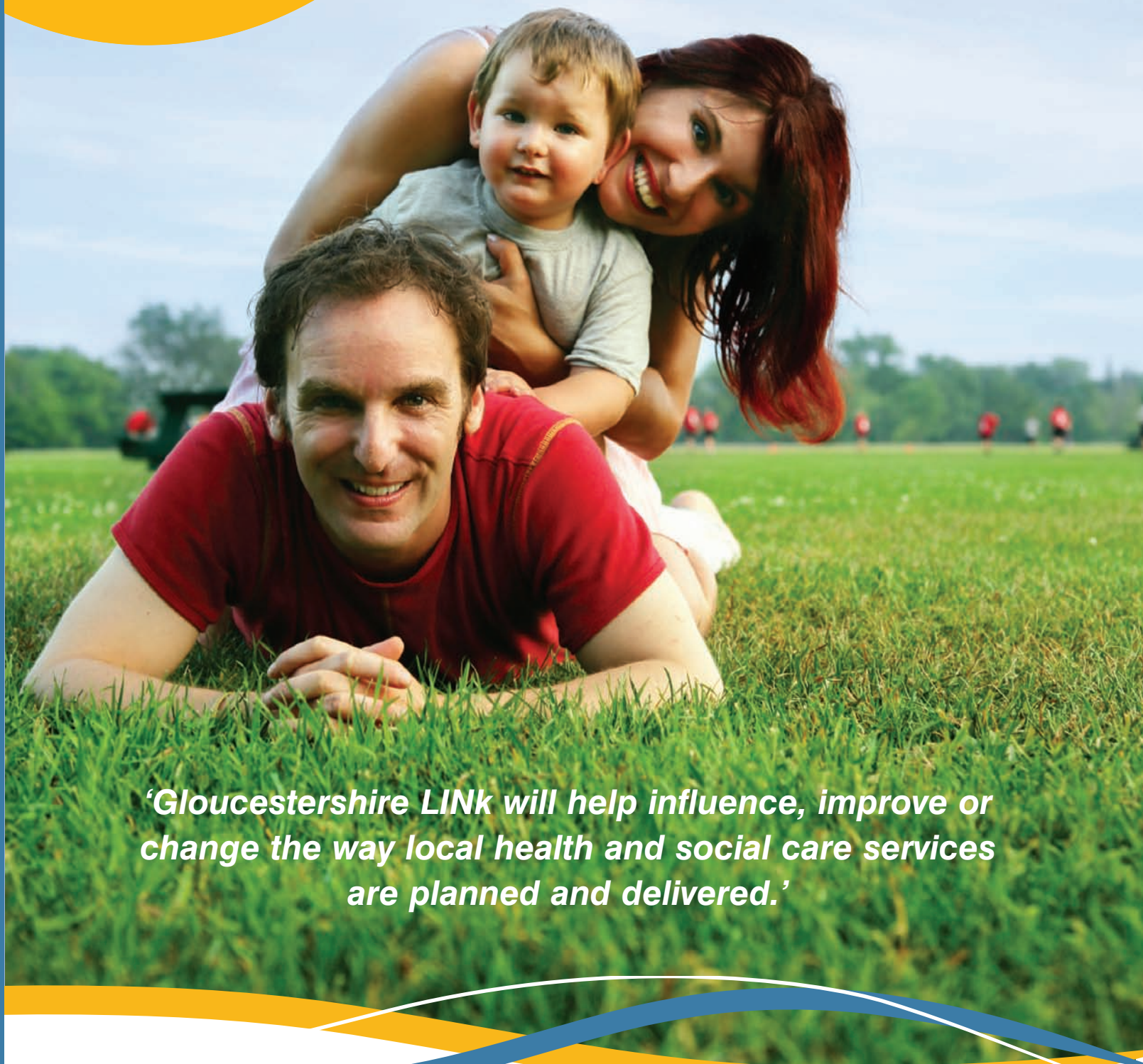


Gloucestershire
LINK

Annual Report

1st April 2009 - 31st March 2010



'Gloucestershire LINK will help influence, improve or change the way local health and social care services are planned and delivered.'

LINK
MAKE IT HAPPEN!

GLOUCESTERSHIRE LOCAL
INVOLVEMENT NETWORK (LINK)

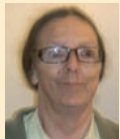
MEMBERS OF THE LINK STEWARDSHIP BOARD



Barbara Marshall (Chair)



Bren McInerney



Maureen Dore (Vice Chair)



Nadia Novali



Robin Agascar



Dave Peachey



Judi Brown



Albert Weager (co-opted August 2009)



Christine Donald



Alan Waller (resigned August 2009)



Val Dyer



Barbara Stevens
(Vice Chair - resigned June 2009)



Peter Mannion

Authorised representatives for 'Enter and View'

Judi Brown, Maureen Dore, Barbara Marshall, Christine Donald, Val Dyer and Albert Weager.

Acknowledgements

The Gloucestershire LINK would like to thank everyone who has supported us over the last year. Special thanks go to members of the Communications and Community Engagement group, in particular Thomas Dunleavy, Judy Gazzard, Bill Hughes and Gerald Tween.

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‘It has really developed in a short period of time... it was a real challenge... we have a really good relationship’

Quote from a key partner

INTRODUCTION BY THE CHAIR OF GLOUCESTERSHIRE LINK



I am delighted to introduce the Gloucestershire LINK Annual Report for 2009/2010, the format of which is taken from the Department of Health's recommended template.

During our first year 2008/2009, we concentrated on developing a firm foundation framework for the LINK. We also held a series of community engagement events to obtain views from the public on the health and social care services in Gloucestershire.

This year we have increased our membership by 153% and the number of active members is also increasing as time goes on and confidence in the LINK grows.

