



Kent LINK Governors' Group Report

1. Introduction

The Kent LINK Governors' Group is a small group of LINK participants with a range of skills, knowledge and experience, which is used to effectively guide the LINK.

The term of office of the first Governors of the LINK ended on 30 September 2009 and two selection events have been held to select new Governors for a period of two to three years. At the time of going to print the following have accepted a role on the Governors' Group, subject to receipt of satisfactory references.

List of names and roles already accepted

- John Ashelford Performance Management
- Mike Eddy Strategic
- John Fletcher Project Management
- Cate Jackson Priorities Panel Liaison
- Roger Kendall Finance
- Sally Keverne Community Engagement and Partnerships
- Stan Richardson No designated role
- David Swaffer Equality and Diversity

Roles for which there are currently vacancies on the Group include Chairman, Communications and PR and a further Selection Event is to be held shortly. Anyone interested in becoming a LINK Governor should contact Kent & Medway Networks on 01303 297050 email info@kmn-ltd.co.uk or write to:

The Kent LINK
Kent & Medway Networks Ltd
Freepost NAT 17761
Folkestone
Kent CT19 4BR

The Governors' Group is accountable to the LINK through its reports to quarterly LINK events and to the LINK's annual meeting. The Terms of Reference of the Governors' Group is attached at *Appendix A*.

This report covers the progress that has been made since the last LINK's quarterly event held on 27 July 2009 in Sheerness, on the Isle of Sheppey.

1. Continuing promotion of the LINK and to sign up individuals and organisations as LINK participants and provide opportunities for them to get involved
2. LINK Priorities Panel
3. LINK Authorised Visitors
4. LINK Representatives on external groups / organisations
5. Continue to develop the LINK's governance arrangements
6. Oversee the LINK's finances and projects.

The first meeting and an induction session for the new Governors' Group is being held on 12 November 2009.

1. Promotion of the LINK and recruitment of new participants

We continue to implement the LINK's community engagement and communications and PR strategies. This has included the activities of the LINK's Development Workers whose task has been to make contact with those communities and groups that previously have found it difficult to get their voices heard. Since the last quarterly meeting in May 2009, the numbers of LINK participants has increased from 498 to 801. Included in this number are 113 organisations which bring with them their membership. The young participants recruited through the Kent County Show in July are assisting in the development of the LINK's Youth Strategy.

LINK Bulletin

We continue to publish the LINK Bulletin on a monthly basis – providing regular updates on LINK activity, consultations, news items and related events in health and / or social care. This is provided for all LINK participants.

LINK website

The Kent LINK website is updated more frequently and continues to generate an impressive number of hits, nearly half of whom are new visitors. The 'Talkback' section is beginning to develop as a discussion tool. Currently there is a discussion on whether NHS Foundation Trust Board meetings should be held in public. The website also continues to carry a range of:

- News and information about health and social care
- Information about events
- Opportunities to take part in surveys
- Current consultations on health and social care services.

2. LINK Priorities Panel

The Priorities Panel is part of the LINK's structure and decides how issues brought to the LINK are dealt with. The Panel members were appointed through a selection process and since being established the Panel has undertaken training and met on three occasions (see their separate report to this quarterly event). The Governors' Group has a newly appointed Governor to liaise with and to monitor the activities of the Priorities Panel - Cate Jackson.

3. LINK Authorised Visitors

Most of the LINK participants who were selected to become LINK Authorised Visitors have undertaken the required two-day training and are due to be formally authorised, once all

satisfactory references have been received, along with CRB (Criminal Records Bureau) and POVA (Protection of Vulnerable Adults) checks.

LINK Authorised Visitors will undertake the LINK's role of 'entering and viewing' health / social care premises. The Visitors can be called upon to carry out visiting activities that are needed as part of a LINK's project or review.

Activities that Authorised Visitors will shortly become involved in are:

- Use of the LINK's enter and view powers to check on hygiene, disinfection in Kent hospitals
- Mystery shopping to assess existing services provided at Age Concern Day Centres in West Kent.

