

Using stories to improve Patient, Carer and Staff experiences and outcomes

A resource to help you

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This toolkit

This toolkit contains advice and guidance about taking and using stories from patients, carers and staff. It contains templates for:

- Informing the storyteller about the process
- Obtaining consent
- Analysing stories
- Action planning and logging

1. Why gather and use stories from patients, carers and staff?

1.1 To examine the patient journey

Stories of staff, patient and carer experiences and journeys through our system enable us to redesign and improve care according to patients' needs, where every step in the patient journey is examined and improved.

1.2 To understand the patient/carer/staff experience

Stories may also be collected across the system for the purpose of understanding patients' feelings as they navigate the system, rather than examining one aspect of their journey. They can provide valuable insights on how we can improve on many different aspects of service delivery and care in our hospitals and in our community-based health care programs. Patient stories assist staff in improving the experience for patients and can assist staff through education and reflection.

These stories can also provide insights into what happens between episodes of clinical care, such as time waiting at home for an appointment or time spent

recovering on a ward. During these times patients can develop strong perceptions of the health system, the interactions (or lack of interactions) between the patient and health care staff.

Staff experiences in their work have a direct impact on their own wellbeing and on the quality of care they offer patients. Staff stories are therefore equally valuable for improving the experiences and outcomes of patients. Our staff need to feel valued and know they will be listened to and heard, and that learning from their stories will lead to actions for improvement.

1.3 To monitor service improvements

Stories may also be collected over time following the implementation of a particular improvement to a service. Interviewing patients/carers/staff at this time may support an audit of the impact the changes have made to the patients' journey or experience, and where the improvements have been sustained over a period of time.

Stories may be used to promote the achievements of service improvement activity using tangible evidence from the stories provided by the patients' themselves. Sharing the lessons learned and the processes for successful implementation of improvements is a valuable way of spreading the learning throughout the organisation.

2 Finding and choosing which stories to tell

There are different approaches that can be taken to identify patients. You could set yourself criteria for the identification process, for example have been an inpatient for a minimum period or you may have a number of methods of accessing possible stories that may already be available to you.

Staff may come forward with their stories, or may be invited to tell their story in relation to a specific incident or patient/carer story. In addition, staff could be invited to for example tell the story of their day, with particular reference to their feelings, experiences and interactions with patients and carers.

2.1 Possible reasons for finding stories

- Promotion within a service area such as a ward or GP practice by displaying posters, providing information leaflets or asking patients whether they want to take part
- Inviting a random selection of patients that have received care from your service to take part
- Incident forms
- Serious Untoward Incidents/Deaths
- Complaints
- Suggestions from clinical or operational management staff.

2.2 Who and when?

A good time to approach in-patients is during the time following a decision that they are ready for discharge and before they leave the hospital. Allow patients adequate time to consider the information that you provide and to ask any questions about the process. If a patient agrees they can then decide whether they would prefer to tell their story before they leave or give permission for contact to be made after discharge.

It is also worth considering patients different abilities to tell their stories. It is easier to approach patients who are able to talk but those that find communication more difficult may have different experiences that are incredibly valuable. In these situations consider who may be able to help the patient tell their story, for example a relative or carer, or a speech and language therapist.

3 Consent and Safeguarding

It is worth regarding the stories as remaining the property of the patient/carer/staff. Make sure that you get consent from the person before you start which clearly states how and where the story may be used and by which method(s). If you think you may wish to use the story for another purpose in the future you will need to get the patient's permission to contact them again to discuss this and obtain their consent.

You will need to be clear that you may have to retain some information from the story in order to remember the range of issues described, but that you will not keep the whole story.

3.1 Safeguarding

The safeguarding lead for Shropshire Community Health NHS Trust is Andrew Coleman.

A story teller may tell you things which have implications for safeguarding vulnerable adults or young people, or which indicate an issue around patient/carer/staff safety. These things must be reported as soon as is practical to the safeguarding lead.

If you are a member of the Trust staff you will know that you should not react immediately to this but should make sure you understand and record what the teller is saying. Please remember that when adults tell you things they almost always want you to act on them. Young people may not have the same intention, but you will still need to report what you have been told.

If you are a volunteer you may not appreciate the importance of what you are being told. But if you have any concerns you must report them to the safeguarding lead. He will decide whether further action is required.

