



Medway LINK – Annual Meeting

Minutes from the Meeting on Wednesday, 9 June 2010 at Queens Hall, The Corn Exchange, Northgate, Rochester, ME1 1LS.

Present: 45 participants
14 others

In Attendance: Jane Williamson - Medway LINK Development Worker
Brenda O'Neill - Facilitator, Kent & Medway Networks Ltd

Speakers: David Harris - Facilitator, LINK Coordinating Team
Richard Tripp - Coordinating Team Member
Betty Enwright - LINK participant
Ronald Jones - LINK participant
Cate Boland - Kent LINK Development Worker
Neville Dack - LINK Project Worker
Jim Hancock - LINK participant
Terry Horobin - LINK External Representative Coordinator

Apologies: Marion Dinwoodie, NHS Medway
Bobbie Walkem-Smith, NHS Medway
Rose Collinson, Director of Children's and Adults Social Services
Sue Hannant, Medway & Swale Advocacy Partnerships
Valerie Jones-Ellis, LINK participant
Stephanie Goad, Medway Council

1. Introduction, welcome, apologies:

David Harris, Facilitator, LINK Coordinating Team welcomed participants to the second Annual Meeting of the Medway LINK and gave an overview of the day. He confirmed that the tellers for the vote count were Suzanne Brooker, Medway NHS Foundation Trust, Teri Hemmings, Medway Council and Kaz Macklin, Medway Council.

2. Approval of the minutes of the Annual Meeting of the Medway LINK held on 3 June 2009:

David Harris asked for participants to cast their votes using flags (2 postal votes to be included in the voting).

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Recommendation: To approve the minutes of the Annual Meeting of the Medway LINK held on 3 June 2009

Approved

3. Medway LINK Annual Report 2009 / 2010:

David Harris gave an overview of the year explaining that the LINK has been consolidating itself and its work during this second year, carrying out projects and beginning to look forward to the third year, making the LINK's voice heard, collaborating with stakeholders and the community of Medway. David gave an overview of successful projects carried out, the reports that have been published to make the voice of the LINK heard and the recommendations and actions put forward to the NHS for them to act upon. The Annual report and accounts will be submitted to the Secretary of State at the end of June 2010.

4. Medway LINK Annual Accounts 2009 / 2010:

Richard Tripp, Coordinating Team Member presented the Annual Accounts. He stated that £122,000 is received each year from the Government via Medway Council which translates into approximately £10,000 per month. The finance is divided between the Host Organisation and the LINK. There was a significant underspend during 2009 / 2010 due to less work being carried out than was originally planned. Savings were made on premises costs and operational costs which contributed to an accumulated surplus. This surplus will be used in 2010 / 2011 to contribute to further research and development work as well as the employment of an additional Development Worker and the development of access points for the public. The underspend is regularly reviewed.

All NHS and Social Service budgets will be affected by cuts which. The LINK will need to monitor the effects of these cuts and determine their priorities based on these changes.

Richard commended the accounts for formal submission.

5. Presentations on examples of the LINK's work:

5.1 Fair Access to Care Services Project

LINK participants Betty Enwright and Ronald Jones gave a presentation on their experiences of being mystery shoppers for this project. The training session was good, but they felt the mystery shopping would have been more effective done in person as visits rather than on the telephone. They found it difficult to speak to the right person on the telephone and after calling several times it became clear their identity was not a mystery. They were concerned about the impression gained of a home over the telephone and recommend visits be carried out to ensure the right home for your relative. They found that they benefited from working in pairs and learning from each other. A good start has been made on this project looking into care homes and it is hoped that it will continue with visits being carried out and care homes joining together to share information to ensure the best possible care for elderly. They recommended training courses for carers should be available for staff as well.

Questions:

A LINK participant asked what the rationale was behind this exercise and how it fed into 'Fair Access'. It was commented that using this form of mystery shopping to gain information is very difficult because it is hard to follow a set of questions when the conversation takes a different direction. However, visits should be more effective.

Richard commented that the presenters have demonstrated how people can bring experience to LINK projects.

5.2 Hygiene, Disinfection and Patient Experience in Hospitals Project

Cate Boland (Kent LINK Development Worker) presented an overview of this project which has just launched its final report. Cate gave an overview of how participants and visitors were trained and carried out activities within the project such as swabbing in hospitals. The project looked at the hand hygiene procedures and compliance standards Trusts have in place and how Trusts are working together to encourage hygiene in hospitals. Visits were carried out to all hospitals in Kent and Medway, with observations to see how often visitors used the hand gels – if at all. The project included fact finding about Trusts and what they do, offered opportunities to talk to infection control staff and look at their compliance standards, investigate deep cleaning and frequency and look at levels of chlorine in cleaning water. Swabs were taken from within hospitals by LINK visitors, including from door handles, tables and nurses stations. A patient survey was also carried out encouraging the wider community to get involved in the project. Finally, 14 recommendations were made to Trusts.

