Accessible Digital Stories Framework

Improving Patient, Carer and Colleague experiences and outcomes.

Introduction

Hearing individual experiences through stories provides valuable insights into our services and how care can be improved. This framework aims to support individuals, carers, and staff in creating and utilising digital stories, making the process clear, accessible, and impactful. Our approach to digital stories will continue to embody our **Taking it Personally** and **Improved Outcomes for All values.**

What is a digital story?

A Digital Story is a short (a two to four-minute) film /audio recording where the storyteller shares their experience using a script developed with our support. The story is conveyed through their voiceover, accompanied by chosen images and optional music. The storyteller can be shown on screen if they choose, or the video can be created focusing on the impact of their words and the visuals.

Why do we make digital stories?

Digital Stories offer a powerful way to:

- **Understand Experiences:** Gain deep insights into the journeys and experiences of individuals, carers, and staff within our health services.
- **Drive Service Improvement:** Identify areas for redesign and improvement based on firsthand accounts of what works well and what needs to change. Every step of the patient journey and staff experiences can be explored and enhanced.
- **System-Wide Understanding:** Collect stories across the entire system to understand the broader patient experience navigating different services and identify systemic challenges.
- **Inform Education and Reflection:** Individuals' stories can educate staff, promote empathy, and encourage reflective practice, ultimately improving the patient experience.

- **Capture the In-Between Moments:** Provide insights into aspects of care beyond direct clinical encounters, such as waiting times, recovery periods, and perceptions of the health system.
- **Value Staff Experiences:** Recognise staff wellbeing directly impacts the quality of care. Sharing staff stories ensures they feel valued, listened to, and their experiences contribute to meaningful improvements.
- **Monitor Service Improvements:** Collect stories over time after implementing changes to assess the impact and sustainability of improvements.
- **Promote Achievements and Share Learning:** Use tangible evidence from stories to showcase successful service improvements and share valuable lessons learned across Sirona.

Number of stories

- **Normalisation of Storytelling:** We aim to integrate story gathering as a routine and accepted method for understanding patient, carer, and staff experiences to drive service improvements.
- **Flexible Numbers:** The number of stories collected and used will vary across services, and there is no fixed minimum or maximum.
- **Multiple Referral Routes:** Stories can be self-referred or referred by the Experience and Complaints Team.

Finding and choosing which stories to tell.

We welcome stories from various sources:

- **Self-Referral:** Individuals and service users can directly contact us to share their story.
- **Feedback and Complaints:** Individuals who have made a complaint may see storytelling as an opportunity for organisational learning.
- **Staff Initiatives:** Staff can volunteer their stories or be invited to share experiences related to specific incidents or patient/carer stories.
- **"A Day In The Life" Stories:** Staff may be invited to share their daily experiences, including their feelings, interactions with patients and carers.
- **Clinical and Operational Management:** Suggestions from management staff who identify potential learning opportunities.
- **Co-design Groups:** Patients involved in service design may wish to share their experiences.

- **Incident Forms and Serious Untoward Incidents/Deaths:** Where appropriate and with consent, learning from these situations can be captured through stories.

How Sirona informs people that they can make digital stories:

Information about creating digital stories will be shared through various accessible methods:

- **Visible Promotion:** Posters and information leaflets displayed in service areas. Staff will proactively ask patients if they would be interested in participating.
- **Integrated Information:** Information included within incident forms, serious untoward incident/death processes, and complaints/concerns procedures.
- **Proactive Engagement:** Suggestions from clinical or operational management/staff will be followed up.
- **Co-design Involvement:** Offering the opportunity to share stories to people participating in co-design groups or events.
- **Direct Contact:** The Experience and Engagement team may directly contact individuals based on referrals from the Experience and Complaints team.

Who and When?

- Patients and service users can **self-refer at any time**.
- The **Experience and Engagement Team** can be contacted directly if you identify someone who might be interested in sharing their story.