3.2 Information protection

If you use email to exchange details about a story, or to refer to the person involved, you must ensure that the name and personal information is NOT included in the email. You should use the agreed alias.

4 Work with and supporting the storyteller

- Provide the patient/carer/staff with adequate information that is easy to understand and explicit about what will actually happen; how you will take the story (notes / tape recorder / video), what type of questions they may be asked. Make it clear that if you hear something that puts others at risk that you may have to take immediate action. Most hospitals have teams that assist with the development of good quality patient information.
- Don't pressurise the person into telling their story
- Be careful about the ethics of contacting people after they have been discharged from care.
- Discuss any such plans with your senior colleagues as it may be considered unethical to use the information on your systems for a different reason
- It is vital that patients feel free to choose whether to tell their story, and have the capacity to make that decision for themselves.
- There is a real fear amongst patients that if they make negative comments their future care may be affected and therefore may find it difficult to discuss negative experiences openly. Staff also need to feel assured that their stories will be received positively and used for learning and improvement in the Trust. The culture of the Trust needs to be one of welcoming such learning opportunities.
- Over time, if no action is seen to be taken as a result of using patient/carer/staff stories it will become seen as a waste of time.

4.1 It takes time

Taking a story takes time. Allow at least couple of hours to take the story and schedule in time to listen and reflect on the story afterwards.

4.2 What qualities do you need to gather a story?

Most people can take a patient/carer/staff story. The essential requirement is that they need to be able to listen. It is however recommended that the person taking the story should have no involvement in the patient's care. Staff taking a staff story should preferably work in a different service in order to encourage objectivity.

The storyteller may need prompts to continue or explain something a little better but it is not the listener's role to give opinion, advice or recommendations; it is to help them talk. Some people are naturally better than others at taking stories and as with any meeting between two personalities; some patients will immediately feel more comfortable with some listeners than others.

It is advisable that whoever is taking a story fully understands the process and has insight into the communication issues involved such as recognising when the storyteller is feeling uncomfortable or upset, reluctant to discuss certain details and how to manage these situations sensitively. They need to be aware of personal reactions and how they can influence the storyteller. For example, looking shocked at something they say may encourage them to make more or less of that issue. Conversely no reaction would appear strange so a healthy balance of empathy is required to encourage the story to be told.

Different people will hear different things from the same story. A team that is made up of people with different professional backgrounds can help to get the most out of the story. Whilst it is easier to do this in a conversation you need to consider how a particular patient may feel if they are outnumbered by hospital staff in the discussion.

Training is available in this area. Many NHS organisations will have a team of people who have been through the Royal College of Nursing Clinical Leadership Programme. A key part of this programme is around patient stories and these people are a valuable resource to tap into.

4.3 Where?

Meet somewhere away from the patient's treatment area that is quiet and free of interruptions. If the patient prefers to meet in their own home consider the organisation's policy on lone working and make sure this does not put either party at any risk. Staff may wish to meet in a quiet office or other working area where they are sure of no interruptions.

5 Take care of the storyteller

- Maintain the person's confidentiality and, if agreed, their wish to remain anonymous.
- Make sure that the patient feels able to talk. The person taking the story should not be someone involved in providing direct care to the patient, either in the past or in the foreseeable future.
- Be able to offer support after the story if needed. Story telling can be an emotional experience for both the patient and the person taking the story. This could be in the form of access to counselling support or a debrief session if required.
- Allow the patient to stop at any time. Ensure the patient is aware that they can withdraw their consent for the material to be used further at any time after the story has been taken.

5.1 Gathering the story with the storyteller

The following guidance is taken from the guide published by East and North Hertfordshire CCG in 2014. It is hard to improve on!

"The start is often the hardest bit, especially the first time. Don't worry if it feels a bit false and strange. You will settle into it.

Don't be afraid to tell the story teller how you feel - they may feel nervous too and sometimes it is easier to talk if you feel on more of an equal footing with the other person. You don't have to launch straight into the story, you can 'set the scene' for a relaxed conversation first if you want by asking about other things such as how their day has been, the weather, how they got there, etc.

People often ask 'where do you want me to start?' You should say that it is up to them but maybe they would want to start before they came into hospital or went to their GP, for example.

