



An Stiúirthóireacht um Ardchaighdeáin
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

EVERYONE
HAS A STORY

Patient and Staff Stories

Toolkit for developing stories

September, 2022



The National Quality and Patient Safety Directorate

The National Quality and Patient Safety (NQPS) Directorate was established in 2021. The NQPS Directorate is part of the HSE Office of the Chief Clinical Officer, and is led by Dr Orla Healy, National Clinical Director, Quality and Patient Safety.

Purpose

The National Quality and Patient Safety Directorate (NQPSD) works in partnership with HSE operations, patient representatives and other internal and external partners to improve patient safety and the quality of care by:

- Building quality and patient safety capacity and capability in practice using data to inform improvements
- Developing and monitoring the incident management framework and open disclosure policy and guidance
- Providing a platform for sharing and learning; reducing common causes of harm and enabling safe systems of care and sustainable improvements.

Teams

In line with the “Patient Safety Strategy 2019-2024”, the Directorate delivers on its purpose through the following teams:

- **Patient Safety Programme:** Oversee and monitor the implementation of the HSE Patient Safety Strategy.
- **QPS Improvement:** Use of improvement methodologies to address common causes of harm.
- **QPS Intelligence:** Using data to inform improvements in quality and patient safety.
- **QPS Incident Management:** developing and monitoring the Incident Management Framework, Open Disclosure Policy, National Incident Management System
- **QPS Education:** Enabling QPS capacity and capability in practice.
- **QPS Connect:** Communicating, sharing learning, making connections.
- Establishment and operation of the **National Center for Clinical Audit**

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Abbreviations

H S E	Health Service Executive
I M	Incident Management
N Q P S D	National Quality and Patient Safety Directorate
O D	Open Disclosure
Q P S	Quality and Patient Safety

Glossary

Open Disclosure	Open disclosure is defined as an open, consistent compassionate and timely approach to communicating with patients and where appropriate, their relevant person following a patient safety incident. It includes expressing regret for what has happened, keeping the patient informed and providing reassurance in relation to ongoing care and treatment, learning and steps being taken by the health services provider to try to prevent a reoccurrence of the incident. (HSE 2019)
Patient/ Service User	Patient means in relation to a health service provider, a person to whom a health service is, or has been, provided; (Civil Liability Amendment Act 2018). Note - Please note that the term 'Patient/Service User' used throughout this document includes patients, service users and clients of the HSE and of services funded by the HSE.
Patient Safety Incident	A patient safety incident, in relation to the provision of a health service to a patient by a health service provider means “an incident which occurs during the course of the provision of a health service” which: <ul style="list-style-type: none"> (a) has caused an unintended or unanticipated injury or harm to the patient (b) did not result in actual injury or harm to the patient but was one which the health service provider has reasonable grounds to believe placed the patient at risk on unintended or unanticipated injury or harm or (c) unanticipated or unintended injury or harm to the patient was prevented, either by “timely intervention or by chance”, but the incident was one which the health services provider has reasonable grounds for believing could have resulted in injury or harm, if not prevented (Civil Liability Act 2017) <p>Therefore, a patient safety incident includes harm events, no harm events and near misses events</p>
Nominated Person	For the purposes of this document, the nominated person is identified by the service to support the development of the story
Storyteller	This is the person who is sharing their story
Staff	Healthcare worker is a person who was employed as a staff member in the HSE/HSE funded service at the time the story happened. This could also be a current employee of the HSE/HSE funded service

Statement of Purpose

The purpose of this work is to support patient safety learning which is aligned to the commitments made in the HSE's Patient Safety Strategy 2019-2024 (2019)¹.

Patient/Service User & Staff stories are designed to give a voice to patient/service users and staff to provide an opportunity to others to understand the importance of patient safety from the perspectives of those that access services or work within them.

Introduction

Storytelling has been shown to be effective in creating a dialogue to both increase safety awareness and assist in connecting knowledge to action. The focus of these patient/service user and staff stories gives voice to the experience of patient/service user and staff who have been involved or impacted by patient /service user safety incidents. Experiences can be positive or negative and all are worthy of sharing in the interest of learning. Learning from the experience of others also helps to shape, strengthen or challenge our opinions and values as they enable us to catch a glimpse of a view of the world from the perspective of another. It is important to remember that each story represents the personal experience of the person and the purpose of this toolkit is to facilitate and support the person in articulating their experience in the form of a story.