4. LINK Representatives on external groups / organisations

Ten LINK participants have been selected to represent the LINK on external groups where health and social care is that group's key subject. In the main this will be groups concerned with the commissioning of such services and improving services based on users' experiences. The groups / organisations where a participant is to represent the LINK are one of the items to be discussed by the new Governors Group at their first meeting on 12 November 2009. Organisations / groups being considered are as follows:

- NHS Eastern and Coastal Kent Board
- Kent County Council's Health Overview and Scrutiny Committee
- Eastern and Coastal Kent Primary Care Trust's (PCT) Patient Experience Group
- Maidstone and Tunbridge Wells NHS Trust's Patient Experience Group
- NHS West Kent's Patient Experience Group
- Citizen's Panel, NHS Eastern and Coastal Kent PCT
- Appointment Panel, Assistant Director, Citizen Engagement.

5. LINK's governance arrangements

Most of the LINK's governance arrangements are in place - all were agreed at the LINK's launch on 3 December 2008 and some had minor amendments agreed at the LINK's annual meeting held in May 2009. The new Governors' Group will be addressing further policies needed to ensure that the LINK maintains its integrity, openness and accountability and these are under development, eg:

- Standards of Conduct
- Grievance Procedure
- Complaints Procedure.

6. LINK's finance and projects

LINK financial statement

Attached at *Appendix B* is a report of the LINK's financial position for the first six months of the financial year, ie the period 1 April 2009 to 30 September 2009.

LINK projects

The LINK's updated work programme is attached at *Appendix C*. In accordance with the LINK's work programme (now a consolidated work programme for the year 2009 / 2010 and incorporating the issues referred to the Priorities Panel), a number of projects are well underway. The attached programme provides updates on their progress. The Governors' Group roles in respect of this are to ensure that:

- The LINK's budget is not exceeded and all funds are spent appropriately
- The LINK's integrity and credibility is safe.

See the Priorities Panel Report to note the Panel's role in respect of the LINK's work programme.

7. Conclusion

The set up phase for the LINK is now complete and the more challenging 'doing / delivering' phase is well underway. This is about delivering the objectives of the LINK to:

- Provide more opportunities for the community of Kent to get involved in shaping their health and social care services
- Provide the community of Kent with confidence through the LINK becoming actively involved in monitoring and reviewing the quality of local health / social care services.

In addition to delivering the LINK's work programme, which was approved at the LINK's annual meeting in May 2009, the LINK's Priorities Panel has started dealing with other issues brought to the LINK. Their report is also presented to this quarterly event.

The Kent LINK Governors' Group
10 November 2009



Appendix A of Governance framework

Kent LINK Governing Group Terms of Reference

Introduction

The Governing Group of the LINK is a group of people with a range of skills, knowledge and experience, which when combined, can be used to guide the LINK effectively. The Governing Group will be accountable to the LINK for its activities.

The Governing Group will provide the Kent LINK with the separation of its governance from the LINK's key roles; direct public involvement, obtaining and passing on views, monitoring and reviewing services. This arrangement will ensure that a small group of people are not put in the position of, or being seen as, speaking on behalf of the community of Kent.

The Group's key role will be to support the activities of the wider LINK, not necessarily lead it or participate in its main activities. The Group will be responsible for ensuring that

- The Kent LINK's purpose and values are agreed by the people of Kent
- It, and the LINK, operates in an open and transparent manner
- It, and the LINK, complies with the law
- It, and the LINK, respects the role of the Host staff
- All LINK activities comply with its statutory obligations and published governance arrangements
- It develops and sustains the LINK's public engagement systems / structures
- It maintains budgetary control of the LINK's expenditure
- LINK projects are delivered on time, within budget and to the highest standard possible
- It develops and keeps under review strategies, policies and systems to enable effective partnership working between the LINK and health and

social care organisations and with the community and voluntary sector in Kent

- It prepares for public consultation and approval at a LINK event, constituted in accordance with its governance rules
 - A LINK governance framework
 - A LINK communication strategy
 - A LINK equality and diversity policy
 - A LINK PR strategy
 - A LINK work programme.
- LINK reports are sent to the appropriate statutory bodies and responses disseminated to the LINK
- The legal obligations placed on statutory bodies are complied with in respect of
 - Supplying information to the LINK
 - Responding to LINK reports.
- The legal obligation of the LINK in respect of publishing an annual report is complied with
- It participates in the performance management arrangements to be agreed by the Kent County Council (KCC) - relating to the Host's contract with KCC
- It puts in place and supervises a system for the appointment of individuals to be part of the LINK's authorised panel of representatives and LINK representation on outside bodies.

