

FIFTY-FIFTH BOARD OF DIRECTORS MEETING

WEDNESDAY 1 MARCH 2017

2:30 PM

TRAINING SUITE - 3RD FLOOR

ST. CATHERINE'S HEALTH CENTRE

DERBY ROAD

BIRKENHEAD

WIRRAL

BOARD OF DIRECTORS MEETING

Wednesday 1 March 2017 at **2.30pm**
Training Suite, 3rd Floor, St. Catherine's Health Centre

AGENDA PART II

No	Time	Item (10 minutes)	Action	Reference
1.	10 mins	Patient Story - Wheelchair Service Director of Nursing & Performance	To assure	WCT16/17-119 (d)
STATUTORY BUSINESS: (50 minutes)				
2.	15 mins	Apologies for Absence		WCT16/17-120 (v)
3.		Chairman's Report - March 2017		WCT16/17-121 (d)
4.		Report from the Lead Governor		WCT16/17-122 (d)
5.		Declaration of Interests		WCT16/17-123 (v)
6.		Minutes of the previous meeting: • 11 January 2017	To approve	WCT16/17-124 (d)
7.		Matters Arising: • 11 January 2017	To assure	WCT16/17-125 (d)
8.	15 mins	Chief Executive's Report	To assure	WCT16/17-126 (d)
9.	20 mins	Reports from the Sub Committees of the Board - February 2017 Non-Executive Chairs of the Committees	To note	WCT16/17-127 (d)
PERFORMANCE: (25 minutes)				
10.	15 mins	Integrated Performance & Risk Report - January 2017 Chief Executive	To assure	WCT16/17-128 (d)
11.	10 mins	Board Assurance Framework Trust Board Secretary	To assure	WCT16/17-129 (d)
QUALITY GOVERNANCE: (10 minutes)				
12.	10 mins	Adoption of Patient Group Directions for Wirral Community Pharmacies to provide Emergency Hormonal Contraception Medical Directors	To approve	WCT16/17-130 (d)
CORPORATE GOVERNANCE				
		None		
STRATEGY & PLANNING: (30 minutes)				
13.	15 mins	Quarterly Communications, Marketing & Engagement Strategy Update for reporting period October - December 2016 Interim Director of HR & Organisational Development	To assure	WCT16/17-131 (d)
14.	15 mins	Healthy Wirral - Whole System Integration Update Director of Integration & Partnerships	To assure	WCT16/17-132 (d)
POLICIES				
		None		

COMMITTEE REPORTS: (5 minutes)

15.		Staff Council: <ul style="list-style-type: none">• 24 November 2016	To note	WCT16/17-133 (d)
------------	--	--	---------	----------------------------------

ITEMS FOR INFORMATION:

16.		Any Other Business		WCT16/17-134 (v)
17.		Invitation for Public Comments: <p>The public meeting of the Trust Board is a meeting held in public, rather than a public meeting. At the discretion of the Chairman there will be an opportunity at this point for attending members of staff and the public to make relevant points.</p>		WCT16/17-135 (d)
18.		Items for Risk Register		WCT16/17-136 (v)
19.		Summary of actions and decisions		WCT16/17-137 (v)

Date and Time of Next Meeting:

The next Public Board of Directors meeting will take place on **Wednesday 3 May 2017** at 2.00pm.

Patient Story - Wheelchair Service

Meeting	Trust Board of Directors		
Date	1 March 2017	Agenda item	1
Lead Director	Sandra Christie, Director of Nursing and Performance		
Author(s)	Anna Simpson, IG/Governance Officer		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
-------------------	--------------------------	----------------	--------------------------	------------------	-------------------------------------

Link to the Board Assurance Framework:

This patient story provides assurance to Wirral Community NHS Foundation Trust (WCT) Board regarding the delivery of high quality, safe and effective patient services.

It links to the board assurance framework and provides assurance to the Board on the following principal risks:

01c. Failure to deploy the right number of staff with the right skills

02a. Patient experience is not recognised, reported or acted upon.

Identified risks:

--

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

Has a committee of the board reviewed this paper?

Submitted to	Date	Brief Summary of Outcome
No history		

Link to strategic objectives - 2014-19 (please tick those supported by this paper)			
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 - Wheelchair Service

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.
2. The patient telling their story has consented to the Board hearing their story and also to their photograph being used within the presentation. The patient has consented to their story being shared publicly and with care provider organisations.
3. This patient story specifically focuses on the Wheelchair Service provided by the Trust.

