Quality Improvement Team.

It was suggested by the Neurodevelopmental service that a special interest group be established on neuro-divergence, supported by a Learning and Development Strategy. It was noted there had been many expressions of interest in this approach. This has been proposed to the newly formed Equality, Diversity and Inclusion Taskforce.

Assure – The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.

Cancer Services – In July 2024, the Sub-Committee received assurance from the Lead Cancer Nurse on the improvements that had been to respond to the concerns and themes being raised through feedback and advised of a number of important initiatives to improve access, the environment of care and improving the experience of patients and family members. This included:

- Cancer Services Intranet Page to improve information and quality of referrals from GPs
- Cancer Services Triage Line – this is a 24/7 support & advice line for cancer patients who become unwell. Triage supports patients who: have or are receiving systemic anticancer therapy; received any other type of anticancer treatment, including radiotherapy and bone marrow graft; may be suffering from disease/treatment - related immunosuppression (e.g. acute leukaemia, corticosteroids).
- The triage team also communicate directly with the patients Oncologist and CNS team to keep them informed about changes with their patients. This is very important with our Oncologists being based at Swansea Bay. More feedback from patients who have accessed the service can be found below.
- Improving access for patients who need urgent care, by utilising Same Day Emergency Care facilities.
- Establishment of Patient Reported Experience Measure, to help us monitor how people feel about their experience and accessing the cancer services within the Health Board.
- Heads Up!” initiative across the whole of HDdUHB with the aim of improving the patient experience of cancer treatment related hair loss. HDdUHB is the first health board in Wales to deliver a service of this nature.
- CaPS Cancer Services Counselling Service for patients diagnosed with cancer (2 year pilot project)

Maternity Services - In October 2024 – a review of the maternity services response to all feedback, demonstrated improvement in the following areas to enhance the service user experience:

- Accessibility of information in Welsh English and other languages.
- Educational videos to inspire.
- Birthing Environment – Galaxy lighting in the Obstetrics’ room.
- Biomechanics Video – Visually demonstrate equipment for greater understanding and managing expectations.
- Video created to talk patients through procedures;
- Planned family approach to Caesarean births.
- The Matterport project simulation was created.

Management of Inpatient Falls – In December 2024, the Sub-Committee reviewed the improvement plans surround the management of inpatient falls. Key improvements were noted in the following areas:

- Falls training, including a plan for a multi professional full day training on falls management.
- Use of Red and Green tape on mobility aids to inform staff of a patient’s mobility status, the red tape indicating that someone should not be mobilising alone.
- Roll out of the Bay watch scheme and 1-1 cohort nursing.
- Ensuring lying and standing blood pressure checks are taken following a fall
- Implementation of the Corridor watch scheme
- Fortified milkshakes to be provided for those at nutritional risk of falls
- Provision of lunch clubs and activities to prevent deconditioning
- Falls packs available on wards with clear guidance on what to do post fall.
- Provision of chair and bed alarms in appropriate circumstances.


A number of actions were agreed for review at the Inpatient Falls Group, as a result of discussion at the Listening and Learning Sub-Committee:







- Review of the ways to measure the data to evidence impact of the improvements;
- Review of the Enhanced Support Policy, in particular the definition of 1:1 nursing; and
- Development of a thematic, MDT and Health Board wide Inpatient Falls action plan for review by Welsh Risk Pool.

An update on the improvement plan and on the actions discussed by the Sub-Committee was provided in March 2025 where it was identified that good progress had been made in implementing the actions.

Welsh Risk Pool (WRP) Putting Things Right / Concerns Management Assessment

In February 2025, the outcome of the WRP Assessment process was reported to the Sub-Committee. The report provided assurance to the Quality, Safety and Experience Committee that substantial assurance had been received as follows:

Management of Concerns (Incidents)	REASONABLE ASSURANCE	
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Management of Concerns (Complaints & Enquiries)	SUBSTANTIAL ASSURANCE	
Redress Case Management	SUBSTANTIAL ASSURANCE	
Claims Case Management	SUBSTANTIAL ASSURANCE	
Inquest Case Management	SUBSTANTIAL ASSURANCE	
Organisational Learning & Learning from Events	SUBSTANTIAL ASSURANCE	
WRP Reimbursement Process	SUBSTANTIAL ASSURANCE	

Staff and Patient Stories

The Committee received patient stories at each of its meetings during 2024/25 according to the theme of the meeting.

