

# Developing a patient story pathway

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## Background

Patients are the cornerstone of healthcare and understanding the experience they have is fundamental to the delivery of quality care.<sup>1</sup> The NHS patient safety strategy advocates the involvement of patients in improving the quality of care in the NHS with the use of patient safety partners. The implementation of patient safety partners ensures patients are “empowered to play an active role in patient safety”<sup>2</sup>. In addition, the sharing of patient experiences can be a valuable learning tool for staff working within a healthcare organisation. , There are a number of ways in which patients can feedback to a healthcare organisation but the effectiveness of these modes of engagement being relayed back to the staff is variable. We wanted to look at developing an effective method by which to capture the patient experience with high fidelity and deliver it directly to relevant stakeholders to support learning and development. In particular, we wanted to provide a means by which our trust board could appreciate what it was like to be a patient cared for in our trust, we therefore developed the patient story pathway as a means by which to share the patient story from ward to board effectively.

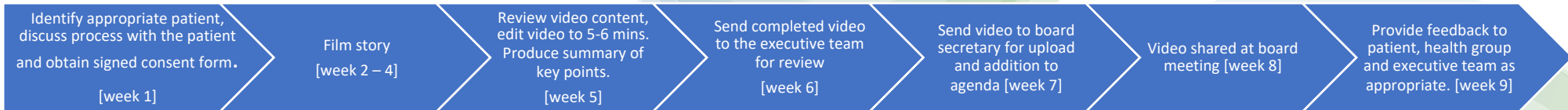


Figure 1

## What we did

We initially started sharing patient experiences through written accounts which were read out at our trust board meeting which occurs every two months. Whilst this was certainly effective we felt it could be improved further by sharing the experience in the patient’s own voice. We piloted a process by which we would use patient videos to improve the fidelity of this story sharing method. Continually sharing patient experiences, through video accounts has shown to be a high impact way of delivering messages to key stakeholders including the trust board and front line staff and has allowed us to identify where changes can be made to improve the overall experience. Each story is developed within a 9 week window with checkpoints to ensure that the story meets all the necessary requirements and is produced in a timely fashion to be shared at our trust board meeting (figure 1.) Once videos are captured we also work with the relevant clinical department within which the patient’s care was undertaken to ensure any key messages are shared with them.

In order to provide structure and ensure broad learning we utilized four themes for stories to sit under (figure 2). These themes were identified from our trust’s four quality priorities. Further to this we aim to ensure that we share stories from a range of health groups in order that the learning is shared widely. We have worked closely with our patient experience team to identify suitable patients or relatives to work with and also ascertain potential complaint categories where learning may be of particular value.

## Future direction

We will continue to share stories at our trust board meeting in line with the four key themes we have identified. In addition, we would like to use this pathway to create stories to be shared to focused groups, in particular following incidents and near misses to help staff learn through patient experiences. We also recently shared a “junior doctor story” at a recent board development session and therefore there is additional scope to use this transferable pathway as a means by which to ensure that the experience of our front line staff is heard by members of our executive team, bridging the communication gap that is often seen to exist.

## References

1. The Patient Experience Book. NHS Institute for Innovation and Improvement. 2013. <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf> [accessed on 1st March 2022]
2. The NHS Patient Safety Strategy. NHS England. 2019. [https://www.england.nhs.uk/wp-content/uploads/2020/08/190708\\_Patient\\_Safety\\_Strategy\\_for\\_website\\_v4.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/08/190708_Patient_Safety_Strategy_for_website_v4.pdf) [accessed on 1st March 2021]

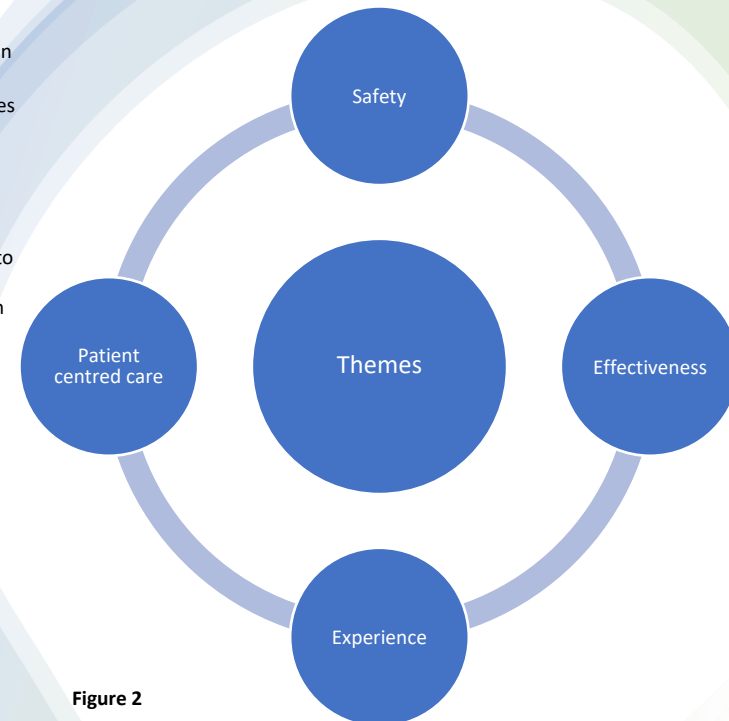


Figure 2