Patient/service user and staff stories produced will be made available for education and training purposes in HSE and HSE funded services. The stories will be made available on the service website/area in order to highlight how we can all contribute positively to the patient/service user safety landscape.

It is envisaged that storytelling becomes a regular and accepted method for the system to gather patient/service user 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.

The developers of the stories are advised to hold feedback and review sessions for story gatherers, so that experiences and learning can be shared regarding the process and to make sure the process used is consistent and provides a good experience for all involved.

¹ Commitment 1: Empowering and Engaging Patients to Improve Patient Safety and Commitment 2: Empowering Staff to Improve Patient Safety (HSE Patient Safety Strategy 2019)

Scope

Stories included in scope

Stories can be any experience that contribute to our learning, sharing and improving services together. They may include stories with unexpected outcomes as well as positive experience. Each story needs to be considered on a case by case basis.

Some examples of the types of stories that may be included are;

Patient /Service User	Staff
Patient/Service User/Family member story connected to a patient/service user safety event noting a positive experience	Staff member story connected to a patient/service user safety event noting a positive experience
A patient / service user and/or their family's story in relation to an event, the management of the event and the personal impact on them.	A staff story in relation to an event, the management of the event and the personal impact on them.
Safety Improvement: An individual patient/service user story on how they identified a safety issue and the subsequent response	Safety Improvement: An individual staff member story on how they identified a safety issue and the subsequent response
Care Co-ordination: Stories highlighting the importance of providing patients/service user and their families with the information required to effectively and safely navigate their journey in the healthcare system.	Care Co-ordination: Stories highlighting the importance of supporting staff to effectively navigate patient/service user safety in the healthcare system

Stories not in scope

Stories that should not be considered for inclusion:

- Stories referring to incidents that are currently in a formal process for example review, mediation or legal process
- Stories about incidents not aligned with the project scope.

How to Use the Toolkit

This toolkit provides step by step guide on the creation of patient /service user and staff stories:

- Step 1: Identifying stories for inclusion and exclusion
- Step 2: Enabling participation
- Step 3: Stages of story collection and publication
- Step 4: Video stories
- Step 5: Specific considerations when developing a story
- Step 6: Governance checklist
- Step 7: Consent form
- Step 8: Storyteller information
- Step 9: Active listening guide
- Step 10: Patient Safety Strategy
- Step 11: Action planner and tracker
- Step 12: Sign-off

These steps must all be considered as the process is progressed.

A template to support sign-off when creating stories is included in Step 12. This template covers:

- the stages of identifying stories for inclusion
- enabling, creating and publishing the story
- when developing stories specific considerations to be given to:
 - Consent
 - Confidentiality
 - Data protection
 - Governance sign-off.

Step 1: Identifying stories for inclusion and exclusion

Stories can be identified either directly by a person who wishes their story to be considered i.e. an individual patient/ service user, a family or staff member or through the nomination of a person through a service, staff member or patient organizations.

Before nominating a person, the service/staff member making the nomination must have, in advance, discussed the idea of collecting their story with the storyteller (patient/service user or staff) and ascertained their interest in engaging with the process. An expression of interest is not binding on a participant. It provides permission for a staff member to explore their story and how it might contribute to this work. All persons indicating an interest in participating will from the outset be fully informed of the purpose and intended use of any information that they might provide as part of the process.

Considerations throughout the process

- It is important for those engaging with the storyteller to be sure that the story is aligned from the outset with the scope of the document.
- As this is a voluntary process for both patient/service users and staff, they can withdraw from the project at any stage and this decision needs to be accepted and supported.
- It could be that having discussed the story further, the storyteller decides not to participate. Alternatively, following discussion with the storyteller it may be decided not to proceed at this time.
- Where a storyteller wishes to contribute but becomes distressed during the process, it may be reasonable to consider pausing the process and offering appropriate support.

Organisation

A nominated person within the local organisation needs to lead on the process and oversee the engagement with the potential staff or patient/service user

The nominated person will require time to gather, record, transcribe, edit and use stories. The time commitment will need to be considered by the service. The nominated person should be familiar with the HSE information governance policies including information security. All policies are available on the HSE website.

<https://www.hse.ie/eng/services/news/newsfeatures/medlis-the-national-laboratory-information-system/hse-information-technology-acceptable-use-policy.pdf>

Patient/Service User

Staff

The nominated person should not be involved in the patient /service user's care.

The nominated person recording a staff story should preferably work in a different service in order to encourage objectivity and support the telling of the story through active listening. The nominated person should not be a direct line manager, either in the past or in the near future.