All the views that are collected from the public and LINK members are given to the commissioners and providers of the services. We have always had good relationships with key stakeholders in Gloucestershire including the NHS Trusts, Community and Adult Care Directorate and the Health Community and Care Overview and Scrutiny Committee. The strength of these relationships has helped considerably in our progress towards achieving our objective of helping to change health and social care services in response to views from the public. The case study in this report about administration of medicines illustrates this process. We have become a member of the Care Quality Commission (CQC) Advisory group and have also had meetings with CQC regional staff.

For this year 2009/2010, we developed a work plan that incorporated task groups on the discharge pathway and podiatry, as these were two of the priorities raised at the community engagement events we held. We also held focus groups on mental health and ambulance service issues. LINK was invited to have representatives on over

20 groups, the details of which can be found on page 19. Some of these groups form part of the commissioning cycle whilst others are multidisciplinary groups forming part of a service review.

The end of the year brought the challenge of the proposed hospital bed closures in Cheltenham and Gloucester and LINK members contributed their views to the consultations. This is an ongoing piece of work and the LINK will be involved in all stages of the process.

The year 2010/2011 will obviously bring with it a number of contentious issues from communities in relation to the proposed financial restrictions and inevitable cuts in service provision. The LINK will be focusing its attention on setting up task groups for mental health and ambulance service issues as a result of the previous focus groups held last year. We will also be looking into issues affecting under-represented groups in the community, for example access to services for the visually impaired.

I would like to take this opportunity to thank all members of the board for their continued support and hard work in the development of the Gloucestershire LINK, in particular the Vice Chairs Barbara Stevens and Maureen Dore.

Finally, we hope that if you are not already a member of Gloucestershire LINK, you will consider joining us, helping to influence and shape the way future services are planned and delivered.

Barbara Marshall
Chair, Gloucestershire LINK



THE BIGGER PICTURE

- Gloucestershire is a county of contrasts with two large urban areas, Cheltenham and Gloucester, surrounded by four rural districts with some of the most isolated settlements in the South West. There are two general hospitals 10 miles apart that serve a population of 580,000 supported by a number of essential community facilities with intermediate care, semi-acute and mental health units.
- The age profile follows the national trend of increasing numbers of older people requiring an increasing range of care needs, against a reducing younger age group, with longer term pressures on future health and social care employment.
- The maximum drive time from the ends of the county to the two general hospitals is around 59 minutes with the maximum public transport to home (where this is possible) at 118 minutes.
- Around 22,500 of the county's pensioners are living on very low incomes (pension credit claimants) with over 5,000 of these living in villages, hamlets or isolated dwellings. The Government now says that these numbers are increasing.
- 3,689 people in the county aged 75 and over live in areas where there is no public transport to hospital. More than one in five of the county's over 75s live in hamlets and isolated dwellings.
- Limited rural public transport often leaves vulnerable people effectively cut off from key services.
- There are an estimated 16,000 immigrants living in the county with some cultural and language barriers to accessing services.
- Carers services including respite and sitting services for all age groups remain a resource issue especially for the growing elderly population.

THE GLOUCESTERSHIRE LINK NETWORK

The Gloucestershire LINK is an independent network of local people, groups and community organisations who want to help shape health and social care services commissioned and provided in Gloucestershire. The Gloucestershire LINK aims to be inclusive and will not discriminate on the grounds of age, disability, gender, race, religion/belief, sexual orientation or transgender. It is a mechanism for gathering the views of people throughout Gloucestershire, so that these views can be made known to health and social care commissioners, providers and regulators. The Gloucestershire LINK has statutory duties and powers and will act in accordance with the 'Nolan Principles' and Local Government and Public Involvement in Health Act 2007.

HOW IS THE LINK SUPPORTED?

Each LINK is supported by a Host organisation; Gloucestershire Rural Community Council (GRCC) is the Host organisation for the Gloucestershire LINK. The role of the Host is to enable, support and facilitate LINK activity and encourage participation from all sections of the community. Establishing governance arrangements, keeping financial records and communicating information to local communities is also part of its role.

