

**Staffordshire LINK Co-ordinating Group**  
**1<sup>st</sup> October 2010**  
**12.15pm – 2.15pm**

**Attendees:**

Paul Carpenter (Chair)  
 Will Taylor  
 John Davies  
 Dave Bassett  
 Paul Jay  
 Shelagh McKiernan  
 David Loades  
 Paul Darby  
 Chris Welch

**Apologies:**

Elizabeth Marginson

Jackie Owen (Interim Director)  
 Sue Baknak (Co-ordinator)

Julie Hendry, Director of Quality and Patient Experience, Mid Staffs NHS Foundation Trust.  
 Patrick Nyarumbu, Associate Director of Quality and Patient Experience, Mid Staffs NHS Foundation Trust.

Julie Thompson-Edwards (Staffordshire County Council)  
 2 LINK participants

**MINUTES OF MEETING**

Areas of Discussion	Action
<p><b>1. Welcome and introductions</b></p> <ul style="list-style-type: none"> <li>• Paul Carpenter welcomed all to the meeting and asked for brief introductions around the table.</li> <li>• Minutes of the meeting held on 10<sup>th</sup> September 2010.</li> </ul>	Minutes were accepted.
<p><b>2. Declarations of interest</b></p> <ul style="list-style-type: none"> <li>• Chris Welch – Community Council of Staffordshire – engagement activity on behalf of the LINK.</li> </ul>	Noted.
<p><b>3. Stafford Hospital Update</b></p> <ul style="list-style-type: none"> <li>• Julie Hendry and Patrick Nyarumbu introduced themselves and gave details of their backgrounds and professional experience and gave an update on the 3 main themes of work that they are currently focussing on in respect of patient engagement and service improvement:           <ol style="list-style-type: none"> <li>1. Trust’s complaints service. The Trust had 216 outstanding complaints which had not been dealt with or investigated properly or in a timely manner due to a lengthy and complex complaints resolution process. This had resulted in the Trust receiving further complaints from patients/families about their dissatisfaction of how their complaints were being handled. JH acknowledged that</li> </ol> </li> </ul>	

this was totally unacceptable and is a priority for the Trust to rectify. Associate Directors are now responsible for dealing with complaints in their area and are clear about the length of time allowed for them to deal with complaints. From 1<sup>st</sup> October 2010 no complaint will be more than 10 weeks old and from 1<sup>st</sup> December 2010 no complaint will be more than 28 days old.

Julie Hendry wanted to clarify the mis-reporting in the press recently that Staffordshire County Council were helping the Trust with their complaints and confirmed this was not the case. The Trust had been looking to source complaints training for staff to enable them to deal with complaints more effectively and the County Council had offered support training but will not be dealing with any complaints. POhWER (Independent Complaints and Advocacy Service) also offered to help with training requirements.

The complaints team, process and complaint responses are overseen and authorised by Anthony Sumara.

2. The Patients Association NCPD, Pilgrim's Institute and Mid-Staffs NHS Foundation Trust submitted a bid to the Health Foundation for funding to improve the Trust's complaints process and have been awarded £380,000 to enable and support the involvement of communities in the independent complaints process which will include:
  - the recruitment and training of local advocates who will be able to provide an unbiased transparent link between the Trust and the complainant
  - the recruitment of expert panel groups who will meet regularly and randomly select from the most complex and difficult complaints and go through them to ensure that complaint responses are of a high standard
  - use the Pilgrim's Institute's digital stories of the patients' complaints to help train staff at the hospital.

The lead-in time for the project is 6 months and will continue for 2 years after that. The funding will help in setting up steering groups, provide training, supporting expert panel groups and communications.

3. PPI Solutions Ltd working with the Trust on 3 work streams from July – December 2010.
  - i. Scope what internal and external support services are available for patients.
  - ii. How does the Trust deal with the information/feedback it receives – what is done with it.

