



**Kent LINK External Representatives
Meeting Report**

Name of LINK Representative	Peta Groom
Name of External Organisation	Maidstone and Tunbridge Wells NHS Trust
Name of External Group	Patient Experience Committee
Name of lead contact of External Group	
Date of Meeting	1 August 2011
Venue of Meeting	
Summary of Meeting (If appropriate attach papers)	<p>As always, this two hour meeting was attended by many hospital directors and senior managers, as well as a wide range of patient group representatives. This demonstrates a sincere commitment by the Trust to listen and respond constructively to suggestions and criticisms. This constructive attitude has become rare in too many public service bodies where criticism is met by defensive denial.</p> <p>The Health Ombudsman's damning report, '<i>Care and Compassion</i>', was scrutinised by the Trust Board and an 18 page paper presented ahead of the meeting. It is an honest paper, examining hospital practice to identify where improvements need to be made. I was pleased to hear that pain control was under review. End of life care was a particular topic. The Trust implements the Liverpool Care Pathway (LCP). Note: I shall ask the Trust for assurance that patients placed on the LCP have their condition reassessed regularly by experienced, qualified staff.</p> <p>The Trust has an ongoing policy of the Productive Ward, designed to release more time for staff to be with each patient. Together with the improved ward staffing levels means that staff have more time to provide the kindly attention that patients need. This in turn gives staff greater satisfaction to do what is an exhausting job. In turn, Maidstone and Tunbridge Wells NHS</p>

Trust becomes a place for employment, evidenced by the completion of a successful recruiting drive, including the Trust's staff bank. Eliminating the need to fill gaps with agency nurses is a goal worth achieving, from both the patient's care and the Trust's financial point of view; win all round.

Cate Boland, Kent LINK Project Development Worker, was not able to attend. The LINK's favourable Hygiene, Disinfection and Patient Experience in Hospitals report was well received. Flo Panel-Coates, Director of Nursing, asked if I would contribute in Cate's absence, but I said I had not been a part of the project team. However, my own observations cannot support good compliance with the alcohol gel dispensers at the back entrance of the hospital, which I always use. I judge compliance at 70 per cent. Young women between the ages of 18 and 28 being the worst offenders; going in and out, both visitors and those who might be office staff. The back entrance is not under the keen surveillance of the many who work or move around the front entrance where non-compliers are likely to be challenged. I reported that on my way to the meeting, I had observed two smartly dressed young women in a uniform of dark skirts and short-sleeved tops walking from the direction of the nearby kitchen, wearing rubber gloves. Flo thanked me and said that all small lapses are dealt with promptly.

Ashley Scarff, Associate Director of Strategy and Planning, said that open days are being planned to give the public an opportunity to visit the new hospital ahead of the official opening date on 19 September 2011. Senior Trust staff will accompany each of the visiting groups to answer questions.

In the Spring, I was one such group touring the various facilities including the maternity ward wing. I invited a young neighbour who was expecting her second baby to accompany me. She was delighted with all that she saw, exclaiming, 'The staff were brilliant but these new facilities are unbelievable'. A few areas were out of bounds because they had been deep-cleaned ahead of patients being admitted. The League of Friends had made a generous donation to put a large Freeview television on the wall of each bedroom; at last, no more irritating communal TVs.

As a hospital PPI member, I was at the various planning meetings from the beginning, so naturally I was interested to see the paper plans made real. Queries from the public were interesting, for example 'Where is the geriatric ward? There aren't any!' Patients are nursed on the unit according to the medical need, not according to their age, with the exception of children. Feeling isolated, being ignored and falling out of bed and no one noticing in the single bedrooms (beds are fitted with pressure sensors) are and will continue to be a worry for the

public. From the beginning, the Trust reiterated the benefits; infection control, en-suite facilities, dignity, privacy, quietness and accommodating visitors more easily.

Senior Trust staff had visited a Norwegian hospital to see how their single rooms were managed. The visit highlighted the privacy of soundproofing which encouraged patients to talk about sensitive matters knowing that they could not be overheard on an open ward. I had just been acknowledged as a LINK representative and sent a written report.

John Fletcher, Chairman of the Kent LINK Governors' Group, phoned me at home after the meeting about this very matter because he has been asked to speak live on Radio Kent at 8.00am on the Tuesday about these worries. I did not hear the outcome.

In addition to the above, I was very pleased to tell him that Flo had reported a recent audit that had showed that all call bells were answered more promptly than was usual. Flo said that the Trust was surprised but very pleased. I suggested that the reason could be because nurses on their way to a call were not distracted by two or three other patients, which is usual on an open ward.

There was very wide public consultation throughout the planning stage, including some very bizarre ideas, mercifully vetoed. This demonstrated the NHS challenge of trying to satisfy such a broad mix of people.

All hospital services, except A&E, are commissioned by the Primary Care Trust (PCT). The Department of Health (DH) Stroke Strategy had not been published at the planning stage so provision of acute stroke wards and subsequent rehabilitation were not on the plan. Stroke rehabilitation is a PCT responsibility. The neuro-rehab ward at the Kent & Sussex will move to Tonbridge Cottage Hospital. There is disquiet amongst local patients who need the low-tech care it provides at the moment will have to move further away.

I was sent a copy of the Care Quality Commission's report on stroke rehabilitation in the community of Kent. NHS West Kent does not perform as well as other areas. They have the knowledge in the person of Julie Hunt, who led the stroke services for the PCT. Julie wrote a comprehensive policy paper on the whole service following the DH stroke guidelines. LINK, please review.

At the June meeting, I asked the Trust about their policy for treating foreigners. The DH published the new guidance for treating foreigners which came into force on 1 August 2011.

	<p>Ashley Scarff will present the Trust's formal response at the next meeting.</p> <p>I am grateful to Janine at KMN for getting a copy to me so quickly. It is a clear and thorough document but I am astonished at the generosity. The Governors' Group may like to consider the matter. Please let me know; remember, this is public money raised through taxation.</p> <p>NOTE: Tunbridge Wells Courier, 5 August 2011 <i>Book now for exclusive tour of the hospital before it is fully open on 21 September 2011. Wednesday, 17 and Thursday, 18 August 2011: 6.00pm – 8.30pm. Phone the hotline on 01622 225859 or email nick.evans@nhs.net Tours last one hour and will feature the single en-suite bedrooms, A&E and the emergency operating theatre.</i></p>
Recommendations / Actions eg <ul style="list-style-type: none"> • Items for LINK bulletin • Items for individual interest group • Issue to Priorities Panel / Governors' Group 	
Date of Next Meeting	

For office use only

Recommendations / Actions

<i>For Office Use Only</i>	<i>Recommendation / Action</i>	<i>Date of Action Taken</i>	<i>Who By</i>
Name			
Date			