Meetings should be arranged in an environment that is quiet and free of interruptions away from the patients/service users' treatment or work setting. If the storyteller prefers to meet in their own home, the HSE lone working policy should be considered. .

Staff may wish to meet in a quiet office or other area where they are sure of no interruptions. This needs to be a safe and neutral location.

The nominated person needs to ensure that if other facilitators are involved in the process that the patient/ service user is aware of their role and functions.

The nominated person needs to ensure that if other facilitators are involved in the process that the staff member is aware of their role and functions and they work in a separate service.

If the patient/service user wishes to have their details anonymized this must be respected at time of publication. Pseudonyms should be used to track the story.

If the staff member wishes to have their details anonymized this must be respected at time of publication. Pseudonyms should be used to track the story

When the process has concluded service users should receive a letter of gratitude for their engagement. Contact details for future follow up should be provided

When the process has concluded staff should receive a letter of gratitude for their engagement. Contact details for future follow up should be provided

The Nominated Person

1. The essential requirement is that the nominated person understands the brief and is able to guide the storyteller through the process from start to finish.
2. It is advisable that the nominated person when recording the story fully understands the process and has insight into the communication issues which may arise such as recognizing if the storyteller feels uncomfortable or upset, reluctant to discuss certain details and how to manage those situations sensitively.
3. The storyteller may need prompts to continue or explain something that needs greater clarity but it is not the nominated person's role to give opinion, advice or recommendations; it is to support the storyteller to **tell their story**
4. The nominated person should be aware of personal reactions and how these might influence the storyteller. For example, looking shocked at something may encourage the storyteller to make more or less of that issue. Conversely, no reaction may appear strange so a healthy balance of responsiveness is required to encourage the story to be told.
5. Different people will hear different things from the same story. It is important to look at the story in the context of the person's experience.

Information on active listening techniques is provided in [Step 9](#)

6. It is suggested for the purpose of action learning that the nominated persons should keep a reflective journal that allows them to think about the learning from their story telling work, to learn from and not lose their experiences.

Helpful resources:

Reflective Practice Statement:

<https://iicms.ie/wp-content/uploads/2020/06/13-HSE-HSCP-Reflective-Practice-statement-Oct-2019.pdf>

Organising the meetings

It is recognised that recounting stories, particularly those relating to adverse incidents, can be an emotional and stressful time for the storyteller. In engaging or meeting with a storyteller the following should be considered;

- Scheduling any phone calls or meetings at a suitable time and place. Venues should have appropriate car parking and suitable access requirements, convenient to the patient/service user or staff user taking into account the safety and welfare of the nominated person and the person participating.
- Setting aside sufficient time for discussions and taking into account any supports that might be required e.g. personal, communication, interpreter, advocacy cultural or literacy supports.
- Respecting privacy and confidentiality at all times.
- Recording devices must be HSE approved.
- Provision of information leaflets to the storyteller.

All devices that are used must be in compliance with the HSE National ICT Policy and Standards <https://www.hse.ie/eng/services/news/newsfeatures/medlis-the-national-laboratory-information-system/hse-information-technology-acceptable-use-policy.pdf>

Supporting the Storyteller

- The aim is to ensure the storyteller is supported throughout the process
- Storytelling can be an emotional experience for both the storyteller and the nominated person recording the story. If the nominated person identifies that support is required such as access to counselling or a debrief session these should be facilitated by the service.
- There needs to be a clear understanding and clarity around specific topics being highlighted if a story is being used to demonstrate particular learning scenarios.
- During all engagements and meetings, the nominated person should check that the storyteller remains willing to share their experience, and that they understand the purpose to which their story may be used.
- Written consent must be obtained before beginning the interview and storytellers must be given a copy of their signed consent form. This must include the detail of the purpose, format and planned use of the recorded story. Their option to withdraw from the process at any time without question, including their right to withdraw permission to use the interview should be made clear throughout the process. See [Step 7](#) for a copy of the consent form to be used.
- The nominated person must display respect, empathy, care and be sensitive to the needs of the storyteller at all times.
- If an area of concern is highlighted during the storytelling session, this needs to be directed to the most appropriate service or individual by the nominated person
- At the end of a session, the nominated person should check with the storyteller with regard to their emotional wellbeing and if required ensure that appropriate support can be made available.
- The storyteller must be advised that the nominated person will be informing the service that a story is being developed relating to their service for the purpose of due process
- The service should be advised that the story will be anonymised in terms of locations and staff and the story will be told from the perspective of the storyteller (their experience).