Written Control Documents

During 2024/25 the Sub Committee approved the following:

July 2024 : 018 Inquest Guidance

307 Production of Patient and Carer Information

4. Conclusion

The Sub Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to Committee as appropriate.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

GOOD PRACTICE SELF-ASSESSMENT TOOL RECOMMENDATION

It is recommended that all Services/CCG's complete a local self-assessment rag rating score for each element of the framework as a basis for local quality and improvements.

National assurance is overseen by NHS Executive Wales.

1. Review each criteria statement and identify the range of evidence available which supports each statement. Ask yourself questions such as

a. How embedded is the process which supports this criterion?

b. Are we consistent across the CCG/service as a whole?

2. Then judge the strength of the evidence through a RAG rating – **Red** – no / insufficient evidence, **Amber** – evidence available but may need further development, **Green** – sufficient relevant evidence.

Where you have judged the evidence available to support the criteria as **Red**, then this is an area for development/ exploration and should be included in your improvement plan. The **Amber** criteria will also need to be addressed before assessment, but if you have ten or more **Red** criteria focus on these first before adding the **Amber** criteria to your improvement plan.

Criteria	Name of person/team completing the self- assessment	Date self- assessment undertaken	What we have in place	Our Rating	Areas for focus/ improvement in next 12 months	Date of reassessment	Name of group/committee to receive self- assessment outcome
				Red			
				Amber			
				Green			
Leadership			Leadership	Not Entered			
Capacity and capability to effectively			Collecting Feedback	Not Entered			
Analysis and Triangulation			Analysis and Triangulation	Not Entered			
Using people's feedback to drive			Improvement and Learning	Not Entered			
Reporting and Publication			Reporting and Publication	Not Entered			



LEADERSHIP

The senior leadership show their dedication to prioritising people’s experience in all their initiatives. They work towards enhanced collaboration, ensuring that all individuals play a crucial role in the decision-making processes, to achieve the best possible outcomes and experiences. Leadership promotes a culture defined by compassion, empathy, and kindness while upholding principles of privacy, dignity, and human rights. These values and behaviours are actively embraced by all members of the workforce.

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for the Service	CCG's Rating	Change Ideas	After Improvements Rating
The Service has included within plans, objectives focussed on enhancing people’s experiences. This involves a directorate/ service wide plan for emphasising quality, continuous improvement, and ongoing learning in line with the Health Board’s People and Communities Improving Experience Charter.	<p>The service has a plan for how the Improving Charter and People's Experience Framework will be embedded, involving all staff and relevant stakeholders.</p> <p>This plan is reviews and monitored as part of the governance process.</p> <p>The People’s Experience Framework is designed to be seamlessly aligned with and integral to the Duty of Quality, Health and Care Quality Standards, and Duty of Candour. This approach reflects a commitment to value-based healthcare.</p>	The Service aims to establish an approved plan outlining people’s experiences. This document should be easily comprehensible for individuals, communities, and staff.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The Service can show evidence of actively listening to feedback from individuals and undertaking measures where appropriate to enhance both the experience and the quality of service	<p>A variety of feedback and engagement methods are in place, actively promoted and widely disseminated.</p> <p>Every staff member is involved, contributing their insights to the development of services and efficiency changes, with a focus on understanding how these changes impact individuals, communities, and staff.</p>	Evidence in service improvement plans, governance and committee reports of listening, reporting, and acting upon feedback e.g., ‘you said, we did.’ in line with the Duty of Quality.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
People’s experience is integrated into all leadership development initiatives	All leaders and senior managers actively contribute to an efficient quality management system, recognising the requisite	The service can show the use of Peoples Experience feedback in decision-making and planning and delivery of services.		Not Entered		Not Entered