Areas of Discussion	Action
<p><b>3. Stafford Hospital Update continued.</b></p> <p>iii. Meet with patients and engage with community groups to find out what 'good' looks like to them and what do they want from the Trust. Two focus groups have been arranged; one for recently discharged patients and one for community groups.</p> <p>A report will be written by 13<sup>th</sup> October 2010 identifying the key messages and what is really import for patients and this will be shared with South Staffs PCT, Strategic Health Authority (SHA), Care Quality Commission (CQC) and Monitor. Monitor will have the responsibility to oversee what the Trust will be doing in order to address the issues raised.</p> <p>The Trust is engaging with their staff in order to take the work forward and establishing Patient Engagement Support Team (PEST) groups to facilitate information gathering to inform service improvement. The teams will be working with staff, meeting with consultants and managers separately to gather views and information as broadly as possible. The Chief Executive monitors weekly reports.</p> <p>Seeking to develop a more pro-active approach to re-building the perception of Stafford Hospital and communicating and promoting the work that is being done to improve the services for patients to try and regain patient confidence.</p> <p>It is important to identify how the LINK can be involved with the Trust and its improvement activities. The LINK's role could be to monitor the action plan for the complaints improvement process and add value to the work with use of its enter and view powers. LINK could also join with the Trust's Non-Executive Directors/Governor to undertake unannounced visits. Non-Execs and Governors feedback to the Trust Board public meetings and report the outcomes of their visits but further work on bringing feedback/comments together cohesively is needed eg. how the intelligence is gathered/how is the feedback used/what outcomes it leads to/how are these outcomes communicated to patients. The Trust is currently mapping the gaps in this process and actively involving patients/public in the process. Julie Hendry advised that the Communications Team would be happy to meet with members of the Co-ordinating Group to establish a practical way forward for involvement of the LINK in these processes.</p> <p>Patient Opinion website – complaints/responses visible on the Trust's website.</p> <p>LINK involvement with Stafford Hospital regarding the LINK dementia project.</p>	<p>David Loades attended one of the focus groups – see update reports from the Group section below.</p> <p>Report to be provided to the LINK.</p> <p>Meeting dates set up with Julie Hendry to progress pro-active role by LINK.</p> <p>DL/DB/PD interested in pursuing this activity. Away Day Agenda item.</p> <p>See LINK activity update below.</p>

Areas of Discussion	Action
<p><b>3. Stafford Hospital Update continued.</b></p> <p>More work with GPs – Trust has a GP helpline and a monthly GP/consultant forum but there are failures in communication and more work is needed. Again this is an area that the LINK could add value to in looking at improvement measures.</p>	<p>Away Day Agenda item.</p>
<p><b>4. LINK Activity Update</b></p> <p>Jackie Owen gave an update on LINK workplan activities:</p> <ul style="list-style-type: none"> <li>• Community Council are looking at the workplan engagement activity proposal to identify where the LINK can make the most impact on service improvements and prioritise those activities.</li> <li>• Dementia project – Jackie Owen contacted Colin Ovington at Stafford Hospital to arrange a meeting to discuss the dementia care in an acute setting element of the LINK dementia work plan project and using enter and view to support the development of the dementia care services.</li> <li>• North Staffs PCT submitted a request for a LINK representative to attend their Individual Funding Request Board who meets to discuss funding requests for non-standard treatments/medications. The representative would not be taking part in funding decisions. Quarterly meetings. Shelagh McKiernan was asked if she would undertake this role due to her vast experience in her previous roles with other PCTs.</li> <li>• ICAS referred an issue to Jackie Owen for the LINK in respect of monitoring a complaints process improvement plan for University Hospital of North Staffordshire.</li> <li>• Enter and view – volunteers needed to undertake the role. Training being arranged and CRB checks will need to be carried out. Discussion in respect of requirement for CRB checks. LINK legislation is specific in this requirement for the purposes of enter and view authorised representatives.</li> </ul> <p><b>Update reports from the Group</b></p> <ul style="list-style-type: none"> <li>• David Loades attended one of the Mid-Staffs focus groups. It was a good meeting but there was a lack of younger people and he felt the Trust should be doing more to profile the age of those engaged and look at different methods of engagement with younger people.</li> <li>• Will Taylor advised that monthly finance meetings had now been arranged with the County Council and an initial spreadsheet of expenditure provided which will form the focus for discussions at the first meeting. The LINK Support Team will then be able to produce monthly update statements for the Group. From the current spreadsheet with known commitments thus far there is approximately £43,000 to allocate before year end. The Group need to focus on what activity to undertake in year and establish if any funding can be committed through to 2011/12 budget.</li> </ul>	<p>Jackie Owen, Sue Baknak, Chris Welch and work activity leads from the Community Council are meeting to do this.</p> <p>Jackie Owen and Colin Ovington (Director of Nursing and Midwifery)</p> <p>Shelagh McKiernan agreed to attend and feedback to the Group.</p> <p>LINK to monitor the action plan by inclusion on the enter and view work plan.</p> <p>Request for volunteers and promoting the training available to go on the LINK website, Twitter and in the next LINK Bulletin.</p> <p>David Loades to provide written report of the meeting and provide any supporting papers for LINK website.</p> <p>Away Day item.</p> <p>Question for first finance meeting and report back to next Group meeting.</p>