Executive Summary

4. The patient in this month's story discusses their experience of using the Wheelchair Service for provision of a powered wheelchair solely for outdoor use. A member of the Wheelchair Service then talks through the changes that have been made to the pathway.
5. The aim of a Specialised Wheelchair Service is to maintain independence and improve the quality of life for people living with a disability and for their carers through timely access to specialised assessment, provision and maintenance of equipment. The service should respond to changes in people's health conditions through regular review and deliver a service that patients perceive to be a good experience.
6. Assessments are undertaken in a specialist centre, equipped with appropriate equipment for physical examinations, driving assessments and pressure measurement plus suitable facilities for moving and handling.
7. Trial wheelchair/seating equipment is also available.
8. Each wheelchair prescription is individually formulated following a detailed assessment of the person's needs and lifestyle, using a national standardised assessment procedure. A specification is drawn up in conjunction with the person, and his/her carers if appropriate, and based on his/her goals. The prescription may comprise off-the-shelf components, bespoke manufactured items or any combination of these.
9. The patient supported and agreed with the changes that the Wheelchair Service had made.
10. The wheelchair department offers a specialised service to adults and children who have a permanent disability or medical condition which significantly affects their ability to walk and requires them to use a wheelchair on a long-term basis and who meet the service specification and criteria. This includes individuals whose posture or mobility needs can only be met with a high level of specific design input resulting in unique prescriptions which may use combinations of bespoke, prototype and off-the-shelf components and whose 24-hour postural management must be considered to ensure optimal outcomes.
11. Wheelchair and buggy provision is determined following assessment and dependent on clinical need and in relation to the equipment supply criteria.

12. The service provides:
 - ongoing review and assessment of mobility needs for both powered and non-powered wheelchairs
 - wheelchair and pressure distribution cushions and postural seating systems to use in wheelchairs (based on clinical need)
 - pressure mapping assessments for identified wheelchair users and advice on pressure care
 - a repair and maintenance service for people with our equipment
13. Adults and Children requiring non-specialised wheelchairs are excluded from a specialist Wheelchair Service.
14. Parts of the assessment process are designed to ensure the service meets the required statutory requirements for the service including:
 - Ensuring that equipment is purchased and maintained in accordance with statutory requirements including Medicines and Healthcare Products Regulatory Agency (MHRA) regulations and manufacturer's handbooks
 - Complying with requirement of other relevant Statutes e.g. The Equality Act
 - The manual handling operations regulations
 - Decontamination of equipment prior to inspection, service and repair
 - The Medical Device Regulations
15. The patient in this month's story discusses their experience of using the wheelchair service for provision of a powered wheelchair solely for outdoor use. The patient comments on aspects of the care pathway that could have been better. The patient comments that GP medical approval for a wheelchair should be enough and doesn't believe it's necessary to see a medical officer. Additionally, he would have liked more support when learning how to manoeuvre the wheelchair.
16. A member of the Wheelchair Service then talks through the changes that have been made to the pathway. The changes that have been implemented mean that unless necessary GP medical approval for a wheelchair will be enough and consequently patients will not need to see the medical officer. Additionally, the pathway has been altered so that when the therapists visit the patient the wheelchair can be left on first visit rather than the second visit.
17. The changes that have been made to the pathway reflect the improvements suggested by the patient. The patient supported and agreed with the changes that the Wheelchair Service had made.
18. The only additional comment that the patient made was that the service should be flexible to needs of the individual e.g. extra support when learning to manoeuvre the wheelchair. The member of staff acknowledged this feedback and clarified that the team do provide extra driving lessons when required.
19. A transcript of the patient story can be found at **Appendix 1**.
20. The patient story has been mapped against the Care Quality Commission (CQC) Key Lines of Enquiry, which are also part of the Well Led Framework:

Safe

All the Therapists within the Wheelchair Service have the relevant qualifications, competences, skills and experience to ensure patients are safe.

Effective

The Wheelchair Service has altered their pathway for indoor use wheelchair provision so that it is clinically effective, person centred and more cost effective.

Responsive

The Wheelchair Service have reacted to patient feedback and consequently changed their pathway to meet the needs of patients. They have ensured that they maintain quality of care whilst improving patient experience.

Caring

The patient described the team that was involved in his care as professional, helpful and caring.

Well Led

The leadership, management and governance of the organisation encourages learning and innovation. This is illustrated by the service transformation demonstrated in this staff story.

Conclusion

21. It is important that the Trust responds to patient feedback so that services can improve and better meet the needs of the individual. The Wheelchair Service has done just this. This patient story also demonstrates that the care the patient received was safe, effective, responsive, caring and well led.

Board action

22. Wirral Community NHS Foundation Trust Board is asked to be assured of the delivery of high quality, safe and effective Wheelchair Services.