If concerns are raised regarding the factual accuracy of the story the nominated person should discuss this with both the service and the storyteller to reach an agreed position.

All devices that are used must be in compliance with the HSE National ICT Policy and Standards <https://www.hse.ie/eng/services/news/newsfeatures/medlis-the-national-laboratory-information-system/hse-information-technology-acceptable-use-policy.pdf>

Step 2: Enabling Participation

Stages of story collection and publication

The five stage process for collection and publication of stories is reflected in Figure 1 below:

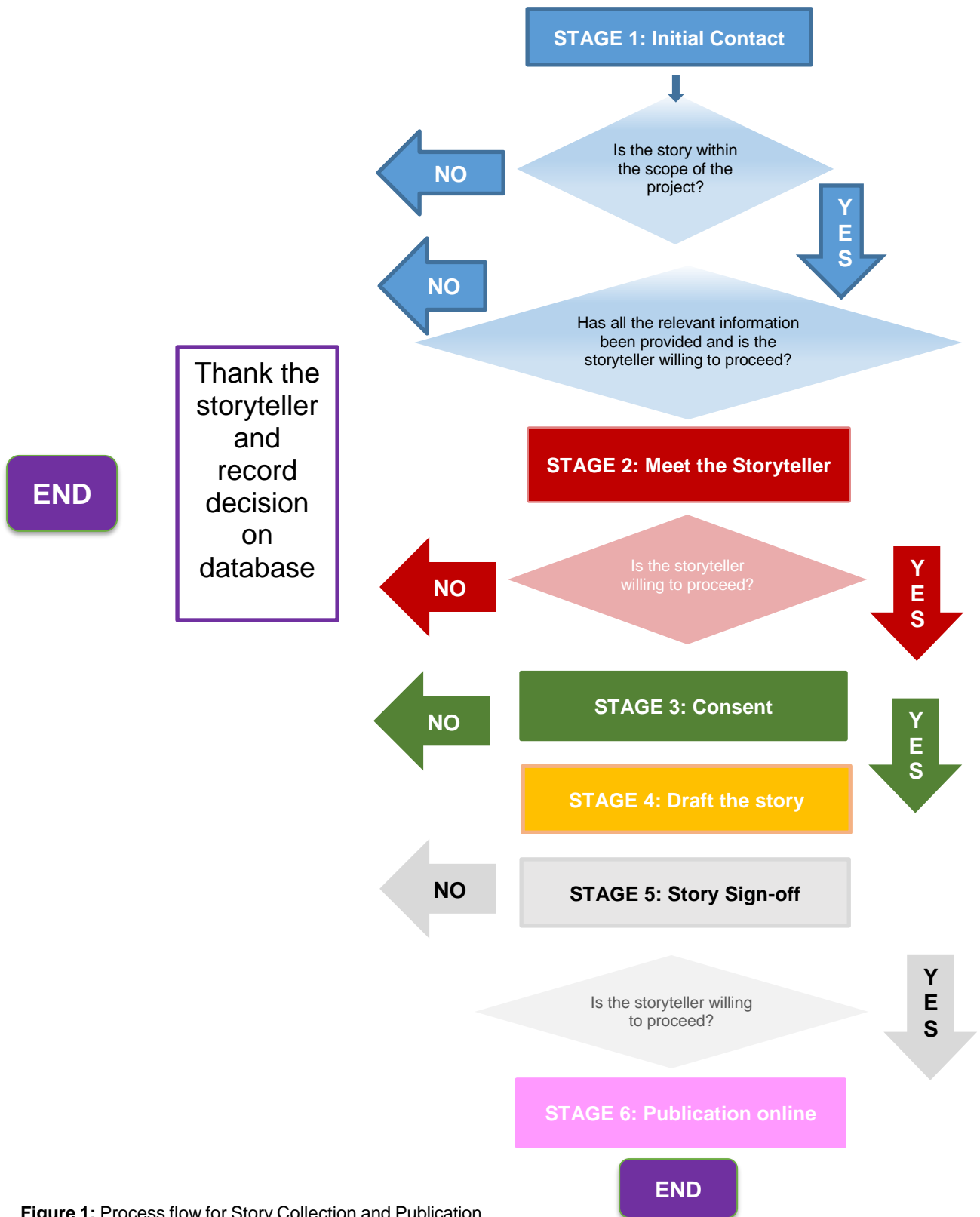


Figure 1: Process flow for Story Collection and Publication

Step 3: Stages of story collection and publication

To ensure consistency with the development process the following is recommended

Stage 1 – Initial Contact

Following the identification of a potential story, the nominated person should contact the patient/service user or staff to introduce themselves and thank them for expressing an interest in participating.

