This resource sets out some of the essential factors required for health and social care teams to have successful reflective improvement meeting using people’s experience of their care. These have been identified from the development and testing of a care experience improvement model² across NHSScotland, co-ordinated by Healthcare Improvement Scotland’s Person-centred health and care team. However, the principles stand for any reflective improvement meeting.

**Things to consider**

**Time:** There needs to be space **in the meeting** to allow staff to:

- read/listen to the care experience feedback
- reflect on how it feels for them to hear the feedback
- consider what improvement opportunities may come from it, and,
- consider how the team can start testing if these opportunities will improve care using the Model for Improvement.²

**Facilitation:** In order to keep the overall focus on improvement, facilitation is required in the meeting. This will ensure that the care team can read, reflect and consider how to act on the feedback received. Ideally this facilitator will have skills to:

- support colleagues to reflect together
- hold a quality improvement focused discussion, and
- have a good understanding of how to use the feedback.

This facilitation support may be more intensive when initiating the improvement process, however as the care team’s experience and confidence in the model grows, and those involved understand how to use the feedback for improvement, it can reduce over time.

**Creating the conditions:** It is essential that the care team are encouraged to make best use of the reflective space within the meeting by:

- suspending judgement, blame and advice giving
- seeing the narrative from the perspective of the person giving the feedback (what else may have been happening at the time etc), and
- avoiding jumping straight to solution without understanding the context first in order to explore potential for change and improvement.

**Reflection to understand experience:** When the care team start to hear the stories/narrative feedback that people have told them about their personal experiences, they will need the opportunity (it may only be a few minutes depending on the content) to discuss and consider what it means for them personally as a practitioner and collectively as a care team. This will allow the team to think of potential improvement opportunities to try out (test) after the meeting.

**Reflection for improvement:** There are several approaches that can be taken to initiate these reflective discussions including the NAVVY principles (Needs, Abilities, Voice and Power, Values and You) which is part of Values Based Reflective Practice)³. Here are some questions for you to consider.

- What does the care experience feedback reveal about the ward/service/team?
- What do we notice?
- What is brought to our attention?
- What are we curious about and wonder about?
- What do people value? How is this achieved?
- What do people not value and how can this be minimised?

To find out more visit [ihub.scot](http://ihub.scot)
Guidance note

**User’s voice:** The closer to the original words used by the person to describe their own experience of care, the easier it is for the care team to reflect on how it felt, the context of the experience and what improvement opportunities there may be. This can come from both positive and negative experiences.

**Interviewer involvement:** If the person who undertook the conversations/interviews with the people using the service are present at the improvement meeting, the care team are able to ask questions about what and how people expressed their experience. It results in a much richer discussion to understand in more detail and context than just reading the words captured at the time. This person may or may not be the facilitator.

**Actions:** the best time to get care teams to commit and move to testing (Model for Improvement) is when the improvement opportunities are being formed. Use the meeting time to agree **who will do what by when** and capture the momentum.

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**Suggested meeting structure**

<table>
<thead>
<tr>
<th>AGENDA</th>
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<tbody>
<tr>
<td>1. Set up (of meeting space) and review ‘ground rules’</td>
</tr>
<tr>
<td>2. Feedback – reading or hearing the narrative (as close to person’s own words as possible).</td>
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<tr>
<td>3. Reflection (personal and then team) discussion about how it feels.</td>
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<tr>
<td>4. Discuss potential improvement opportunities based on the feedback and what might be possible to try out.</td>
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<tr>
<td>5. Consider how to test using Model for Improvement (remember to start small!!)</td>
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<tr>
<td>6. Specific actions and timescales – capture the enthusiasm at the meeting rather than assign tasks later and risk losing momentum.</td>
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<tr>
<td>7. Next steps - arrange a date for the next meeting and review who is doing what to ensure that the team are clear on what is being taken forward and their own responsibilities.</td>
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**Hints and tips**

**Facilitation:** It can take some time to get the meetings working so don’t lose heart if it doesn’t work perfectly first time. Belief in the process will build over time. Remember to check in with the care team to see how it is working and what might need to be adjusted as you go along.

**Create the conditions:** Encourage people to consider the feelings that were said rather than jumping straight to explaining or justifying.

**Reflection to understand experience:** Care teams can initially feel daunted by what they hear about their service, but the vast majority of experience is positive and this is an opportunity to hear what a valuable job they are doing for people. It can also be an opportunity to see when things have gone really well and consider how they can make the service better for everyone.

**Actions:** In order for improvements to stick, the care team need to understand the context – ownership is key!

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**Definitions**

**Care experience** The experience of a range of interactions, processes, or environment within a health or social care system. This involves understanding how a person’s behaviours, attitudes, and emotions are impacted by these. This includes the practical, experiential, meaningful and valuable aspects of human interaction.

**Care team** The range of staff working directly in the care setting who are responsible for the delivery of care.

**Narrative** Feedback provided and recorded verbatim as experience stories.

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2 [http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx](http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx)
3 [http://www.vbrp.scot.nhs.uk/](http://www.vbrp.scot.nhs.uk/)