

Patient Experience at Trust Board

“We want improving people’s experiences to be as important as improving clinical outcomes and safety and we want to make sure we continually learn from and improve people’s experiences.”

The Trust currently collects and reviews a wide range of data about what it is like to be a patient receiving care from us and also what it is like to be a relative or carer. Currently we receive data from:

- Complaints
- Friends and Family Test (FFT)
- Assurance visits and walk rounds
- Healthwatch
- Compliments
- PALS
- Patient Opinion
- National and local surveys
- Locality Forums and listening events
- Social media; twitter, Facebook and press

In order to further enhance the use of patient and carer experiences within our quality improvement activities and to instil a stronger ‘customer ‘focus’ at clinical and service delivery level a more formalised approach to presenting our data and how we use patient stories is proposed for use at Trust Board meetings held in public.

Current process

Patient experience quantitative data relating to FFT, complaints, PALS and Patient Opinion is routinely included within the Trust Quality Report. This consists of a range of graphs and statistics against key indicators. Each month a patient story is presented to Trust Board; this has been in place since late 2012 and has developed over time to focus on a message for the Trust Board to consider; for example:

- Support or a petition required to implement an improvement
- Guidance, advice or opinion
- Evidence of improvement against a Trust strategic or operational objective
- Evidence of achievement

Responsibility for sourcing the stories currently sits with the Deputy Chief Nurse for Patient Experience who aims to have one related to the site where the board meeting is being held; partly to give it a base but also to enable either patients or staff to attend.

There have been some excellent stories – mostly presented by staff (always anonymised and with the patients consent); mostly by nursing staff and patients or relatives on 2 or 3 occasions. The patient experience team have also started filming patient stories as an alternative if they are unable to attend. Some presenters use PowerPoint; others just talk to a ‘crib sheet’ or without a script tell their story. There have been a couple of disasters too when for ‘reasons beyond our control’ there have been last minute inability to attend and so a back-up story is found just in case.

The case for change

- Objective 1 - Raising the volume of our patients voice: it is right that patient experience data is reviewed and considered an important part of the Trust quality report, however, despite best intentions this can become a little ‘lost’ within core concerns such as harms and risks. Patient experience data is by its very nature qualitative and whilst some elements can be presented within graphs and data tables the power is in the narrative and the voice of our patients; however it is also about balance and proportion recognising the amount of data required for the Trust Board meetings.
- Objective 2 - Building the stage for directorates: we currently struggle to find a spread of stories and capture engagement of our front line staff which alongside the Trust’s drive towards a clinically led and clinically accountable organisation provides us with an opportunity for directorates to explore, explain and evidence their patient experience ‘performance’ and stories and thereby own and be accountable for them.
- Objective 3 – Reaching beyond the Board: whilst the patient experience team have started to build a library of patient stories that are available on the intranet and used within patient experience training programmes there is no prescribed process for review of any improvements made to address a patient experience failing or for ensuring cascade and wider learning.

Proposals

After initial discussions with the Chairman it has been suggested that Patient Experience be assigned a dedicated agenda position at the start of the Public Trust Board meeting and for this section to be 15 minutes in duration. This will meet Objective 1 within the case for change and raise the profile and voice of patients; the following proposals are based upon that plan.

A single stand-alone patient experience report will be provided for the Trust Board. This will include the following with required statistical data but also narrative examples:

Monthly	As applicable
Complaints	National and local surveys
PALS	Locality Forums
Patient Opinion	Listening events
Friends and Family Test (FFT)	Assurance visits and walk rounds
Healthwatch	
Compliments	
Social media	
Key patient experience activities and developments	

The report will be in two sections;

1. Trust level - drawing the overarching headlines and themes.
2. Directorate focus using the same data set but drilled down to a chosen directorate.

Directorates will be scheduled in rotation so that each comes to Trust Board on a rolling programme during the year and it is expected that this be led at a senior level within the directorate such as clinical director, head of nursing or business manager.

The chosen directorate will be invited to the meeting to provide this directorate focus overview of their performance, their actions and their learning and will also be required to identify a patient story that demonstrates a key message or spotlight that is evidenced within this data. This will meet Objective 2 within the case for change in terms of building a platform for directorates to own and share their patient experience feedback and appreciate that patient experience is an integral component of directorate activity and not an 'added extra'.

With an allocated 15 minute slot time will be tight and a suggested programme is shown below which will need skilled Chairmanship to keep to time!

Time	Section	Duration	Lead
09.15	Trust level PE report key themes	2 minutes	Deputy Chief Nurse
09.17	Directorate level PE report	5 minutes	Directorate snr manager
09.22	Patient story	5 minutes	Directorate snr manager
09.27	Questions & comments	3 minutes	Chairman

Patient stories

Whilst the logistics of reporting and presenting the above reports is fairly easy to agree the content of the patient story section needs to be meaningful and of value. Patient stories are undeniably powerful in gaining an understanding of their experience and many Trusts nationally now use patient stories at Board meetings. The purpose of using stories to illustrate patient experience at Board level is to:

- Forge a connection between the experience of patients and the leadership of the Trust and its role in establishing the right strategic context for improvement and change.
- To triangulate patient experience with reported data and information and provide insight into how this can influence improvements in quality and patient experience.
- The voices and stories of patients are an effective and powerful way of making sure the improvement of services is centred on the needs of the people using those services.
- To seek assurance that the organisation is learning from individual stories to benefit the wider patient experience.

What will patient stories tell us?

Patient stories will provide feedback, from patients themselves on what *actually happened* in the course of receiving care or treatment, both the objective facts and their subjective views of it. The factual element is useful in comparing what people say they experienced against what an agreed care pathway or quality standard says should happen. The opinion element tells you how patients felt about their experience and helps to corroborate (or otherwise) other quality measures.

