

*Your LINK for improving health and social care*

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**Draft minutes of a meeting of the Kent LINK Priorities Panel held on 11 August 2010  
between 2.00pm and 4.00pm at Salvation Army Hall, 74 – 80 Union Street,  
Maidstone, Kent ME16 1ED**

**Present:**

Ray Harris  
Robin Ridsdill-Smith  
Doug Tutton  
Junetta Whorwell

**Also present:**

Alex Burnand, Kent County Council  
Cate Jackson, LINK Governor with responsibility for the Priorities Panel  
Graham Hills, Operational Director, Kent & Medway Networks (KMN)

## Opening of meeting

### 1. Apologies for absence

Apologies were received from David Dye and Lyn Gallimore. It was reported that David Dye would not be renewing his membership of the Panel. Panel members paid tribute to the leadership of David as its first Chair of the Panel and it was **AGREED** that a suitable letter of thanks be sent on behalf of the Panel. **Action: Graham Hills**

It was noted that the Panel did not have a quorum, although scores and recommendations on issues had been received Lyn Gallimore. It was decided to continue with the meeting and approval to the actions taken at the meeting be sought from Lyn Gallimore and John Fletcher. **Action: Graham Hills**

The Panel were advised of the outcome of the recent selection event and the names of the members of the new Panel. Given that a quorum for the Panel is five members felt that eight Panel members were insufficient. Given this they requested the Governors' Group to make arrangements for the recruitment of more members. **Action: Graham Hills**

### 2. Declaration of interests

There were no declarations of interest.

### 3. Minutes of meetings of the Panel held on 9 June and 14 July on 10 March 2010

#### 3.1. Accuracy

The minutes from these meetings were checked for accuracy and approved.

#### 3.2. Actions arising

**Minute 4 of 9 June 2010 meeting** - The Panel reviewed their handling of this item. It was felt that in future clear guidance should be given to speakers of the Panel's expectations, particularly with regard to PowerPoint presentations. For example, ascertain whether the speaker wishes to take questions during the presentation or afterwards. Also expected timings for presentations and question and answers should be given. KMM should ensure that attendees are appropriately prepared and supported where necessary.

### Items for decision / action

#### 4. Issues

4.1. The Panel considered the following referrals:

- ID 038 – Concern for people on GP special allocation schemes, details attached. The Panel scored the item, as follows:

Factors	Weighted scores panel member 1	Weighted scores panel member 2	Weighted scores panel member 3	Weighted scores panel member 4	Weighted scores panel member	Total weighted scores
Structured evidence	3	3	6	3		15
Unstructured evidence	2	2	4	4		12
Ability to act within timescales	1	1	1	0		3
Issue being dealt with by someone else	3	1	2	0		6
Impact on affected community	4	4	2	2		12
Can LINK make a difference	3	1	1	1		6

Equality impact assessment	4	2	4	0		10
Total weighted scores	20	14	20	10		64 = mean score of 16

**4.2.** The Panel, whilst supporting the NHS' zero tolerance policy, felt that requiring a patient to complete a journey of 60 miles to access a GP was unreasonable. In view of this the Panel **AGREED** to enquire of NHS Eastern and Coastal Kent:

**4.2.1** Why patients are allocated a doctor so far away from their home

**4.2.2** What arrangements are in place for such patients to be reviewed

**4.2.3** Whether improved arrangements could be put in place for those patients suffering from mental ill health and other conditions that may have led to their being placed on the special allocation scheme?

**4.2.4** Ascertain further information about the operation of the special allocation scheme.

- ID 039 –Issues relating to outpatient appointments (details attached).

