1. Purpose of this Report

The purpose of this paper is to review the impact of the Board stories process and give an overview of key observations over the last 12 months.

Patient Stories were introduced at Trust Board in February 2013, their purpose being to provide Board members with a greater understanding of the services we provide and a more personalised connection with our patients and carers.

The Board is asked to consider and approve the updated approach to Trust Board stories.

2. Summary of Key Points

Patient stories are a rich source of information for the Trust Board. They provide a personal connection to strategic decision making however a refreshed approach is proposed to maintain value and enhanced transparency regarding action taken.

A combination of patient, carer and partnership stories will add a further dimension to the sharing of stories with the Trust Board and should include considerations of the full demographic range of the populations we serve.

3. Board / Committee Consideration

- Consider the benefits derived from patient stories and how this links into the Organisational values.
- Consider the amended process incorporating carer and partnership stories linked to patient experience.
- Consider the benefits of stories being shared at Quality and Safety Business Unit meetings to maximise learning, sharing with teams and implement any actions required.
4. Financial Implications
None

5. Legal Implications
None

6. Assurance

<table>
<thead>
<tr>
<th>Assurance provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Assurance Framework</td>
</tr>
<tr>
<td>CQC Themes (see below)</td>
</tr>
<tr>
<td>NHSI Single Oversight Framework</td>
</tr>
<tr>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>

This paper provides assurance in relation to the following CQC Themes:

**Well led:** The leadership, management and governance of the organisation make sure it’s providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

7. Equality Impact Assessment
Patient stories meet the equality requirements as they facilitate opportunities for all patients, service users and carers to discuss the care they receive.

8. Previous Meetings/Committees Where the Report Has Been Considered:

<table>
<thead>
<tr>
<th>Audit Committee</th>
<th>Quality &amp; Safety Committee</th>
<th>Remuneration Committee</th>
<th>FB&amp;I Committee</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Executive Management team</td>
<td>Directors’ Meeting</td>
<td>Chair of Committees’ Meeting</td>
<td>MH Legislation Committee</td>
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<td></td>
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</table>

9. Risk Issues Identified for Discussion
There is a risk to organisational reputation if we do not meaningfully engage with patients, service users, carers and staff who need to be involved at all levels to shape future services.
10. Links to Strategic Drivers

<table>
<thead>
<tr>
<th>Patient Experience</th>
<th>Quality</th>
<th>Value for Money</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient stories are fundamental to providing an excellent patient experience and demonstrate our duty of candor</td>
<td>Understanding the quality of services from a patient and public perspective is essential in shaping future service delivery</td>
<td>Patient and carer feedback provides opportunities to address areas of improvement.</td>
<td>Meaningful patient and carer engagement facilitates empowerment and fosters a positive equal relationship</td>
</tr>
</tbody>
</table>

11. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

12. Recommendations:

That the Board considers the recommendations and agrees to:

- Continue with patient stories at Trust Board using the refreshed approach.
- Revise and adopt a ‘You Said, We Heard’ approach to providing feedback on actions taken.
- Approve the revised approach for wider communication with media and review interest in the patient feedback web pages at the end of 2017.
- Patient stories being shared at the next relevant Business Unit meeting to share learning and actions required.
Review of Trust Board Patient Stories

1. Background

The purpose of the story is to enable Trust Board members to have first-hand insight and knowledge of the experiences patients/carers have of our services and to enable an emotional connection with the Trust Board agenda. It provides an opportunity to triangulate patient experiences with data and assurances presented to the Trust Board. It enables an opportunity to see services through the eyes of a patient/carer. It also sets the tone for decision-making at Trust Board, linking the strategic aims of enhancing patient experience which is at the heart of all we do with senior level decision making. This report builds on the paper presented at Trust Board 12 months ago.