Consent and Safeguarding

Ownership: The experience being shared belongs to the individual. In a legal context, any recordings made by Sirona staff as part of their work are considered Sirona's intellectual property (IP) and copyright. We will delete or discontinue use of these recordings as requested. No digital story will be monetised. In the unlikely event that someone adds Sirona's content to their YouTube channel (or uses it in any other way that generates profit), any funds generated would belong to Sirona. While the story is theirs, the medium is ours.

- It is also important to clarify that images and music sourced from other providers are not owned by Sirona, so we cannot grant anyone ownership of these materials.
- **Informed Consent:** We will always obtain explicit consent before starting the story creation process. This consent will clearly outline how and where the story may be used and through which methods.
- **Future Use:** If we anticipate potentially using the story for other purposes in the future, we will seek separate permission to contact the storyteller again to discuss

this and obtain their renewed consent, which will be documented on Ulysses (or the relevant record-keeping system).

- **Information Retention:** While we may retain some information to remember the issues raised, we will not keep the entire story indefinitely unless explicitly agreed upon with the storyteller.

Safeguarding is Paramount

  - **Contact Information:** Sirona Safeguarding Adults Team: email: sirona.adultssafeguarding@nhs.net or 0300 124 5898.
  - **Reporting Concerns:** If a storyteller shares information that raises safeguarding concerns for vulnerable adults, young people, or relates to patient/carer/staff safety, this **must be reported immediately** to the safeguarding lead.
  - **Staff Guidance:** Staff should listen carefully, understand, and record the information shared without immediate reaction.
  - **Acting on Information:** Remember that adults usually intend for action to be taken when they disclose concerns. While young people's intentions may differ, all safeguarding information must be reported.

- **Information Protection:**
  - **Email Security:** follow (1) NHSmail user guides, mailbox size and other FAQs | Workplace guidance on sending secure emails.

Working with and Supporting the Storyteller

- **Clear and Accessible Information:** Provide the individual/carer/staff member with comprehensive information about the process, including how the story will be recorded (notes, audio, video), the types of questions they might be asked, and the possibility of immediate action if safeguarding concerns arise.
- **Respecting Autonomy:** Never pressure someone to tell their story. If they decide to stop at any point, their decision will be respected.
- **Voluntary Participation:** Emphasise participation is entirely voluntary and that they can make this decision for themselves.
- **Addressing Fears:** Acknowledge and address potential fears about negative feedback affecting future care. Assure staff and people who use our services that their stories will be received positively and used for learning and improvement. Cultivate a culture within Sirona Care and Health that welcomes such learning opportunities.

- **Demonstrating Impact:** Ensure actions are visibly taken because of the stories shared. A lack of action can lead to storytelling being perceived as a waste of time.

It takes time

- **Dedicated Time:** Allocate at least a couple of hours to gather a story.
- **Reflection Time:** Schedule time for the listener to reflect on the story afterwards.
- **Storyteller Approval:** Discuss the story with the storyteller to ensure they are happy with the content and wording.
- **Visual and Auditory Elements:** Discuss their preferences for images and music (if applicable).
- **Consent for Others:** Ensure individuals appearing in any images have also given their consent.

How to make the best of collecting a story:

- **Essential Skill:** The most crucial requirement is the ability to **listen actively and empathetically**.
- **Objectivity:** Ideally, the person gathering the story should have **no direct involvement in the patient's care**. For staff stories, it is preferable for the listener to work in a **different service**.
- **Facilitation, Not Intervention:** The listener's role is to help the storyteller talk, using prompts to encourage them to continue or elaborate. It is **not** the listener's role to offer opinions, advice, or recommendations.
- **Interpersonal Skills:** Some individuals are naturally better at facilitating storytelling. Consider personality dynamics and allow for flexibility where possible.
- **Understanding Communication:** The listener should fully understand the storytelling process and be sensitive to communication cues, recognising discomfort, reluctance, or distress, and managing these situations appropriately. They should be aware of their own reactions and how they might influence the storyteller.
- **Multi-Perspective Analysis:** A team with diverse professional backgrounds can offer richer insights from a story. However, be mindful of the power dynamic and the storyteller's comfort level if outnumbered by staff.