Copies of the report are available – including responses from Trusts. Cate expressed her gratitude to all participants in the project.

Questions:

- Cate was asked to outline the recommendations. These include more rigorous cleaning and more supervision of cleaning fluids and the chlorine solutions being used to clean the hospital. Cate confirmed that discussions with Trusts will take place about how they will take forward the recommendations made in the report. A formal letter has already been written to each Trust asking them to respond within 20 days.
- Cate was asked to confirm if hospitals were going to take hand gels away from the front entrances of hospitals. She confirmed that some Trusts have policies in place that put hand gels at ward level rather than at the entrance to the hospital.

5.3 Access (Transport) to Health Services Project

Neville Dack (LINK Project Worker) presented an overview of this project. He explained that the project looked wider than just patient transport and included parking, public transport, community transport and was broader than just ambulances. The project looked at what systems were in place to deal with patient transport, the consistency between providers and gave patients the opportunity to share their experiences of services. The Primary Care Trusts (PCTs) are currently reviewing patient transport services and this project will ensure a community voice is heard during their reviews. The final report is currently being written and will make key recommendations to relevant organisations about how to improve services based on the experiences expressed and evidence collected. The report will be presented to Health Overview Scrutiny Committees (HOSC) and be available to the public soon.

Questions

Neville was asked if other LINKs had carried out a similar project that we could share information with. It isn't known if similar projects have been carried out, but Dave Shields (LINKs Programme Lead, Department of Health - South East) commented that each LINK had identified it as an issue but had not commissioned such a high quality research as Kent and Medway LINKs. He suggested that information be sought on how patient transport relates to access to social care, why people have to travel distances and shouldn't more services be available in the community. Neville concluded that this project could be extended upon in the future to include social care but it was too large to consider as an initial project.

5.4 LINK Achievements:

5.4.1 Medway and Swale Advocacy Partnership (MSAP) – Jim Hancock, LINK participant

The MSAP speak up for people with mental health problems around the Medway towns and Swale area. It aims to empower people with mental health problems to gain their rights. Following amendments to the Mental Health Act 1993 (see Mental Health Act 2007), independent mental health advocates (supporting patients) are entitled to meet with mental health professionals. The purpose of the advocate is to assist the patient to find information and ensure that the patients' views, choices and options are represented. MSAP identified that the local hospital was not able to meet its responsibilities in providing a confidential meeting area for these meetings to take place. Following an approach to the Medway LINK regarding this problem, the LINK made contact with the hospital concerned and within 6 weeks there was a reconfiguration within the department which made available a confidential meeting area and resolved the problem.

LINK intervention in this instance demonstrates the ability of the LINK to act as a catalyst for change.

5.4.2 The LINK networking to influence

Terry Horobin (LINK External Representative Coordinator) presented information about the formation of an External Representatives group which would add a new dimension to the LINK and increase involvement. The new model of Representatives, Mystery Shoppers, Visitors and Projects would see a direct link into the Coordinating Team and Moderating Panel. This new approach will improve partnership-working, with different organisations engaging in conversation objectively, as well as enabling channels for feedback to the LINK. It gives the LINK an opportunity to share their views, encourage openness from both sides and for reports to be brought directly back to the Coordinating Team. There will be External Representatives on the PCT Board, Whole Systems Delivery Board, Strategic Change Programme and on ad hoc working groups. Representatives on these groups will ensure that people who live, work and play in Medway can have their say. However, more volunteers are needed.

The response from the audience was positive although a concern was raised over the percentage of LINK participants compared to the population of Medway and the lack of youth involvement in LINK activity. It was confirmed that the next community event will focus on young people.

6. Approval of Annual Report 2009 / 2010

David Harris asked for participants to approve the Annual Report.

Approved

7. Approval of Annual Accounts 2009 / 2010

David Harris asked for participants to approve the Annual Accounts.

Approved

8. Medway LINK Governance Framework: Proposals for changes

Brenda O'Neil (Host Organisation) explained that Governance is the system in place defining what the LINK can and cannot do, including guidelines for participants who are involved in the roles of LINK. There were procedures implemented when the LINK was first established but they need updating.

Recommendation: Full review of governance documents.

Approved

8.1 Medway LINK Disciplinary Procedure

Recommendation: That the above Disciplinary Procedure for LINK participants is agreed.

Approved

8.2 Medway LINK Grievance Procedure

To be in place for LINK participants if they have a grievance against another participant so they have a course of action to take.

Recommendation: That the above Grievance Procedure is agreed.

Approved

8.3 Medway LINK Complaints Procedure

Recommendation: That the above Complaints Procedure is agreed.