**4.3.** The Panel scored the item, as follows:

Factors	Weighted scores panel member 1	Weighted scores panel member 2	Weighted scores panel member 3	Weighted scores panel member 4	Weighted scores panel member 5	Total weighted scores
Structured evidence	6	9	-	-	6	21
Unstructured evidence	4	4	-	-	4	12
Ability to act within timescales	1	1	-	-	1	3
Issue being dealt with by someone else	3	2	-	-	1	6

Impact on affected community	4	4	-	-	4	12
Can LINK make a difference	3	2	-	-	3	8
Equality impact assessment	6	2	-	-	4	12
Total weighted scores	27	24	-	-	23	74 = mean score of 25

**4.3.1** The Panel, in considering this item also took into account an issue received on 13 May 2010 concerning the Fracture Clinic at Darent Valley Hospital and other anecdotal information supplied by Panel members. In view of this the Panel **AGREED** to **RECOMMEND** to the Governors' Group that a LINK Project be undertaken to look at outpatients' journeys through secondary care from booking of appointments, correspondence, access, timing of clinics, waiting times, cancellations and rebooking of appointments across Kent.

**4.3.2** The objective would be to improve the outpatient clinic process by encouraging a more efficient way of organising outpatient clinics to ensure they meet the needs of patients and staff preventing such cost inefficiencies as hospital transport turning up to collect patients that have cancelled their appointments. It could also identify whether or not there are any well run clinics which could be used as examples of best practice to help others to improve.

**4.3.3** It was suggested that Governors ensure fuller details of the project would be worked up once approval has been given to move forward but could include the use of LINK authorised visitors.

## 5. Pending issues

**5.1.** The Panel noted Attachment 5, being a list of issues received but which have not yet been submitted for consideration or dealt with in other ways. It was **AGREED** that Ray Harris be nominated by the Panel to keep such issues under review to ensure that urgent items are not unduly delayed in coming before the Panel, particularly with regard to issues which may have implications for public safety.

## Items for discussion

### 6. Report from Governors' Group

The Panel considered a paper, Attachment 6, from the Governors' Group on the Panel's ways of working, together with correspondence from Panel members, Lyn Gallimore and Robin Ridsdill-Smith. The following points were made during the subsequent discussion:

- 6.1. Panel members broadly agreed with the process for considering issues outlined in the report
- 6.2. The revised process the Panel now works to should minimise the need for further requests for information
- 6.3. The Panel didn't accept the suggestion that it should "categorise" issues – the Panel felt that they either decide on action for KMN to take or make a referral of an issue to the Governors in accordance with the Panel's terms of reference
- 6.4. Issues should be coded to enable the LINK to keep track of trends and to alert the LINK to issues that may indicate a potential public health/safety issue. The Panel felt that it was their responsibility to monitor this and advise the Governors' Group appropriately
- 6.5. The Panel would see it as their duty to monitor actions taken on their decisions and to ensure that KMN were acting appropriately
- 6.6. The Panel also would see it as its duty to pursue some issues as appropriate in order to put itself into a position to advise the Governors where a LINK project may be required
- 6.7. On advice from KMN it was suggested that the type of person required to support the Panel was a case-worker, rather than a project worker
- 6.8. With regard to the scoring system, it was felt that there was merit in the process as it:
  - 6.8.1 Provided evidence of a rigorous process for considering everyone's issues
  - 6.8.2 Ensured rigor in considering issues
  - 6.8.3 Aided discussion and decision making
- 6.9. On this latter point, it was emphasised that whilst the scoring process had merit, it was only an aid to discussion and decision-making, and should not be used to prioritise or to be used virtually. The Panel felt that good decision making required discussion face to face with other Panel members
- 6.10. An action column should be to the decision making matrix
- 6.11. Whilst the Panel would monitor action that didn't need to go the Governors Group, Panel members would wish to be kept informed of the outcome of those issues which are referred to the Governors' Group for consideration of a LINK Project or where representations, on advice of the Panel are made to an NHS or social care agency.

**7. Any other business**

There was no other business

**8. Date of the next Priorities Panel meeting**

The next meeting of the Priorities Panel will be held on Wednesday, 8 September 2010, at the Salvation Army Centre, Union Street, Maidstone ME14 1ED. Panel members requested that they be involved in the new Panel member's induction. It was also **AGREED** that new Panel members be invited to the next meeting.

