**Minutes from the virtual North Kent Patient Consultative Committee held on Wednesday, 20 May 2020 from 2 to 3pm at Lifesize**

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| **Members:** |

Nick Dent (ND) Patient Experience Team Manager (Chair)

Bobbie Taiano Team Lead (Medway), Carers First

Steve Armitstead (SA) Engagement Worker, User Voice, MEGAN CIC

Harriet Agard (HA) Service User

Brian Clark (BC) Carer

Kamila Lobuzinska (KL) Patient Engagement Coordinator (notes)

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| **Apologies:** |

Louis Coelho (LC) Carer / Carers First / ADSS / Carers UK

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| **Reference:                   Agenda item:** |

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| **NKPCC 20/21-1 Welcome, Introductions and apologies** |

1.1 ND welcomed members to the virtual meeting; apologies for absence were received and noted as above

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| **NKPCC 20/21-2 Minutes of the previous meeting** |

2.1     The minutes of the last meeting were agreed as an accurate record of the meeting

* SA enquired about 63.1 and extension of the self-harm pilot by Medway Council (there is a website dedicated to this topic and a specific counselling service - Alumina for 14 – 19years <https://www.selfharm.co.uk/>); he would like to learn more about it; **action Patient Experience** to raise it with Lesley Taylor Commissioning Project Manager

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| **NKPCC 20/21-3 Action Log and Matters Arising from the minutes** |

3.1    Outstanding actions from the previous meeting:

* NKPCC 19/20-63 NHS Long term plan discussed; Lesley Taylor Commissioning Project Manager to share that document with the group – ongoing
* NKPCC 19/20-66.3 BC asked how many acute beds the Trust have at the moment, bearing in mind that it should be 174 (without PICU);https://qube.instructure.com/ie-is-not-supported.html; on the agenda – completed

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| **NKPCC 20/21-4 KMPT update on current work** |

4.1 KMPT update on current work

* People under the care of community teams should continue to contact their local teams for support
* We are continuing to receive referrals and we will assess people’s needs and provide relevant support
* We are using telephone and video facilities to provide assessments and ongoing care when we are not able to see individuals face to face
* Some people are participating in group therapy via video and this has been positively received so far

4.2 CQC well led inspection

* We were notified mid-March that our well led inspection would be postposed till after Covid
* CQC are continuing routine Mental Health Act reviews for people in hospital to ensure that Trusts continue to adhere to Code of Practice. These reviews are being done using video calling or via the telephone
* Patients on the wards are able to share their experience of care with the reviewers through this process
* Carers who wish to be involved are encouraged to do so
* Once we know which wards they will be visiting, Carers champions will inform carers of patients on their wards about how they speak to the MHA Reviewer

4.3 Ward visiting

* In order to minimise spread of infection, we are still not allowing visitors on our wards
* We have developed capacity for visitors to make video or telephone calls to patients
* In exceptional cases such as those people on End of life Care, visiting may be considered on a case by case basis and after discussion with the Ward Manager and Consultant

4.4 Patients swabbing on admission

* All new patients admitted to the ward will be swabbed in order to inform where they should be cared for
* While waiting for the results, they will be barrier nursed until their swab results have been reported on
* We are encouraging all people on our inpatient wards to follow the Government guidance on social distancing, hand hygiene and going out for fresh air as per recommended periods

4.5 Clinical Care pathway and Quality Account priorities

* We are seeking additional members to help shape the development and implementation of clinical care pathways in the Trust
* We are keen to have the voices of service users and carers fully represented.
* If you interested in becoming a member or would like to hear more about this, please contact Amanda Chapman Amanda.chapman9@nhs.net

4.6 The Quality Account priorities we have chosen are:

* Reducing violence and aggression on our wards
* Using and evidencing Clinical outcomes
* Care planning
* If you are interested in helping us improve on any of these areas, please contact KL and she will put you touch with the relevant Trust Lead

4.7 Comments

* HA enquired about the Recovery College; her message about enrolment was never responded; ND advised that the Recovery College run virtually across the county and carers are being encouraged to attend these virtual sessions; **action Patient Experience** to share their prospectus with the group and share HA’s query with the Recovery College facilitators
* Discussion around discharging people to an environment where someone is shielding; ND advised that for inpatient wards the Trust is swabbing patients before discharge if they are returning to live with a Shielding relative; SA asked if the Trust is swabbing people who are discharge to Care Homes, ND advised that the Trust is swabbing people before going to Rehab or to Care Homes / Nursing Homes
* SA enquired about Personality Disorder pathway, he would have members who would be interested in participating; ND to share that info with SA when available
* HA would be interested in getting involved in Clinical Care Pathway and the Quality Account priorities
* BC raised concern about risk of covid19 to people being treated with clozeral; **action ND** to raise it with pharmacist; BC had to leave our meeting to see their loved one which was a timely reminder of the stresses that some of our carers are having at this time

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| **NKPCC 20/21-5 PCC/ CCC update**  |

5.1 North Kent Patient Consultative Committee on 4 March

* A carer enquired about number of acute beds the Trust have at the moment, bearing in mind that it should be 174 (without PICU) – Trust currently has 157 adult beds plus additional 12 male PICU and a further 5 female PICU beds commissioned from an external Private provider in Kent
* Members suggested a queue system on the Crisis team phone line, the message could state that at present the team is occupied and a person would be contacted in xxx minutes – Telephone systems are currently being reviewed and this suggestion will be considered

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| **NKPCC 20/21-6 Mental Health Awareness Week – Kindness**  |

6.1 ND mentioned Mental Health Awareness Week with the theme of kindness which resonates with the current situation; we have seen many examples of kindness from our communities

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| **NKPCC 20/21-7 Any other business**  |

7.1 Reports:

* SA promoted Mental Health matters helpline for anyone who is suffering
* ND asked if people felt this meeting was useful; the video conferencing facilities were seen as very useful by the group

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| **NKPCC 20/21-8 Date of the next meeting**  |

8.1 Please note that face to face meeting will not be held until the current contact restrictions have been lifted. For more information please contact kmpt.patient.experience@nhs.net