

Trust Board: Wednesday, 9 January 2013
TB2013.05

Title	Reporting Patients' Stories
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Status	This paper provides background comment for Board discussion the use of patient stories at Trust Board meetings.
History	The Quality sub-committee of the Board receives a patient story at the beginning of the meeting. The QGAF suggested that patient stories be used at the beginning of the Trust Board meetings in order to set the tone of the meeting and enable all Board members to receive patient stories.

Board Lead(s)	Elaine Strachan-Hall, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	This discussion paper offers options to inform the discussion about the use of patient stories at the Trust Board Meetings.
2	Patient stories are used widely across the NHS as a methodology to drive change and improve the quality of care and have been presented at the Quality Committee for the last 12 months
3	<p>Three reasons for the use of patient stories are:</p> <ul style="list-style-type: none"> • To provide a focus on patient experience prior to decision making. • To triangulate patient experience with reported data and information. • To seek assurance that the organisation is learning from individual stories in order to benefit the wider patient experience
4	<p>Six options are presented for discussion:</p> <ul style="list-style-type: none"> • Replicate the Quality Committee format at Trust Board. • Produce shorter, edited versions of specific patient stories for Trust Board. • Provision of written patient story to Trust Board meetings. • Add patient stories to Trust Board Seminars. • Private viewing of patient story followed by public discussion at Trust Board. • Invite specific patients to present to Trust Board.
5	<p>It is recommended that:</p> <ul style="list-style-type: none"> • A library of patient stories is created for viewing by all Board members. • All Board members are provided with patient stories shown or discussed by the quality committee. • Divisional presentations at Board Seminars include a short patient story • The private viewing/public discussion methodology be selected for the presentation of a patient story for the next Trust Board meeting and evaluated as part of the regular Board meeting evaluation. • When appropriate to a particular issue, the Chairman and CEO consider the option of a specific patient invite to speak to the Board.

The use of patient stories

1. Patient stories have been presented as an agenda item at the Quality Committee for the last year and the methodology has been refined over this period in order to enable the sharing of meaningful feedback on the patient experience. The presentation of patient stories to the Quality Committee has formed part of a programme of work to use multiple sources of patient feedback in order to inform priorities for action. This discussion paper informs the discussion about the use of patient stories at Trust Board. Considerations for hearing patient stories in public are outlined and options suggested.

Rationale for the use of patient stories in meetings

2. The three reasons for the use of patient stories at the Quality Committee are:
 - To provide a focus on patient experience as committee members approach decision making.
 - To triangulate patient experience with reported data and information.
 - To seek assurance that the organisation is learning from individual stories in order to benefit the wider patient experience.
3. Different methodologies, including a verbal presentation from the Chief Nurse, a written presentation and providing feedback through a filmed interview, have been used. This latter method gives the opportunity for a patient or relative to describe their experience in a supportive environment and has provided an effective medium to share the story wider within the organisation. Some of the patient story DVD's have been shared with several hundred staff including divisional meetings, matrons' meetings, sister/charge nurses and ward teams.

The use of patient stories at the Quality Committee

4. The primary purpose of using patient stories in the Quality Committee has been to assist members to see through the eyes of the patient as they approach the business of the meeting. Committee members have used the material to triangulate the experience with reported metrics and findings from walk rounds and other soft intelligence. Committee members have also questioned and sought assurance on how executives are addressing issues arising both for the individual patient and for the wider patient population. This focus has meant that learning from one person's experience is routinely being disseminated and addressed in order to drive improvement.
5. For example, in the December Quality Committee Board members were provided with a DVD copy of the patient story with the committee papers and then the 16 minute video clip was played at the beginning of the meeting. The wide ranging discussion covered both facilities provision and communication pathways. Committee members asked specifically about how issues were being followed up and the next quality walk round to the children's hospital discussed the emerging issues with staff. The committee heard that the DVD has been widely shared with the knowledge that it has been viewed by a Board level committee.

Patient stories at Trust Board meeting

6. Similar principles are relevant to the use of patient stories at Trust Board, the primary purpose being to provide directors with a touchstone of the Board's purpose in assuring the quality of services to patient. However the additional issues of the time constraint and the fact that most Board meetings will be held in public need consideration. The following options are presented to inform discussion:

Replicate the Quality Committee format at Trust Board

- 6.1 Provision of a short DVD or audio patient story for each Board meeting, chosen and scrutinised by a non-executive director using a similar methodology to that currently used for the Quality Committee (with express permission from the patient for use in public). A particular disadvantage is that not all patients may be happy to share their story with media and public presence.

Produce shorter, edited versions of specific patient stories for Trust Board

- 6.2 Current patient stories are edited and take around four hours to produce, around an hour of which is in the initial filming. It would be possible to identify the key issues and pull out specific quotes or sound bites to identify the issue.

Provision of written patient story to Trust Board meetings

- 6.3 This has the advantage of maintaining confidentiality and enabling all Board members to read the same material, but has the disadvantage of interpretation by the author of the paper.

Add patient stories to Trust Board Seminars

- 6.4 The use of patient story could be required as one aspect of each Divisional presentation at Board seminars. The disadvantage of this may be an overcrowding of a seminar session. The advantage would be the alignment with divisional material and the message that patient experience is an integral part of divisional activity. This would meet the requirement that all Board members heard patient stories but does not have the advantage of having the story as a touchstone at the beginning of each Board meeting.

Private viewing of patient story followed by public discussion at the beginning of Trust Board agenda

- 6.5 A video patient story could be distributed to Board members for private viewing with a written brief provided as part of the private Board papers. The Board could then spend the first 10 minutes of each meeting discussing the matters arising, using a formatted approach such as "what does this tell us about our approach to business today?", "how does this correlate with data and information provided today?", "what assurances do we need from the executive about learning from this experience for the wider trust business and where should these assurances be considered?". This discussion could be led by one non-executive director and responded to by an executive director.

Invite specific patients to present

- 6.6 In specific instances a patient / relative could be invited to present directly to the Board. This has the advantage that the Board would be able to hear directly without being edited. The difficulty of enabling the Trust Board to both facilitate the richness of a particular patient experience within a limited timeframe, and

provide both patient support and ensure that confidentiality is respected would require careful preparation and facilitation.

Discussion

7. The Board is invited to discuss the options above to promote the use of patient stories to drive change and improve the quality of care.

Conclusion

8. In summary, patient stories offer a methodology to triangulate committee business with patient experience and set the tone for Board members' decision making. Careful consideration of how to make this meaningful is required and a number of the above options could be adopted.

Recommendation

9. In order to provide a recommendation for discussion, it is recommended that:
 - Patient stories continue to contribute a key strand of patient feedback and a library of patient stories be created for viewing by all Board members.
 - Divisional presentations at Board Seminars include a short patient story
 - All Board members should be routinely provided with copies of patient stories shown or discussed by the Quality Committee.
 - The private viewing/public discussion methodology be selected for the next Trust Board meeting and evaluated as part of the regular Board meeting evaluation.
 - When appropriate to a particular issue, the Chairman and CEO consider (as previously for a patient and carer with Parkinson's disease) the option of a specific patient invite.

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