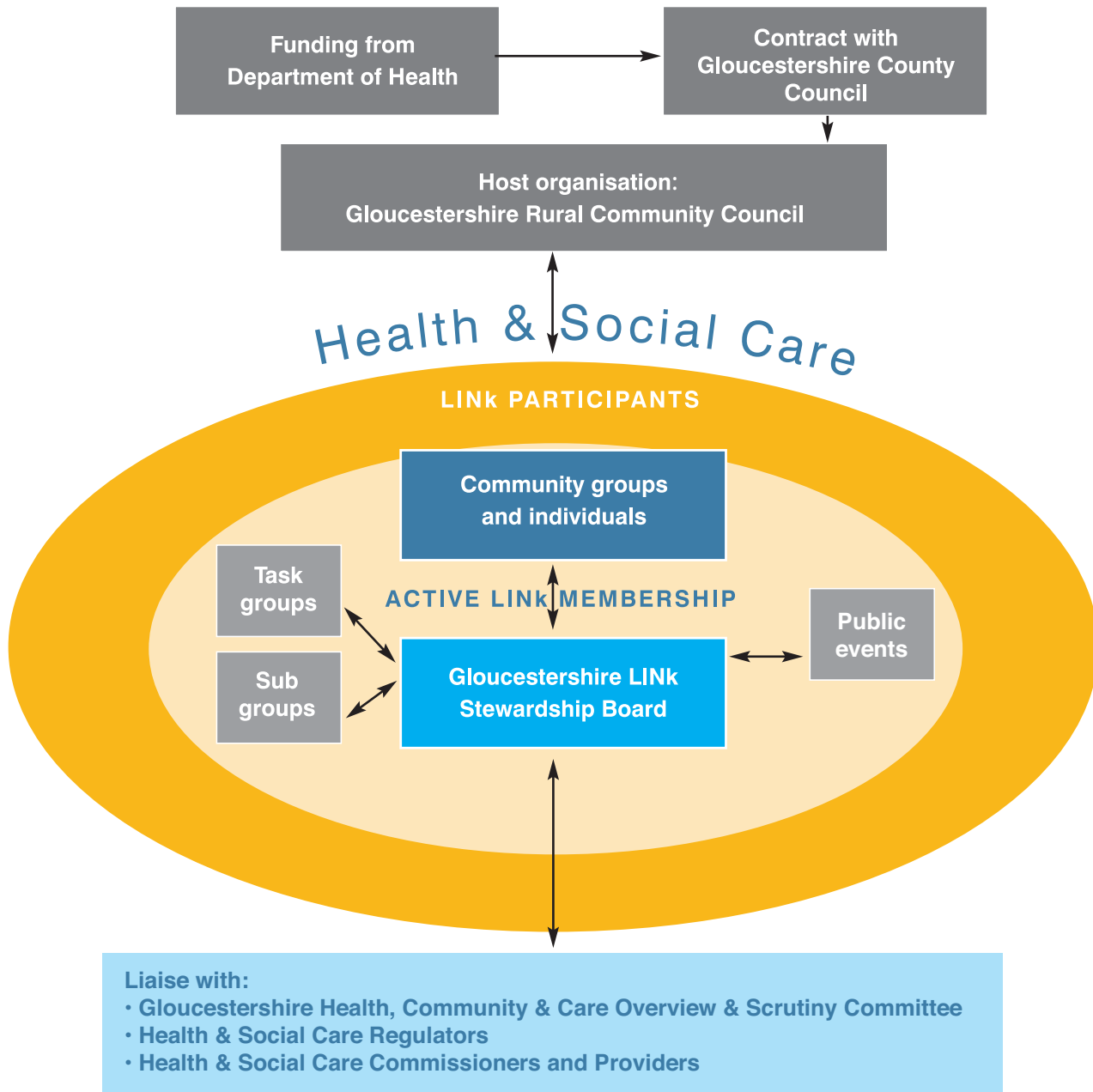
GRCC is a Charitable Company Limited by Guarantee, established in 1923 and part of a network of 38 Rural Community Councils across England. It is a member of ACRE (Action with Communities in Rural England – the national umbrella organisation for RCCs) and SWAN (the South West ACRE Network).



GRCC employs 56 staff, four of whom make up the LINK team. Relationships with partners and communities forged over many years are strong and enable Gloucestershire LINK to extend its reach into all sectors of the community. These include rural, urban, those working with excluded and/or disadvantaged groups and others working with emerging groups and individuals. GRCC's 28 Village Agents and 5 Community Agents enable continuous engagement with the communities of Gloucestershire and issues relating to older people are fed back regularly to the LINK.

As part of GRCC's continuous improvement and monitoring of projects, the Evaluation Trust was commissioned to carry out a three-year external evaluation of the LINK and Host.

THE GLOUCESTERSHIRE LINK STRUCTURE



MEMBERSHIP

TYPES OF MEMBERSHIP

There are two types of membership: individual membership and representatives of community groups or organisations.

Members can choose to be either participant or active.

PARTICIPANT MEMBERSHIP

Participants take part in Gloucestershire LINK activity as and when they choose to. For example, they may wish to take an active role in particular pieces of work that relate to their area of interest or just comment on issues.

ACTIVE MEMBERSHIP

Active members make a commitment to take part in LINK activity on a regular basis. For example, they may wish to take part in task and focus groups or assist the LINK in its delivery of public events.

The Gloucestershire LINK has increased its membership over the past year by 153%.

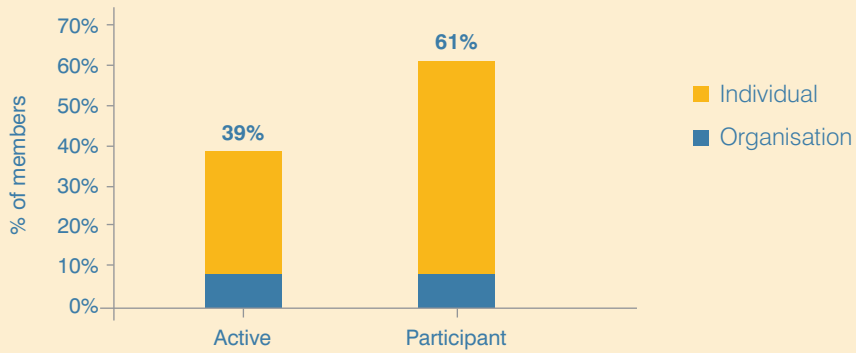
‘They are very ambitious to be seen as a good LINK... they are quite strategic’

Quote from a key partner

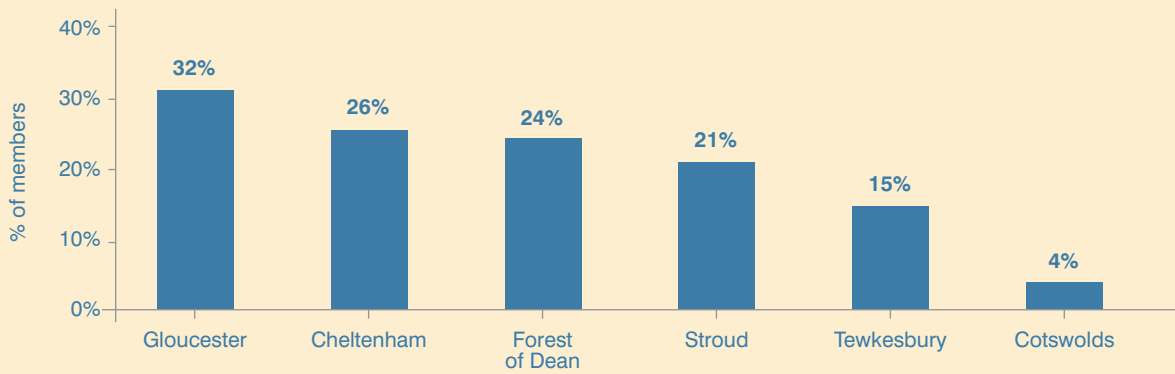
MEMBERSHIP	TOTAL	ORGANISATIONS	INDIVIDUALS
Number of members as of 31/03/09	118	27	91
Number of members registered 01/04/09 to 31/03/10	180	26	154
Total membership as at 31/03/10	298	53	245
Total number of members as of 31/03/10 with an interest in social care	91		
Total number of interest groups as of 31/03/10 representing under-represented sections of the community	9 groups represent- ing approximately 1,845 people		
Number of active members involved in management boards, sub groups and representing LINK externally	34		
Total number of participant members as of 31/03/09	72		
Total number of participant members as of 31/03/10	179		