The Group will not

- Be partisan or become involved in the issues being addressed by the LINK
- Directly engage in LINK activities or raise issues that should be the province of the LINK.

The Group will receive appropriate administrative and professional support from the Host in accordance with a Working Agreement, to be agreed by both parties.

Commitment

The term of office for a member of the Governing Group is 12 months.

As a general guide membership of the Governing Group will involve at least one day per week as follows

- Group meetings – once per month
- Review day – one per six months
- Activity – 6 hours per week.

More time may be required in the initial stage of the setting up of the Governing Group.

As individuals, Group members are expected to

- Be interested in and committed to the development of the LINK
- Understand and be committed to the LINK's policies and values and equal opportunities
- Share in the governance of the LINK by agreeing to work on working parties or other groups set up by the Governing Group which may involve the production of written papers and other tasks
- Regularly attend meetings of the Governing Group
- Support all decisions once they have been reached by the Governing Group
- Be willing to participate in training and strategy meetings
- Ensure that they and any employing body accept the time commitment involved in their full participation as a Governing Group member

As members of the Governing Group they will

- Ensure that funds received by the LINK are properly managed and accounted for
- Keep under review the LINK's overall policy and direction and contribute to its development
- Ensure that, given the constraints on resources, the LINK is meeting its aims
- Take a long term view of how the LINK should develop
- Ensure that the Group responsibilities which are delegated to individuals are carried out.

Roles and Responsibilities

General abilities

There are a number of general abilities that all Members of the Group will need:

- **Equality and diversity** - The LINK will adopt a principle of ensuring that the diversity of the area is covered, that all have an equal opportunity to voice their views and take part in LINK activity. It is therefore important that fresh and different perspectives are drawn upon to govern the LINK and be inclusive in the way it fulfils its purpose. For this to be achieved all members of the Group will sign up to these principles but at least one member will have experience in addressing equality and diversity issues and a good understanding of the diversity of Kent.

- **Commitment** – In line with Kent LINK’s purpose to provide a voice for the community of Kent, members of the Group will need a high level of commitment to the principles of patient and public involvement, especially enabling the involvement of disadvantaged groups. This will include having the time to contribute to the work of the Group and the ability to promote the LINK and encourage further involvement from a wide cross section of the population of Kent.
- **Team working** - The ability to contribute as an individual and collectively to the work of the Group and the LINK generally.
- **Influencing and communication** - The ability to gain support and influence as well as good communication skills.
- **Contribution to planning the future** - Having the ability to think ahead, not only identifying problems but also providing solutions.
- **Holding to account** - As well as the ability to accept accountability and probe and challenge constructively all members of the Group will promote public accountability in health and social care through open and transparent communication with commissioners and providers.

Specific roles

The Kent LINK Project Board and Steering Group agreed the specific roles that will be needed on the Governing Group.

- | | |
|--------------------------|---|
| • Facilitation | • Finance |
| • Project management | • Community engagement and partnerships |
| • Performance management | • Communications, PR and media |
| • Strategic | • Legislation / policy / governance |
| • Equality and diversity | |

Details of the roles and required expertise are at Appendix 3 (to the Governance Framework).

Standards in public life

All members of the Group, as with the LINK, would be expected to follow the seven principles of public life (known as the Nolan Principles). These are a useful basis for understanding the role of the Group member:

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
- **Honesty** – Holders of public office have a duty to declare any private interest relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** – Holders of public office should promote and support the principles of leadership and example.

All members of the Group will be expected to demonstrate high standards of corporate and personal conduct and will be asked to subscribe to the LINK's 'Code of Conduct' policy.

Conflict of interests

All Members of the Group will be required to declare any potential conflict of interests. Areas of particular concern are involved in the provision, management or regulation of health / social care provision and commissioning. Having an interest in such an area should not prevent applications for the membership of the Group as long as the applicant is open about those interests and they are declared on the application form.