The patient/service user or staff should outline the nature of their story to consider its suitability. Once agreed that the story is within scope, the nominated person will arrange an initial meeting to discuss the process.

Initial meeting

The nominated person should outline the process as per Figure 1, and give the information leaflet and consent form and identify any supports required. The nominated person should advise the staff or Patient service user that the story will be developed in partnership with them and included on the HSE website, and therefore publicly available, when all parties have approved and signed off on the content. If the patient/service user, or staff member wishes, at any time during the process to withdraw their consent to participate this should be respected without question.

To enable the nominated person to be fully present to the storyteller, audio recording is preferable. The nominated person should check with the patient/service user or staff member that it is acceptable for the session to be audio recorded through a HSE approved device. This will reduce the need for written notes. However, the nominated person should be prepared to take notes if the storyteller's preference is for notes to be taken.

If at the conclusion of the initial contact the storyteller indicates that they are interested in participating further, the nominated person should arrange informed consent. The nominated person should schedule a convenient time to record the story. The patient/service user or staff member should be advised that they may be accompanied by a person of their choice.

Stage 2 - Meeting the Storyteller

The focus of this meeting is to engage with the storyteller and to listen and record their story.

Recording the Story

Establishing a connection between the nominated person and the storyteller will be essential so it is important not to rush the process. It takes time to tell a story. Scheduling should include listening and reflecting on the story afterwards. It may require a number of meetings to edit the story for publication.

To capture the lived experience it is important to allow the storyteller to tell their experience without interruption. The nominated person can then explore certain aspects as deemed relevant to the learning from their experience and context.

Stage 3 - Consent

Consent must be obtained from the storyteller, whether the story is to be recorded in writing,

by audio or video. It is vital that the storyteller gives explicit and informed consent to the recording of their story. The consent form must be completed and retained for as long as the resource is being used. See [Step 7](#) for the consent form.

The recording should be edited on HSE equipment and stored safely within the appropriate directory of the service. Editing facilities are available using Microsoft windows software used by HSE IT.

Stage 4 - Drafting the story

In drafting the story, all locations and third parties to which the story relates must be anonymised. This is of particular importance as their story will be published on-line and may be used in teaching sessions.

While it is advised that the identity of the storyteller contributing to the story is anonymized they may decide to have their contact details made public.

It is important that the story be presented in a way which ensures clarity in both the language and the message that is being conveyed. It is the role of the nominated person to edit the story with this in mind, whilst ensuring that the story remains authentic to the storyteller. When drafted, the story must be made available to the storyteller for them to review. The storyteller must have an opportunity to feedback on the draft provided to them and to agree any edits required.

To enhance learning the narrative needs to reflect the learning opportunities and the opportunities for improvement.

Prior to publication,

The nominated person should ensure that there is a final section outlining the relevant quality improvements undertaken put in place by the HSE/HSE funded service. This should be discussed with the storyteller.

Stage 5 - Story sign-off

The sign off of the story must be done in agreement with the storyteller before it is submitted to be included on the NQPSD website. Where possible this should be done at a meeting with the storyteller. The nominated person should remind the storyteller of their option to withdraw their consent at this point **prior to** inclusion on the website. However, if they are willing to proceed, this should be recorded on the consent form and signed by them.

Agreement and sign off the patient and staff stories should be completed by the relevant Senior Accountable Officer of the service and the nominated person.

Stage 6 - Publication of the story on-line

The storyteller and the service to which the story relates should be advised that it has been uploaded on the NQPSD website by the nominated person. NQPSD will communicate the addition of this new story should be made by way of a broadcast email to services and staff.

Presenting and sharing stories

Stories could be shared and promoted at all forums such as, team and service meetings, staff development and training sessions, or patient/service user meetings wherever patient safety improvements are discussed to enhance individual and organizational learning from storytelling.

Using the story for improvement: Action planning

The story (with agreement of the storyteller) should be shared with the appropriate service manager/lead. They could use the story with their staff to share the storyteller's experiences and to consider the learning from the story.

Storage of the stories after publication

- Each service should outline their local protocol for storage of the completed story and drafts in line with HES data retention policy. After recording all records relating to the story (including the action plan and log) should be handed or sent securely in a folder to the XXX (e.g. Service patient/service user and Staff Experience Co-ordinator or patient/service user and staff Advocacy Liaison Service).
- After the transcript of the story has been agreed with the storyteller, the recorded audio version should be deleted from the device used to record it.