10
GLOUCESTERSHIRE LINK

MEMBERSHIP TYPE



MEMBERS EXPRESSED INTEREST IN THESE DISTRICTS

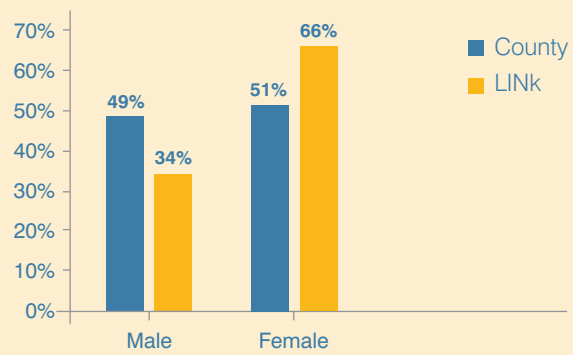


INCLUSIVITY: COMPARISON OF GLOUCESTERSHIRE LINK MEMBERSHIP WITH ALL GLOUCESTERSHIRE

Date: 31/03/10

Monitoring forms received: 256

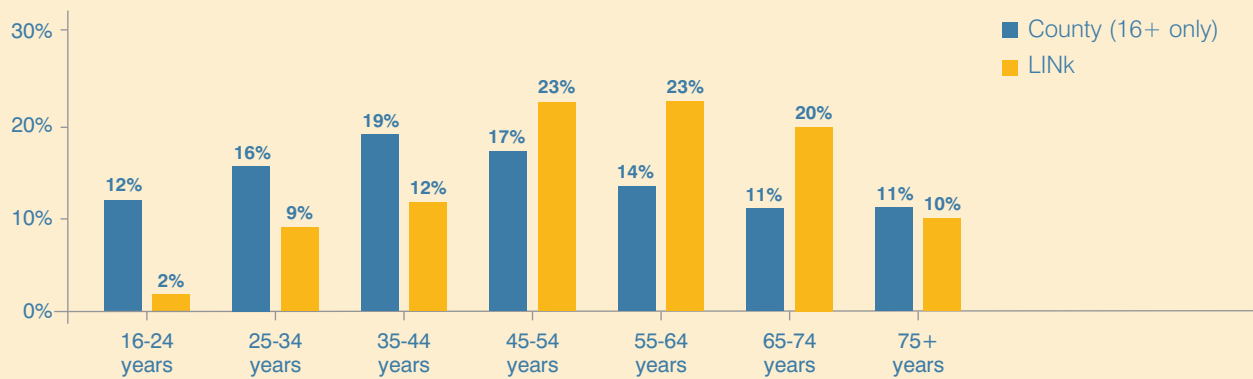
GENDER



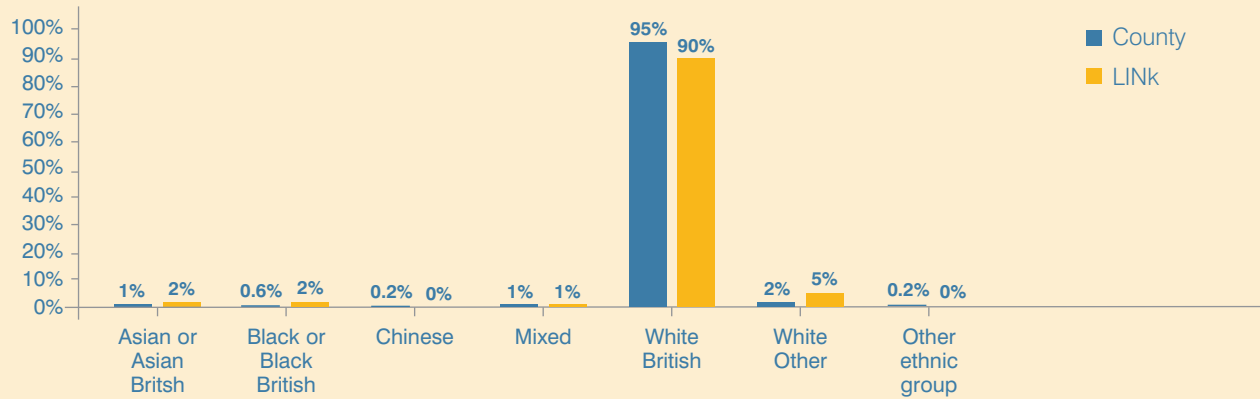
Key

■ 'County' = Gloucestershire. County data relates to the whole population unless specified otherwise.
 ■ 'LINK' = Gloucestershire LINK members, based on the monitoring forms received to date.

