



AGENDA ITEM

3.6

CTM BOARD

PATIENT STORIES LISTENING TO AND LEARNING FROM PATIENTS AND STAFF

Date of meeting	30/01/2020
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
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Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Quality and Safety Committee	(10/12/2019)	ENDORSED FOR APPROVAL

ACRONYMS

All acronyms are defined in the body of the report.



1. SITUATION/BACKGROUND

Patient experience is one of the key components of quality care and when captured effectively provides a way of measuring what our patients think about the care they receive.

Patient Stories are one of many ways of listening to the experience of care provided to patients and service users in healthcare. They are used widely in Health Boards and Trusts across the UK and are a well established part of Public Board and Quality & Safety Committee meetings in many organisations.

Stories have been used on occasion at both the Health Board and previous Quality, Safety and Risk (now Quality and Safety) Committee meetings within Cwm Taf Morgannwg University Health Board.

In the December Quality and Safety (Q&S) Committee meeting, a similar paper was presented and it was agreed that a patient or staff story would be presented at the start of each Q&S meeting. The committee also endorsed the development of this paper to provide a proposal for patient stories to be a standing agenda item at Public Board meetings. In addition, the paper outlines how stories can be used as a learning tool across the organisation.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Patient stories provide valuable feedback on patient experience, whether the story is a positive one or one where the story teller conveys failures or omissions in care.

There are several reasons for using patient stories. These include:

- Providing a patient focussed perspective to committee decision making, enabling committee members to see through the eyes of the patient
- Triangulating patient experience information with other data and information to strengthen assurance
- Enabling the organisation to become a more open and learning organisation, willing to benefit from patient and staff feedback and that this learning can be linked with measuring how well embedded the organisations values and behaviours are.

'Stories told by individuals from their own perspective and in a healthcare setting can provide us with an opportunity to understand their experience of the care they have received helping us to learn the good, the bad and what could be done to improve their experience' NHSI (2018).

'Patient stories bring experiences to life and make them accessible to other people. They encourage the NHS to focus on the patient as a whole person rather than just a clinical condition or as an outcome. Patient stories are often used in board meetings of organisations that provide direct care such as hospitals and use real patients telling their experience of using those services with the aim of understanding what the organisation needs to do better' Barnsley CCG 2019

They can, therefore, strengthen the quality focus of organisations and assist Independent Members to direct discussions and questions in the meeting to be clearly focused on the quality of services delivered to patients.

By triangulating stories, and other patient experience information with quantitative and other qualitative data and information it enables more robust and better informed decision making.

The 1000 Lives Plus report, *Leading the Way to Safety and Quality* (2010) outlines this clearly by explaining how Boards, Committees and organisations can learn to use patient stories and how stories at the Board can lead to improvements in care.

Their follow on report (2012) *Patient and Person Driven Care Case Study* provides case studies from across Wales which further supports the benefits of using stories as part of the wider experience, engagement and involvement agenda.

Stories are also an excellent way to spread learning across the organisation, especially if a film or recording is available as this can be used with large numbers of staff. This approach was discussed at a recent Quality Governance and Learning (QG&L) sub committee. The members present felt that this should be a key learning tool across the organisation.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Cwm Taf Morgannwg University Health Board is committed to putting the patient/service user at the centre of its focus. This aligns with two of the newly emerging Strategic Objectives outlined in the Integrated Medium Term Plan 2020-23 IMTP:

- Provide high quality, evidence based, accessible care
- Co-create with partners and staff a learning and growing culture

Presenting a patient story at the Board can support this. Critically, through the development of a library of stories, these can be used as a learning tool and as a means of evidencing the open and transparent approach the Health Board applies to listening to patients.



3.1 Frequency of story:

It is proposed that a story is presented at the start of each Public Board meeting. The benefit of commencing each of these meetings with a story is that it strengthens the patient focus of the meeting.

3.2 Method of presenting the story:

There are several ways of presenting patient stories. These include:

- Attendance of a patient or relative at the meeting to tell their story directly
- Attendance by a member of staff or a service team to tell a patient's story
- A video of a digital story told by a patient, relative or member of staff
- A committee member reads out a story
- A story is told on behalf of a patient or relatives by a partner organisation (Community Health Council, Carers Wales for example)

There is no one right way, each method has strengths and challenges and can be selected based on the story being told and the circumstances involved. Whichever method is used, it needs to have a meaningful outcome and help inform Board and Committee level decision making. The story also needs careful planning.

3.3 Planning for a patient story:

Effective planning and management of patient stories is a critical part of the process and needs to be resourced appropriately to do it well. Coordination of stories needs to be led by someone with the right knowledge and skills working in partnership with patients and services involved. This is particularly important when dealing with any issues of patient confidentiality and to manage consent.

A lead for patient stories will also ensure that stories are well governed and that any risks associated with developing and sharing stories are mitigated or managed. It also ensures that the closing process of a story takes place after the presentation at the meeting.

(This lead could also be a resource across the organisation to manage the stories library and ensure that stories are available for a wide range of purposes such as but not limited to local quality meetings, audit meetings and study events).

3.4 Discussion about the patient story:

A discussion about the story presented needs to follow the presentation. If the patient or relative is present, this can ensure that the patient or relative feel that their contribution is valued. For staff presenting, this can again help them to feel valued and supported. It can also help confirm the learning gained.

Where the story is presented in film or digital form, a plan to provide feedback to the people involved in the story (patient, relatives and/or staff) in a timely way is part of the process.

3.5 Follow up following a patient story:

Once a story has been heard and independent members have sought and received assurance that any follow on actions (positive or corrective) have been or will be completed, these can be tested further in Executive/Independent Member walkabouts.

Conclusion:

This paper outlines the background and purpose of patient stories. It also provides a proposal for stories to be used at the Board and as a learning resource across Cwm Taf Morgannwg University Health Board.

It identifies the need for an organisational wide lead to be identified to manage the governance and operational arrangements of patient stories.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Patient stories are a useful way of listening to and hearing the patient and / relatives voice
Related Health and Care standard(s)	Individual Care
	Patient stories can apply to most of the health and care standards.
Equality impact assessment completed	Not required



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Need to identify a Health Board lead
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

5. RECOMMENDATION

- **NOTE** the content of this paper
- **DISCUSS** the proposal outlined in this paper
- **APPROVE** the proposal outlined in this paper in relation to establishing patient stories as a standing agenda item
- **APPROVE** the proposal to resource the management of patient stories and to establish a patient stories library as a learning resource across the organisation

References:

ACT Academy / NHS Improvement (2018) *Quality, Service Improvement and Redesign Tools: Patient stories*

Barnsley CCG <https://www.barnsleyccg.nhs.uk/about-us/patient-stories.htm>
accessed 15 11 19

Kings Fund (2009) *From Ward to Board; identifying good practice in the business of caring*, Kings Fund, London

1000 Lives Plus (2010) *Leading the Way to Safety and Quality* 1000 Lives Plus, Cardiff

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/How%20to%20%281%29%20Leading%20the%20Way%20%28Feb%202011%29%20Web.pdf>

1000 Lives Plus (2012) *Patient and Person Driven Care Case Study* 1000 Lives Plus, Cardiff <http://www.1000livesplus.wales.nhs.uk/pp-driven-care-resources>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Welsh Government (2011) *National Principles for Public Engagement in Wales*
Welsh Government, Cardiff <https://participation.cymru/en/principles/>