Use open not closed questions and be aware of what you say. A closed question is one where the other person has a yes/no response which will mean you don't get as much out of them as you would like.

Don't panic if you do ask a closed question by mistake because you can always then say something like 'Can you help me to understand why you felt like that please?'

Don't lead them into anything e.g. "Did you find the food horrible?" which hints to the person that you think it is so you want them to say yes and agree with you! You would be better asking something like 'Can you tell me what you thought of the food?'

Don't be afraid to go back to something they said earlier. For example, they may say something that you want to explore further but move on straight away. You can say,

'you mentioned such and such earlier, can I ask you to help me understand what you meant by that a bit better please?'

Other questions that you may find useful are:

- Tell me about when you became unwell...
- Tell me about when you came into hospital...
- What do you remember most?
- What was your care like?
- Do you have a significant memory of your care?
- Was there anything that surprised/worried/pleased you?
- Tell me more about....
- You said this, can you help me understand that a bit better please?
- How did that make you feel?

Think about your body language and your facial expressions. Try and keep the conversation open and relaxed whilst maintaining a sincerity which values the person telling you their story.

Be aware of our natural hard-wiring to 'fix' things – we are used to hearing something and then making a decision about what can be done about it. This is not your role when listening to a story. Your role is to facilitate as much of the story to be told as possible and in a safe way. Some people find this more challenging than others. The downside of this is you will start to become acutely aware of how we tend to do this and notice how often we do this in on a day-to-day basis!

At the end of the story please remember to thank the person and explain what will happen next. Check if they want to receive any feedback about what we do with the stories and make sure you have their contact details if so.

Please explain that the whole process will take time so not to expect anything straight away. There is nothing worse than promising the world!

6 Ways of taking and recording stories

6.1 Written notes

This is the simplest way to take the story and can be later prepared into a written case study or PowerPoint presentation of appropriate. You may need to consider having a scribe in the room if you think your notes may be hard to decipher after the event!

6.2 Audio recording

This allows you to concentrate solely on the discussion instead of worrying about keeping accurate notes of what is being said. It also allows you to re-listen to the story with a colleague who may identify different things to you.

Patients can be asked to tell their story independently into a recording device, such as a Trust digital dictaphone or secure Trust owned smartphone, or write it down, but where this happens important details may be missing and can leave the listener with a host of important questions unanswered later as it is harder for the patient to talk in isolation.

Please note that only SCHAT devices must be used, eg cameras, phones, etc..

You may wish to transcribe the audio recording so that there is a permanent written record of the story, which will be easier to use with other staff and teams. This might be done by you or someone else. If you transcribe a story you will need to edit as you go along, and you must check with the story teller that your written record is correct.

Make sure that the audio recording device you use has sufficient capacity for a story that might last two hours or more, including breaks in the narrative.

6.3 Filming

This approach requires a lot more planning and resources therefore it may be that you decide to take stories initially via another mechanism and film specific ones afterwards. Your communications department should be able to provide basic filming equipment and would need to spend time afterwards helping with the editing process.

The editing process can be quite time consuming as there will be a lot of footage and it takes considerable skill to extract all the necessary clips of information that give the full picture of the story whilst retaining its emotional impact. Remember also that the storyteller and the facilitator may be more nervous in front of camera as they know they will be watched by others and recognised.

If you have a specific story that you would like to use more widely in the organisation for training and education purposes then it may be advisable to secure funds and use a company that specialises in this type of media in healthcare settings. The issues around consent become even more crucial when using this method.

7 Presenting and sharing stories

There are a number of ways of collecting and presenting stories. Ideally once Boards are familiar with the use of stories it might be helpful to vary the method so the Board get to hear or consider stories in different ways. The presenter can also find other ways to help the Board see deeper into the story. For example different tools are used in the process of investigating incidents or complex processes – use of an issue tree/driver diagram as part of the discussion following a patient story can really bring a problem to life, help the Board to see all of its complexity and stimulate a more detailed discussion.

Stories can be shared at Board meetings, team and service meetings, staff development and training sessions, or patient and carer panels, ie wherever learning can take place and actions can be planned for improvement.

7.1 Presenting in person

This means the patient, carer or staff member tells their story in person.