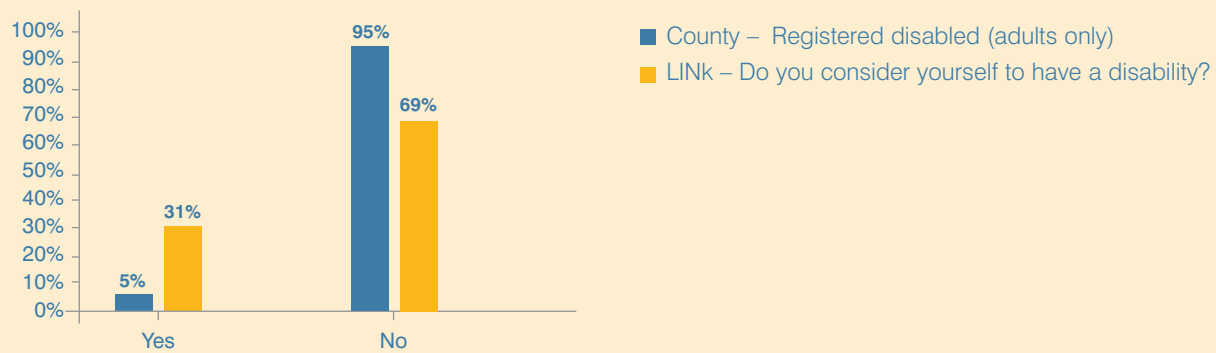
AGE



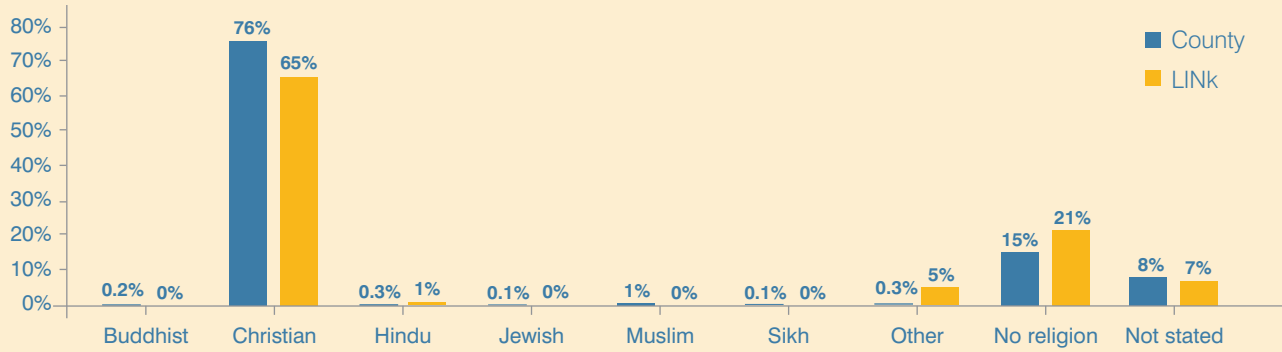
ETHNICITY



DISABILITY



RELIGION



SEXUAL ORIENTATION

Information on sexual orientation is collected on the LINK monitoring forms, however there is currently no comparable census or other county data with which it can be compared.

***‘Things have gone really well...
a lot of learning curves’***

Quote from a key partner

SUMMARY OF ACTIVITY

INVOLVING AND ENGAGING	
Total number of people who had contact with the LINK during 2009/10 but who did not become active members	498
Total number of people who had contact with the LINK through talks during 2009/10	375
Of the 375, total number of people from seldom heard groups	85

PUBLIC ENGAGEMENT	
How many people engaged with the LINK during 2009/10 (views sought and received)	566
How many related to social care	91
How many people were from under represented groups	29
What have been the top 3 most effective ways LINK has used to engage local people yielding the most feedback	<ol style="list-style-type: none"> 1. Direct contact with members through consultations 2. Public events 3. Members' events
What have been the most successful engagement activities to reach under represented groups that have generated significant feedback	<ol style="list-style-type: none"> 1. Dedicated event for members with a learning disability 2. Stands during Carers Week

PUBLIC EVENTS

The Gloucestershire LINK continued its public engagement activity this year by visiting seven additional locations to gather the views and opinions of local residents. Events were held in Lydney, Tetbury, Berkeley, Northleach, Matson, Brockworth and Hesters Way from October 2009 to March 2010.

TALKS TO COMMUNITY GROUPS

The LINK visited 23 community groups this year to give talks, collect views and encourage participation in the LINK activity including attendance at Gloucestershire UK Youth Parliament.

EXTERNAL EVENTS

The LINK had stands at a variety of partner events this year: six stands during Carers week, five stands at GRCC's In Touch project events for older people and attendance at 14 other events including Full of Life, World Mental Health Day and Carers Information Day.

INTERNAL EVENTS

During the year, the LINK held a number of events for members, including a series of training events and a dedicated event for members with a learning disability.

PROMOTION AND PUBLICITY

As part of the ongoing promotion and publicity of LINK, a variety of communication methods were adopted this year. We tested the benefits of radio and bus advertising as well as the traditional newspaper advertisements.

We also made use of the Gloucestershire Association of Parish and Town Council's newsletter in addition to our own email alert system.

WEBSITE

The Gloucestershire LINK website has undergone a number of developments over the past year with the introduction of the interactive web forum, youth portal and easy read page. We have also introduced links to some of the district health and wellbeing websites.

EMAIL ALERTS

The email alert system introduced last year has proved to be an extremely effective method of communication with LINK members both active and participant. It has been used to promote events, training and draw attention to the various consultations as they occur, with links to documents and feedback opportunities.

FEEDBACK TO THE PUBLIC

In addition to the email alerts used, the LiNk provides feedback via the LiNkUP newsletter, giving updates on LiNk activity, opportunities to engage in activities and information relating to future developments and the work plan.

UNDER REPRESENTED GROUPS

In our continuous effort to ensure accessibility to LiNk, we have produced an Easy Read version of the LiNk leaflet as well as a 'talking' version for those with a visual impairment. The introduction of the new texting service has allowed the LiNk to engage with younger people, those with hearing impairments and others who are seldom heard. The leaflet is also available in six different languages on request. This work has also involved carrying out an Equality Impact Assessment on all LiNk documents.

In the summer of 2009, LiNk attended all six of the county's Learning Disability Locality Forums in partnership with the Community and Adult Care Directorate participation team. As a result of this engagement, 48 people with a Learning Disability became LiNk members.