**\*\* End \*\***

*Minutes produced by Sophie Swain, Kent LINK Project Worker*

August 2010

## Issue for consideration of Priorities Panel

**For official use only:**

Issue ID Number: 038

Date received by Operational Director

: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date to Priorities Panel

11/08/2010

**Office use:**

Name:

(JJ, RA, KT, All)

Date completed and initials:

Date of referral to LINK	_16_ / _05_ / _2010_
Date issue arose	July 2009
Title (Headline/short title of issue)	Concern for people on GP special allocations scheme
<p>Nature of interest/standing of person in relation to issue:</p> <p>Recipient of service <input type="checkbox"/>    Family <input checked="" type="checkbox"/>    Friend <input type="checkbox"/>    Advocate/Campaigner <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, please state what their standing is in relation to the issue:</p>	
<p>Is the person raising the issue a:</p> <p style="padding-left: 40px;">LINK participant? <input type="checkbox"/></p> <p style="padding-left: 40px;">Member of the public? <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Priorities Panel Member? <input type="checkbox"/></p> <p style="padding-left: 40px;">Governor Group Member <input type="checkbox"/></p> <p style="padding-left: 40px;">LINK Development Worker <input type="checkbox"/></p> <p style="padding-left: 40px;">Part of an organisation <input type="checkbox"/></p>	

<p>If raising issue on behalf of an organisation, state name and brief details of what they do</p>	
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Patients who exhibit aggression or abusive behaviour towards GPs, many of whom as a result of mental health difficulties, are placed under the special allocations scheme, meaning that they cannot see a local GP but have to travel to an acute setting to see the GP within the locality of the PCT. In a case brought to the LINK, a patient in Ashford has been placed with a GP at the Queen Elizabeth the Queen Mother Hospital in Margate, meaning a round trip of around 60 miles. The Independent Complaints Advocacy Service (ICAS) have confirmed that this is a widespread problem across Kent (and also in Sussex).</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel (NB: Form will expand to accommodate additional text – other documentation can be appended, as necessary).</p> <p>The case above, in which a patient with a number of health problems including depression, back pain, high blood pressure and diabetes was forced to travel for over an hour to see a GP allocated to him under the special allocations scheme illustrates the situation facing many patients on the scheme who may find it difficult to travel within the locality due to physical or mental ill health or financial reasons.</p> <p>It has been reported that once on the scheme patients can find it difficult to get back to their usual GP often because they need to physically meet with the GP to start a 'step-down' programme, and are unable or unwilling to do so due to the reasons listed above. The Department of Health requires that placement on special measures is reviewed regularly with the aim of placing patients back in the system as soon as possible. In practice it has been reported that this does not always happen, and there is concern that clients may 'drop out' of the system if they no longer make appointments to see the GP. Patients with mental illness may require more support to encourage them to engage with the GP, to ensure that they do not miss out on vital medical treatment.</p> <p>It is not for the LINK to condone aggressive or abusive behaviour towards medical professionals or to challenge the 'zero tolerance' exerted by the PCT however there may be a need to consider alternative measures for those clients with mental health issues who may exhibit challenging behaviour as a result of their illness.</p>	

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes

No

If yes, give details of actions already taken including contact details of others dealing with the issue:

Issue has been brought to the attention Local Medical Committee by an ICAS representative. It is not part of an ongoing investigation.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, eg closure of a unit, change of service, a particular urgency?

Yes

No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

What expectation does the person raising the issue have of the LINK, ie what does that person want the LINK to do / what action does it want it to take?

Raise the issue with PCTs in Kent to draw their attention to the problem facing many people on the special allocations scheme to ensure that regular reviewing of these patients is taking place so that patients do not become isolated if they do not engage.

What would be a good outcome from the perspective of the person raising the issue?