Why patient stories matter

- Stories can be used to set priorities, to nurture a quality-centred culture, to road test our quality assurance mechanisms and explore how decisions made by the board impact on patient experience
- The quality of patients' experiences is central to our reputation and productivity, they can be seen as a gift and an opportunity to manage risks. These risks and opportunities will not diminish even as the financial squeeze tightens.
- Stories can complement quantitative data in a powerful way to increase focus and engagement with quality and safety issues.
- The ability to demonstrate excellent feedback from patients, carers and families is a very good marketing tool in a climate of increasing choice and competition. Shortcomings or failures, however, may lose custom from an organisation and risk its standing with commissioners. Those issues may continue to affect an organisation's reputation within local communities for a long time.
- Understanding and acting to improve patients' experiences is also core business for the NHS. It is an important motivator for staff and part of the statutory duty of quality for board members – a 'must do' and the right thing to do.

Choice of story:

- Stories need to consider a message for the Trust Board to consider; for example:
 - Support or a petition required to implement an improvement
 - Guidance, advice or opinion
 - Evidence of improvement against a Trust strategic or operational objective
 - Evidence of achievement
- The Trust Board may set an agenda of stories relating to Trust priorities and objectives, national drivers or with specific relevance to board papers.
- When appropriate to a particular issue, the Chairman and CEO consider the option of a specific patient invite to speak to the Board.

Process:

- Patient stories can either be told directly by the patient or relative or by staff who provided the care. Patients are required to give consent to their story being told and unless the patient is present he story should still be anonymised in relation to both patient and staff identifiers unless they provide explicit consent to the contrary.
- The patient story is told within the public session of Trust Board and as such this needs to be considered in preparing the patient and staff telling the story.
- If a patient or their relative is able and willing to attend the invitation will be managed through the head of nursing, therapy or clinical director for the directorate who will meet the patient beforehand and offer any assistance required with the support and guidance of the patient experience team. Travel expenses will be provided.
- An invitation will not be offered to any patient who is involved in a current process with the Trust e.g. complaints or litigation but can be offered to current and previous patients.
- The patient or staff member will be encouraged to tell their story in their own words but to identify how they think their experience could have been improved.
- PowerPoint slides can be used but need to be forwarded to the Trust secretary the day before the meeting to enable them to be uploaded in readiness.
- Verbal presentations will still require a briefing summarising the story and objectives to enable sharing and cascade.
- A video or audio presentation may be considered.

Sharing and learning from the stories

There is simply no point in listening to a patient story if as an organisation nothing is then done about it; either to make sure a situation never happens again or how good practice can be replicated again and

again. Following presentation to Trust Board the Board members may ask for actions or for feedback and update against planned actions; if this is the case they will be logged within the Trust Board minutes to ensure they are tracked. The directorate story will also be shared with the Chairs of each site Hospital Management Group with an expectation that this is cascaded and presented locally. It is expected that the chosen directorate would also be sharing within their specialty governance committees. The story will subsequently be uploaded to the patient experience intranet page to continue building the library of patient stories.

Discussion and consideration for the Board on hearing a story

To assist with discussion and appreciation of the value of the message within the story the following prompts are offered:

- What does this story add to our understanding of the quality of our services?
- How does the story relate to the information contained in our quality or performance report?
- What does this story tell us about progress towards our quality improvement goals?
- What additional information does the board require to help it make sense of the story / put it in context?
- What does this story reveal about our staff?
- What does it suggest about morale and organisational culture?
- What does it reveal about the context in which clinical work?
- What does it reveal about staff attitudes to harm?
- What actions need to be taken as a result of what we have heard?
- What needs to be done immediately to make things right for the patient and prevent a recurrence for other patients?
- What implications does it have for board decisions?
- Did we give enough time to this item?
- Were we sufficiently prepared?
- What could we have done differently?

Implementing these sharing and learning actions will meet Objective 3 within the case for change reaching out beyond the Trust Board.

Example timetable

Date	Site	Directorate
7 th June	Grantham	GDH Business Unit
5 th July	Lincoln	LCH Integrated Medicine
2 nd August	Boston	PHB Surgical Services
6 th September	Grantham	GDH Clinical Support Services
4 th October	Lincoln	LCH Women & Children's
1 st November	Boston	PHB Head and Neck
6 th December	Grantham	GDH Orthopaedics
tbc	tbc	LCH Haematology / Oncology
tbc	tbc	PHB TACC
tbc	tbc	GDH A&E

The patient experience team will coordinate and support the directorates in their preparation for their session at Trust Board; this will include:

- Understanding their patient experience data and being able to interrogate it to draw themes and headlines.
- Preparing their patient story to consider consent, filming, practicalities through the use of a checklist.

Discussion

The Board is asked to consider this proposal above to promote the use of patient experience data and stories to drive change and improve the quality of care.

In summary this proposal offers a methodology to triangulate Trust Board business with patient experience and set the tone for Board members' decision making. Careful consideration of how to make this meaningful is required and the following recommendations are provided to guide the discussion;

It is recommended that the Trust Board:

- Considers the case for change.
- Considers that meetings commence with a 15 – 20 minute patient experience session.
- That this session includes a high level overview of patient experience feedback provided by the Deputy Chief Nurse (Patient Experience) followed by directorate level headline report and related patient story.
- Considers the principles and process for delivery of patient stories.
- Considers the development of a patient experience action log as indicated to track any required follow up.

Jennie Negus
Deputy Chief Nurse
27th April 2016