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.

Closing the loop with the Storyteller

It is essential that the storyteller is 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 sharing their story and it is essential to respect same. Storytellers may not wish to be informed of any follow up, and if this is the case, this must be documented and their wishes respected.

Step 4: Video Stories

In addition to the written story a video version of the story may be developed. Whilst every story is important the decision to develop a story into a video format will be based on the educational and training needs of services.

A video version of the story will only be made where the storyteller provides their written and informed consent. In obtaining their consent it may be helpful to provide the storyteller with the option to view current patient/service user and staff stories available on the HSE Patient Stories section of the HSE website.

Though the storyteller may choose not to appear in the video or provide a voice over for it, they should be offered the opportunity to be involved up to and including the sign off of the final product.

The production of any video MUST take account of the HSE Video Best Practice Guidelines:
<https://www.hse.ie/eng/about/who/communications/digital/video/best-practice-guidelines/>

Step 5: Specific considerations when developing a story

Consent

Whether the story is to be recorded in writing, by audio or video it is vital that the storyteller give their explicit and informed consent to the recording of their story. This is to protect the interests of the storyteller and the HSE.

The storyteller must be made aware that their story will be available on the patient/service user and staff stories page of the HSE website. Persons providing stories must also be reminded throughout the process is that they can change their mind and withdraw consent at any time i.e. either prior to, or, publication

The consent form must be retained for as long as the resource is in use. If the story is to be used for any purpose beyond that originally consented to, new consent must be sought. Storytellers must always receive copies of their consent forms.

Confidentiality and Data Protection

All personal data created during the collection of stories (including consent records, transcripts, audio and video recordings) must be stored and used in accordance with the Data Protection Act 2018. It is the role of the nominated person to ensure that privacy and *confidentiality* of information provided as part of this process is maintained.

All storytellers whose experience will be shared in print or as a video, must be asked whether they would prefer to share their story anonymously, whether they wish to be given another name, or have their words recorded by an actor.

If they wish to appear in a video, they should be offered the option of being seen in vision, or whether they want their image to be obscured during the editing process.

The story may only be used for the purposes for which informed consent has been given. All the data must be protected from access other than by authorised staff. Local services should refer to HSE data protection policies.

Step 6: Checklist tool for Nominated person

Please use this as a checklist to help you follow the process for developing stories in conjunction with a storyteller.

Name of person collecting the stories:

Name and/or agreed alias of storyteller:

	Tasks	Yes/No	Date
1.	A potential story for consideration has been identified.		
2.	Contact has occurred with the storyteller to explore their story and how it might contribute to learning and improvement. The nominated persons has outlined the development process and consent requirement with the storyteller for participation.		
3.	Venue and recording options agreed with the storyteller.		
4.	Agree story is suitable for learning purposes and in scope.		
5.	The nominated person has Informed the storyteller that the service to which the story relates, will be notified of the development of the story and that the service will have an opportunity to see this before it is finalised.		
6.	The storyteller was reminded regularly of their right to withdraw at any time from the process and check their willingness to proceed.		
7.	The nominated person has obtained written consent and provided the storyteller with a copy of the consent and information leaflet.		
8.	The nominated person has drafted the story using HSE encrypted devices as applicable.		
9.	Before concluding the meeting thank the person for their participation, enquire in relation to the emotional wellbeing of the storyteller and whether they require any additional support.		
10.	Agree next steps including a realistic timescale for them i.e. when it is likely you will have a draft for them to consider and how they would like to receive this draft.		
11.	Call the storyteller the days following the meeting to enquire about their well-being. Remind the Storyteller they can remove their story at any time.		
12.	The nominated person has finalised the DRAFT story with the storyteller.		
13.	The nominated person will contact the service to say the story is final and arrange to engage with them to review this.		
14.	Once the story has been agreed and signed off it can be used for learning purposes.		
15.	The story has been signed off by the local accountable officer as deemed fit for learning purposes and publication.		
16.	The story was published on the NQPSD website.		
17.	The recording and associated documents have been stored securely as per HSE policy.		