Whilst this can be the most powerful way of presenting a story it is also the most difficult and highest risk – particularly for the patient or relative doing it. This is because it is hard to prepare someone for how it will feel to stand in front of a board or other staff group and talk about an experience that is deeply personal and may still be traumatic for them to discuss, even if they want to. Their emotional response may occasionally be unpredictable and depend on other factors such as how the patient is feeling and the mood in the boardroom or other meeting on that day, and the thread and tone of the discussion.

Some factors will always be out of your control no matter how well you prepare the patient and Board or staff group. For this reason there will be very few occasions where this method will be appropriate or the patient would want to go into the boardroom. A patient could be identified during collection of their story using another method and if they agree, a decision made to spend more time together preparing for this.

7.2 Presenting someone else's story

This will most often be how a story is presented, either by reading it out or through film or audio recording.

7.3 Prepare well!

- Double check that equipment is working correctly and at the right volume – there is nothing worse than taking a story only to find out that the tape did not work or you cannot clearly hear what is being said

- If presenting in person, even a confident patient/carer/staff member will require a great deal of support in preparing and presenting the story. There is a particular risk if the Board have a lot of questions as a constant stream of challenging questions could come across as aggressive or make the patient feel they are being interrogated
- The Board or other staff will also need preparation and guidance in terms of how to deal appropriately with patients and staff in their meeting. They need to be acutely aware of how intimidating an environment the boardroom can be. Their tone of voice and style of questioning could exacerbate this. Phrasing of questions is important; any suggestion that they are seeking to justify what happened or apportion blame will make the patient feel uncomfortable and reluctant to talk openly.

7.4 After the story has been used

Actions should result from the use of a story. This may require agreeing actions to be taken or revising any existing ones. If a suitable action plan is already in place then there needs to be a more depth review of its progress. Previous actions may have been meant to have been implemented earlier to prevent recurrence. If this is the case then it is helpful to find out what the barriers were to implementation so that steps can be taken to improve the likelihood of the changes being fully implemented and sustained.

If the patient has stated they would like to be given feedback then they should be called and or written to outlining the outcomes and thanking them for their participation. If any staff members have inputted into the overall story they should also get feedback. Whether or not the area involved in the incident was named, feeding back to its staff is a great opportunity to connect directly with them and have a detailed discussion about the story and what can be learned from it.

7.5 Storage of the stories after use

After recording and use with a team, all records relating to the story (including the action plan and log) should be handed or sent securely in a folder to the Patient Experience Co-ordinator.

One or more copies of the action plan and log should be retained by the story recorder and service manager/lead, in order to enable all actions to be carried out and recorded.

After the agreed transcript of the story has been agreed with the story teller, the recorded audio version should be deleted from the Trust device used to record it. Digital audio recorders should be returned to The Patient Experience Co-ordinator who will keep them for story telling in the future.

If it is agreed that parts or all of the recorded story are to be used within the Trust (or wider Health economy if agreed) the recording should be edited on Trust equipment and stored within the appropriate directory of the Trust intranet. Editing facilities should be available using Microsoft windows software used by Trust IT. Please contact Our Patient Experience Lead or Trust IT department for guidance.

7.6 Using the story for improvement: Action planning

Who completes and who reviews the action plan?

Normal practice would be for a story (after agreement with the storyteller) to be shared with the appropriate service manager/lead. S/he would then use the story with their staff to share the storyteller's experiences and to analyse the learning from the story.

From this an action plan should be completed, using the template in the appendix, identifying what the issues were, the actions needed to address these and the lead

for completing the action(s). As the actions are completed the template should be completed with the completion date.

A copy of this action log must be sent (electronically) to the Patient Experience Co-ordinator at two stages. First when it is filled out before the actions are taken, and then when the actions are complete. We will maintain a database of these plans and follow up on outstanding actions. This will also enable the Trust and services to have assurance that action has been taken as a result of the stories.

7.7 Closing the loop with the story teller

It is essential that the story teller is kept informed about what has happened with their story and what actions have been planned and completed as a result. They have been generous and trusting in allowing us to hear and use their story, and it is important that we respect this.

Story tellers may not wish to be informed of any follow up, and if this is the case, again, you should respect their wishes.

Please make sure you record the date(s) of later contact with the story teller on the action log sheet(s).