WORK PLAN ACTIVITY

As part of the annual work plan, in addition to gathering the views of the public, focus groups and task groups were set up to look at priorities and issues of concern raised during our engagement activities. For example, there were focus groups looking at mental health services and ambulance services. The Gloucestershire LiNk Stewardship board decided on task groups for the discharge pathway from hospital and access to podiatry services as the main priorities for 2009/10.

FEEDBACK ON CONSULTATIONS (NATIONAL AND LOCAL)

The LiNk was approached to respond to many consultations during the year, both national and local. Responses were given to The Big Plan, NHS Constitution, National Dementia Strategy, Development of Quality Accounts, Gloucestershire Mental Health and Social Inclusion Strategy, hospital bed closure impact assessment and the Changing Nature of Healthcare.



TRAINING

The Gloucestershire LINK provided members with a comprehensive range of training opportunities this year. All events were open to both participant and active members and were well attended (approximately 142 members in total). Attendance was particularly good at the social care themed events. Training themes included:

- Joint County Council and NHS complaints policy process
- 'Enter and View'
- Joint Strategic Needs Assessment
- Social Care structures and Putting People First
- County Mental Health services
- Introduction to the new Performance Assessment Framework for social care.

INVOLVEMENT WITH STAKEHOLDERS

Partnerships

The Gloucestershire LINK has continued to build on and further develop relationships with a range of stakeholders including:

- **Local Area Agreement** – The LINK is included in the action plans of the Safer Stronger block of the Local Area Agreement in terms of engaging with communities, in particular the 'seldom heard'.
- **Joint Strategic Needs Assessment** – As a result of the LINK relationship with commissioners and providers locally, the Chair was invited to sit on the Joint Strategic Needs Assessment (JSNA) board and steering group. Further development of the eJSNA (the electronic version of the Joint Strategic Needs Assessment) will allow comments gathered at the LINK public events to be incorporated into the database.

- **Gloucestershire Health and Community Wellbeing Partnership Board** – The Gloucestershire LINK Chair has a seat on this county board, drawing together the work of all six district health and wellbeing partnerships. Their work focuses on the activity around the 10 priority action cards as detailed in the Gloucestershire Health and Community Wellbeing Strategy.

- **Voluntary and Community Sector (VCS) Health and Wellbeing Partnership Group** – The Chair of Gloucestershire LINK attends this partnership group and reports on LINK development and activity. Members are representatives of voluntary and community sector organisations with an interest in health and social care.



- **Partners' meetings** – The Gloucestershire LINK Chair, Vice Chair and Host meet monthly with the local commissioners and providers of care services. These meetings provide an opportunity to discuss emerging issues, representation on working groups and the sharing of information. The LINK also passes on comments from all sources received at this meeting.
- **Gloucestershire County Council Community and Adult Care Directorate (CACD)** – An officer is a regular attendee at the partners meeting. The Gloucestershire LINK has been involved in the development of Putting People First and has a seat on the Board.
- **Gloucestershire Health, Care and Community Overview and Scrutiny Committee (HCCOSC)** – The LINK Chair attends HCCOSC meetings, has speaking rights and provides regular reports on LINK activity. This relationship is further enhanced by regular meetings between the LINK Chair and HCCOSC Chair and support staff. HCCOSC members are invited to attend LINK training events where appropriate and this invitation is reciprocated.
- **Care Quality Commission (CQC)** – The LINK enjoys a good working relationship with the Care Quality Commission. It is also a member of the Advisory group who meet to discuss the development of relationships with LINKs nationally. Regional CQC representatives meet with the LINK Stewardship Board on a regular basis.
- **Joint Working Group (Ambulance Services)** – This is a cross boundary working group made up of LINK members and Host representatives from the seven local authority areas covered by the Great Western Ambulance Service. It works closely with the JOSC (Joint Overview and Scrutiny Committee) and is represented at their meetings. It was agreed that for continuity purposes, the Gloucestershire LINK would cover all administration of this group.
- **Service User Forum** – The LINK works closely with the Gloucestershire Service User Forum which is represented on the LINK Stewardship Board. Two members are also part of the Communications and Community Engagement group.

REPRESENTATION

Representation on the following projects over the past year has allowed the LINK to be involved in the strategic commissioning and planning of services across Gloucestershire. Many of these projects are continuing into next year and will form part of the LINK annual work plan for 2010/11.

- **Strategy Development**

- Social Inclusion
- Dementia
- End of Life
- Putting People First
- Sexual Health
- Older People's Strategy

- **Policy Reviews**

- Interventions Not Normally Funded (Gender Dysphoria Policy)

- **Cancer Services**

- 3 Counties Cancer Network

- **Health and Social Care Projects**

- Berkeley
- North Cotswold
- Tewkesbury
- Standish

- **Community Hospitals**

- Gloucester Community Hospital
- Patient Environment Action Team (PEAT) inspections

- **Service Reviews**

- Minor Injury Units review
- Neuro review
- Child and Adolescent Mental Health Services (CAMHS)

- **Environmental Issues**

- Wingmoor Farm (Hazardous waste site)

'Good progress in building relationships especially with partner agencies and getting solid representation on the Scrutiny Committee'

Quote from a key partner

REQUESTS FOR INFORMATION

The formal requests made for information by Gloucestershire LINK during 2009/10 related to the following issues:

- health and social care providers' discharge policies
- numbers of complaints received by Gloucestershire Hospitals Trust about the administration of medicines
- health care plans procedures for adults with a learning disability
- the criteria for access to Patient Transport Services.