Equal Opportunities

The LINK and any groups established to fulfil the purpose of the LINK will adopt the principles of openness and transparency in all processes and provide equal opportunities for all, irrespective of race, age, disability, gender, marital status, religion, sexual orientation, transgender and working patterns.

Remuneration

Whilst there is no remuneration for these roles, all members of the Group will be able to claim for out of pocket expenses, such as travel and subsistence, in accordance with the LINK's governance framework / policy on payment of expenses.



The Kent LINK Consolidated Work Programme 2009 / 2010 (Projects and issues raised with the LINK)

ID Number	Project / Issue	Activities	Lead	Start	End	Status / Progress
P01	<p>Hygiene, Disinfection and Patient Experience in Hospitals (Project 1):</p> <ul style="list-style-type: none"> • To determine the policy on the use of hand hygiene for both East and West Kent • To establish a compliance standard • To make unobtrusive observations of the use of selected dispensers • To make observations on a number of occasions throughout an agreed period. 	<p><u>Determine policy of usage</u></p> <ol style="list-style-type: none"> 1. Consult Infection Control departments in East and West Kent trusts 2. Make an appointment with the head of Infection Control 3. Compliance standard; decide what constitutes effective hand cleaning. Suggest both hands - not one handed <p><u>Unobtrusive observations</u></p> <ol style="list-style-type: none"> 4. Plan to make observations where the potential users of hand hygiene are not aware of the recorders 5. Make observations on occasions 6. Main hospitals in both East and West Kent ie Maidstone and Tunbridge Wells, Pembury, William Harvey, Kent & Canterbury and Queen Elizabeth Queen Mother Hospitals 7. Decide how many hand hygiene points to be monitored 8. Decide how often monitoring is done 9. Decide the time period for monitoring 10. Monitoring done by two observers 11. Monitoring time 30 minutes at each point - at least five points at each hospital per visit - chosen points to include one nearest to hospital entrance. 	CB	01/09/09	31/12/09	<ol style="list-style-type: none"> 1. Project Group established 2. Hand Hygiene policies obtained from: <ol style="list-style-type: none"> i. East Kent NHS University Hospitals Trust ii. Maidstone and Tunbridge Wells NHS Trust iii. Dartford and Gravesham NHS Trust iv. South East Coast Ambulance NHS Trust 3. FOI Act requests issued to: <ol style="list-style-type: none"> i. Medway NHS Foundation Trust ii. Kent and Medway NHS and Social Care Partnership Trust 4. Quotes obtained for testing kits 5. Recruitment of LINK visitors commenced.

P02	<p>Hygiene, Disinfection and Patient Experience in Hospitals (Project 2):</p> <ul style="list-style-type: none"> To discuss with Infection Control departments their policies on the issues listed To investigate frequency of deep cleaning, concentration of available chlorine in the made-up buckets, methods of making up the chlorine disinfectant and the frequency of renewal, monitoring surfaces for MRSA, monitoring the use of micro fibre cloths and mop heads and efficiency of micro fibre cloths. 	<p><u>Determine Policy</u></p> <ol style="list-style-type: none"> Meet with head of Infection Control and determine the Trust's policy When and where is chlorine used? How frequently are Wards deep cleaned? What is the procedure for making up chlorine and how is this monitored? What is the policy regarding the use of micro-fibre clothes and mops? Who is responsible for maintaining standards? Are any cleaning processes microbiologically monitored? <p><u>Measurement of Available chlorine in disinfectant buckets</u></p> <ol style="list-style-type: none"> Samples taken from made up buckets; sampler to wear disposable gloves and 25ml sample taken into a McCartney tube. Label data to include location, time since make-up, appearance Samples to be sent to analytical lab as soon as possible together with a positive control sample <p><u>Measurement of MRSA or SA</u></p> <ol style="list-style-type: none"> In order to determine the efficacy of disinfection tests of efficacy should be done. These can be done in various ways Investigate ways of doing such tests and find which laboratories would process the samples. 	CB	01/09/09	31/12/09	
P03	<p>Hygiene, Disinfection and Patient Experience in Hospitals (Project 3):</p> <ul style="list-style-type: none"> To carry out a survey of all LINK participants on their experiences of hospital cleanliness in 	<ol style="list-style-type: none"> Contact all LINK participants and find out which have been in hospital recently and would be willing to fill in a questionnaire on their experience with hospital hygiene. Points to be covered in the questionnaire are in the work plan 	CB	01/09/09	31/12/09	