- For PCTs to look at their current reviewing system for patients who are on the scheme, to ensure that patients are re-introduced where possible in order to reduce demand for local services which may mean that those patients on the scheme are able to see a GP as close to home as possible.
- For the needs of those patients who may be exhibiting challenging behaviour as a result of mental illness to be looked at, for example through the possibility of commissioning specialist support services to allow them to see a GP in the local area without having to travel long distances.

What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.

Initial feedback from carer, and feedback from ICAS representative to confirm that this is a problem as follows:

“In our experience travel is not only a problem where the service is ‘full’, but for most patients who have to travel to a hospital site, rather than a local G.P. This becomes a more acute problem when you take into account the fact that most of those who fall into the special measures category seem to have mental health difficulties. We do wonder sometimes whether sufficient latitude is exercised by G.Ps and their staff towards patients who have behavioural issues. Once a patient is known to have behaved aggressively with a practice, it can be very difficult for them to find a placement elsewhere and they tend to get stuck on the scheme. We do wonder whether ‘zero tolerance’ isn’t sometimes stretched to include behaviour that, while unpleasant, is certainly not violent.”

How widely does this issue affect other people?

This has been acknowledged as being an issue for people (especially those with a mental illness) across Kent.

In what ways are other people affected by this issue.

People with mental health issues could become isolated from their GP and those unable or not willing to travel to see a GP may not receive medical support for illness or long term conditions.

Signed Sophie Swain

Date 02/08/10

Recommendations Proforma – ID 038

No	Recommended action	Please tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to Trust/Social Care calling for comment before taking any further			
4.	Urgent action as issue concerns patient/client safety			
5.	Further information required, please specify			
6.	Consult/ survey participants to check level of interest/concern before proceeding to any other action			
7.	Start discussion on LINK web site/through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit –specify purpose of visit in comments column			
11	Refer to regulator, e.g. Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12	Potential to develop as possible LINK project			
13	Any other recommended actions			

## Issue for consideration of Priorities Panel

***For official use only:***

Issue ID Number: 039

Date received by Operational Director

: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date to Priorities Panel

11/08/10

***Office use:***

Name:

(JJ, RA, KT, All)

Date completed and initials:

Date of referral to LINK	June/July 2010
Date issue arose	Various
Title (Headline/short title of issue)	Issues relating to outpatient appointments
Nature of interest/standing of person in relation to issue:	
Recipient of service <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Advocate/Campaigner <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please state what their standing is in relation to the issue:	
Is the person raising the issue a:	
LINK participant?	<input checked="" type="checkbox"/>
Member of the public?	<input type="checkbox"/>
Priorities Panel Member?	<input type="checkbox"/>
Governor Group Member	<input type="checkbox"/>
LINK Development Worker	<input type="checkbox"/>
Part of an organisation	<input type="checkbox"/>
If raising issue on behalf of	

<p>an organisation, state name and brief details of what they do</p>	
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Several LINK participants have raised issues concerned with logistics of outpatient clinics, booking systems and communications. These problems can cause unnecessary inconvenience and distress through delayed or cancelled appointments which ultimately impacts on both patients and clinical staff. The issue was first raised with the LINK in July 2010 by a carer who had problems taking a relative to an appointment due to confusion caused by the appointment letter. Two further LINK participants came forward in July with similar outpatient clinic issues whereby clinics were running late or appointments cancelled without adequate communication between clinicians and patients.</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel. (N.B: Form will expand to accommodate additional text – other documentation can be appended, as necessary)</p> <p>There appears to be a multitude of problems patients face when they attend outpatient clinics.</p> <p>For example; a patient requiring a cataract operation at William Harvey Hospital received a confirmation letter but on the day was not on the surgeon's list. Another patient had an eye appointment at Buckland Hospital but the appointment was cancelled without notifying the patient prior to appointment date. Although a cancellation letter was sent it was dated after the appointment and was received later. Another patient whose initial appointment was in June 2009, received notification that her appointment with the consultant would be in September 2010. The following are the issues raised by three LINK participants:</p> <ul style="list-style-type: none"> <li>• Communication between patients and hospital staff, and between those working within the service, needs to improve. Cancellation letters should include a rescheduled date and be sent out in timely fashion. Procedures should be in place to ensure that patients are informed in time should changes to their appointments be necessary.</li> <li>• Consideration needs to be given to the status of the patient, for example, elderly patients may not be able to attend clinics early or late in the day if they are dependent on the bus service or if they need hospital transport which needs to be available to pick them up at appropriate times on account of the locations of their homes. Working patients may prefer early or late appointments to avoid loss of working time.</li> <li>• Block booking of clinics should be avoided as it creates parking problems and</li> </ul>	

