

BOARD OF DIRECTORS MEETING

Wednesday 2 May 2018 at 2.00 pm
Education Room, Victoria Central Health Centre

AGENDA PART II

No	Time	Item (20 minutes)	Action	Reference
1.		Patient Story - Motor Neurone Disease - Progressive Bulbar Palsy Director of Nursing & Quality Improvement	To assure	WCT18/19-001 (d)
PRELIMINARY BUSINESS: (10 minutes)				
2.		Apologies for Absence		WCT18/19-002 (v)
3.		Declaration of Interests		WCT18/19-003 (v)
4.		Minutes of the previous meeting: <ul style="list-style-type: none"> 7 March 2018 	To approve	WCT18/19-004 (d)
5.		Matters Arising: <ul style="list-style-type: none"> 7 March 2018 	To assure	WCT18/19-005 (d)
STATUTORY BUSINESS: (45 minutes)				
6.		Chair's Report	To note	WCT18/19-006 (d)
7.		Report from the Council of Governors - Lead Governor	To assure	WCT18/19-007 (d)
8.		Chief Executive's Report	To assure	WCT18/19-008 (d)
9.		Reports from the sub-committees of the Board - March & April 2018: <ul style="list-style-type: none"> Quality & Safety Committee Education & Workforce Committee Finance & Performance Committee Audit Committee Non-Executive Chairs of the Committees <ul style="list-style-type: none"> Board Development sessions Director of Corporate Affairs <ul style="list-style-type: none"> Staff Council Director of HR & Organisational Development	To note	WCT18/19-009 (d)
PERFORMANCE: (20 minutes)				
10.		Integrated Performance Report - February - March 2018 Chief Executive	To assure	WCT18/19-010 (d)
11.		Board Assurance Framework Director of Corporate Affairs	To approve	WCT18/19-011 (d)
CORPORATE GOVERNANCE: (45 minutes)				
12.		Approval of Annual Accounts 2017/18 Delegated Authority Chief Finance Officer	To approve	WCT18/19-012 (d)
13.		Charitable Funds Financial Reporting 2016/17 Chief Finance Officer/Deputy Chief Executive Director of Corporate Affairs	To note	WCT18/19-013 (d)
14.		Audit Committee Annual Report Chair, Audit Committee	To approve	WCT18/19-014 (d)
15.		NHS Provider Licence Self-Certification 2017-18 Director of Corporate Affairs	To approve	WCT18/19-015 (d)

16.		Cyber Security Awareness Chief Finance Officer	To approve	WCT18/19-016 (d)
STRATEGY & PLANNING (30 minutes)				
17.		Healthy Wirral - Whole System Integration Update Chief Operating Officer	To assure	WCT18/19-017 (d)
18.		Quarterly Communications & Marketing Strategy Update for reporting period January - March 2018 Director of Corporate Affairs	To assure	WCT18/19-018 (d)
COMMITTEE REPORTS: (5 minutes)				
19.		Staff Council: • 25 January 2018	To note	WCT18/19-019 (d)
ITEMS FOR INFORMATION:				
20.		Any Other Business		WCT18/19-020 (v)
21.		Invitation for Public Comments: 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.		WCT18/19-021 (d)
22.		Items for Risk Register		WCT18/19-022 (v)
23.		Summary of actions and decisions		WCT18/19-023 (v)
Date and Time of Next Meeting: The next Public Board of Directors meeting will take place on Wednesday 4 July 2018 at 2.00pm.				

Patient Story			
Motor Neurone Disease - Progressive Bulbar Palsy			
Meeting	Board of Directors		
Date	2 May 2018	Agenda item	1
Lead Director	Paula Simpson, Director of Nursing and Quality Improvement		
Author(s)	Anna Simpson, Information Governance Manager/Patient Experience Officer		

To Approve	<input type="checkbox"/>	To Note	<input checked="" type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	
We will advance staff wellbeing	
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	

Link to Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓

Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)
Risk ID 1748 – Nursing transformation programme

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
		Patient Story submitted to board bi-monthly

Patient Story

Purpose

1. The purpose of this paper is to share a patient story with the Board of Directors.
2. 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.
3. The person telling their story has consented to the board hearing their story and also to their photograph being used within the presentation.

