

Storyteller information sheet

Thank you for taking the time to share your experience with the Trust Board at Salisbury District Hospital.

We want to hear about your personal experience (good and bad) so we can identify ways to continue to improve our services for patients, carers and staff.

The story you share will be audio recorded and then, either transcribed or, put together with images (photographs or drawings of your choice) to create a short video clip.

You will not be filmed; you can remain as anonymous as you choose in your story.

Nothing will be shared with other people until you have reviewed the material and signed a consent form.

The story will not form part of your medical records and it will not affect any future care or engagement you or your family may have with us as your health care provider.

The Trust will store your story safely and make it available for use in meetings and training sessions. You will be able to choose if the story is shared more widely on the internet. You may at any time ask us not to use or share your story further. Simply contact us using the details below and we will delete all your information to the best of our ability.

We know that sometimes people have experiences that are upsetting. If this has happened to you, or if telling your story is upsetting, the person recording the story will talk to you and, with your permission, they will arrange for someone to meet you and provide support.

**Safeguarding and patient safety**

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

If we think you are in danger in any way we have a legal obligation to tell our Safeguarding Lead, who will then investigate to see if action should be taken, and whether they need to inform the statutory safeguarding authority.

If your story reveals that there is a situation that is unsafe 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 to take appropriate action.

If you have questions before or after your interview or you wish to withdraw consent at any time you can contact the following Salisbury NHS Foundation Trust representative:

Contact name: Katrina Glaister Position: Head of Patient Experience

Email: [Katrina.glaister@nhs.net](mailto:Katrina.glaister@nhs.net) or [sft.PALS@nhs.net](mailto:sft.PALS@nhs.net)

For further information please see our privacy notice on our website – [www.salisbury.nhs.uk](http://www.salisbury.nhs.uk)