all leadership development initiatives, encompassing efforts by everyone involved. This fosters a culture dedicated to continuous learning and improvement, prioritising quality, safety, and experience.	efficient quality management system, possessing the requisite skills, knowledge, and values to provide person-centred services. In addition, leaders and senior managers take proactive steps to incorporate learning, quality, and experience into leadership development, staff objectives, appraisals, and other relevant processes.	The service can provide tangible evidence of incorporating people's experience into the decision-making process and the planning, and delivery of services. This would include the use of evidence from experience data gathered to inform equality impact assessments.		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The senior leadership team is visible, with a designated senior manager, taking accountability for leading quality, and people's experience to ensure that the organisation fulfils its Duty of Quality and obligation to promote active listening and learning from experiences and feedback.	The Executive or nominated deputy for people's experience consistently helps discussions on experience and regularly presents comprehensive reports upwards through the Board's governance structures. Proactively taking charge of this domain within the service, the nominated lead ensures that people's experiences (including stories) become a routine feature in various meetings, including governance meetings and relevant sub-committees.	People's experiences and the corresponding actions are disclosed in the reports.		Not Entered		Not Entered
		People's experience reports cross-reference various experience/ feedback sources, including compliments, general feedback, satisfaction ratings, complaints, and Value-Based healthcare. Information e.g. (PROMS/PREMS), incorporating both goals and shared decision-making tools.		Not Entered		Not Entered
		Lived experiences of people along with associated learnings and actions, are shared both internally and externally. This information is balanced with staff experiences and stories.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
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Any service development or improvement strategy and implementation plans are underpinned by a commitment to improve people's experiences.	People's experience is integrated into the service development strategies. This should also include ensuring that our staff are trained and equipped to engage and work collaboratively with our public and communities.	There is recognition that staff experience is critical to people's experience and service quality. This should be referenced in key documents such as IMTP's, clinical service plans.		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The organisation values and celebrates innovation by staff that demonstrates a consistent approach to people's experience and quality improvements.	<p>Staff are supported by senior managers and colleagues to listen and act locally as a response to feedback and the organisation routinely captures, analyses and reports on the outcomes from any quality improvement work.</p> <p>Monitoring takes place against the results of the staff and people experience surveys.</p> <p>Staff behaviour is compassionate, involves people and communities in decision-making and provides good emotional support to people.</p>	<p>Innovations are recognised within a wide range of policies, procedures, and governance reports. Also celebrated and recognised at staff awards; appraisal; Research and quality improvement programmes.</p>		Not Entered		Not Entered
		<p>There are opportunities for shared learning throughout the organisation and wider, including the opportunity to share good practices and learn from mistakes.</p>		Not Entered		Not Entered
		<p>Staff training includes opportunities to understand and embed:</p> <p>Compassionate Leadership and culture within the organisation.</p> <p>Positive feedback. - Learning from Compliments/ appreciative inquiry</p>		Not Entered		Not Entered

		People and communities are involved in training or service developments through a variety of means including lived experience stories to delivering the training. Active involvement of people and communities at meetings can positively impact outcomes and contribute towards raising staff awareness.		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The organisation expresses its commitment to engaging with people and communities through all its communications. This is per the Duty of Quality.	Information for public and communities, ie for the website and other externally facing communications is accessible and clear and people would judge them to be user- friendly. They also articulate a commitment to person or population-centred services and programmes. People and communities are actively involved in the development, production, and review of all public- facing health (including promotion) and well-being information.	Communication is available bilingually in a range of formats (Welsh and English) but should also include user-friendly and jargon-free easy-to- read information, BSL, audio and other languages to reflect community demographics and need. Organisational websites are designed to use language that is clear in meaning and jargon-free.		Not Entered		Not Entered
	People and communities can access correspondence relating to their health or care in an accessible format suitable for their needs.	Public-facing information relating to an individual's or community's health and well-being is developed in line with good practice and is subject to stakeholder review before publication. Stakeholder review is inclusive and relevant to the people and communities who would access the information.		Not Entered		Not Entered

		compliance in line with the accessible Information and Health Care and Quality Standards. Every service to demonstrate how they will implement, comply, and monitor the Accessible Information Standards.		Not Entered		Not Entered
		Feedback from staff, people and communities is routinely gathered and includes feedback on whether information and communication are accessible.		Not Entered		Not Entered

CAPACITY AND CAPABILITY TO EFFECTIVELY COLLECT FEEDBACK

The organisation has several routes through which People and Communities can provide feedback.

