



**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 Group
Name of lead contact of External Group	Not known
Date of Meeting	3 October 2011
Venue of Meeting	Not known
Summary of Meeting (If appropriate attach papers)	<p>The constitution and terms of reference for this committee were discussed and will be reviewed annually.</p> <p>Importantly, its findings contribute to an annual report to the Trust Board on the development and implementation of the Trust's Patient and Public Partnership Strategy. I interpret that to mean in layman's terms that the Trust listens to its patients and the public, and acts to correct matters where they have the power to do so.</p> <p>The Primary Care Trust (PCT) commissions hospital services and has the power and authority to control exactly what can be done and then pays for it. There was some discussion patient representatives about the lack of PCT representation on this committee. They are sent the minutes and invited, but do not do so. The hospital Trust does not have the authority to command it.</p> <p>Jeanette Rooke, Assistant Director of Estates and Facilities, reported that the move to the new hospital at Pembury had gone even better than planned. I had contacted a patient, who was part of the move, to find out his experience. He was full of praise and spoke of the foresight to give him a bag containing the obscure drug he needs, just in case the Pembury pharmacy had not received the supplies before he left the Kent & Sussex.</p>

He was very pleased to be able to rest in his own room with the en-suite toilet and not have to queue. There was a Freeview television and there were no worries about being disturbed by other patients, which was appreciated. Snoring loudly is not unusual; I recommend a plug of blu-tac as the best ear defender.

Papers showing patient concerns, trends and progress regarding Quality Accounts were presented. These identify complaints and where various operational standards of care are met or need to be improved.

Of particular importance to the general public are the figures for MRSA and Clostridium difficile (C. diff). The target improvement has been met and the measures to consolidate that improvement are being implemented.

Same sex accommodation has been and still is a problem in old hospitals running at nearly 99 per cent capacity. Patients are given a choice and I have first hand personal experience of being a patient in such circumstances. No matter how discrete the staff are, it is usually down to luck with whom you share a communal space; men or women.

I questioned why the outcome for stroke improvement had not reached the compliance target. The published figures were updated on 22 August 2011. The specialist stroke nurse is now in post and working across both sites and, together with the rehabilitation unit now relocated to Tonbridge Cottage Hospital, Maidstone and Tunbridge Wells NHS Trust is now compliant with the National Stroke Audit.

West Kent PCT needs to be questioned about community hospital beds for patients displaced who would not have expected to go to Tonbridge Cottage Hospital.

I have completed my training to be a Kent LINK Authorised Visitor and have asked the LINK to arrange for me a visit. I worked as a night sister in such a unit. After retirement, under the Patient and Public Involvement Forums, I followed the Stroke Strategy closely to its implementation in the ambulance and acute hospitals in Kent and Medway. I have not had the opportunity to evaluate the PCT and social care response. The absence of PCT representation on the Maidstone and Tunbridge Wells Patient Experience Committee has not permitted any questioning.

Ashley Scarff, Associate Director of Strategy and Planning, said the government's White Paper, Equity and excellence: Liberating the NHS, is now before the House of Lords. The Trust cannot make a constructive response until the situation is clear. It will be kept on the agenda.

Also on the agenda for the next meeting will be travel, transport and car parking. The present situation was presented and the improved bus frequency expected to be implemented in December. In my capacity as a Maidstone and Tunbridge Wells Patient and Public Involvement member, I led the travel, transport and car parking sub group, which included the PCT and ambulance trusts. We witnessed firsthand the uphill struggle experienced by Graham Goddard, Director of the new hospital project, with the Borough Council and Highways Agency. We were astonished at how NHS money was expected to pay for road signs and to subsidise bus journeys.

Also on the December agenda, by request of a patient representative, is a statement about the volunteer drivers and their organisations. The item on the August agenda regarding pain control was being held over until December because Flo Panel-Coates, Director of Nursing, wants to address this important matter herself and she was away for this meeting.

If any LINK participants want to contribute their experiences, good and bad, please let me know through Kent & Medway Networks Ltd. Details such as dates and times, departments and liaising with GPs all help pin-point accuracy to make the debate constructive.

John Fletcher, Chairman of the Kent LINK Governors' Group, had asked me if hand gels had been withdrawn at Maidstone and Tunbridge Wells hospitals because they had been in other hospitals. I said no. However, arriving on 3 October 2011, there were none at the hospital's entrance. There was a notice saying that they were located at the entrances to wards and departments. I am sure the Trust will be monitoring the situation. I did not raise the matter.

I sent a copy of this report to the Trust's headquarters out of courtesy and will underline the topic for their consideration if it merits a statement at the next meeting. Winter is the time of year for coughs and sneeze spread diseases and hand contact infection in any public place is always a problem.

Please note, my reports are not the minutes of any of the

committee's meetings. I have presented those topics which I've considered of particular interest and importance. I have not reported on the items raised by David Morris who is and has been a Kent LINK External Representative from when the LINK became engaged with this committee.

Any other business

I am grateful to Maidstone and Tunbridge Wells NHS Trust for sending me, at my request, a copy of the October agenda and the nine pages of minutes of the August meeting.

This was to honour my promise to William (Bill) Mansfield from North Kent, who I sat next to at the LINK's Authorised Visitor training session. He was lamenting on the poor standards that he saw at Medway Maritime Hospital. I urged him to become involved and enquire about the hospital's Patient Experience Committee and told him of how Maidstone and Tunbridge Wells NHS Trust addresses the matter.

I noticed there were a fewer External Representatives present than usual. They had not sent in apologies for absence, so Bill will not see the range of stakeholders. By sending him this copy, he could make a constructive contribution. The strength of the Kent LINK / HealthWatch should just be with Kent & Medway Networks Ltd to facilitate networking. I noticed there were not so many varied representatives as usual. That may be because it was the holiday month.

Also, on my table were people from both Medway Maritime and Darent Valley hospitals, so there was informal discussion about the proposed integration to form one Trust.

Maidstone and Tunbridge Wells NHS Trust was settling down to a 'shotgun marriage' when I became involved with the PPI. I remember Dr Chris Thom leading for Maidstone and Tunbridge Wells NHS Trust in stroke medicine having to listen to the dynamic approach being made by consultants in single site hospital trusts. I was at a South East regional conference discussing the progress on the implementation of the Stroke Strategy when I became aware that the Trust's slowness was no different from other hospital trusts settling into the 'shotgun marriage'.

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	Not known

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			