Step 7: Consent Form – Patient/Service User Stories

Part 1 – To be completed at the initial meeting with a Healthcare staff member

1. I, _____ agree to take part in the development of Patient/Service User Stories.
2. I confirm that I understand why I am being interviewed for this work and have been facilitated with the opportunity to ask questions and the process has been explained to me in detail by _____
3. I confirm that a written information leaflet has been given to me to explain the process
4. I understand that my participation is voluntary and I am free to withdraw from this process at any point
5. I understand that the service that I am talking about will be told that I am telling the story of my experience.
6. I understand that my story may be seen by the general public, as well as by health care professionals, it may be published in the public domain, for example Twitter, Facebook, Instagram, website or hard copy printed publication.
7. I understand that I can change my mind and withdraw my consent at any time by confirming my withdrawal of consent by emailing [service contact email in here], insert a specific contact person name and telephone number here _____.
8. I understand that if I withdraw my consent the HSE will cease the processing of my personal data (i.e. audio recording/written recording).
9. I understand that my story will be used for training and education purposes and to assist staff to improve the safety of services. This may be in audio, written or digital format.
10. Access to the recording will be managed by [the service title in here]..... who will ensure appropriate access.
11. I am willing to be identified on the recording by my first name - Yes / No (circle one)

Name of storyteller:

Print Name: _____

Signature: _____

Date: _____

Name of nominated person:

Print Name: _____

Signature: _____

Date: _____

Part 2 – To be completed when the story is finalised and prior to publication on HSE.ie

1. I have reviewed the proposed version of my story and agree to the HSE XXX publishing this on the Patient/Service user Stories section of the HSE website (HSE.ie).
2. I understand that if I withdraw my consent the HSE will cease the processing of my personal data (i.e. audio recording/video recording).
3. I understand that if I withdraw my consent, it may not be possible to withdraw data that has already been published online; it may be reproduced (on other website and social media accounts) by third parties.

Name of storyteller:

Print Name: _____

Signature: _____ Date: _____

Name of Staff member:

Print Name: _____

Signature: _____ Date: _____

Step 8: 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 patient/service users and carers. As you experienced healthcare community-based and/or hospital-based health services, please would you share your story and how you felt about your healthcare with representatives from _____ we would be grateful if you would share your story and tell us how you felt about your experience with the representatives from _____.

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 work.

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.

Healthcare team name _____

Contact details _____

What can you expect from us?

We will not reveal any of your personal details and identification to anyone without your expressed permission.

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 comeback another time to finish the story.

We know that sometimes people have experiences that are upsetting. If this has happened to you, or if telling your story is upsetting, we will support you. The person taking your story will talk to you about this and can arrange for someone to contact you who can provide support to you as needed

Before we share your story with staff or with other healthcare organisations, we will check with you that you are happy with how your story is presented. You can choose to change it in any way 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 reviewed/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.

There will be occasions where stories will need to be amended, removed or archived example changed circumstances/patient/service user wishes.

Safeguarding and patient/service user safety

If a service user/ patient or staff member tells the Nominated person about something which might mean they are in danger, or about something that is unsafe in HSE or HSE funded services we have a legal obligation to tell a safeguarding lead. They will then consider the information and may recommend actions which could include informing the statutory safeguarding authority in Ireland.

If your story reveals that there is a situation that is unsafe or is putting or may put patient/service user or staff in danger, we will take immediate action to make it safe/highlight the concerns to the service manager. 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 service representative:

Contact name: _____ Position/title: _____

Phone: _____ E-mail: _____

Thank you for taking the time to share your experience with the NQPSD. Please keep this sheet for your future reference.

Step 9: Active Listening Guide

Some people are natural storytellers and others may need more support to tell their story. The staff member will provide prompts to ensure the story follows a logical sequence. It is also essential that the staff member conducting the interview exhibits active listening skills at all times as detailed below:

Active listening guidance

The right environment

Create a comfortable atmosphere – make sure the storyteller is at ease as much as you can. Show respect for the storyteller as an individual at all times. Minimise the potential for distractions e.g. ensure that you will not be interrupted by people or phones. Encourage full concentration on the task at hand.

Pay attention

Look directly at the storyteller. Concentrate on what they are saying. Be aware of your body language. Maintain eye contact even if they don't look at you. Shyness, uncertainty, shame or guilt or other emotions, along with cultural taboos, can inhibit eye contact in some people under some circumstances. Excuse this but stay focused.

Support the storyteller

Demonstrate that you are listening to the storyteller. Do not interrupt or speak when they are speaking. Do not allow your thoughts to drift.

Keep an open mind

Listen without judging the storyteller or mentally criticising the things they tell you. Listen without jumping to conclusions. Remember that the storyteller is using language to represent the thoughts and feelings inside their brain. You don't know what those thoughts and feelings are and the only way you'll find out is by listening.