Where?

- **Quiet and Private:** Meet in a location away from the patient's treatment area that is quiet and free from interruptions.

- **Home Visits:** If the patient prefers to meet at home, adhere to Sirona's lone working policy and ensure the safety of both parties.
- **Staff Preferences:** Staff may prefer a quiet office or other workspace where they will not be disturbed.

Take care of the storyteller

- **Confidentiality and Anonymity:** Maintain the storyteller's confidentiality and respect their wish to remain anonymous if agreed upon.
- **Independent Listener:** Ensure the person taking the story is not someone involved in providing direct care to the patient, either currently or in the foreseeable future.
- **Post-Story Support:** Be prepared to offer support after the story, as it can be an emotional experience for both the storyteller and the listener. This may include access to counselling or a debrief session if required.
- **Right to Withdraw:** Allow the storyteller to stop at any time and ensure they are aware they can withdraw their consent for the material to be used further at any point.

Gathering the Story with the Storyteller

- **Setting the Scene:** Acknowledge that starting can be difficult. Encourage a relaxed conversation by initially asking about their day, the weather, etc., to help them feel more comfortable.
- **Guiding the Narrative:** When asked "where do you want me to start?", suggest they begin at a point that feels natural to them, such as before they came into the hospital or visited their GP, or were referred into our care.
- **Useful Prompts:** Consider using open-ended questions such as:
    - 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?
- “Is there anything we haven’t talked about which you wanted to say?”

- **Non-Verbal Communication:** Be mindful of your body language and facial expressions. Maintain an open and relaxed demeanour while conveying genuine sincerity and valuing the storyteller.
- **Resisting the "Fix-It" Urge:** Recognise the natural tendency to want to solve problems. Your role is to facilitate the telling of the story in a safe space, not to immediately identify solutions. Be aware of how often we instinctively jump to problem-solving in everyday conversations.
- **Concluding the Conversation:** Thank the storyteller at the end and clearly explain the next steps. Ask if they would like to receive feedback and ensure you have their contact details if so. Manage expectations by explaining that the process will take time. Avoid making unrealistic promises.

Audio recording

- **Focus on the Narrative:** Audio recording allows the listener to fully concentrate on the storyteller's words.
- **Independent Recording (with caution):** While patients can record their story independently or write it down, this may miss important details and lead to unanswered questions later. Direct interaction with a listener is generally more effective.

Free Music for Youtube & Videos - No copyright claim

Free Music For YouTube Videos & Creators • Uppbeat

Visuals:

First preference would be to use our own images where we do have appropriate image. Send sirona.communications@nhs.net a message with a description of what is needed, and we can send a selection from our own photos if we have photos which match the description.

Sirona have a paid for image database with Adobestock with a monthly allowance. You can search the database using this link. If you click on an image, you like and send me the url, I can buy these and send them to you.

5.5 million+ Stunning Free Images to Use Anywhere - Pixabay

Healthcare Photos, Download The BEST Free Healthcare Stock Photos & HD Images

Free Stock Photos, Royalty Free Stock Images & Copyright Free Pictures · Pexels

Beautiful Free Images & Pictures | Unsplash

Archival video - https://archive.org/ has lots of amazing open source archives (film, music, photos) to search through...

Old industrial and educational videos: https://archive.org/details/prelinger

Wiki commons: see the Reusing content outside Wikimedia page for details of different licenses and check whether attribution is needed for each image.

You can technically filter a Google image search to particular licenses, but I'd advise against that as it's difficult to truly know the source. You can be more sure those on the free images sites don't have an initial source elsewhere.

Music:

There are quite a few you can use with attribution. Any video which says you can use on YouTube, and there is a YouTube audio library of copyright free tracks you can download from when you have an account. Most Free content has links to where to download and text with the attribution you have to give. These websites are also a couple which have good background music without copyright:

Free Music for Youtube & Videos - No copyright claim

Free Music For YouTube Videos & Creators • Uppbeat

Free music archive: Licenses are under Creative Commons and their license guide page has details of how to credit.