	Kent hospitals.	3. In the absence of a good response from LINKs participant's alternative ways should be found in order to get the views of at least 100 patients.				
P04	Transport to Hospital Project: <ul style="list-style-type: none"> To find out what systems trusts have in place to minimise transport problems for their patients, particularly to the use of innovative approaches to addressing these problems, including working with partner organisations To see what level of consistency exists between trusts in the provision they make for patient transport, car parking, patients who are stranded at A&E, links with community transport schemes and the quality of travel information given out to patients To initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent. 		LM	01/09/09	31/12/09	
P05	Training and Supervision of Care Assistants Project: <ul style="list-style-type: none"> To find out what 		EO	01/09/09	31/12/09	

	<p>contracting and commissioning practices exist in Kent in relation to the provision of social care in people's homes</p> <ul style="list-style-type: none"> To compare those practices with best practice in this field. 					
P06	<p>Stroke Services in Kent Project:</p> <ul style="list-style-type: none"> To find out what is being done in Kent and Medway to address shortfalls in stroke service provision To raise awareness within the LINK of current initiatives underway to improve stroke services To identify any barrier there may be towards achieving those aims 		EO	01/09/09	31/12/09	
P07	<p>NHS Trust in Kent and Medway Project:</p> <ul style="list-style-type: none"> To monitor acute trusts, specifically East Kent University Foundation Trust, to ensure patients are not compromised as a result of Foundation Trust status being awarded To review the operation of foundation trusts in Kent to ensure staff and patient complaints and views are taken into account – following the report into incidents in 		CB	01/09/09	31/12/09	

	Mid Staffordshire.					
P08.1	<p>Getting the LINK involved in the commissioning arrangements for health and social care (Project 8.1):</p> <ul style="list-style-type: none"> • To work with a range of user groups in the NHS Eastern and Coastal Kent area with a view to influencing the NHS 'Vision' for commissioning community services to 2014 • To use focus group methods • To host, in conjunction with NHS Eastern and Coastal Kent, a wash-up event with the purpose of defining the 'Vision'. 		LM	20/07/09	29/08/09	1. Completed, report placed on LINK website.
P08.2	<p>Getting the LINK involved in the commissioning arrangements for health and social care (Project 8.2):</p> <ul style="list-style-type: none"> • To work with KCC's Adult Social Services in developing their Older Person's Strategy. In particular, to do so in relation to contracts the KCC has with Age Concerns in West Kent. In this context to examine the extent to which people are encouraged to be independent, are treated 		EO	27/07/09	30/09/09	1. Stage I complete – eight focus groups held and report placed on LINK website.

	<p>with dignity and respect, feel safe and secure and are encouraged to stay healthy</p> <ul style="list-style-type: none"> To use focus group methods to obtain the views of service users To adopt mystery shopper technique to assess existing services provided at Age Concern Day Centres. 					
P08.3	<p>Getting the LINK involved in the commissioning arrangements for health and social care (Project 8.3):</p> <p>This Kent LINK project will be commissioned by NHS Eastern and Coastal Kent:</p> <ul style="list-style-type: none"> To seek to establish a competition to celebrate the contributions that local voluntary and community groups are making to healthcare. 	<p>1. This would involve:</p> <ol style="list-style-type: none"> Inviting nominations from LINK participant organisations Setting a deadline for receipt of nominations Establishing a Panel and criteria for making the award. 	LM	01/08/09	30/09/09	1. Project complete, panel decided on winners and prizes awarded at Eastern and Coastal Kent Primary Care Trust Annual Meeting.
P09	<p>Annual Check by Care Quality Commission for Health and Social Care Project:</p> <ul style="list-style-type: none"> To work with the community and voluntary sector on arrangements for the next Care Quality Commission's Annual Health Check to enable the LINK to comment. 		ALL LDW	01/10/09	31/03/10	1. Proposals invited from local universities.

