

Attend the Board

Reporter

Lesley Wilson at [St Andrew's Healthcare](#) on 6 February 2015.

What did you do*?

Every meeting of our Management Board, Quality Compliance Committee and Service Management Group commences with a story of patient experience, presented by the person themselves.

What is excellent about it?

Patients have the opportunity to thank managers for the help they have received, to talk to senior managers and to raise concerns that they may have. Whilst this is nerve-wracking for some people, everyone leaves the meeting feeling listened to and appreciated. Senior staff gain a real insight into life on the ward from a patient perspective and the impact of senior decisions on day-to-day life for patients. Changes to both systems and the support for individuals have been made as a result of these conversations.

For example, the time that lunch was served was changed in one unit, affecting the routine of autistic patients and interrupting family contact and therapeutic activities. One member of the ward wished to make his views heard by senior management and was invited to attend the Quality and Compliance meeting via skype. It turned out that the normal of processes of consultation had not been adapted for this patient group and so people had not felt included in the decision. As a result of his testimony, managers revised the decision about lunch and also the process of consultation.

These presentations always take place at the start of the meeting, so that the patient is clear what time they are 'on stage'. In addition, they set the tone for the whole meeting and influence the manner in which future agenda items are covered, keeping the board focused on patient benefit as the driving force.

Even better next time?

Participation via a skype link was much better than nothing at all, but in the future it may be possible to find a way to facilitate attendance in person for all patients who contribute, not just those who live close to the meeting venue.

Two staff members take a significant lead in building relationships between ward and board to enable and support this process. They identify appropriate patients, prepare individuals to contribute and debrief afterwards, as well as ensuring that the Boards hear a mix of praise and challenge in the time available within their busy schedule. Most presentations from patients are in the form of an interview with the staff member.

Senior committees and boards have also learnt the art of responding well to these opportunities by blending acknowledgement and questions with a focus on the detail of the person's experience and the transferable messages for the service as a whole. There are a number of board members with a clinical background, but these presentations are distinctly different to the multidisciplinary team meeting.

On some occasions, the person who has presented is told what has changed as a result of their appearance at the meeting. We could be more consistent and proactive in closing the feedback loop, both about the direct matters they wished to raise (such as the mealtime issue mentioned above), and also about the indirect impact that the person has had on the wider discussions during that meeting.

* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- *A series of seminars for key staff and people using services to promote a more personalised and inclusive approach*
- *A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.*
- *Learning exchange visits between members which lead to individual action plans for each service*
- *Excellence stories that capture and share ideas for service improvement.*

Stories of Striving for Excellence in Locked Rehabilitation Services

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.