How many requests for information were made by LINK during 2009/10	7
Of these, how many of the requests were answered within 20 working days	7
How many related to social care	2



OUTCOMES

Gloucestershire LINK gathers views and opinions across the county, asking for both positive and negative comments on the services provided. It will also take into account emerging issues of concern (**see administration of medicines case study**). The views gathered are then passed on to the commissioners and providers of services. Some concerns are raised at the regular partners' meetings for discussion and action, whilst others form the basis of task and focus groups. Compliments are also passed on to show where good practice occurs. Below are some examples of the comments given resulting in further development of services:

COMPLIMENTS

- **Community First Responders scheme** – Excellent scheme in Stroud area with more responders being trained as a result
- **Out of Hours service** – Very good with quick response, counter balancing negative media output
- **District Nurses** – Excellent care in the Winchcombe area, providing important feedback to the managers of the service

COMMENTS

- **Automated telephone systems in surgeries** – Difficult for older people with a hearing impairment to make appointments using this system
- **Information leaflets** – Not easily obtained in large print

These examples have been passed on to the providers of services in order for them to review their working practices and improve accessibility where necessary.

CONCERNS

All concerns are passed on to the relevant provider as well as in some instances signposting individuals to PALS/customer services at Gloucestershire County Council. Public concerns are often around miscommunication and lack of understanding. In these cases, the LINK can draw attention to the issues in order for the providers and commissioners to raise awareness or educate the public. For example, the recent introduction of personalised budgets for social care has caused a great deal of anxiety amongst service users, particularly older people. In addition, some concerns are an indication of a problem in a particular area, e.g. difficulty in accessing a GP unless you call at a certain time, and long waiting times for Occupational Therapy assessments.

COMPLAINTS

Gloucestershire LINK does not deal with individual complaints from the public, but will signpost them to the appropriate services. There are occasions when individual complaints become part of an emerging issue, in which case the LINK can take this forward as part of a particular piece of work

WORK PLAN ACTIVITY 2009/10

Discharge task group – this group has looked at the whole care pathway following discharge from hospital. In addition to the large number of comments/complaints received at the public events, we also received evidence from Age Concern and Carers Gloucestershire. A report will be published shortly and sent to the commissioners and providers of the care services as well as the Care Quality Commission.

Podiatry task group – this group has looked at access to podiatry services across the county as well as the availability of social foot care, i.e. nail cutting. A number of anomalies have been identified and discussions had with the providers of the services. A report will be published shortly and sent to NHS Gloucestershire and the Care Services Board as well as the Care Quality Commission.

Access to NHS dentistry and podiatry from Care Homes – Due to unforeseen delays, this project has only just started with a survey of Care Home Providers distributed at their recent conference.

Focus groups – Following comments gathered at the members' event in September around mental health and ambulance services, two focus groups were set up to discuss the subject areas and suggest priority issues to be taken forward.

Event for LINK members with a learning disability – This event enabled the LINK to collect a large number of views from members with a learning disability about their health and social care experiences. A report has recently been circulated to the providers and commissioners. On the whole the members were very satisfied with the social care and support they receive, but did identify a few issues in relation to health care i.e. use of traffic light assessment forms.

PROPOSED HOSPITAL BED CLOSURES

30 members of Gloucestershire LINK gave their views on the hospital bed closures impact assessment document. The summary of these views was sent to NHS Gloucestershire and the Gloucestershire Health Community and Care Overview and Scrutiny Committee.

CHANGING NATURE OF HEALTHCARE

LINK members were signposted to the NHS Gloucestershire website in order for them to comment individually on the document. In addition to this, a formal response was sent by the LINK based on all comments received.

DEVELOPMENT OF THE GUIDE AND PALS INFORMATION BUS

Gloucestershire LINK was invited to have a representative on the planning group developing the new GUIDE and PALS information bus. This representative participated in all the discussions about the project. LINK and NHS Gloucestershire worked in partnership to obtain views from the public on the best sites for the location of the bus and the kinds of information that might be available on it.

The views and ideas obtained at the LINK events were passed on to the GUIDE and PALS team for use in the planning of content for the bus and its proposed locations across Gloucestershire.



REPORTS AND RECOMMENDATIONS

In some cases, the work of the LINK has produced the necessary outcomes required without the need for formal reports or recommendations. However, formal responses have been sent from LINK with regard to the Changing

Nature of Healthcare and Hospital Bed Closures Impact Assessment. The figures below relate to formal reports sent with regard to administration of medicines and the views received at the event for members with a learning disability.

How many reports/recommendations were made by LINK to commissioners and providers of health and social care	2
How many of these reports/recommendations have been acknowledged within the required timescale	1 with 1 awaiting a response
Of the reports/recommendations acknowledged, how many have led or are leading to service review	1 with 1 pending possible review
Of the reports/recommendations that led to service review, how many have led to service change	1
How many of these reports/recommendations related to health services	2
How many of these reports/recommendations related to social care	1

ENTER AND VIEW

There were no Enter and View visits made by Gloucestershire LINK in 2009/10. Gloucestershire LINK views the Enter and View process as 'the last resort' if information or evidence cannot be obtained in any other way. It may also be used in the case of an emerging issue raised by the public relating to services provided.

REFERRALS TO OVERVIEW AND SCRUTINY COMMITTEES

There were no referrals to the Gloucestershire Health Community and Care Overview and Scrutiny Committee.

CASE STUDY: CONCERNS OVER ADMINISTRATION OF MEDICINES IN HOSPITAL

Since October 2008 Gloucestershire LINK had signposted a number of concerns/complaints to PALS at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) about the administration of medicines to inpatients. These concerns were from the patients themselves and/or their carers. They had occurred at both hospital sites and on different types of wards. Some of the concerns came to the Gloucestershire LINK from members of the public; others were the personal experiences of LINK members.

Our main concerns were:

- Medicines left on lockers out of reach of the patient
- Medicines left on lockers where the patient is incapable of taking them without help
- Medicines not given when they have been prescribed
- Medicines not always given at the same time each day or with the same time interval between doses
- Medicines not available to take out late at night when the patient is ready for discharge.

As a result of these concerns, the LINK made a formal request for information about complaints received during the twelve months prior to September 2009. GHNHSFT had received an average of two complaints/concerns a week about the administration of medicines.

