

To:	Trust Board
From:	Carole Ribbins, Director of Nursing
Date:	7 April 2011
CQC regulation:	

Title:	Patient Stories										
Author:	Carole Ribbins, Director of Nursing										
Responsible Director:	Suzanne Hinchliffe, Chief Operating Officer/Chief Nurse										
Purpose of the Report:	<p>There is not a simple or single route to understand patient's experiences. Trust Boards should draw on a wide range of information types from differing sources, including qualitative, quantitative, formal and informal etc.</p> <p>The key is to frame differing sources of intelligence to form a greater understanding and transparency to inform decisions and priorities.</p> <p>"Executive and Non-executive directors report enormous value in hearing directly from patients. Such accounts are anecdotal but are nonetheless powerful and should never be dismissed" <i>The Intelligent Board Sept 2010.</i></p>										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;">x</td> <td style="width: 25%;">Discussion</td> <td style="width: 10%;">x</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table>			Decision	x	Discussion	x	Assurance		Endorsement	
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Summary / Key Points:	<p>It is acknowledged that hearing patient's experiences / stories at the Trust Board would be advantageous and this paper proposes a structured programme allowing the presentation of patient stories while also providing a focus on development plans and outcomes.</p> <p>As part of the Patient and Family Experience Plan (November 2010) the Divisions are each leading on a number of 'Caring at its Best' projects. These projects focus on the inpatient survey results and the areas that rank lowest in terms of satisfaction for patients.</p> <p>This paper proposes that patient stories presented at Trust Board should be structured around these Divisional initiatives, illustrating why this particular element of healthcare experience needs addressing; the Division response to this and the improved outcomes for patients.</p>										
Recommendations:	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> • Receive this report for information. • Support the implementation of the initiatives outlined in this paper. 										
Strategic Risk Register	Performance KPIs year to date										
Not applicable.	Not applicable.										
Resource Implications (eg Financial, HR)											

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None.
Assurance Implications None.
Patient and Public Involvement (PPI) Implications None.
Equality Impact None.
Information exempt from Disclosure None.
Requirement for further review ?

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

To: Trust Board
From: Carole Ribbins, Director of Nursing/Deputy DIPaC
Title: Patient Stories at the Trust Board
Date: 7 April 2011

1. Introduction

There is not a simple or single route to understand patient's experiences. Trust Boards should draw on a wide range of information types from differing sources, including qualitative, quantitative, formal and informal etc.

The key is to frame differing sources of intelligence to form a greater understanding and transparency to inform decisions and priorities.

"Executive and Non Executive Directors report enormous value in hearing directly from patients. Such accounts are anecdotal but are nonetheless powerful and should never be dismissed" (*The Intelligent Board Sept 2010*).

2. Proposal

It is acknowledged that hearing patient's experiences/stories at the Trust Board would be advantageous and this paper proposes a structured programme allowing the presentation of patient stories while also providing a focus on development plans and outcomes.

As part of the Patient and Family Experience Plan (November 2010) the Divisions are each leading on a number of 'Caring at its Best' projects. These projects focus on the inpatient survey results and the areas that rank lowest in terms of satisfaction for patients.

This paper proposes that patient stories presented at Trust Board should be structured around these Divisional initiatives, illustrating why this particular element of healthcare experience needs addressing; the Divisional response to this and the improved outcomes for patients.

3. Patient Stories Trust Board Structure

The patient stories will be presented every quarter and structured at the beginning of each Board. The Division leading the Trust wide initiative will co-ordinate and present.

The Divisions will provide a brief overview of their 'Caring at its Best' initiatives to improve the patients experience and this will be complimented by a patient or family

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member attending the Board to present their experiences or with the presentation of alternative forms of communication.

4. Trust Board Dates

The table below shows the plan for the Divisions to present their 'Caring at its Best' initiatives at the Trust Board. These will either be via patient attendance or through video highlighting patient experiences within the Trust.

Meeting Date	Division / Team	Initiative
7 April 2011	Patient Experience Team	Overview of positive experiences of care from patients within the Trust
7 July 2011	Women's & Children's Division	Improve patient's perceptions of 'attitudes and behaviours'
6 October 2011	Planned Care Division	Improve patient perception of pain management
January 2012	Acute Care Division	Improve the patient perceptions of noise at night
April 2012	Clinical Support Services Division	Improve the patient perceptions of the information provided

5. Patient Stories Expectations

The patient or family who attend the Board will be given the freedom to present any elements of their experiences that they desire. The individuals will be chosen to accompany the Division because they feel able to present their experiences at the Trust Board. These experiences are particular to that individual and are valuable to hear because of this.

Alternatively the Division may invite particular members of the public whose experiences they feel represent the patient feedback themes pertinent to their Division.

The patient stories can illustrate poor experiences of individuals and/or positive experiences.

The Divisions may wish to use alternative forms of communication to illustrate some of the experiences of patients across the Trust such as videos, diaries or written stories.

6. Conclusion

The local monthly inpatient Patient Experience Survey and National Patient Survey results give the Trust a huge amount of feedback from patients. The Trust is ensuring that this feedback guides developments and service provision.

Patient stories at Trust Board for the next year will be structured around these Divisional initiatives and developments. This will focus the organisation by

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streamlining efforts and ensuring patient feedback is gained in relation to initiatives proposed to improve services.

Patient stories within this Divisional activity keeps the focus on issues that are most important to patients. Patient feedback will link directly into development initiatives allowing the public the greatest influence of service development.

7. Recommendations

The Trust Board are asked to:

- Receive this report for information.
- Support the implementation of the initiatives outlined in this paper.