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The organisation ensures that people's experiences and overarching themes are at the core of all surveys, including post-discharge surveys. It collaborates with teams to devise and execute rapid, real, or near-real-time feedback processes	The organisation fully adheres to all mandated mechanisms and has a comprehensive program dedicated to looking for rapid, real-time experience and feedback from individuals, utilising the most up-to-date technology available to them.	A unified system for Wales should facilitate benchmarking across organisations and support real time feedback through various channels, such as SMS, IVR, online platforms, paper, etc.		Not Entered		Not Entered
		Organisations are encouraged to consider reframing the question from 'What's the matter?' to 'What matters to you?' This shift in focus aims to prioritise and address the individual's concerns and preferences.	As well as considering "what matters" to the patient, the same approach should be used to inform discussions with carers and family members.	Not Entered		Not Entered
Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The organisation has established an accessible experience and feedback process that aligns with national guidance and	The organisation has implemented accessible and user-friendly feedback processes, enabling individuals to easily submit compliments, provide feedback, or raise concerns in their language of choice. Information related to these processes is prominently displayed and accessible across all locations and formats (website and display screens etc).	There is robust national guidance and widespread awareness of experience and feedback systems throughout the organisation, both internally and externally, with a particular focus on reaching seldom heard communities. Clear visibility is ensured through the availability of leaflets and posters in bilingual formats (Welsh and English), and other languages in line with local population needs. In additional accessible formats, including easy-read, British Sign Language (BSL), audio should also be made available.	Services have information for patients and carers in a variety of formats and languages and actively support requests to provide information in less common languages, making full use of interpretation and translation services, including the Insight App.	Not Entered		Not Entered

regulations.	Organisations have in place a systematic process for capturing experiences, feedback, and concerns specifically about how complaints are handled and the overall process. There is unambiguous evidence that feedback is consistently collected, and the organisation has implemented changes in practice. Moreover, these improvements have been sustained over time.	The organisation can provide evidence of collecting experience and feedback regarding the concerns process. Furthermore, they can demonstrate tangible improvements made because of the gathered experience and feedback.		Not Entered		Not Entered
		Feedback is systematically collected monthly, and there is documented evidence of improvement (where appropriate). This information is presented within the organisation and externally to the public.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
All staff take ownership of and promptly address feedback and concerns at the earliest opportunity. Clear information is provided, and support is extended when individuals express a desire to provide feedback or raise a concern.	All staff are supported by their colleagues in addressing concerns raised by individuals, and there is a structured process for teams and the broader organisation to share and learn from these experiences.	All staff are empowered to reflect on all feedback and receive support to enhance the experiences of individuals. The organisation has clear processes in place to escalate, share, and learn from all feedback.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
	Staff comprehends and acts upon the Duty of Candour as outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.	All staff members, including those who are front facing or involved in service development, have completed Duty of Candour training.		Not Entered		Not Entered
		The organisation can provide evidence of being open and honest with people and communities when things go wrong.		Not Entered		Not Entered