Approved

8.4 Introduction of a Non Attendance/Non Involvement Policy

Recommendation: That the above non attendance / non involvement policy is agreed and the Terms of Reference for each LINK Group / Role are updated accordingly.

Approved

8.5 Amendment to the Medway LINK's Coordinating Team's Terms of Reference

Change 1 Recommendation: That the following be included in the Coordinating Team Terms of Reference "The minimum number of four Coordinating Team Members is required at a Coordinating Team meeting to carry decisions".

Approved

Change 2 Recommendation: That the following be included in the Coordinating Team Terms of Reference “The Coordinating Team is authorised to make decisions on behalf of the LINK in the event of any matter of urgency that cannot wait for consultation of all LINK participants. All such decisions will be published immediately, with the reasons for such a decision needing to be made urgently and not consulting with the wider LINK participants. Publication of such decision will be through the LINK bulletin, LINK website and any other means available at the time. All such decisions will be referred to the next available Community Engagement event of the LINK, for ratification”.

Approved

Change 3 Recommendation: That the following be included in the Coordinating Team’s Terms of Reference “In between meetings of the Coordinating Team there may be a need for an urgent decision / action to be taken, where the decision or action cannot wait for the next meeting of the Coordinating Team. In this event, the Facilitator of the Team is authorised to make such decisions / take the required action. He / she will report to the next available meeting of the Coordinating Team on the decision / action taken and the reasons why Facilitators action was required”.

Approved

8.6 Changes to the Selection process for key LINK roles (an update to reflect current practice)

Recommendation: That the process detailed in Appendix A to this paper be adopted for all appointments to the LINK’s Groups and Roles.

Approved

8.7 Membership of LINK Groups

Recommendation: That the above change be included in the LINK governance arrangements to allow for Coordinating Team Members to be a LINK Authorised Visitor, a LINK Mystery Shopper and / or a LINK External Representative at the same time. Membership of the Coordinating Team and the Moderating Panel at the same time is not permissible.

Approved

9. Medway LINK – Looking forward

Richard Tripp gave a presentation on the future of Medway LINK, looking at involving participants in future working. The next steps have been developed by members of the Coordinating Team as a starting point for discussion today. The presentation gave an overview of the headings for discussion:

The Patient

- Patient experience, people who use the service. Patient diary to record their journey through healthcare system. Experience of new systems.

- Medical intervention for the elderly, criteria being used to determine whether patients receive particular treatments, make comments?
- Monitoring effects of NHS 'efficiency savings' and SS cuts.
- Joint needs assessments and trigger standards.
- Patient transport – location, outside of public transport hours.
- Early diagnosis and treatment implementation.
- Need to give feedback on changes.

Hospital / Care Home Standards

- Monitoring of hospital / care home infection control / hygiene standards.
- Patient / doctor / social worker communications.
 - a. Poor spoken English
 - b. Excessive use of medical terms, acronyms and jargon that are incomprehensible to most patients
 - c. Patients ability to comprehend diagnosis and clinical instruction.

Specific Medical Conditions

- Dementia.
 - a. Patient care
 - b. Carers' care
 - c. Specialised care home provision
- Diabetes.
- Eating disorder.
 - a. Bulimia
 - b. Obesity
- Substance abuse.
 - a. Drugs
 - b. Alcohol
- Suicide.
- Domestic violence.

Intermediate Care Provision

- Too well for hospital – too ill for home.
- Who pays the PCT, Social Services or the patient (first 30 days it's the PCT).
- Bed blocking.

Carers Needs

- Young.
- Not so young.

It was raised that young people other than carers have issues that need to be addressed and they are often put off by involvement opportunities aimed at carers. It was agreed to add this to the list of priorities.

10. Date of Next Annual Meeting

David Harris informed the meeting that the next annual meeting is scheduled for the end of May 2011 / beginning of June 2011.

David thanked participants for their patience with Governance and hoped that meeting has been informative for you.

Afternoon Session Feedback:

The Patient:

- All priority except diaries Medium
- Didn't understand joint needs assessment
- Personalised budgets 2
- Prioritise the issue that effect the most people
- Patient experience quality of care 1
- Personal budget 2
- Quality care 1
- Monitoring providers 2
- Standard of care compared to other groups

Hospital / Care Home Standards:

- Monitor hospital hygiene high
- Communication high
- Excessive use of acronyms medium

Specific Medical Conditions:

- Careers care high
- Generally all important
- Sexual health problems

Intermediate Care Provision:

- We pay for it
- Bed blocking – it's a high priority as patients sent home early which leads to further problems
- Remove bed blocking and introduce a getting home package

Carers Needs:

- Needs to be 3 categories – young, not so young and very old
- Suicide alcohol drug abuse all very important issues in Medway
- All high