

**Your LINK for improving health and social care**

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## **Kent LINK Priorities Panel The Mechanism of Operation**

Proposals / suggestions received at Kent & Medway Networks (KMN) from participants and participating bodies and any other group or groups but possibly excluding the major stakeholders eg NHS, Social Services other large official bodies (see later).

These are to be carefully examined by KMN who will discuss them with colleagues and, when necessary, with a nominated representative of the Priorities Panel (Ray Harris). Ideally the Priorities Panel (PP) should nominate two people to do this work so that progress is not held up by the absence of one or other of their nominated members (suggest the second person is the Chair or Deputy Chair).

Following this initial discussion, with or without the involvement of the nominated PP member, a decision will be taken on how to progress the issue. In the majority of cases it is likely that the issue will be resolvable by KMN staff.

Where such issues are identified, defined and dealt with without involving discussion at a meeting of the PP, the results will be reported in the LINK Bulletin, on the website and also for information to the Governors' Group and the PP.

Where it is obvious that the issue needs to be discussed by the PP (which may follow discussion at KMN and possibly also with the nominated PP member although the latter may not be needed if the need for involvement of the PP is obvious) the issue must be clearly defined.

If on receipt the issue is vague or very large and ill defined, KMN will go back to the proposer and narrow down the work area and define it very precisely so that the PP will receive a very clearly defined issue / problem.

The PP will consider the issue and rate it according to its importance. This may require a new look at how this is done. But it is very important that a rating is given which takes into account the various factors already in use by the Panel and any others.

Once the PP has discussed the issue and given it a priority rating (which should be completed in one meeting) their job is done and the issue will be referred back to KMN who will decide how the clearly stated objectives can be achieved and how much it will cost to achieve these. In some circumstances it is possible that some further clarification of the issue will be required in spite of the best efforts of KMN, in which case the issue may have to return to the PP for a second discussion. It would also be very helpful for the LINK and for KMN if the PP could

identify a leader (project or other) for the work which they are recommending for action. The aim with all issues should be to reach a decision on the LINK involvement or not in a minimum time of one meeting and in exceptional circumstances two.

Once KMN have completed a costing, the approval of the Governors can be sought. But if there is great urgency a nominated Governor could be consulted (the Governor chosen according to the subject of the proposal) before the next Governors meeting in order to save time.

The PP will be kept informed of the completion of the work they have rated through the usual channels.

### **Dealing with the major stakeholders**

Experience in East Kent suggests that useful work can be done by the LINK in conjunction with the NHS in particular through the PCT. A similar request has recently been received from the West Kent PCT. Such involvement can require a large input by the Kent LINK but can be very worthwhile. Having agreed to do such work for East Kent it is unlikely that a similar request from West Kent could be refused. In this case there seems no need to go through the PP although the Panel and the Governors should be kept informed of what has happened, what is involved and how much it costs in terms of labour input and money.

A similar approach could be taken with other major stakeholders where it seems obvious that the LINK should be involved.

### **How the Priorities Panel assess priorities**

The Kent LINK needs to know where it should be using its resources. Resources are limited and will not allow the LINK to be involved in all possible issues. A selection process is essential so that issues that need the attention of the LINK are identified. Once the issue has been raised with the LINK it is important that a decision on its priority is reached as soon as possible. The current matrix for decision making gives a score to each issue, taking into account a number of factors. Some issues that come to the PP clearly involve the LINK and require action eg IDO14 diabetic services (scored 24). The actions documented all appear to be for KMN apart from a project but the nature of a possible project is not specified. Under this proposal most of the work could have been done (and has been) by KMN and if a project is still needed this must be defined by KMN / PP. Other issues are less important for the LINK (IDO19, scored 17) and would be best not even considered by the PP.

Somewhere in between these two are others which may or may not be obvious work. If this initial screening is done by KMN the number of issues coming to the PP will be greatly reduced and it will become easier for the PP to decide on its priorities.

It seems that the current matrix might be over complicated and a discussion with opinions express around the table may pick out the most important issues without a more complex system.

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27 January 2010.