Duty of Candour	The significance of experience and feedback is integrated into the organisation's approach to staff training.	<p>Training on experience feedback is incorporated into induction processes, leadership development programs, and reviewed during staff appraisals.</p> <p>Targeted training is undertaken in areas needing performance improvement, with clear measurement of feedback and impact of interventions.</p>		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>People are provided with information about the various avenues via which they can leave feedback, encompassing paper-based surveys, comment cards, web platforms, text messages, devices, kiosks, and apps.</p> <p>Staff support individuals in utilising these approaches, ensuring consideration for the needs of those who may be less able or less willing to provide feedback.</p>	<p>The service disseminates information to individuals in multiple ways to provide feedback.</p> <p>People are informed about various avenues available to them as routes for sharing their experiences and feedback.</p> <p>The service utilises a variety of methods to collect feedback from people, tailoring these approaches based on individuals' needs and preferences. There are staff training in each service to access Civica data regularly and ensure this is used to share widely across the service and inform improvements such as you said/we did.</p> <p>Staff members are well-versed in these methods and actively encourage and support people in providing feedback.</p>	The service can demonstrate it has in place various accessible methodologies and routes for the capture of people's experiences and staff trained and accessing information from the Civica system		Not Entered		Not Entered
		Organisations can demonstrate a quality improvement approach to introducing new routes for capturing people's experience and evidence learning which has resulted in improvements.		Not Entered		Not Entered
		Staff can direct people and communities to a variety of feedback routes.		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
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	<p>Services are encouraged to establish experience/feedback Quality Indicators (QIs)</p> <p>for all public-facing services, and programmes in alignment with the People's Experience Framework. These should support quality improvements and be reported internally within the organisation while also being made available externally to the public.</p>		<p>The QIs along with all performance-related information should be made available on websites.</p> <p>Reports should be in a format which is easily understood. Also, in the case of online, the information should be easy to find.</p>	Not Entered		Not Entered
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ANALYSIS AND TRIANGULATION

The Organisation has a systematic and consistent approach to analysing and making sense of feedback (qualitative and quantitative) and considers it alongside safety and outcomes data.

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>The organisation has implemented a systematic method for analysing feedback and experiences gathered in various forms.</p> <p>Additionally, the organisation has dedicated analytics and intelligence support for its experience data, generating clear and helpful reports.</p>	<p>The organisation routinely and systematically analyses all forms of feedback and experience, consolidating all strands and identifying themes upon which it acts.</p>	<p>The organisation employs real-time sentiment analysis to identify opportunities for early resolutions.</p>		<p>Not Entered</p>		<p>Not Entered</p>
		<p>All forms of feedback and experience undergo triangulation with various other outcome measures and are included in quality and assurance reports across the organisation, as well as in other public reports. Quantitative data, when available, is graphically plotted over time to provide a visual representation of trends.</p>		<p>Not Entered</p>		<p>Not Entered</p>

		Demographic and diversity information is analysed aligned to the experiences themes to identify any variation and support improvement or engagement work (as required). The data is translated into business intelligence, informing meaningful quality improvement actions and engagement (where appropriate), and is used to inform equality impact assessments.			Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
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The organisation generates reports displaying the correlation between enhancing outcomes, safety, and the experience of people. This information is routinely triangulated with data from staff surveys, providing a comprehensive perspective on overall performance.	Organisational reports clearly articulate these relationships and outline the quality. improvement actions that result from the analysis.	All forms of feedback and experience undergo triangulation with a variety of other outcome measures and are incorporated into organisational quality and assurance reports. This information is also included in other public reports.		Not Entered		Not Entered
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		A robust relationship is maintained with services and teams to ensure that feedback, wherever feasible, translates into improvements. This collaboration involves staff from a range of disciplines across the organisation.		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
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<p>The service can efficiently identify and pinpoint areas of deteriorating performance, facilitating prompt action to address the underlying causes.</p>	<p>The service proficiently utilises experience and feedback data as an early warning system for declining standards. This enables leaders at various levels to detect concerns and implement quality improvement approaches promptly.</p>	<p>Trend graphs are employed to identify abnormal activity within the feedback system. Additionally, alerts are set up to trigger actions promptly in response to key concerns. This system helps in staying vigilant to emerging issues and taking timely corrective actions.</p>			<p>Not Entered</p>	<p>Not Entered</p>
	<p>The service utilises data related to experience and engagement to comprehend variations.</p> <p>Experience is fully aligned with and integral to quality improvement efforts.</p>	<p>All quality improvement processes unequivocally demonstrate the utilisation of experience data. The insights derived from the data play a leading role in shaping and enhancing the organisation's quality improvement initiatives.</p>			<p>Not Entered</p>	<p>Not Entered</p>