Don't be a sentence-grabber

Don't try and speed the storyteller by interrupting and finishing their sentences. This usually lands them off base, because they are following their own train of thought and need time to express themselves fully

Listen to the words and try to picture what the storyteller is saying

Allow your mind to create a mental model of the information being communicated. When listening for long stretches, concentrate on, and remember, key words and phrases.

Try to feel what the storyteller is feeling

If you feel sad when the storyteller with whom you are talking, expresses sadness, joyful when they express joy, fearful when they describe their fears—and convey those feelings through your facial expressions and words—then your effectiveness as a listener is assured.

Empathy is the heart and soul of good listening. To experience empathy, you have to put yourself in the other person's place and allow yourself to feel what it is like to *be them* at that moment. This is not an easy thing to do.

It takes energy and concentration. But it is a generous and helpful thing to do, and it facilitates communication like nothing else does.

Wait for the storyteller to pause to ask clarifying questions

When you don't understand something, of course you should ask the storyteller to explain it to you. But rather than interrupt, wait until the storyteller pauses. Then say something like, "Back up a second. I didn't understand what you just said about...."

Give the storyteller regular feedback

Show that you understand where the storyteller is coming from by reflecting the storyteller's feelings. "What a terrible ordeal for you." "I can see that you are upset." If the storyteller's feelings are hidden or unclear, then occasionally paraphrase the content of the message. Or just nod and show your understanding through appropriate facial expressions and an occasional well-timed "hmmm" or "uh huh." The idea is to give the storyteller some proof that you are listening, and that you are following their train of thought—not off indulging in your own fantasies while they talk to the ether.

Pay attention to what isn't said—to nonverbal cues

You can glean a great deal of information about each other without saying a word. Even over the telephone, you can learn almost as much about a storyteller from the tone and cadence of her voice than from anything they say.

Face to face with a storyteller, you can detect enthusiasm, boredom, or irritation very quickly in the expression around the eyes, the set of the mouth, the slope of the shoulders. These are clues you can't ignore. When listening, remember that words convey only a fraction of the message.

Leave yourself out of it

It is your role to listen to the story only. Do not offer advice.

Step 10: Patient Safety Strategy: Our Commitments to Patient Safety

The vision and objective of the Patient Safety Strategy will be supported through the achievement of the 6 strategic commitments set out below:

1. Empowering and Engaging Patients to Improve Patient Safety

We will foster a culture of partnership to maximise positive patient experiences and outcomes and minimise the risk of error and harm. This will include working with and learning from patients to design, deliver, evaluate and improve care.

2. Empowering and Engaging Staff to Improve Patient Safety

We will work to embed a culture of learning and improvement that is compassionate, just, fair and open. We will support staff to practice safely, including identifying and reporting safety deficits and managing and improving patient safety.

3. Anticipating and Responding to Risks to Patient Safety

We will place an increased emphasis on proactively identifying risks to patient safety to create and maintain safe and resilient systems of care, designed to reduce adverse events and improve outcomes.

4. Reducing Common Causes of Harm

We will undertake to reduce patient harm, with particular focus on the most common causes of harm.

5. Using Information to Improve Patient Safety

We will use information from various sources to provide intelligence that will help us recognise when things go wrong, learn from and support good practice and measure, monitor and recognise improvements in patient safety

6. Leadership and Governance to Improve Patient Safety

We will embed a culture of patient safety improvement at every level of the health and social care service through effective leadership and governance.

Step 11: Action Planner and Tracker

Story Code: _____

Name of person completing story: _____ Date: _____

Issue that requires action	Linked to policy/ Strategic objective	Action to be taken	Person responsible	Date for review	Evaluation of progress towards the improvements made

Include any relevant data that will help to evaluate the impact of the action you take, i.e. infection rates, incident reporting, audit reports, complaints, etc.

Step 12: Patient and Staff Stories Governance Sign Off Template

Have the below actions all been completed?	Yes	No	Signed	Date
Stage 1- Initial Contact				
Stage 2- Meeting the storyteller				
Stage 3 – Obtain Consent				
Stage 4- Drafting the Story				
Stage 5- Story Sign- Off				
Stage 6- Publication of the Story Online or use at local level only				
Sign-Off by relevant Senior Manager				
Alternative decision noted				
Publication on line or local level use is discontinued as consent is withdrawn by the story teller				
Other				

Name of storyteller:

Print Name: _____

Signature: _____

Date: _____

Name of nominated person:

Print Name: _____

Signature: _____

Date: _____

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