

**Draft minutes of a meeting of the Kent LINK Priorities Panel held on
10 March 2010 between 3.00pm and 5.00pm
at the Salvation Army, 74 – 80 Union Street, Maidstone, ME14 1ED**

Present:

David Dye, Chair
Robin Ridsdill-Smith
Ray Harris
Lynn Gallimore, Vice Chair
Doug Tutton
Junetta Whorwell

Also present:

Hazel Brain, LINK participant / Authorised Visitor
Sophie Swain, Kent LINK Project Worker
Alex Burnand, Kent County Council (KCC)
Tish Galey, KCC
Cate Jackson, Kent LINK Governors' Group

Opening of meeting

1. Apologies for Absence were received from John Forrest.

2. Declaration of interests

There were no declarations of interest.

3. Minutes of the last meeting on 10 February 2010

3.1 Accuracy

The minutes from the last meeting were checked for accuracy and approved.

3.2 Actions arising

3.2.1 Item 2, page 1 – a query was raised as to whether clarity regarding length of office had been established with the Kent LINK Governors. This is to be discussed at the next Governors' Group meeting on 17 March.

3.2.1 Item 8, page 3 – It was confirmed that the Priorities Panel Quarterly Report for the Community Engagement Event had been signed off by the Chair electronically prior event.

Items for decision / action

4. To consider existing referrals to the Panel

4.1 ID 033: Bedside Entertainment at Darent Valley Hospital

It was **agreed** that this did not constitute a health or social care issue and therefore that the LINK would not take any action.

4.2 ID 034: Medication in Care Homes for Older People

The Panel recommended that no action be taken immediately, but that a letter should be sent to the PCTs in July (two months after the deadline for the Department of Health's recommendations in May) to establish how these have been implemented.

5. To consider new referrals to the Panel

5.1 ID 035: Inadequate provision for young people with Autistic Spectrum Disorder (ASD) from the Children and Adolescent Mental Health Services (CAMHS) in Kent

Clarification was sought as to whether LINK deals with issues affecting people under 18. It was confirmed that restrictions apply only to the Enter and View powers and not to issues being brought to the LINK. It was felt that further information on this issue was required in order for the Panel to be able to score appropriately and that the issue was around CAMHS failing to provide an adequate service across the board not just to children and young people with an ASD.

The Panel recommended that the National Service Framework for CAMHS be consulted to establish how services in Kent perform against these guidelines. The Panel also felt it would be useful to know from the PCTs why the Pathway Project at Canterbury Christ Church University has been commissioned and how they plan to implement its recommendations into future service improvements. It was **agreed** that this issue be deferred to the next meeting for consideration in order for the additional information to be established in the meantime.

Items for discussion

6. Report of meeting between Chairman and Vice Chairman of the Panel and Chairman of the LINK's Governors held on 26 February 2010

6.1 Process for dealing with issues

It was **agreed** that some issues would require initial actions taken such as writing a letter or making a phone call to establish further information prior to the issue coming to the Panel for consideration. The task of contributing to a template could be attributed to individuals with a particular interest or through the use of a Panel member reviewing templates in advance. Ray Harris has been involved

with this. The process of establishing this flow of information was **agreed** as an item for the next agenda.

6.2 Proposed changes to the decision making process

Concern was raised that rejecting an issue on the grounds of the LINK being unlikely to be able to make an impact may lead to an issue not being taken on even if it may have some value to do so. Another point raised was that at present there is little discussion taking place as to how scores are arrived at, questioning the value of the scoring process. Participants need to feel that an issue has been considered fully, however, and the Panel was reminded that the scoring process is there to aid discussion and debate and ensure that members of the Panel actively engage with issues, looking at every element of the issue they are being asked to consider. The scoring process also applies accountability to the LINK and provides an audit trail through recording what scores each issue receives. It was felt that where there are scores which divide the group these do need to be discussed in more detail and that individual members of the Panel's consistency of scoring should also be taken account of, because some score consistently high, some consistently low. The Governors Group has recommended the addition of another category to the scoring system to enable an issue to be scored against how it fits in with key LINK strategy.