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>Experience and feedback information is routinely taken into consideration and acted upon by all teams. When a large-scale service redesign is necessary, such feedback is appropriately escalated and incorporated into the decision- making process.</p>	<p>Services, programmes, and functions receive feedback promptly and in a format that is usable for them.</p> <p>Services regularly engage in discussions about the data and leverage it for quality improvements.</p> <p>The Service has an effective approach to celebrating and sharing local learning.</p>	<p>The service should have access to a quality management system where data is live and in real-time, providing them with immediate and up-to-date insights. The quality management system should encompass all sources of experience and feedback.</p>		<p>Not Entered</p>		<p>Not Entered</p>

USING PEOPLE'S FEEDBACK TO DRIVE QUALITY IMPROVEMENT AND LEARNING - CCG AND DIRECTORATE SELF ASSESSMENT

The organisation actively and consistently seeks experiences and feedback from people to foster a learning culture underpinned by quality and service improvement initiatives.

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>The service actively and consistently seeks people's experiences to foster a learning culture underpinned by quality and service improvement initiatives. There is evidence that the organisation uses these experiences and feedback, and staff are aware that people's experiences are central to influencing quality improvement. Moreover, people are actively engaged as equal partners in the decision-making processes, service plans and evaluation.</p>	<p>Staff demonstrate a good understanding of the theory and practice of shared decision-making with people, and its principles are reinforced through education and training programs.</p>	<p>Staff, including those who are front-facing or involved in planning, service development or quality improvement, have undergone education and training for shared decision-making.</p>		<p>Not Entered</p>		<p>Not Entered</p>
	<p>People are actively involved in all aspects of their health and possess an understanding of the expectations related to their health and well-being.</p>					
	<p>The organisation has a mechanism in place to capture whether people felt involved in decisions about their own or their communities' health and well-being.</p>					
	<p>The organisation has a mechanism in place to capture whether people felt involved in service, programme design or evaluation.</p>	<p>Public information incorporates health decision information.</p>		<p>Not Entered</p>		<p>Not Entered</p>
		<p>Clinical and public information are designed to reflect shared decision-making principles, emphasising collaboration between healthcare professionals and the public in the decision-making process.</p>		<p>Not Entered</p>		<p>Not Entered</p>

		The organisation can evidence a robust approach to public people's involvement right from the outset, highlighting a commitment to hearing and listening to the views of people in our communities, including those who face disadvantage. This information is used to inform equality impact assessments.		Not Entered		Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
The Service employs quality improvement methodology and tools as part of an ongoing process to enhance services, programs, and functions continuously.	<p>Staff actively engage in quality improvement skills to identify problems, carry out tests of change, measure their impact, and act on the results.</p> <p>The organisation empowers all staff by providing the opportunity to contribute and act on ideas for quality improvement, with a clear process for measuring their impact through experiences and feedback.</p> <p>The organisation actively benchmarks and can demonstrate the utilisation of people's experience to make informed decisions. This involves comparing its practices and outcomes to identify areas for improvement and implement informed decision-making processes. (e.g., National People's Experience Surveys, Core Questions or Lived Experiences/ People's group</p>	<p>There is evidence of education and training courses designed to support Quality Indicators</p> <p>(QI's) in service improvement. In line with the Duty of Quality</p>		Not Entered		Not Entered

