Part II

Involvement, Impact and Improvement

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Storytelling is the mode of description best suited to transformation in new situations of action. (Schön 1988)

The history of system improvement has, in general, been one of quantitative and statistical approaches. Where qualitative approaches to gathering patient and staff experience have been used, the analysis rapidly regresses to a pseudo quantitative one, driven by the goal of creating and using a numerical metric, which may or may not relate effectively to an individual's experience.

The chapters in this part reflect, at a particularly challenging time for healthcare around the world and the UK National Health Service (NHS) in particular, on how the Patient Voices Programme can provide timely reminders of the core values of empathy and compassion, relating the uniqueness of individual experiences to the humanity of all, and to underpin quality and safety improvement programmes. Drivers for change in the NHS in the last decade have included the Francis Report into the events in mid-Staffordshire (Francis 2010) and the 6Cs programme adopted by the NHS to drive compassion in nursing practice (Cummings 2012).

One of the motivations for developing the Patient Voices Programme was our belief in the power of stories to carry meaning and effect changes

in behaviour. The use of stories to underpin safety and quality improvement programmes is not new—an early adopter was the National Aeronautics and Space Administration through its Aviation Safety Reporting System incorporating a succinct monthly newsletter containing stories from pilots called 'Callback' (Hardy 1990), but the emerging digital and Internet technologies made the creation and distribution of the stories vastly more powerful.

As we watched the projects described in this book unfold, we came to believe that the power of stories to do this is because 'Statistics tell us the system's experience of the individual, whereas stories tell us the individual's experience of the system…' (Sumner 2009a) and to understand that 'The ability to tell, hear and share stories of experience and aspiration is a pre-requisite for the development of a learning organisation of reflective individuals' (Sumner 2009b).

The stories themselves do not provide solutions but provoke positive and reflective debate that can lead to practical improvements, more holistic care, awareness of shortcomings and the fundamental involvement of health service users in all aspects of healthcare through really listening to each other's experience and attending to the insights that emerge.

In Chap. 5 'Towards Compassionate Governance: The Impact of Patient Voices on NHS Leadership', Paul Stanton reflects on his experience of using Patient Voices stories to help address the need for compassionate governance by NHS Boards. He stresses the importance of listening to and reflecting on patients' stories both for governance of safety and quality and to promote inclusive and co-productive caring, citing the empathic sensitivity, compassion and co-productive nature of the Patient Voices method, where the locus of control remains with the storyteller, as a parallel model for NHS working.

In Chap. 6 'Arthur and Co: Digital Stories About Living with Arthritis', written collaboratively with the storytellers, Fiona O'Neill examines new ways of involving patients and carers in health professional education using patients' stories. From her own therapeutic experience of creating a digital story to working in Leeds with volunteers who work with people with arthritis, she outlines the process of creating stories in a gentle, affirmative and truly reflective environment. The theme of journeying was

carried into the transformative potential of the experience, and then further, as the stories were taken to health professionals and families to help them 'walk in another's shoes'.

Cathy Jaynes, in Chap. 7 'Safety Stories: Creating a Culture of Safety with Digital Stories', relates her search for a 'culture of safety' and 'what safety looked like' in air medical transport to her transformative discovery of the impact of digital storytelling told in 'our' language. She describes the genesis of the Safety Story project and the efforts required for fundraising, backing and attending the workshops. She also considers the feedback from educators using the stories as an educational resource, the theoretical foundation for the stories' effectiveness, and the impact on individuals and organisations when safety and humanity are prized.

Chapter 8 'Working with Dignity and Respect: Improving Mental Health Services with Digital Storytelling', written by Patrick Cahoon, Carol Haigh and Tony Sumner, explores how the Patient Voices reflective digital stories were created and used by a mental health and social care trust over several years to enhance training and awareness of dignity, privacy and respect amongst service users and service providers. Workshops for service users, carers and health professionals have resulted in stories being shown, with consent, in places as diverse as a Manchester shopping centre and NHS Board rooms, and used in recruitment for positions up to Chief Executive. The stories are driving change and innovation in care and awareness in the health service and community groups and amongst the wider public—and saving money!

In Chap. 9 'Breathe Easy: Digital Stories About COPD', Matthew Hodson discusses a Patent Voices project undertaken with a group of patients with Chronic Obstructive Pulmonary Disease to help understand the personal impact of this debilitating condition and capture patients' experience of engagement with the Acute COPD Early Response Service (ACERS) service. The workshop, described in detail, was shared by clinicians and patients with a high degree of openness and transparency. He describes how the stories demonstrate the workings of the 6/7 Cs of the core values of nursing care (Cummings 2012) and are a powerful tool for listening to patients' experiences in order to promote change.

References

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