

**WIRRAL COMMUNITY NHS TRUST
BOARD OF DIRECTORS MEETING**

Wednesday 7 October 2015 at 2.00pm
Training Suite, 3rd Floor, St. Catherine's Health Centre

AGENDA PART II

No	Time	Item	Action	Reference
1.		Patient Story - Speech & Language Therapy Director of Nursing & Performance (Pages 1 - 8)	To assure	WCT15/16-183 (d)
STATUTORY BUSINESS: (30 minutes)				
2.		Apologies for Absence		WCT15/16-184 (v)
3.		Invitation for Public Comments		WCT15/16-185 (v)
4.		Chairman's Announcements		WCT15/16-186 (v)
5.		Declaration of Interests		WCT15/16-187 (v)
6.		Minutes of the previous meeting: • 2 September 2015 (Pages 9-21)	To approve	WCT15/16-188 (d)
7.		Matters arising • 2 September 2015 (Pages 22-24)	To review progress	WCT15/16-189 (d)
8.		Chief Executive's Report - September 2015 (Pages 25-31)	To assure	WCT15/16-190 (d)
9.		Committee Reports - September 2015 (Pages 32-39)	To note	WCT15/16-191 (d)
QUALITY GOVERNANCE: (20 minutes)				
10.	10 mins	Quality Dashboard - September 2015 Deputy Director of Nursing (Pages 40-50)	To assure	WCT15/16-192 (d)
11.	10 mins	Annual Reports: • Caldicott Guardian Medical Director (Pages 51-64) • SIRO Director of Finance & Resources (Pages 65-79)	To assure	WCT15/16-193 (d)
STRATEGY & PLANNING (50 minutes)				
12.	5 mins	Well led Framework Self-Assessment Director of Nursing & Performance (Pages 80-87)	To approve	WCT15/16-194 (d)
13.	5 mins	Well led Board Statement Chairman (Pages 88-93)	To approve	WCT15/16-195 (d)
14.	10 mins	Communications, Marketing & Engagement Strategy Director of HR & Organisational Development (Pages 94-122)	To approve	WCT15/16-196 (d)
15.	15 mins	Whole System Integration Update Director of Integration & Partnerships (Pages 123-129)	To assure	WCT15/16-197 (d)
16.	10 mins	Equality, Diversity & Human Rights Strategy Update Director of HR & Organisational Development (Pages 130-157)	To assure	WCT15/16-198 (d)
17.	5 mins	Foundation Trust Programme Update Trust Board Secretary (Pages 158-161)	To assure	WCT15/16-199 (d)
BUSINESS & PERFORMANCE: (10 minutes)				
18.	10 mins	Integrated Performance Report - Month 5 (August 2015) Chief Executive (Pages 162-182)	To note	WCT15/16-200 (d)

CORPORATE GOVERNANCE: (20 minutes)

19.	10 mins	Board Assurance Framework Trust Board Secretary (Pages 183-211)	To assure	WCT15/16-201 (d)
20.	10 mins	Membership and Engagement Update Trust Board Secretary (Pages 212-218)	To note	WCT15/16-202 (d)

COMMITTEE REPORTS: (5 minutes)

21.		Quality & Governance Committee: <ul style="list-style-type: none">19 August 2015 (Pages 219-230)	To note	WCT15/16-203 (d)
22.		Education & Workforce Committee: <ul style="list-style-type: none">19 August 2015 (Pages 231-237)	To note	WCT15/16-204 (d)
23.		Finance & Performance Committee: <ul style="list-style-type: none">26 August 2015 (Pages 238-245)	To note	WCT15/16-205 (d)
24.		Staff Council: <ul style="list-style-type: none">27 August 2015 (Pages 246-251)	To note	WCT15/16-206 (d)

ITEMS FOR INFORMATION

25.		Any Other Business		WCT15/16-207 (v)
26.		Items for Risk Register		WCT15/16-208 (v)
27.		Summary of actions and decisions		WCT15/16-209 (v)

Date and Time of Next Meeting:

The next Public Trust Board meeting will take place on **Wednesday 4 November 2015** at 2.00pm

**Patient Story
Speech and Language Therapy**

Meeting	Trust Board		
Date	7 October 2015	Agenda item	1
Lead Director	Sandra Christie, Director of Nursing and Performance		
Author(s)	Sandra Christie, Director of Nursing and Performance		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to the Board Assurance Framework:
 This patient story provides assurance to Wirral Community NHS Trust board regarding the delivery of high quality, safe and effective patient services.
 It links to the board assurance framework provides assurance to the board on the following principal risks:
 02a. Patient experience is not recognised, reported or acted upon.

Identified risks:
 None identified

Financial implications:
 None identified.

Has an Equality Impact Assessment been completed? Yes No

Does this proposal represent any service improvement or redesign? Yes No

Paper history <i>Has a committee of the board reviewed this paper?</i>		
Submitted to	Date	Brief Summary of Outcome
No history		

Link to strategic objectives - 2014-19 <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders		The delivery of sustainable clinical services will be supported by corporate services	
We will defend and grow our core business	✓	We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

Patient Story Speech and Language Therapy

Purpose

1. A person's story enables the Board to hear directly from patients, their families or carers about their experience of care services. Patient stories engage service users, their families or carers in ways that use their knowledge and experience to directly influence the provision of care services.

Executive Summary

2. A patient shares his experience of living with a long term condition and how the Speech and Language Therapy service has supported him.
3. The patient's story will be shared with all teams involved in the patient's care and will be available for others to access on the trust website (**Appendix 1**).
4. Due to the patient's condition the audio recording may be difficult to follow and a transcript of the story has been provided (**Appendix 2**).