Executive Summary

4. The patient within this story has a type of Motor Neurone Disease (MND) called Progressive Bulbar Palsy. Consequently, she is unable to speak. Within the audio her Husband tells her story on her behalf.
5. The patient received care from a variety of Wirral Community NHS Foundation Trust (WCT) services including West Kirby Community Nursing Team, Nutrition and Dietetics, Speech and Language Therapy and Physiotherapy.
6. Some of the care provided by Wirral Community NHS Foundation lacked continuity, adequate coordination and a person centred approach.
7. The Director of Nursing and Quality Improvement met with the couple to discuss the concerns that they had raised with the Patient Experience Officer.
8. An action plan was produced to ensure immediate improved care provision to the patient. The patient now has a named Community Matron who will coordinate her care moving forward. Additionally, this patient story supports the ambitions of the trusts nursing transformation programme, including our imminent pilot of the Buurtzorg – neighbourhood care model.

Background

9. Between January and March 2016 the patient developed a sore throat, a cough and slurred speech at night. 6 months later she was diagnosed with MND, Progressive Bulbar Palsy.
10. Progressive Bulbar Palsy involves the brain stem. The brain stem is the part of the brain needed for swallowing, speaking, chewing, and other functions. Signs and symptoms of Progressive Bulbar Palsy include difficulty swallowing, weak jaw and facial muscles, progressive loss of speech, and weakening of the tongue. There is no cure for Progressive Bulbar Palsy.
11. It took five weeks after diagnosis of MND for the patient to be seen by the MND Specialist Nurse. Apart from a book supplied by the Motor Neurone Disease Association, the patient received no information/support during those 5 weeks.

Therapies

12. On 19 November 2016 the patient collapsed in her kitchen and broke her ribs.
13. Following her collapse the patient was referred to a Physiotherapist. As discussed on the audio, the patient received no follow up after the contact despite the Physiotherapist making recommendations.
14. In the audio, the patient's husband also talks about an inappropriate referral to a dietician regarding a PEG (the patient clearly stated that she did not want a PEG) and then the lack of referral to a Community Dietician for nutritional support around weight loss and her inability to swallow.
15. The patient's husband talks through their positive experience with Speech and Language Therapy, they describe the therapist as caring and supportive. It was the Speech and Language Therapist that suggested and encouraged the patient to share her experience.

Community Nursing

16. Since her collapse in November 2016 the West Kirby Community Nursing Team have visited every four weeks. The patient has been seen by a different nurse at every contact. As Progressive Bulbar Palsy is a rare form of the already rare MND the patient has had to explain her symptoms and the disease to each any every nurse who has visited. At each consultation this exchange takes up to 15 minutes.
17. On the audio the patient's husband comments that their experience of Community Nursing care would have been vastly improved by the continuity of having one named nurse. Named nursing models, such as Buurtzorg, have been linked to positive patient outcomes, staff satisfaction, empowered and autonomous nurses and a reduction in staff turnover.
18. In March 2018, the Director of Nursing and Quality Improvement and the Patient Experience Officer visited the couple to hear their concerns.
19. Following the meeting an action plan was produced to ensure immediate improved care provision to the patient. The patient now has a named Community Matron who will support her for the remainder of her care. The couple have commented on how supportive she is.
20. The learning from this story will further support the trust nursing transformation programme, including our imminent pilot of the Buurtzorg - neighbourhood care model. The outcome of this pilot will be shared with patient and her husband.

Board action

21. The Board is asked to be assured that the Trust is responsive to patient experience feedback as demonstrated by the care that has now been put in the place for the patient and the impending Buurtzorg model pilot.

Director of Nursing and Quality Improvement Paula Simpson

Anna Simpson
Patient Experience Officer

27 April 2018