<p><b>Update reports from the Group continued</b></p> <ul style="list-style-type: none"> <li>• The LINK regional network meeting scheduled for 30<sup>th</sup> September 2010 was cancelled.</li> <li>• David Loades was unable to attend the regional White Paper consultation workshop in Manchester on 22<sup>nd</sup> September.</li> </ul> <p><b>Community Engagement Activity</b></p> <ul style="list-style-type: none"> <li>• Phase 1 has now been completed and the Community Council are producing a summary report which should be available next week.</li> <li>• Phase 2 – a work theme lead has been identified for each theme and meetings are being arranged for those leads to meet with Jackie Owen/Sue Baknak to discuss requirements.</li> <li>• Need to make sure that the focus is balanced across Staffordshire and not all the attention is on Stafford Hospital.</li> </ul> <p><b>Communications materials</b></p> <ul style="list-style-type: none"> <li>• John Davies produced a paper for discussion by the Group including the programme going forward – Away Day, engagement/PR, communications materials and LINK website.</li> </ul>	<p>Report provided to the Group and will go on LINK website.</p> <p>Away Day/two half days to be arranged and other items to form part of that agenda.</p>
<p><b>5. Update on HealthWatch</b></p> <ul style="list-style-type: none"> <li>• Consultation response deadline is 5<sup>th</sup> October 2010. Some members of the Co-ordinating Group met to go through the White Paper and provide feedback. Feedback report produced by Sue Baknak and distributed for any final comments.</li> <li>• Paul Carpenter provided individual response.</li> <li>• Regional meetings to discuss LINKs' and Hosts' regional responses were cancelled.</li> <li>• Stoke LINK consultation workshop was publicised on Staffordshire LINK website. Jackie Owen and Sue Baknak contributed to the workshop discussion and feedback sessions.</li> <li>• Timescale for LINKs transition to HealthWatch 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012. Other LINKs setting up transition groups.</li> <li>• Engaging Communities Project. Paul Carpenter gave a brief update on the project – project group established, steering group established but unclear as to who is driving the project; what commitment there is strategically/financially going forward; and how does the LINK fit into this. Lots of ideas and proposals currently but lots more work is needed to crystallise the current thinking on delivering a working model for cohesive public engagement across Staffordshire. The timescale for completion of the project is 1<sup>st</sup> April 2011.</li> </ul>	<p>Any comments to be submitted by end of Monday 4<sup>th</sup> October 2010. Responses to be sent to Department of Health on Tuesday 5<sup>th</sup> October 2010 and put on LINK website.</p> <p>Group to consider.</p> <p>Group to receive copies of any future papers for information.</p>

Areas of Discussion	Action
<p><b>6. Overview and scrutiny – LINK’s Role</b></p> <ul style="list-style-type: none"> <li>• Draft Terms of Reference document distributed to Group for comments.</li> <li>• Dave Bassett attending members’ OSC meetings.</li> <li>• Jackie Owen attending officers’ OSC meetings.</li> <li>• Need to clarify what the LINK’s contribution is and what the LINK can take from the meetings to add value to the work of the LINK and demonstrate accountability to the public.</li> <li>• Social care scrutiny as well as health and the development of HealthWatch and White Paper will introduce Health and Wellbeing Boards to replace OSCs.</li> <li>• OSCs should facilitate the LINK achieving objectives.</li> <li>• A clear role for the LINK needs to be scoped out – no need to attend meetings at district level if no specific LINK issues on the agenda.</li> <li>• Attendance at district level raises the profile of the LINK.</li> </ul>	<p>Away Day item.</p>
<p><b>7. Away Day</b></p> <ul style="list-style-type: none"> <li>• Group agreed that an ‘away day’ or two half days would be beneficial to the Group/LINK to focus down on the group roles, strategic direction and details of operation for the LINK.</li> </ul>	<p>Dates in early November to be circulated and date confirmed.</p>
<p><b>8. Training needs</b></p> <ul style="list-style-type: none"> <li>• Training for the Group.</li> <li>• Training for wider LINK membership.</li> <li>• Enter and view training – 2 options: <ul style="list-style-type: none"> <li>▪ Train the trainer - £300 for two people who can then train larger groups ‘in-house’.</li> <li>▪ Group training for up to 20 people - £350 plus travel expenses. Could also provide in-roads to existing patient groups who are interested in enter and view.</li> </ul> </li> </ul>	<p>Paul Jay and Sue Baknak meeting to discuss. Quality assurance requirements for train the trainer if paid for using public funds eg. PTLLS/7303. Preferred option – agreed in principle. SB to check quality assurance – liability insurance, testimonials, evaluation.</p>
<p><b>9. AOB</b></p> <ul style="list-style-type: none"> <li>• Timetable of Trust and PCT AGMs for 2011 to be put in the calendar when they are known so that dates can be publicised and Group/LINK members can attend.</li> </ul>	<p>Support Team to action.</p>
<p><b>10. Questions</b></p> <ul style="list-style-type: none"> <li>• No questions had been received in advance of the meeting by the Support Team.</li> <li>• Question from MS Society member present – cuts to services available for those with MS particularly younger people but also other neurological conditions eg. Parkinson’s disease. Need to communicate with groups to explore specific issues.</li> </ul>	<p>MS Society to provide details of specific issues they are aware of. Support Team to contact Vanessa Pugh, Commissioner for Long Term Conditions in Joint Commissioning Unit for information on service commissioning.</p>