ID001	Shortcoming in pain control services in Kent	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Panel queried whether to pursue or not and needed further information 3. Letter to the two PCTs asking about: 4. Availability of pain services across the county 5. 800 Members' experience 6. Public knowledge / awareness of where to get help for pain control 7. Patient returning from hospital re service available 8. Royal College of Anaesthetists - ask re ratio of patients to pain consultants across the county 9. Royal College of Anaesthetists - ask what options should be given to patients in pain (alternative to surgery) 10. PCTs – what options are given in Kent? 	GH	27/07/09		<p>09/09/09 To Priorities Panel 28/09/09:</p> <p><u>Letters sent to:</u></p> <ol style="list-style-type: none"> i. Ann Sutton, Chief Executive, NHS Eastern and Coastal Kent ii. Steve Phoenix, Chief Executive, NHS West Kent iii. Marion Dinwoodie, Chief Executive, Chief Executive, NHS Medway iv. Chief Executive The Royal College of Anaesthetists v. Copies to Dr Meradin Peachey, Director of Public Health.
ID002	Proposal to set up a primary angioplasty service in West Kent	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Panel had general support / interest in 3. Action agreed write to: <ol style="list-style-type: none"> i. Chris Thoms; specialist view (bit more thinking). Obtain more info – stroke (letter to Judy Hunt) ii. Phyllis / Glynis Holt; cardiac. Applies to 'poor service' in West Kent, not East Kent (quality good) iii. Refers to HOSC; disparity of services across East and West Kent. 	GH	05/08/09		<p>09/09/09 To Priorities Panel 29/9/09:</p> <p><u>Emailed:</u></p> <ol style="list-style-type: none"> i. Emma Cain, Public Liaison Officer, NHS West Kent Primary Care Trust <p><u>Action outstanding:</u></p> <ol style="list-style-type: none"> ii. Re Chris Toms / Judy Hunt iii. HOSC.
ID003	Withdrawal of physiotherapy and occupational therapy services	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Panel agreed action: <ol style="list-style-type: none"> i. Find out what the situation is for other users, eg involving Mencap, People with Down's Syndrome - ask participants and groups ii. What services are available 	GH	02/08/09		<p>09/09/09 To Priorities Panel 28/09/09</p> <p><u>Letters sent to:</u></p> <ol style="list-style-type: none"> i. Ann Sutton, Chief Executive, NHS Eastern and Coastal

		<p>generally in community - PCT, area by area</p> <p>iii. What are the patients entitled to and what are they receiving?</p> <p>iv. What about particular course of treatment for people with long-term conditions?</p> <p>v. Can each PCT commission from private sector and probably take with ID 004?</p>				<p>Kent</p> <p>ii. Steve Phoenix, Chief Executive, NHS West Kent</p> <p>iii. Marion Dinwoodie, Chief Executive, NHS Medway.</p>
ID004	Shortage of physiotherapy services in Swale	<p>1. Refer to Priorities Panel</p> <p>2. See item 003 above for action</p>	GH	27/07/09		As above
ID005	Recognition for Swale (West) users	<p>1. Refer to Priorities Panel</p> <p>2. Draw the issue to the attention of PCT re concerns of group</p> <p>3. Ask where Swale group sits within their user network</p> <p>4. Find out what PCT doing to communicate with the residents of Swale.</p> <p>5. Advise referrer can, of course, liaise with their local elected representatives and also to the HOSC.</p>	GH	30/07/09		<p>09/09/09</p> <p>To Priorities Panel</p> <p>Action outstanding re letter to PCT. Advice to referrer.</p>
ID006	Impact of green paper 'Sharing the Future of Care Together' for those on benefits	<p>1. Refer to Priorities Panel</p> <p>2. Action:</p> <p>i. Keep a watching brief or LINK can respond to consultation;</p> <p>ii. Priority Panel can respond to consultation; inform participants can get involved and can respond</p> <p>iii. Refer to LINK Governors re LINK responding to the consultation and how and may incur resources and cite some of the actions already being taken</p> <p>iv. Advise there is a consultation and can feed in views into that but also see 1 above</p> <p>v. Ask Priorities Panel members re personal experience.</p>	GH	11/08/09		<p>09/09/09</p> <p>To Priorities Panel</p> <p>17/09/09</p> <p>Referred to Governors' Group</p>