- Outpatient appointments being made for the same person over different sites may contribute to poor communication between departments with patients and can lead to consultants not always having all the patient's records when making a diagnosis.
- Patients have to wait too long between an initial appointment and an appointment for diagnosis (e.g. 15 months)
- The need for procedures in place to ensure that consultants have the necessary information for making a diagnosis, for example test results and equipment.

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes

No

If yes, give details of actions already taken including contact details of others dealing with the issue:

Following the raising of the initial issue in July a letter was sent to East Kent Hospitals University Foundation Trust (EKHUFT) raising the issue directly with them. Consequently a response was received from the Trust which is copied onto the bottom of this form but states that the Trust has come up with a way of customising the way appointment letters are generated, especially at Queen Elizabeth Queen Mother Hospital, to rectify the confusion caused to the initial issue raised with the LINK.

A letter sent to Stuart Bain resulted in an earlier appointment for an ophthalmology patient. Another letter, sent when a clinic at the William Harvey was over an hour and a half late, and the nurse announcing this said it happened regularly, plus at the same clinic, the consultant did not have test results, resulted in a less satisfactory outcome, but the patient was told a better system of passing information between hospitals was in the process of being installed.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, e.g. closure of a unit, change of service, a particular urgency?

Yes

No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

A patient could suffer avoidable permanent damage on account of too long a period between an initial appointment and the diagnosis of a health issue, so the sooner evidence can be collected to stimulate the improvement of outpatients'

clinics, the better.

What expectation does the person raising the issue have of the LINK, i.e. what does that person want the LINK to do/what action does it want it to take?

A project could be set up to look at outpatients' journeys through secondary care from booking of appointments, correspondence, access, timing of clinics, waiting times, cancellations and rebooking of appointments across Kent.

The objective would be to improve the outpatient clinic process by encouraging a more efficient way of organising outpatient clinics to ensure they meet the needs of patients and staff preventing such cost inefficiencies as hospital transport turning up to collect patients that have cancelled their appointments. It could also identify whether or not there are any well run clinics which could be used as examples of best practice to help others to improve.

Fuller details of the project would be worked up once approval has been given to move forward but could include the use of LINK authorised visitors.

What would be a good outcome from the perspective of the person raising the issue?

The improvement of outpatient clinics across Kent to ensure they better meet the needs of patients and staff and to help ensure that NHS resources are used efficiently e.g. less occurrences of 'did not attend'.

What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.

Personal experience of two patients and one carer brought to the LINK with regard to problems with outpatient clinics at different sites across Kent.

Also observed at the William Harvey was the distress of an elderly patient who was denied a meeting with a consultant because of arriving late on account of being unable to get to the hospital in time.

At an ophthalmology clinic at the William Harvey Hospital, two small children were kept waiting over an hour and a half, which distressed them and made life difficult for their mothers.

How widely does this issue affect other people?

Problems have been reported with outpatient clinics across Kent so there is the potential for many people to be affected by these issues but most seem to assume poor service has to be accepted and are reluctant to complain.

In what ways are other people affected by this issue.

Outpatients and their carers using services and facilities across Kent are either travelling unnecessarily to cancelled appointments, being left waiting due to clinics running late or missing appointments completely due to lack of or mis-communication. The Hospitals do not appear to be running to maximum efficiency if the through-put of patients is not effectively managed. This is an unnecessary cost for the Trust and is not effective use of personnel.

