

<b>Meeting Title</b>	Mid and South Essex Acute Trusts Board Meeting		
<b>Meeting Date</b>	3 <sup>rd</sup> April 2019	<b>Agenda No</b>	11
<b>Report Title</b>	Patient Stories at Trust Board Meetings in Common		
<b>Lead Executive Director</b>	Diane Sarkar - Chief Nursing Officer		
<b>Report Author</b>	Diane Sarkar – Chief Nursing Officer		
<b>Action Required</b>	Decision <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> <i>(please tick)</i>		
<b>Background / Context</b>	<p>Patient stories are deemed as valuable in supporting quality improvement discussions at both strategic and operational levels (Board to ward).</p> <p>A range of methods for capturing and disseminating stories are in place across the MSE hospitals. Hearing directly the ‘voices of the patients’ at Board level signifies a quality centred culture and enables greater understanding of the patients experience and to ‘live’.</p> <p>Celebrating and learning from positive experiences is as valuable as learning from examples of less positive experience.</p> <p>The paper has been developed to establish how other merged trusts present patient stories at boards in common; what best practice looks like and whether patient stories should be presented in a public or closed board</p> <ul style="list-style-type: none"> <li>• Stories provide ‘real’ insight in support of service improvement. Embedding patient stories is key to creating a patient and customer services culture.</li> <li>• The quality of the patient experience is central to the MSE Group reputation</li> <li>• Patient Stories help to triangulate other quantitative data</li> <li>• Acting and improving patient experience is part of the statutory duty of quality for board members and therefore hearing stories first hand will ensure that patients are put at the heart of decision making and board members are able to see how their decisions impact on patients</li> <li>• The aim is to select both positive and negative examples of patient stories, in order to reflect a balanced view and the range of patient experiences.</li> <li>• To seek assurance that the organisation is learning from individual stories to benefit the wider patient experience.</li> </ul> <p>Currently across MSE, patient stories generally originate from a resolved complaint. Where a complaint has significant learning identified and there is evidence that improvement actions have been commenced on closure, the complainant will be contacted and asked if they are willing to share their story to the board.</p>		

	<p>With the embedding of Site Governance Forums and the Board meeting alternate months it is proposed that:</p> <ul style="list-style-type: none"> <li>• On a monthly basis there is a patient story at local site governance forum.</li> <li>• On alternate months there is a patient story at the board in common meeting (public session) on which site the meeting is at.</li> </ul>
<b>Consistency of Approach</b>	There are inconsistencies across the MSE sites in how regularly patient stories are delivered to the boards.
<b>Timescale for Benefits to be Realised</b>	With immediate effect
<b>Appendix</b>	1. Patient Story Evaluation Form
<b>Assessment of Implications</b>	
<b>Financial</b>	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? £120 annually for flowers /gift for story tellers.</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? No</p>
<b>Risk</b>	<i>Failure to listen to patients stories could compromise our regulatory activities, impact on reputation and not be in keeping the MSB values.</i>
<b>Equality and Diversity</b>	MSB Group is committed treating all people equally and with respect, There are no implications for groups with protective characteristics
<b>Freedom of Information</b>	<i>No exemptions apply (i.e., information is in the public domain) to this paper :</i>
<b>Other Implications Identified</b>	None of note
<b>Recommendation</b>	<p>The Trust Boards of BTUH, SUHT and MEHT are invited to:</p> <p>Approve the proposed approach to patient stories within the collaborative governance framework.</p>
<b>Appendices</b>	N/A