Background

5. Speech and language therapist (SLT) assess and treat speech, language and communication problems in people of all ages to enable them to communicate to the best of their ability. They also work with people who have swallowing problems. They assist children and adults who have the following types of problems:
 - Difficulty speaking (saying the sounds)
 - Difficulty understanding language
 - Difficulty using language
 - Difficulty with feeding, chewing or swallowing
 - A stammer
 - A voice problem
 - Listening and attention.
6. The patient story has been mapped against the CQC key lines of enquiry to determine if his care was safe, effective, caring, responsive and well led:

Safe

The patient describes he has received advice to be careful about chewing and swallowing food to avoid coughing.

Effective

The patient describes that previously his speech had been very poor but through working with his speech and language therapist his speaking is now better. He now has the confidence to answer the phone.

Responsive

The patient describes how other hospitals have suggested they would like to hear his experience as part of their patient feedback but the trust is the first organisation to do so.

Caring

The patient describes that he has listened to the advice he has received from his speech and language therapist and put this into practice.

Board action

7. All patient story actions are tracked for completion by the Quality, Patient Safety, Experience and Risk Group. All actions due to be completed in the last quarter are complete (**Appendix 3**).
8. Wirral Community NHS Trust Board is asked to be assured of the delivery of high quality, safe and effective services.

Sandra Christie
Director of Nursing and Performance

Contributors:
Samantha Lacey, Advanced Practitioner

September 2015

Appendix 1: Patient Stories Action Plan

Service: Patient stories

Subject: Specialised dental services

Key (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9- Person centred care

NHS Outcome Framework 2013/2014: Domain 4 Ensuring patients have a positive experience of care

Date action plan developed: September 2015

Date action plan completed: Monitored via Quality, Patient Experience and Risk Group

Recommendation	Actions required	Action by date	Person responsible (Name)	Comments/ action status	Change stage/ Evidence	Lesson's Learned If applicable following stage 3
Share story with teams involved in the patients care	Contact service and team leads as appropriate	30 th October 2015	SL		3	

Appendix 2 Story transcript

In this story a patient shares their experience of living with a long term condition and the support they have received from the speech and language therapy service.

'I've been to various hospitals in Liverpool and they've all said that they would like my experience to tell people but nobody has taken it up so you're actually the first ones.

Sarah asked me would I be interested in doing it and I said yes because when I went to see her I had difficulty in speaking. July time, last year my speech was appalling (it wasn't good let's, leave it at that) and through listening to what she was saying, I am able to talk quite well actually because if I do as what she told me and remember to do it then it's fine stop and think right and I'm ok.

I have got a condition which is cerebellar ataxia. This started about what 15- 16 years ago and I was only one at time on the Wirral with it according to the specialist I saw at Clatterbridge.

He said yes you could have a speech problem with cerebellar ataxia but the speech problem I had with cerebellar ataxia is due to your own frustration and he said I would like you to see somebody else on that side because I have had a very active, if you like, sports life. I played rugby, I played hockey, and did cross country running I ran and I used to swim. Can't do anything, spending time in that flamin' wheelchair which drives me mad because I can't do things and that is my problem.

When you met Sarah or speech and language therapy how did she help you improve your speech?

By telling me to think before I start try and think what I am going to say then speak out slowly. I had seen other people before Sarah at Arrowe Park. I had been for a throat camera down to find out if something down there that was causing the problem and its through Sarah that has made it a good difference. As far as speaking, never stop talking to people; don't think about what I am going to say. I get fed up, frustrated, so | avoid answering the phone but I try.

Sarah's strategies worked

Yeh yeh I think a great. It goes through stages they don't know what is going to happen next with the cerebellum ataxia. The other thing is also I have trouble coughing, got to be careful chew my food otherwise stick in my throat.

They covered all eventualities

As far as the National health goes I have been lucky they have been very good.

Glossary

Ataxia

Ataxia is usually caused by damage to a part of the brain known as the cerebellum, but it can also be caused by damage to the spinal cord or other nerves.

The spinal cord is a long bundle of nerves that runs down the spine and connects the brain to all other parts of the body.

The cerebellum is located at the base of the brain and is responsible for controlling:

- walking and sitting balance
- limb co-ordination
- eye movements
- speech

Damage can occur as a result of injury or illness (acquired ataxia) or because the cerebellum or spinal cord degenerates because of an inherited faulty gene (hereditary ataxia).

Sometimes there's no clear reason why the cerebellum and spinal cord become damaged. This is the case for people with idiopathic late-onset cerebellar ataxia (ILOA). (Ref: NHS Choices)

Appendix 3. Patient Stories Tracking Report October 2015

ID	Date Patient Story presented to Board	Date all actions to be completed by	Service	Description of Patient Story	Review Date	G	A	R
Nursing Division								
Therapies Division								
1	01 April 2015	30/06/2015	Podiatry	Care delivery Biomechanics	14/06/2015	X		
2	13 May 2015	30/11/2015	Community Nursing/ Therapies	Care Delivery pressure ulcer prevention and management	30/07/2015	X		
5	05 Th August 2015	31/08/2015	Intermediate Care Rehabilitation	Care Delivery	31/08/2015	X		
7	7 th October 2015	30/102015	Speech and Language Therapy	Care Delivery	30/08/2015	X		
Unplanned Care Division								
Lifestyles Division								
4	1 st July 2015	30.08.2015	0-19 service	Patient safety incident	30.08.2015	X		
Primary care Division								
3	3rd June 2015	30/07/2015	Dental service	Care of a patient who also had ADHD	30/07/2015	X		
Corporate								
6	2nd September 2015	30/09/2015		Discharge procedures from WUTH	30.09.2015	X		