**1. Purpose of this Report:**

The purpose of this paper is to review the impact of Board stories 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 staff and patient stories will add a further dimension to the sharing of stories with the Trust Board.

**3. Board / Committee Consideration**

- Consider the benefits derived from patient stories and how this links into the Organisational values.
- Consider introducing a ‘You said, we did’ concept to demonstrate service improvement following the patient story.
- Consider the amended process incorporating staff stories linked to patient experience.
- Consider implementing a programme of stories agreed with directorates to provide equity and diversity across services.

**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>Monitor Risk Assessment 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:

Audit Committee   Service Governance Committee   Remuneration Committee   Resources Committee
Executive Management team   Directors’ Meeting   Chair of Committees’ Meeting   MH Legislation Committee

8. 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.

9. 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>

10. Publication under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.
11. Recommendations:

That the Board considers the recommendations and agrees to:

- Continue with patient stories at Trust Board using the refreshed approach.
- Considers introducing a ‘You Said, We Did’ concept to demonstrate service improvement.
- Publish Stories on the Trust Website together with actions taken.
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 and the ongoing work within the Trust to develop creative ways of sharing patient stories.

2. Proposal - Trust Board Stories – Summary over the Last 12 months

Over the last 12 months, service user/carers stories have continued to feature as the first item on the public agenda of our monthly Trust Board Meetings. These real-life stories are delivered in a variety of ways including visual media, a staff member telling the patient story or by the patient/carer themselves attending and telling their story in their own words, describing their individual journeys and experiences of using our services. Some stories have been identified by services that have a service user/carer interested in sharing their story; others have surfaced through the Patient Experience & Involvement Team looking for a variety of stories. This process can be problematic and time-consuming through engaging staff and collating the story material which often leads to the range of stories being limited.

Since March 2015 stories have covered topics across a wide spectrum of our services including Learning Disabilities, Practice Health Champions, Alcohol Team, Family Nurse Partnership and more recently montages of service user feedback from the Comments Campervan have provided the Board with an overview of feedback from adult physical health, children and young people and mental health service users. The ‘Comments Campervan’ provided an opportunity to target specific groups and demonstrates an open and transparent way of capturing real-life feedback.

Board stories continue to be a powerful resource which enrich our understanding of the 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.

How we use stories at Trust Board

Currently the timetable is scheduled six months in advance and is agreed with the Deputy Chief Executive. Stories that are used are picked for a number of reasons and these include patients wanting to tell their story as a result of a complaint or risk issue, or because the story relates to the Trust Board or wider economy agenda. Planning stories can be difficult for a variety of reasons which often impacts on the planned programme.

These include:

- Service user commitments may not fit with the date of Trust Board meetings.
- Staff are unavailable to support service users to share their story.
• Stories are often generated by the same teams who embrace the benefits of patient stories.
• Coordinating story production can be difficult due to time, consent issues and people’s mental and emotional resilience to story-sharing.

There is a significant investment in time to gather patient/carer stories. This includes gaining consent, meeting with the patient or carer, filming or helping to write the story, preparing service-specific information and attending Trust Board. The Deputy Chief Executive prepares thank-you letters on behalf of the Board and, where appropriate, has follow-up meetings with patients, carers, staff or managers to pick up any specific issues arising from the story.

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.

**New approach to Patient Stories**

It is proposed that stories will continue to be presented at ten Trust Board meetings. These will be organised using the newly formed Business Unit structures to ensure that all Business Units are represented and a coordinated approach is identified. This will provide Business Units opportunities to generate topical and appropriate stories from different services within the Trust. In order to achieve this, the process would require:

• A timetable of stories to be agreed with Business Unit Deputy Directors.
• Decision making for identifying and agreeing stories should be with the Deputy Director and the Business Unit.
• Business Unit Deputy Directors will be responsible for the final sign off and approval of the story prior to submission to the Trust Board meeting via the Deputy Chief Executive.
• Stories to be shared at the relevant Quality and Safety Business Unit meetings to maximise learning, sharing with teams and implement any actions required.

In order to refresh the process and look at stories from different perspectives each directorate would have two stories per year and these will be delivered by service users, carers or staff on their behalf or by relatives of service users who have died whilst under the care of our services. The remaining 2 stories will be allocated to patient advice and complaints to demonstrate learning from complaints, compliments and serious incidents (Appendix 1).

From June onwards, the Board will return to holding certain Board meetings at different venues across the district as part of its ‘Board on the Road’ programme. It is proposed that the ‘Board on the Road’ presentations and patient stories are linked by the same theme with certain national health messages, for example, arranging a carer’s story and a presentation about the Carer’s Hub to coincide with Carer’s Week. This will help to promote the Trust’s services with the general public and maximise key healthcare messages in the media.
The Patient Experience & Involvement Team are available to assist in developing and producing patient stories if required with the service involved once consent has been established.

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 taken.

The programme of Trust Board stories should be agreed by May 2016 with Deputy Directors and stories should be published on the Trust Website by June 2016.

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</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>
<tr>
<td>reputation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Communication and Involvement

Board stories will continue to be shared at Senior Managers Briefings and it is proposed that there will be a section added to the Website to facilitate greater access to staff and patients.

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.

The Patient Experience and Involvement Team will work with the Communications Team to share stories on the Trust Webpage.

7. Monitoring and review

The process will be reviewed again in twelve months’ 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.
- Consider introducing a ‘You Said, We Did’ concept to demonstrate service improvement.
- Publish Stories on BDCFT Website together with actions taken.
## Appendix 1

<table>
<thead>
<tr>
<th>Month</th>
<th>Directorate</th>
<th>Patient / Staff</th>
<th>Lead/ service</th>
<th>Story</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2016</td>
<td>Mental Health Acute &amp; Community Services</td>
<td>Patient story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2016</td>
<td>Nursing, Specialist &amp; Children’s Services</td>
<td>Carer story</td>
<td>Patient Advice &amp; Complaints</td>
<td>Carer complaint</td>
</tr>
<tr>
<td>July 2016</td>
<td>Adult Physical Health Community Services</td>
<td>Staff story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2016</td>
<td>No Board meeting</td>
<td>No story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September 2016</td>
<td>Nursing, Specialist &amp; Children’s Services</td>
<td>Patient story</td>
<td>Serious Incident Team</td>
<td>Family of Suicide</td>
</tr>
<tr>
<td>October 2016</td>
<td>Specialist In patient Services, Dental &amp; Admin services</td>
<td>Staff story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 2016</td>
<td>Nursing, Specialist &amp; Children’s Services</td>
<td>Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 2016</td>
<td>Staff Awards</td>
<td>No Story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>January 2017</td>
<td>Adult Physical Health Community Services</td>
<td>Patient story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2017</td>
<td>Mental Health Acute &amp; Community Services</td>
<td>Staff story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 2017</td>
<td>Specialist In patient Services, Dental &amp; Admin Services</td>
<td>Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2017</td>
<td>Nursing, Specialist &amp; Children’s Services</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>