6.3 Relationship between Governors and Priorities Panel

Further discussion took place as to the relationship between the Priorities Panel and the Governors Group. The Priorities Panel makes a decision as to whether an issue is taken on by the LINK assuming that little or no resource is required. Where there is an issue which does require additional resource, a recommendation is made to the Governors. Not all issues which are approved by the Priorities Panel become a project and there is a great deal of low level activity happening. The Panel felt that their role was to get answers to questions, develop understanding of the issues and identify how work can be undertaken.

It was **agreed** that the changes and recommendations be taken to the AGM for consideration. Subject to changes being made, it was **agreed** that scoring could be reviewed on a regular basis (e.g. three monthly) to ensure that it continues to be fit for purpose.

8. Summary of issues not taken to Priorities Panel for consideration

A list has been set up to enable the Panel to see issues which have not been taken to them for consideration which will be circulated in advance of every meeting. This includes ongoing issues which have come in but are not yet ready for consideration so that these are monitored even if they are not brought to that meeting. Some issues do not need to be dealt with in a template, but need to be recorded. This will include complaints which will not be taken forward or issues resolved without having had to come to the Panel.

It was **agreed** that initials of the person who is dealing with an issue should be added to the list and contact details provided so that contact can be made with the relevant person between meetings with further information if required.

9. Any other business

Maidstone and Tunbridge Wells Stroke Board Meeting

Robin Ridsdill-Smith provided a review of the recent meeting he had attended. It had been highlighted that aftercare is weaker in South West Kent than the rest of Kent. A review of stroke services will be carried out by Care Quality Commission review in next two months. Telemedicine is operating in East Kent to diagnose stroke. There have been two bidders to operate this service in West Kent and may integrate with East Kent.

Information management

Clarification was sought as to how a two-way flow of information for external meetings is managed and how this is fed back to the LINK. The host organisation Kent & Medway Networks Ltd is responsible for receiving this information and for feeding back through the network. The LINK is early on in this process and this will be developed further over the next 12 months.

Priorities Panel Report for the Quarterly Event

It was requested that this come to the group in advance to enable each member to have sight of it before it is signed off by the Chair.

Items for noting

10. Date of the next Priorities Panel meeting

14 April 2010, from 2.00pm – 4.00pm at Salvation Army, Maidstone

Minutes produced by Sophie Swain, Kent LINK Project Worker
Contact: 07807 987403 or sophie@kmn-ltd.co.uk



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Summary of issues not taken to Priorities Panel for consideration

DATE	ISSUE	REASON NOT TAKEN TO PANEL	LEAD
11/02/10	Problems with access at Kent and Canterbury Hospital – issue of design of disabled toilet, entry being restricted through wheelchairs being piled in front of it and equipment being stored in corridors	Complaint is currently being investigated by Eastern and Coastal Kent (outcome advised by 22/02/10). LINK involvement is not appropriate at this stage however complainant advised to inform us of the outcome so that it could be reported in LINK's Annual Health Check Quality Account feedback.	LM
04/02/10	Patient taken into Maidstone Hospital following a fall, and not requiring treatment, was then discharged into a private nursing home for recuperation as no beds available. Referrer was concerned that no steps were taken to ensure the patient's safe return from hospital and wanted the LINK to investigate the discharge pathway at the hospital and find out whether it is their policy to place patients in a nursing home bed.	Referrer advised that LINK is unable to respond to individual complaints and that it is not uncommon for an elderly person in need of care which was not medical to be placed in a home. Advised to contact Patient Advice and Liaison Service (PALS) and Independent Complaints Advocacy Service to make a complaint and requested update on outcome to establish if LINK has any further part to play.	GH
18/02/10	Hot water tap out of order at Royal Victoria Hospital, Folkestone	Patient Experience Team at William Harvey Hospital confirmed hot water fixed on 04/02/10	LM
22/02/10	NHS West Kent would like the LINK to do some work on looking at the barriers encountered by women in the West of the county in accessing screening services for breast and cervical cancer.	Issue arose shortly before last meeting - template to be produced for consideration at next meeting	SS
01/03/10	In one area the Local Involvement Network (LINK) has committed to having HIV as an integral part of their work by setting up a specific work stream on sexual health and HIV, with a Sexual Health representative on the LINK steering group. This means that the local community has the opportunity to feedback on what they think about HIV health and social care services and influence future service development, including services funded through the ASG. Referrer is interested to see if something similar could be set up in Kent.	Further information needed as to what is required	EO