		<p>Service should have a process in place to ensure it's patient population is informed about how their experiences and feedback have influenced change. This involves transparent and accessible communication to demonstrate the impact of public input on organisational decisions, evaluations, and improvements, as well as using the information to inform equality impact assessments.</p>		Not Entered		Not Entered
		<p>Services can evidence how their Lived Experience or People's groups have supported the identification of shared learning and quality improvements. This should be included in the Duty of Quality report, and all other appropriate reports and made available to the public in an easy-to- find and accessible format.</p>		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
Carers / Families	<p>Carers and family members are in a unique position to share their experiences of services when the person they care for is accessing healthcare. People's Experiences surveys should be developed to allow carers to offer feedback on their own experience, distinct from patient feedback.</p> <p>Services should demonstrate that they have clear mechanisms in place to identify carers, involve them in discharge planning (with patient consent) and actively signpost carers to support services.</p>	<p>Carer Experiences surveys are undertaken on a regular basis and form part of the review of People's experience data.</p> <p>All staff members will complete the Carer Awareness e-learning module on ESR to increase their knowledge about the role of unpaid carers, supplementing this with service specific training accessed via the Carers Team.</p> <p>Services will have in place clear mechanisms for routinely identifying unpaid carers and signposting them to support services e.g. Carer Officers. Exemplary practice will be demonstrated through active engagement in the Investors in Carers scheme.</p>		Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
Values and Staff Experience	The expectation is that organisations will work with colleagues across Workforce & Organisational Development, Finance, Planning, Value-Based Healthcare and Data and Analytical teams to establish a work programme, which includes triangulation of data to drive improved outcomes and experiences for people through improving staff experience.			Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating

Equality monitoring	<p>Equality monitoring questions should be included in all People's Experience and feedback surveys.</p> <p>Services should also develop processes which help the capture of the demographic and diversity information of those people who have raised a complaint (at a time most appropriate).</p> <p>It is expected that each organisation will have processes in place to support the analytics of information being collected to provide an extra layer to the experience data and be used to support wider quality, improvement, and engagement of communities.</p>	<p>Equality monitoring questions are routinely included in all People's Experience and feedback surveys and the data is analysed to increase understanding of the characteristics of people accessing services to inform quality improvements or to support equality impact assessments.</p>			Not Entered	Not Entered
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Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
Lived Experience / People's group	It is expected that all Services will consult with individuals and groups who have lived experience of using the service, and this is triangulated as part of their people's experience feedback.			Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
Digital stories	<p>There is an expectation that services will have processes in place to allow them to capture and listen to people's stories. These stories should be shared at directorate and service meetings, in addition to being used as part of staff training and organisational awareness.</p> <p>These can be supported by the Patient Experience Team who will support the collection and thematic analysis of stories from across the organisation. It is expected that all organisations contribute to the All-Wales NHS Digital Story Library. To support organisations the NHS Wales Digital Story toolkit.</p>			Not Entered		Not Entered

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
Compliments	It is expected that all services support the always on reporting system for the collection of compliments via Civica. Services should also develop processes which support learning from compliments, processes to recognise areas and staff who are mentioned in the compliment, and processes to share good practices highlighted within compliments wider in the organisation.			Not Entered		Not Entered

REPORTING AND PUBLICATION

The organisation regularly reports and publishes its people's experience data and co-produces its quality improvement plans with a range of stakeholders including the public, statutory and voluntary organisations, and the organisation's staff group.

Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>People's experience should be a key component of organisational reports in line with the Duty of Quality.</p>	<p>Relevant reports include information about people's experiences and how the organisation has encouraged feedback, listened to, and is responding to people's experiences, including examples of improvements.</p>	<p>The organisation's Annual Quality report,</p> <p>Improvement, engagement, equality report, Duty of Candour and Putting Things Right reports include examples of how the organisation responds to experiences and feedback. In the case of</p> <p>Incident/Complaints/ Duty of Candour/ Inquests, this would include the post experiences of the handling process.</p>		<p>Not Entered</p>		<p>Not Entered</p>
Characteristics	Suggested requirement needed to meet the Characteristic	What will good look like?	What does this look like for CCG's?	CCG's Rating	Change Ideas	After Improvements Rating
<p>The service routinely publishes transparent and publicly accessible information about their services, as part of the organisational wide response to feedback. (and ensures this information is accessible through multiple routes).</p>	<p>Information is available and accessible via a range of formats and platforms. This should include the accessibility requirements of seldom-heard communities, communities with low socio-economic backgrounds and communities with sensory loss.</p>	<p>The service will review its communication channels to ensure it promotes the role of all regulatory/ statutory bodies in producing reports.</p>		<p>Not Entered</p>		<p>Not Entered</p>