ID007	Population growth and impact on services in Edenbridge	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Write to Practice to ask what their plans are in the area. 3. Write to the PCT as a general case re ratio of GPs to population. 	GH	24/07/09		<p>09/09/09 To Priorities Panel 05/10/09</p> <p><u>Letters sent to:</u></p> <ol style="list-style-type: none"> i. Dr T R L Bayley and Partners ii. Action outstanding re letter to PCT; awaiting response from GPs.
ID008	X-ray services in West Kent	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Complaint - advise referrer of correct procedure. 	GH	24/07/09		<p>09/09/09 To Priorities Panel 21/09/09</p> <ol style="list-style-type: none"> i. Letter to referrer.
ID009	Financial abuse of self funders and other vulnerable adults	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: <ol style="list-style-type: none"> i. LINK make referral to Kent and Medway Adult Protection - contact the team (part of social services) because it is financial abuse and this is the rightful place for an investigation to take place ii. Help the referrer make the referral iii. Ask the LINK Governors if such an issue is within the LINK remit? 	GH	04/09/09		<p>09/09/09 To Priorities Panel 17/09/09</p> <ol style="list-style-type: none"> i. Referral to Governors' Group
ID010	Planning mental health services in West Kent	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: <ol style="list-style-type: none"> i. Ask Kent and Medway Partnership Trust why they have not responded to the referrer. 	GH	04/09/09		<p>09/09/09 To Priorities Panel 19/10/09</p> <p><u>Letters sent to:</u></p> <ol style="list-style-type: none"> i. Letter to Erville Millar, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust. ii. Copy to Loretta Kavanagh, Director of Commissioning, Mental Health
ID011	Adverse health impacts on black and minority ethnic	<ol style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: 	GH	27/07/09		<p>09/09/09 To Priorities Panel</p>

	groups (BME)	<ul style="list-style-type: none"> i. Write to PCTs – what are they doing about it? ii. Service of check ups for people so NHS is doing it. 				05/10/09 <u>Letters sent to:</u> i. Dr Meradin Peachey, Director of Public Health.
ID012	Improving audiology services in West Kent	<ul style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: <ul style="list-style-type: none"> i. Watching brief ii. Letter to Trust asking: iii. How many patients on the waiting list? iv. How long is the wait, ie GP referral to finished treatment? v. Follow up with the patient. 	GH	04/09/09		09/09/09 To Priorities Panel 19/10/09 <u>Letters sent to:</u> i. A Horne, Chief Executive, Medway NHS Foundation Trust.
ID013	Assisted help with service provision for young carers	<ul style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: <ul style="list-style-type: none"> i. Sympathetic support letter ii. Letter to PCT raising the issue iii. Money is not ring-fenced, but is base lined and each PCT decides how to spend this. East Kent has decided but West Kent not to spend on carers iv. There are alternatives: European funding, lottery funding v. What is KCC's strategy re carers? vi. Ask the LINK participants if can add to it and defer to the next meeting. 	GH	04/09/09		09/09/09 To Priorities Panel
ID014	Diabetic services, Maidstone	<ul style="list-style-type: none"> 1. Refer to Priorities Panel 2. Action: <ul style="list-style-type: none"> i. Write to Chief exec of PCT expressing concern about the situation, copy to CQC; in letter state that the LINK is aware of the considerable issues and pressures in the area (Maidstone Hospital and C. diff) and ask if there are areas that are being affected because of this, ask why funding has been reduced 	GH	15/05/09		19/10/09 - Referral to Governors' Group <ul style="list-style-type: none"> i. Discussed with Chair of Governors re LINK project ii. Agreed to meet on 22/10/09 and prepare recommendation to Governors as an urgent referral prior to their next meeting which isn't until 5 / 6