Signed Louise Murrell

Date 28 07 10

RECEIVED  
26 JUL 2010

East Kent Hospitals University **NHS**  
NHS Foundation Trust

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**Directorate of Clinical Quality and Patient Safety**

22 July 2010

Graham Hills  
Operational Director  
Kent LINK  
Unit 24 Folkestone Enterprise Centre  
Shearway Road  
Folkestone Kent  
CT19 4RH

Trust Headquarters  
Kent and Canterbury Hospital  
Ethelbert Road  
Canterbury  
Kent  
CT1 3NG  
Tel: 01227-866417  
Fax: 01227 866379

Dear Graham

Thank you for your letter received 2 July; regarding appointment letters. May I begin by offering an apology to the patient/family concerned for the added stress the confusing information about the QEQM (Queen Elizabeth the Queen Mother Hospital) entrances may have caused. The concerns raised as well as the helpful suggestion are very much appreciated, as these allow us to provide improved services and enhance our patients' experience.

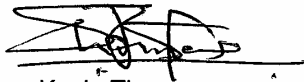
Appointment letters, for the most part, are automatically generated by the Patient Administration System (PAS). The PAS automatically draws the official hospital address into the patient's appointment letter. At QEQM, this is the St Peters Road address. However, as QEQM has two main entrances there is also a 'rider' in the body of the letter which can say if the appointment location is at the Ramsgate Road entrance. The Patient Service Centre (with the exception of human error) will ensure this rider is selected for appointments at the Monkton Suite (the outpatient area at Ramsgate Road end of the hospital). However, there are many other departments making appointments and it is often in these other areas that the 'rider' tends not to be selected.

We have come up with a way of customising appointment letters according to the clinic code assigned on PAS; the implementation of this is ongoing. Appointment letters for pre-assessment for surgery do not fall within Patient Access Services. This is being addressed by Theatres and/or the surgical directorates. In addition, we have been working with Access Governance on improving and standardising appointment letters.



I hope we can continue to work closely together, to ensure our patients and the larger public have a positive experience of our services, and can confidently use our Patient Experience service for their complaints, concerns, comments and compliments.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kunle Thomas', written over a horizontal line.

Kunle Thomas  
Head of Patient Experience

Recommendations Proforma – ID 039

No	Recommended action	Please tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to Trust/Social Care calling for comment before taking any further			
4.	Urgent action as issue concerns patient/client safety			
5.	Further information required, please specify			
6.	Consult/ survey participants to check level of interest/concern before proceeding to any other action			
7.	Start discussion on LINK web site/through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit –specify purpose of visit in comments column			
11	Refer to regulator, e.g. Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12	Potential to develop as possible LINK project			
13	Any other recommended actions			



28 July 2010

## **Report from the Governors' Group to the Priorities Panel on future ways of working**

The Priorities Panel meeting to be held on Wednesday, 11 August 2010 was originally suggested as a joint meeting with the Governors' Group. At their meeting on 21 July 2010, the Governors' Group considered that it may not be helpful to hold this meeting jointly and it was agreed that the meeting should be of the Priorities Panel only (with the exception of the Governor's representative, Cate Jackson).

The Governors' Group felt that problems that have arisen have been largely the result of a lack of a clear definition of the processes required to identify priorities, and that it might be helpful if an attempt was made to clarify the situation before the 11 August 2010 meeting in order that concerns could be addressed and solutions found.

The overall objectives are:

- To clearly define issues by providing sufficient information for decisions to be made at one meeting without request where possible, for further information
- To classify LINK work on issues into categories for action which will generally be either potential projects or a less intensive input, ie letter, telephone call etc
- To make clear decisions so that issues do not need to be reconsidered at the next meeting
- To debate issues in order to arrive at a Panel consensus on a recommendation for action
- To make recommendations based on the discussion ie for the project approach or lesser input
- To have a clear and well defined end point ie recommendation made for a project group to be established, a letter to be written, a telephone call to be made etc
- Where possible to put a time frame on the discussion so that everyone can be kept informed of what is likely to happen and when.