2. Proposal – Trust Board Stories – summary over the last 12 months

Patient stories have been presented at ten Trust Board meetings. These have been developed by Business Units to ensure that a wide range of services are represented. This coordinated approach has provided Business Units opportunities to generate topical and appropriate stories from different services within the Trust. In order to achieve this, the process includes:

- A timetable of stories agreed with Business Unit Deputy Directors.
- Decision making for identifying and agreeing stories through the Deputy Directors.
- Deputy Directors being responsible for the final sign off and approval of the story by the Director of Operations and Nursing.
- Coordinated approach to stories linked to national awareness campaigns.

As part of ‘Board on the Road’ it was suggested that presentations and patient stories were linked by the same theme with agreed national health messages supported by the Trust, for example, arranging a carer’s story and a presentation about the Carer’s Hub to coincide with Carer’s Week. This was thought to promote the Trust’s services with the general public and maximise key healthcare messages in the media, and potentially increase engagement and attendance at Board meetings.

Board stories continue to be a powerful resource which enriches our understanding of patient experience. In order to continue to use these stories effectively, the ways in which we gather stories and deliver them should be refreshed to maintain maximum impact on enhancing service delivery. Whilst the Board stories continue to have a central role in influencing Board discussions, which is their core purpose, they are perhaps not the best route to raise broader awareness of how service users/carers are shaping the Trust’s work.

How we use stories at Trust Board

Over the last 12 months a programme of stories has been developed and this has worked extremely well. Deputy Directors are aware of the timetable and this has led to increased cooperation and a better range of stories and ownership of the stories from the services involved.
Stories are discussed with the Director of Operations & Nursing prior to starting a story which has enhanced the timeliness and appropriateness of the story. Stories used are current and now reflect a range of services which previously may not have been shared with Board. Linking stories to national campaigns has given Business Units opportunities to consider different services and think about the campaigns in a wider way. For example the Time to Talk campaign has been supported by the Business Unit story at Board.

There is a significant investment in time to gather patient/carer stories. The coordination of this has been developed and significantly improved. Work is continuing to further refine the process to ensure stories are timely. It has been agreed that the PA to the Director of Operations & Nursing will coordinate future stories to ensure a seamless process.

Recent Service user feedback on their experience of attending Trust Board:

“I was a little nervous at first, once I was there I was fine because everyone were so friendly and welcoming. It was really nice to tell my story and help you all understand how hard it is to go for help in the first instance. I wanted to support the service because of the help I received and the difference this has made to my life and wellbeing.

I feel good about spreading the work as it has been in the press and on television at the moment and I was able to do this before all this publicity. I have even told my Aunt in Canada to look at the video I did for the MyWellbeing College and all my family have watched this and are very proud”

Lessons learned

“You Said We Heard” actions have been difficult to monitor after the Board story is completed. Currently stories are approved by the Director of Operations & Nursing prior to Board. It is proposed that moving forward “You Said We Heard” should be provided with the story to ensure feedback is current and actions taken are transparent to the Board. This would ensure actions and feedback is available for the Trust website at the same time as the patient story which is published with papers from the Trust Board meeting. In addition, to ensure that Business Units have a robust process for monitoring actions it is proposed that the story should be an agenda item at the next relevant Business Unit Quality & Safety meeting to review the story and monitor actions.

The refreshed approach to Board stories recommended the inclusion of staff stories to increase the range of stories. In reality staff have always presented a patient story or accompanied a patient or carer. As the Trust becomes increasingly inclusive, and to reflect changing working practices in which partnership working becomes more important, it is proposed that stories from Business Units reflect the collaborative working they are increasingly doing.

As outlined above, where marketing/communications has received details and the individuals are happy to be involved in wider media work, we have also aimed to increase wider awareness of patient stories and their core purpose of influencing Board discussions, via local media, and in turn, potentially increase attendance at Board meetings.
These stories have been included in Board meeting press releases and supported on social media, signposting people to the full story on the website. Of the four stories that were suitable for media, two were health talks (and generated significant coverage); however, unfortunately the two that included the patient stories resulted in a brief news piece that did not include the story. Other stories were not timely for local media working with the two-week lead-in time. Overall, since March 2016, the patient stories page on the external website has achieved 76 unique visitors and unfortunately has not resulted in or generated in additional attendees. However, it’s important to recognise that they have continued to deliver their core central purpose of giving Board members first-hand insight and knowledge of patients/carers’ experiences of our services, and equally importantly, ensured an emotional connection with the Trust Board agenda.