In November 2009 the Gloucestershire LINK Stewardship Board referred the concerns to GHNHSFT and recommended that steps should be taken to "change the culture" over the administration of medicines across the Trust as soon as possible, so that the standard of care provided to patients was improved.

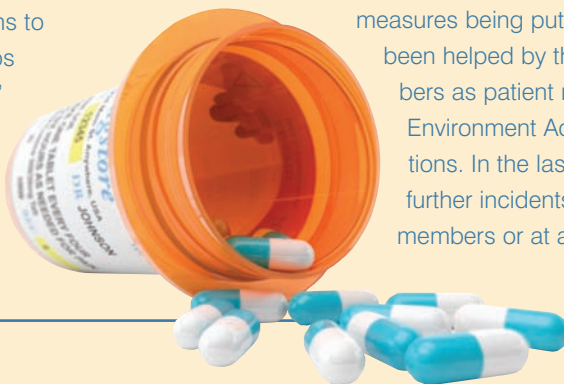
The GHNHSFT responded and took the concerns seriously. Immediate action was taken by the Director of Nursing, through the Lead Nurses/Modern Matrons, to reinforce the policy on safe administration of medicines with all nursing staff. Staff were reminded that failure to comply with the policy would lead to disciplinary action.

In November 2009, the Trust introduced the use of Red Tabards reading 'Do not disturb, drug round in progress'. In the six months prior to receiving our letter, they had reintroduced a compulsory medicine administration assessment for all newly qualified staff and those newly appointed. A Medicines Management Specialist Nurse had also been appointed to work with all newly qualified staff to develop their competence in the safe administration of drugs.

In January 2010, LINK members attended a presentation at the Trust on the initiatives that had been put in place to improve the safety of the administration of medicines.

The Gloucestershire LINK reported its concerns to NHS Gloucestershire as the commissioners of services at GHNHSFT. As a result NHS Gloucestershire will be incorporating some additions to the quality standards in the new contract. A report was also sent to the Care Quality Commission as the regulator.

The LINK is monitoring the quality of care provided to patients at GHNHSFT to ensure the effectiveness of the measures being put in place. This process has been helped by the participation of LINK members as patient representatives in the Patient Environment Action Team (PEAT) inspections. In the last two months we have had no further incidents reported to us either from members or at any of the public events.



FINANCE

Under the legislation that established them, (the Local Government and Public Involvement in Health Act 2007) LINKs are funded by the Department of Health via a local authority Area Based Grant, which is not ring fenced.

Gloucestershire was allocated up to £231,000 for each year of the 3 year contract, top slicing 3% and then a further 5% management fee, leaving a project allocation of £213,000.

FINANCIAL BREAKDOWN	£
Amount allocated to the local authority by the Department of Health	231,000
Amount of funding received by the Host from the local authority	213,000
Amount of funding received by the LINK from the Host	68,895
Amount of funding carried over from previous year	14,000
Total Budget	227,000
Total spend by Host organisation	157,324
Total spend by LINK	68,895



2009/2010 LINK FINANCIAL SUMMARY	£
Project allocation for 2009/2010	213,000
Underspend from 2008/2009 carried forward	14,000
Total project allocation for 2009/2010	227,000
Total expenditure for 2009/2010 – split as follows:	226,219

HOST EXPENDITURE FOR 2009/2010	£
Staffing costs (salaries, National Insurance, pension, recruitment, training, travel, CRB checks)	104,320
Year 2 external evaluation	2,025
Administration (printing, photocopying, postage, stationery, telephones)	16,472
Capital (computers, laptop)	178
Overheads (Finance/administration, auditors/legal fees, staff development)	34,329
	157,324

LINK PARTICIPANTS EXPENDITURE FOR 2009/2010	£
Participant costs (volunteer expenses and training)	16,856
Administration (printing, photocopying, postage, stationery, telephones, indemnity insurance)	3,710
Promotions and leaflets (promotional materials, leaflets, website)	25,404
Events (events and advertising, meetings)	20,810
Capital (portable sound system, hearing loop, projector/screen, camera)	109
	68,895

NEXT STEPS

The Gloucestershire LINK Stewardship Board will be looking to further develop its activity and engagement in 2010/11 focusing on the following:

- **To continue to gather the views and opinions of the residents of Gloucestershire** which in the next financial year will be particularly important due to the financial constraints and inevitable cuts in service provision.
- **To continue to increase LINK membership** across Gloucestershire. This will be achieved through an ongoing publicity programme with the county's media as well as the planned community engagement activity for the year.
- **To deliver the LINK work plan** with clear objectives to measure against, using key issues and priorities identified at the Community Engagement events as well as members' experiences. As part of the delivery of this work plan, the LINK will focus its activity on the following areas: Patient Transport (identified by the ambulance services focus group), Access to services for self-harm and suicide prevention (identified by the mental health services focus group), Access to services by the visually impaired, identified by recent Royal National Institute of Blind People (RNIB) research, plus the continuation of our representation on the 20+ established working groups and other work not yet completed.
- **To increase the involvement of the LINK in the commissioning of health and social care services** including practice based commissioning.
- **To continue to deliver a training programme for Gloucestershire LINK members as required** in order to further develop their skills and knowledge e.g. the commissioning process.
- **To continue to develop cross boundary working in conjunction with neighbouring LINKs.** This will enable the sharing of valuable resources as well as amplifying the voice of the wider community.



‘A significant improvement in their capacity and level of knowledge and critique... the Board are very responsive to requests to get involved... they are our first port of call if we want local involvement... a really useful partner’

Quote from a key partner

ANNUAL REPORT 2009-10
GLOUCESTERSHIRE LINK

CONTACT US

For more information on the Gloucestershire LINK, the Host organisation (GRCC) or to obtain a copy of this annual report in a different format, please contact us at the address below.

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Designed and produced by Clear Design
and The Destination Marketing Group
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