7.8 Protected time for staff

Staff need time to gather, record, transcribe, edit and use stories. The Board has given assurances that this will be given, although there will need to be flexibility across services as to when and where there is sufficient capacity.

7.9 Number of stories

We ask that story gathering becomes a normal and accepted method for the Trust to gather patient, carer and staff experiences in order to improve services and outcomes. The number of stories collected and used will vary across services, and there is no set minimum or maximum number.

7.10 Quality control

We intend to hold quarterly feedback and review sessions for story gatherers, so that you can share experiences and learning, and to make sure the process we all use is consistent and provides a good experience for all involved.

7.11 Action learning and reflective journals

We suggest that those gathering stories should keep a reflective journal that allows them to think about the learning from their story telling work, and learn from and not lose their experiences.

These journals can be used as evidence for revalidation, shared at quarterly review sessions as well as during appraisal and 1:1 management meetings.

7.12 Important reference documents

Staff and volunteers must be aware of the Trust's information governance policies including information security. All policies are available on the Trust website.

8 Appendix A – Storyteller Information



Patient/Carer/Staff member experience stories Storyteller Information

Thank you for agreeing to tell us your story.

We would really like you to help us improve our services. We want to hear about your personal experience so that we can identify ways to continue to improve our service to patients and carers.

As you recently experienced our community-based and/or hospital-based health services, please would you share your story and how you felt about your healthcare with representatives from Shropshire Community Health NHS Trust (SCHT).

If you agree, your insights about your experience will be shared with other staff across the health system and may also be placed on our website. While we may talk about aspects of your experience, you will not be identified on the website, in any reports, presentations or papers arising from this project.

In sharing your insights about the health system, any information that we collect about you in connection with this interview will remain confidential, and will be disclosed only with your permission.

We also invite you to nominate an 'alias' so that references to the information you provide us will not identify you.

You may at any time, now or in the future, ask us not to use or share your story. You should not feel under any obligation or pressure to allow us to keep, use and share your story if you change your mind. Simply contact us using the details below.

What can you expect from us?

We will not reveal any of your personal details and identification to anyone within or outside the Trust without your express permission, unless we identify personal safeguarding or patient safety issues which require us to take immediate action. See below.

We will at all times respect the feelings and experiences you tell us about in your story. We want to learn and improve our services, and your experiences matter to us.

When recording or listening to your story we will stop at any time you choose. If you are distressed or tired you can stop and have a rest, or you can ask us to come back another time to finish the story.

We know that sometimes people have experiences that are upsetting. If this has happen to you, or if telling your story is upsetting, we will provide support for you. The person taking the story will talk to you about this and can arrange for someone at the Trust to contact you to meet you and provide the support you need.

Before we share your story with staff in the Trust or with other healthcare organisations in Shropshire we will check with you that we have got it as you want it. You can choose t change it in anyways you wish, and at any time you choose. So if you think later that the wording is not quite right, or your feelings weren't quite captured correctly, please just ask for the wording to be changed.

We will not ask you to meet staff or appear personally at meetings unless you choose to do so. Most stories are told on behalf of the storyteller, but if you want to tell it yourself, using the agreed script, discuss it with the person you speak to. It is stressful and often difficult to do this, and we will support you if you choose to do so. A story told or presented by the person who used the service can have a much more powerful effect, but you will be under no pressure to do so.

Safeguarding and patient safety

Just occasionally a person may tell us about something which might mean they are in danger, or about something that is dangerous in our own services.

If we think your are in danger in any way we have a legal obligation to tell our Trust Safeguarding Lead. He will then investigate to see if action should be taken if he needs to inform the statutory safeguarding authority in Shropshire.

The Trust's Safeguarding Lead is the deputy Director of Nursing, Mr Andrew Coleman.

If your story reveals that there is a situation that is unsafe or is putting or may put patients or staff in danger, we will take immediate action to make it safe. We will only reveal your story details as necessary to identify the issue and take action.

Who should I contact if I have further questions about the interview?

If you have questions after your interview, you can contact the following SCHT representative:

Contact name: Position/title:

Phone: E-mail:

Thank you for taking the time to share your experience with Shropshire Community NHS Health Trust. Please keep this sheet for your future reference.

9 Appendix B – Storyteller Consent Form



Storyteller Consent Form

I agree to participate in an interview regarding my recent experience with the Shropshire Community Health Trust (SCHAT).