Sound effect: License type and attribution text is available in the right-hand column once you click into each individual track.

BBC Sound effects library: See the licensing page for details of use.

**And in all cases, please remember to copy down the artist / creator / photographer and source info so you can put it in your credits!

Filming

- **Increased Planning and Resources:** Filming requires more planning and resources. Consider starting with audio or written stories and filming specific ones later.

- **Communication Team Support:** We have an HD camera but would usually operate this in person rather than ask a member of staff outside our team to do so. Please refer to these 'How to guides': suggest gimbles for phones to be held in position...
- **Time-Consuming Editing:** Editing footage can be time-intensive and requires skill to extract key information while retaining emotional impact.
- **Increased Anxiety:** Both the storyteller and facilitator may feel more nervous on camera, knowing they will be viewed and potentially recognised.
- **Accessibility Features:** include subtitles and audio text
- **Feedback to Services:** The story will be shared with the relevant services first via the feedback function in Ulysses so they can review it, build their knowledge, and reflect on the learning before it is shared more widely internally and externally.

Presenting and Sharing Stories

Stories can be shared in various forums to facilitate learning and action planning:

- Board of Directors meetings
- Team and service meetings
- Staff development and training sessions
- Patient and carer panels

After story has been used

- **Action is Essential:** The use of a story must lead to tangible actions. This may involve agreeing on new actions or revising existing ones.
- **Reviewing Existing Plans:** If relevant action plans are already in place, their progress needs to be thoroughly reviewed, identifying any barriers to implementation and developing strategies for successful and sustained change.
- **Feedback to the Storyteller:** If the storyteller has requested feedback, they should be contacted (by phone or letter using the provided template) to outline the outcomes and thank them for their participation.
- **Feedback to Staff:** If staff members contributed to the story, they should also receive feedback, regardless of whether the specific area involved was named. This provides an opportunity for direct discussion and learning.

Storage of the Stories After Use

- **Secure Transfer Plan:** T drive will be used to securely store files. The E&E team will have access to WeVideo to download each story onto the T drive if other team

members do not have access. Once the stories are downloaded, they will be stored on Ulysses and then deleted from both WeVideo and the T drive.

- **Audio Deletion:** Once the agreed transcript is finalised with the storyteller, the original audio recording should be deleted from the recording device.
- **Intranet Storage:** If agreed that parts or all of the recorded stories will be used within Sirona care & health (or the wider health economy), the edited recording should be stored in Ulysses. A copy will also be stored on Sirona's Youtube channel with relevant consent.

Using the Story for Improvement: Action Planning

- **Responsibility for Action Planning:** Typically, the story (with the storyteller's agreement) will be shared through Ulysses with the relevant service manager/lead.
- **Collaborative Analysis:** The service manager/lead will use the story with their team to analyse the learning points.
- **Action Plan Development:** An action plan should be developed based on this analysis and recorded in Ulysses.
- **Centralised Tracking:** A copy of the action log should be emailed to [sirona.engagement@nhs.net]. The Experience and Engagement team will maintain the action plans in Ulysses and follow up on outstanding actions.
- **Assurance of Action:** This process provides assurance to both the storyteller and the services involved that action has been taken and learning has been adopted.

Closing the Loop with the Storyteller

- **Essential Communication:** It is crucial to keep the storyteller informed about the outcomes of their story and the planned and completed actions.
- **Respecting Generosity and Trust:** Storytellers have been generous and trusting in sharing their experiences, and this must be respected.
- **Honouring Preferences:** If a storyteller does not wish to receive follow-up information, their wishes must be respected.
- **Record Keeping:** Ensure the dates of any subsequent contact with the storyteller are recorded on the action log sheet(s).

YouTube Channel for Sirona:

https://www.youtube.com/@SironaCIC