		<p>and has the funding been reduced in other areas</p> <p><u>Urgently visit:</u></p> <ul style="list-style-type: none"> ii. diabetic nurses clinic; ask endocrine specialist (PA) who best to visit and when to see service across the whole spectrum (all ages) iii. Undertake a LINK project / visit: iv. speak to service user(s) / carers experience of service generally <p><u>Ask professionals:</u></p> <ul style="list-style-type: none"> v. Is the service adequate? vi. Has service changed in the last year and, if so, in what way? vii. Have they been promised changes that have now been withdrawn? viii. Ask GP practices / consortium of GPs in the area (Maidstone) or Local Chair of BMA (Paul Hobday at Sutton Valance), what their experiences are. 				<p>November</p> <ul style="list-style-type: none"> iii. Agreed letter be sent to PCT and to Dr Hobday, Chair, Local branch of BMA. <p>19/10/09</p> <ul style="list-style-type: none"> iv. Letter to Steve Phoenix, Chief Executive, NHS West Kent <p>19/10/09</p> <ul style="list-style-type: none"> v. Letter to Dr Paul Hobday, Chair, Maidstone Branch, BMA <p>22/09/09</p> <ul style="list-style-type: none"> vi. To Priorities Panel
ID015	Privacy and dignity, Gravesend Hospital	<p>Action:</p> <ul style="list-style-type: none"> i. Visit to check facts ii. Ask referrer to go along on visit and to talk to staff 				
ID016	Restorative Justice in Prisons	Action: Defer to next meeting				

Key:

- (ID number) P a project identified and agreed at the LINK's Annual Meeting held on 28 May 2009
- (ID number) ID an issue received by the LINK and referred through the decision making process of the LINK
- LDW LINK Development Worker
- CB Cate Boland, LDW for Mid Kent
- LM Louise Murrell, LDW for East Kent
- EO Elayne Oxley, LDW for West Kent
- GH Graham Hills, Operational Director of the Kent LINK



Kent LINK Budget

LINK COSTS	B / Fd	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10
KENT LINK INCOME												
Brought Forward												
Contract		15185.17	15185.17	15185.17	15185.17	15185.17	15185.17					
Interest		5.22	5.12	5.89	6.30	7.05	7.77					
KENT LINK EXPENDITURE												
LINK Members Expenses + Gov Meetings		317.56	735.33	223.30	982.35	1,178.21	214.33					
Bank Charges		0.00	48.61	19.61	13.02	8.82	7.83					
Communications												
Access Points		0.00	0.00	0.00	0.00	0.00	0.00					
LINK Website / Maintenance		0.00	0.00	0.00	0.00	0.00	0.00					
LINK Recruitment + Leaflets		0.00	0.00	0.00	725.00	5896.12	0.00					
Publicity / Promotional		2804.00	0.00	0.00	127.91	0.00	217.40					
Translation Costs		0.00	0.00	0.00	0.00	0.00	0.00					
Development Work												
Project Running Costs		0.00	0.00	0.00	0.00	803.61	2520.04					
Network Events / Workshops		733.00	1457.00	953.67	579.35	2105.37	35.73					
LINK Establishment Events		105.13	634.35	519.74	0.00	0.00	0.00					
Other												
CRB Checking		0.00	0.00	0.00	240.00	48.00	0.00					
Member Training		0.00	0.00	159.76	73.57	1650.00	40.00					
TOTAL MONTHLY COSTS	0.00	3,959.69	2,875.29	1,876.08	2,741.20	11690.13	3,035.33	0.00	0.00	0.00	0.00	0.00
SUPLUS CARRIED FORWARD	0.00	11,230.70	23,545.70	36,860.68	49,310.95	52813.04	64,970.65	64970.65	64970.65	64970.65	64970.65	64970.65

Mar-10	LINK COSTS
	KENT LINK INCOME
	Brought Forward
	Contract
	Interest
	KENT LINK EXPENDITURE
	LINK Members Expenses
	Bank Charges
	Communications
	Access Points
	LINK Website / Maintenance
	LINK Recruitment
	Publicity / Promotional
	Translation Costs
	Development Work
	Project Running Costs
	Network Events / Workshops
	LINK Establishment Events
	Other
	CRB Checking
	Member Training
0.00	TOTAL MONTHLY COSTS
64970.65	SUPLUS CARRIED FORWARD