In order to continue to maximise the impact and benefit of using Patient stories at Trust Board meetings a refreshed approach is proposed. This will benefit the meeting by:

• Maintaining interest.
• Generating ideas from Business Units to reach a wider group of services.
• Allow staff to showcase good patient experience stories.
• Link assurance to the NHS England approach to Patient Experience and the benefits of patient stories.

Refreshed approach to Patient Stories

It is proposed that stories for the next two years are planned to reflect the national campaigns supported by the Trust.

Each Business Unit to produce 3 stories articulated in the timetable of stories, these should include:

• Patient story linked to services within the Business Unit.
• Carer story linked to services within the Business Unit.
• Partnership story reflecting improved patient experience developing services in partnership with other organisations or services.
• You Said We Heard actions to be developed by Business Units and approved by Director of Operations and Nursing prior to Trust Board meeting.

Patient/Carer stories

Should be told from the Patient or Carer perspective. This can be in person or using videos, audio recordings, written, poem or art. These should be supported by the service and have a written overview of the service to assist the Trust Board in understanding the service.

Partnership stories

Told by members of staff or patients/carers who explain how partnership working with other organisations impact on patient experience. These should be in person and can be individual experiences or service impact experience.

Services should consider different patient groups e.g., BME, LGBT, Blind, Deaf or sensory impairment or loss, also consider stories from HR, Corporate services and Estates.
Whilst patient stories are really valuable in shaping and influencing Board discussions, based on evidence over the last twelve months, we believe there are other, stronger opportunities to engage our wider communities, as we routinely do with wider communication activity. This is evidenced in significant media coverage, social media engagement and web traffic for wider Trust initiatives. Going forward we are recommending that, we continue to post the stories on the ‘patient feedback’ section on the website (as well as in the Board papers) for reference purposes and promote on social media – as part of the wider activity to promote the Board meetings if we are able to demonstrate what we have done as a result of feedback. We would also recommend that Board members may also want to consider giving their personal perspective of Board stories via Twitter, on the day.

3. Assurances in Place

This paper provides assurance in relation to Fundamental Standard 5, Well Led because the proposal presented within this paper identifies opportunities for the Trust Board to hear stories which encourages learning and promotes a culture of openness and transparency.

Publishing stories on the Trust Website will allow patients, public and key stakeholders to have access to stories and actions. Although current interest in the patient stories (evidenced in the web stats) is low, this should be reviewed after following the revised process at the end of 2017/18.

The programme of Trust Board stories should be agreed by May 2017 with Deputy Directors and stories should be published on the Trust Website by June 2017.

5. Risk Implications

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood High/Medium/Low</th>
<th>Implication</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational reputation</td>
<td>low</td>
<td>Increase in complaints and negative media coverage</td>
<td>Use a variety of engagement processes at all levels within the organisation</td>
</tr>
</tbody>
</table>

6. Communication and Involvement

- Board stories will continue to be shared at Senior Managers Briefings
- Discussion with Deputy Directors to agree the proposed programme will be via the deputy Directors meeting.
- Information will be cascaded via Deputy Directors to Business Unit teams.
7. Monitoring and review

The process will be reviewed again in two years’ time. Annual review of the Trust Board story programme will be required.

8. Timescales/Milestones

Continuation of existing arrangements with a twelve-month programme mapped out on a routine basis.

9. Recommendations

That the Board considers the recommendations and agrees to:

- Continue with patient stories at Trust Board using the refreshed approach.
- Revise and adopt a ‘You Said, We Did’ approach to providing feedback on actions taken.
- Approve the revised approach for wider communication with media and review interest in the patient feedback web pages at the end of 2017.
- Patient stories being shared at the next relevant Business Unit meeting to share learning and actions required.