The starting point for decision making on any issues must be the information supplied by the Host organisation, Kent & Medway Networks Ltd (KMN). This will require KMN to clearly define the issue before putting the facts to the Priorities Panel. Issues should not be put to the Panel until there is sufficient information available for the Panel to make a decision.

When it is deemed that there is sufficient information, this will be used by the Panel to decide. Only in exceptional cases should there be a need for further information before this decision is made (it is realised by all that there can never be too much information but a line has to be drawn for the decision making process to proceed otherwise it will never take place).

The issues come to the Panel to be categorised (not prioritised) according to the action to be taken by the LINK. The action may be to recommend the initiation of a project or something less resource intensive such as a letter, telephone call etc, or even to decide to recommend that the LINK is not in a position to take action.

Every issue coming to the Panel will receive a recommendation for action. Given this relatively simple outcome it should be possible to arrive at a recommendation without too much information as further investigation will continue after the recommendation is made, especially if it is to be project work.

The current system of scoring may not be appropriate to arrive at a recommendation and it may be worth considering a more simple system or merely modifying the existing one to make it simpler. The critical question is can the LINK do anything about it? If the answer is yes, then a recommendation follows. If no, the matter is referred back to the originator with positive suggestions for them to get the answers they need from elsewhere.

This system will give the Panel the chance to debate the issue and to come to a consensus view before making a recommendation. It may be useful to have headings in order to structure the debate and some of those used in the previous scoring system should be considered, eg is anyone else involved in this work? Is there existing information? Etc. It should not be necessary to give a numerical score as the Panel will not be attempting to put issues into any order of importance as every issue will have a recommendation for action. Resources will in the end determine what can be done.

The Panel will recommend and KMN will act upon their recommendation in whatever way is suggested and appropriate. Every issue submitted and considered will get a recommendation. Whatever the action recommended the issue will move on and not reappear on the agenda of future meetings except as a report from KMN of the actions which were taken as a result of the recommendation.

In some circumstances, acting upon the recommendation will reveal a more complex problem than was originally suggested. In such cases, the revised problem will be treated as a separate issue and will restart the process with KMN gathering all the necessary new information and submitting it to the Panel for their consideration at their next meeting.

The Governors' Group will receive those issues which require significant financial input by the LINK (significant to be defined) and will decide whether resources are available to do this work. They will also be kept informed of all the other issues which have been resolved as a result of the recommendations and subsequent KMN action.

In this process the functions of the various components are:

### **Priorities Panel**

- To receive issues for investigation from KMN
- To debate these using the information supplied
- To arrive at a consensus
- Identify actions through recommendations
- Refer recommendations to KMN
- To be informed at each meeting of the result of the recommendations / action taken on previous issues.

### **Governors' Group**

- To receive via KMN recommendations from the Panel of potential project work and any other work which may involve costs above the normal
- To decide whether or not resources can be allocated to the proposal
- To receive from KMN reports of actions taken as a result of work identified by the Panel on the lesser input issues.

### **KMN**

- To receive issues from referrers, establish / clearly define the issue and confirm the referrers objectives (what it expects / would like the LINK to do)
- To prepare information for the Panel relating to the issues received
- To act upon the recommendations of the Panel
- Write, telephone or email those who have raised an issue to inform them what has happened
- Prepare details of the proposed projects or large pieces of work for consideration for financing by the Governors' Group
- Suggests names for Project leader and project group members for project proposals using the participant / information base
- To keep on ongoing list of actions taken as a result of the recommendations of the Panel including reporting back to the Panel the decisions of the Governors' Group.

John T Fletcher  
Chairman, Kent LINK Governors' Group  
28 July 2010