I consent to taking part in the discussion and have understood the information contained within the Patient Information Sheet, a copy of which I have been given to keep.

I understand I can withdraw my comments at any time and do not have to give any reason for withdrawing. I also understand that I may be contacted in the future as part of an evaluation of this patient interview method and my telephone number has been requested for this purpose.

I understand that my personal information will remain confidential as outlined in the Patient Information Sheet. I also understand and agree that my story may be shared with staff and volunteers at the Trust and possibly with other healthcare organisations in Shropshire.

I understand that if I raise or report any issues or events that have implications for the safety of vulnerable adults or children these will be passed on to the statutory safeguarding lead for SCHAT.

Patient/ Carer/ Staff member (Please delete as appropriate)

Print Name: _____ Date: _____

Signature: _____ Telephone: _____

Alias: _____

Name of Interviewer: _____ Signature: _____

Contact details for Shropshire Community Health NHS Trust representative:

Name: _____ Position: _____

Phone: _____ E-mail: _____

I have informed the above person about this interview and I am sure that they understand the content of both the Participant Information Sheet and this Participant Consent Form.

10 Appendix C - Using Stories: Process Checklist

Using stories: Process checklist

Please use this as a tick list to help you follow the process for using stories. Not every step will apply to every story.

Name of person collecting the story:

Name or alias of storyteller:

	Tick
1 Contact the storyteller to arrange meeting	
2 Decide together how to record the story (written, audio dictaphone)	
3 Before meeting check equipment is working (if needed)	
4 Meet storyteller: give information sheet and explain consent, confidentiality and safeguarding	
5 Get consent form signed, and complete the information sheet for the storyteller to keep	
6 Take/record the story.	
7 Agree date to meet again to check, edit, confirm the story. Take into consideration storytellers preferences - this could be done virtually.	
8 Decide how to use the story. Where, when, with whom? Who will present it? Take into consideration the storytellers preferences.	
9 Inform the storyteller when and how it is being used. If the storyteller is presenting, offer support and preparation, before and during presentation.	
10 During or after presenting the story, work with the team or service manager to complete the action planning template.	
11 Send a copy of the template electronically to the Patient Experience Co-ordinator.	

12	Inform the storyteller what actions have been identified.	
13	Give/send the script or digital copy of the story, your notes, this list and Dictaphone (if used), to the Patient Experience Co-ordinator for secure storage.	
15	Delete notes or audio/film from your Trust smartphone	
16	Within three months, speak to the storyteller about what has happened as a result of the story being used.	
17	Celebrate your hard work with your team. What available mechanisms can you use so you can share what you have done as result of this story?	

11 Appendix D - NICE Quality Standard: Patient experience in adult NHS services

National Institute for Clinical Excellence (NICE)

Patient experience in adult NHS services

When listening to this story do we feel we have met the NICE quality standard and underpinning quality statements?

NICE quality standard for patient experience in adult NHS services	Yes	No
Statement 1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.		
Statement 2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.		
Statement 3. Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.		
Statement 4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.		
Statement 5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.		
Statement 6. Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.		
Statement 7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.		

NICE quality standard for patient experience in adult NHS services	Yes	No
Statement 8 . Patients are made aware that they can ask for a second opinion.		
Statement 9 . Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.		
Statement 10 . Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.		
Statement 11 . Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.		
Statement 12 . Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.		
Statement 13 . Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.		
Statement 14 . Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs		

12 Appendix E - Patient/Carer/Staff story action planner and tracker

Patient/carer/staff story action planner and tracker

Date:	Name of story:		Service:	Ref no:	
Story used at:			Date used:		
Unmet need or negative experience and the change you want to see Or Good practice you want to see celebrated and replicated	Action required	Lead person	Date completed	Date action reported to story teller	Date completed action reported to FIG

13 Acknowledgements

We are grateful to the following source material for some ideas, prompts and and text used in this toolkit. The following are really useful guides for anyone involved in gathering and using patient stories.

"Delivering a healthy WA: Patient Stories" Department of Health, Western Australia 2008 (Available on the Internet)

"Gathering Patient Stories: A Practical Guide" East and North Hertfordshire Clinical Commissioning Group 2014 (Available on the Internet)

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