27/02/10	Concern from LINK participant regarding newspaper article about the closure of mental health ward in Tunbridge Wells and the implications of taking services away from the local area.	Further information needed as to what participant is asking LINK to do.	CB
04/03/10	Participant has made a serious complaint about William Harvey which has been taken to ICAS and Health Ombudsman who have refused to take any further action. Participant feels that many of the concerns she raised have not been fully addressed and would like the LINK to take action to address these.	LDW and PP member to review correspondence as to what issues remain outstanding and what action participant would like taken in order to establish what, if anything, the LINK may be able to do	CB

Key:

PP	Priorities Panel
GH	Graham Hills, Operational Director of the Kent 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
SS	Sophie Swain, LINK Project Worker



Priorities Panel - Action proforma

Issue no

ID 033: Bedside Entertainment at Darent Valley Hospital

Summary

Concern has been raised that in order to watch TV, inpatients at Darent Valley Hospital have to buy a £5 'credit card' which lasts for 24 hours whether the TV is being used or not. The hospital has entered a 15 year contract with the provider under an initiative to provide bedside entertainment units for all inpatients. The LINK is asked to raise the issue with local MPs.

Scores

8, 12, 17, 11, 11

Average: 12

Total achievable: 36

Recommendation(s) and approximate timescale to achieve (short term, medium term, long term)

Take no action as issue does not constitute a health or social care issue

Proposed outcome(s)

N/A

Key contact(s) for Priorities Panel (if appropriate)

N/A



Priorities Panel - Action proforma

Issue no

ID 034: Medication Errors in Care Homes for Older People

Summary

A recent research study examining medication, prescribing, dispensing, administration and monitoring practices across 55 care homes in West Yorkshire, Cambridgeshire and central London, strongly indicated there was considerable scope for improvement in how medicines are prescribed, dispensed, administered and monitored in residents and patients in residential care and nursing home settings in these areas. As a result, PCTs have been issued with guidance as to how they should address these findings in order to reduce the potential for errors to take place. The LINK is asked to investigate what relevance the findings have to Kent by gaining information regarding incidents involving medication in care homes for older people and how PCTs plan to implement the recommendations which have been issued from the Department of Health in the wake of this study.

Scores

6, 6, 13, 14, 22

Average: 12

Total achievable: 36

Recommendation(s) and approximate timescale to achieve (short term, medium term, long term)

No action to be taken immediately, send a letter to the PCTs in July (two months after the deadline for the Department of Health's recommendations in May) to establish how these have been implemented.

Proposed outcome(s)

Update from PCTs in July.

Key contact(s) for Priorities Panel (if appropriate)

N/A



Priorities Panel - Action proforma

Issue no

ID 035: Inadequate provision for young people with Autistic Spectrum Disorder (ASD) from the Children and Adolescent Mental Health Services (CAMHS) in Kent.

Summary

The NAS South Kent branch has approached the LINK with concerns that an insufficient service is being provided by the Children and Adolescent Mental Health Services (CAHMS) particularly to children with Autistic Spectrum Disorder (ASD).

In Shepway, 324 children are currently on the pediatric database having been diagnosed with ASD by the pediatric team. This figure does not include those diagnosed separately by CAMHS staff. Effective help needs to be available for these children. Shepway CAMHS only has three staff not the sixteen they need. The group has reported constant problems with cancellation of appointments due to lack of staff.

Scores

20, 18, 34

Three people did not score as they felt further information was required.

Average: 24

Total achievable: 36

Recommendation(s) and approximate timescale to achieve (short term, medium term, long term)

- Defer issue for consideration at next meeting – further information required (see below)
- Consult National Service Framework for CAMHS to establish how services in Kent perform against these guidelines
- Find out from the PCTs why the Pathway Project at Canterbury Christ Church University has been commissioned and how they plan to implement its recommendations into future service improvements.

Proposed outcome(s)

Deferred to next meeting

Key contact(s) for Priorities Panel (if appropriate)

Lyn Gallimore