Sandra Christie
Director of Nursing and Performance

Contributors:
Anna Simpson, IG/Governance Officer

20 February 2017

Appendix 1 Story transcript

Patient and member of staff

“My name is Gerald Levy...I’m 66...when I was 44 I developed multiple sclerosis...and as a result had to give up full time work...and about 3 years ago my walking got progressively worse that I needed some help to move about the house...this was demonstrated by the fact I had 3 falls and broke 3 bones...so obviously I was a bit unstable on my feet...the process of getting the wheelchair was interesting because it was almost two opposites...on one side the people I came into contact with were really without exception very professional, very pleasant and very helpful...but the system was interesting to say the least...firstly it was very slow...to get the referral from the GP...nobody told me that I could get a wheelchair...hadn’t been told...so I assumed that I was going to have to go out and buy a wheelchair which I was prepared to do...but then I couldn’t find out what sort of wheelchair I needed to do the job...so I thought if I talk to an occupational therapist they should know they should point me in the right direction...it was only at that point that they said the NHS can help you...so I saw my GP who referred me into some black hole from which the wheelchair service came out...and the assessments and help and support were good but I felt sometimes they were driven more by an agenda of risk avoidance than about patient need...as an example I had to demonstrate that my eyesight was good enough to use a wheelchair...which was curious because my eyesight is good enough to drive a 2 tank car at 70mph and I didn’t know why that wouldn’t be accepted to drive a wheelchair at 3mph...I also wondered why it was necessary for a medical officer to make an assessment of me to have a wheelchair when a GP who I’ve known for 20 years had suggested it would be a helpful thing...and I have to say I saw the medical officer as a bit obsolete in the whole process...because the experts are the OTs and if I was not mentally capable or physically capable enough they would of been able to pick that up quick enough and presumably the GP wouldn’t of made the referral in the first place...it was quite a long process...it took quite a long time...and I don’t have complaints just observations...the wheelchair when it arrived was excellent...without a doubt it was a superb piece of kit...and although I’ve been very reluctant to use it...it has made a big difference to my life...I think that if I was going to say anything at all...what would be very helpful would be some time being trained to use it initially...when it first arrived...some more time...someone to set aside an hour or couple of hours in a couple of sessions...to demonstrate what’s involved...how the thing works...because like most people who haven’t driven a wheelchair before...I didn’t know about turning circles of 6 wheel wheelchairs and difficulty of reversing...of course I’ve got on top of that now but it would have been helpful at the time...my experience of the wheelchair service has been very good and certainly in the time I’ve had it I’ve been well supported...”

“We are trying to achieve a more slim line process with less steps, quicker provision but still maintaining safety and best practice...so the old process you had a referral that came into us...we then did a telephone screen to check you met criteria...we then brought the chair to the house to assess your drive...you then saw the medical officer...after that appointment we then ordered the chair and then we did a visit to handover...we’ve made some changes to the whole wheelchair process to try and speed things up for patients...we are hoping that in the majority of cases that are referred to us the GP will be able to provide that medical approval...there will be certain things that are triggered either on the referral form or when we do the screening visit that highlight concerns and we would then only be referring those people to see the medical officer where we feel we need a second medical opinion...do you think that would be a better approach...I think it would be far better because what we want really is a system that will take into account the needs of most people but has the flexibility to go off at a tangent if there’s a particular need...how would you feel if we only had one appointment...so on the day that we came to do your initial assessment that was a slightly longer appointment...but it would of involved the assessment we did, setting up the chair to meet your needs...a drive that we do to assess that you’re safe...and if there were no concerns on that visit and you could demonstrate that you could use it safely it was actually handed over and left with you that day...I think that potentially could be good...I think the caveat for that would be the fact that these things take a bit of time to learn how to drive

them...now in my case with MS I can have a pretty rotten day without any notice...so if it was a couple of hours appointment in the main that would be fine but on occasions I wouldn't be able to do that...but yes it seems like a much more sensible way doing it...but again...if it's a guide if that doesn't work because of particular patient need then two or more appointments if necessary...yes it wouldn't be set in stone and I feel it would very much driven by patient need...in order for that approach to work we would have a stock of wheelchairs...which will not suit 100% of patient but we would hope to probably cater for the needs of 90% of people but we just wouldn't be able to cater for the people who needed the more specialist equipment cause that would then have to be ordered bespoke for them...there would be the facility for extra tuition visits if people felt their confidence wasn't enough on that first visit...but we've got that option if we feel it's appropriate to leave the kit there...a lot of people are disappointed on the day of assessment when they've driven the chair around their property and then we say right okay its assessment stock we now need to take it away...because they've had that taste of independence...what we are moving towards is at the point of referral the GP will provide that medical certification...we would still do a telephone screen to check people meet criteria...but then we are hoping to do that visit where we do that assessment handover from stock...you do have the option to see the medical officer like we said if there are any concerns...but what we are hoping then is that rather than you have to wait for the equipment to be ordered and then the handover visit...there is the potential for that equipment to be handed over at that visit if that's appropriate as well at that clinic appointment...I think that's a far more sensible approach...I mean that's ideal...I mean I didn't know about this before I spoke but it's almost exactly what I said so obviously I'm going to be keen for it..”