HEALTH SCRUTINY FORUM AGENDA

HARTLEPOOL BOROUGH COUNCIL

29 November 2012

at 9.00 a.m.

in Committee Room B, Civic Centre, Hartlepool.

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Brash, Fisher, Hall, Hargreaves, G Lilley and Wells

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the Minutes of the meeting held on 18 October 2012.

4. **RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

   4.1 Portfolio Holder's response to the investigation into 'Cancer Awareness and Early Diagnosis' – *Joint Report of the Director of Public Health and the Portfolio Holder for Adult and Public Health Services*

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

   No items.

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

   No items.

7. **ITEMS FOR DISCUSSION**

7.1 Tees, Esk and Wear Valley – Mental Health Services for Older People and Adults:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation – *Representatives from Tees, Esk and Wear Valley NHS Foundation Trust*

7.2 Hartlepool LINk Update:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation on Hartlepool's Local HealthWatch – *Hartlepool LINks Co-ordinator*

7.3 Investigation into Sexual Health:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Verbal Evidence - *Portfolio Holder for Adult and Public Health Services (subject to availability)*

(c) Presentation – *Young Inspectors*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

8.1 Forward Plan – *Scrutiny Support Officer*

9. **MINUTES FROM THE RECENT MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD**

9.1 Minutes of the meeting held on 10 September and 1 October 2012.

10. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

10.1 Minutes of the meeting held on 8 October 2012

11. **REGIONAL HEALTH SCRUTINY UPDATE**

11.1 Minutes of the meeting held on 9 August 2012

11.2 Verbal update from the regional meeting held on 20 November 2012 – *Member of Regional Health*

12. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

Date of Next Meeting – 13 December 2012, 9.00am in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

18 OCTOBER 2012

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair)

Councillors: Keith Fisher, Ged Hall, Pamela Hargreaves, Geoff Lilley and Ray Wells.

Also Present: Councillor Marjorie James as substitute for Councillor Jonathan Brash
Councillors Keith Dawkins and John Lauderdale.

Julie Gillon, Chief Operating Officer / Deputy Chief Executive – North Tees and Hartlepool Foundation Trust,
Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Jackie White - Assistant Director of Corporate Affairs, NHS Tees
Alison Hyde - Head of Communication and Engagement, NHS Tees
Deborah Gibbon, Health Improvement Practitioner,
Sarah Bowman, Acting Consultant in Public Health
Alyson Mole - Clinical Lead, Assura
David Pratt - Service Manager, Assura
Dr Kirsty Foster, Consultant in Health Protection, Health Protection Agency, North East
Richard Harrety, Commissioning Manager, NHS Tees
Sarah Marsay, Engagement Manager, NHS Tees
Amy Johnstone, Contract Manager, North East Primary Care Services Agency

Officers: Louise Wallace, Director of Public Health
Laura Stones, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

57. Apologies for Absence

Councillor Brash.

58. Declarations of Interest by Members

None.

59. Minutes of the meeting held on 20 September 2012

Confirmed.

The Chair indicated that at the last meeting reference was made to the new CT (Computerised Tomotherapy) Scanner at Newcastle Freeman Hospital. The Chair indicated that arrangements would be made for representatives of the Charlie Bear Trust who had been involved in fund raising for the new scanner, to attend a future meeting to give a presentation.

60. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

No items.

61. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

No items.

62. Draft Health and Welling Strategy (*Director of Public Health*)

The Director of Public Health presented the first draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise which were integral to the development of the strategy.

The Director of Public Health reported on the consultation feedback from the first phase of public consultation undertaken on the JHWS. The report set out details of the feedback from the 465 responders to the initial consultation details of which had been reported to the Shadow Health and Wellbeing Board. The next round of consultation was ongoing with the draft strategy being submitted to the Scrutiny Coordinating Committee and the Shadow Health and Wellbeing Board at its meeting on 26 October.

Members commented that the language used in the finalised document needed to be easily understandable. The action plan also needed to include measurable targets so that progress could be monitored. The Director commented that these points had been built into the document being prepared. The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group commented that partners had been working closely on the development of the strategy.

Recommended

That the report be noted.

63. Service Developments and Pathway Developments

(*Representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and the Chief Operating Officer/Deputy Chief Executive, North Tees and Hartlepool NHS Foundation Trust gave a presentation to the forum updating Members on the work undertaken between the CCG and the North Tees and Hartlepool NHS Foundation Trust on a range of issues including the Clear and Credible Commissioning Plan, Momentum, the transition to the new hospital and Outpatient services. In relation to the One Life Centre, the Chief Officer commented that some survey work had been done with visitors to the new centre. Almost all responses were positive with adverse comments focussed on what people had heard about the centre rather than their actual experience.

The Chief Operating Officer / Deputy Chief Executive (COO/DCEO) for North Tees and Hartlepool NHS Foundation Trust commented on the movement of outpatient services to the One Life Centre which was proposed to be done in three phases over a four-month period. In relation to the transfer of services to the new hospital site, managers had visited a number of other Trusts that had undergone the same process over recent years to seek their views and ideas. All seemed to show that combining staffing and coordinating service groups into those that would be in place in the new hospital in advance of the move had shown great benefits and greatly assisted in the smooth transfer of services into a new site.

A Member raised concerns in relation to hip replacement surgery at Hartlepool Hospital in particular in relation to the type of replacement hip utilised in some surgery. There had been a recent press story showing that some of the replacement hips used by the Hospital did not provide high quality outcomes for patients. The Chief Operating Officer NTHFT commented that there had been some issues in relation to the hip prosthesis and the Trust had reacted quickly in stopping using the particular replacement joint. The concerns were around patient pain due to some inflammation around the replacement joint. All the patients affected had been contacted and would be monitored closely and all had been offered revision surgery, if required. The Member indicated that there was understood to be a Trust report on the issues. The COO/DCEO reported that she was unaware of a report but happy to talk to the forum with regard to the issues faced. The Chair requested that the information be submitted for discussion at the next meeting of the Forum.

A Member raised concerns in relation to the movement of services from the Hartlepool Hospital site to the One Life Centre and referred to the resolution of full council that no further services should be transferred from the Hartlepool Hospital site. The Chief Operating Officer NTHFT stated that the Trust had to provide the best care possible within the Royal Colleges guidelines. Service provision was changing towards more locally community based provision and fewer hospitals. The Member concerned

voiced his total opposition to the movement of any further services out of the Hartlepool Hospital site; there had been no need for the One Life Centre when all the services already existed at the hospital.

Other Members expressed their concern for the long-term viability of the Hartlepool Hospital site during the transition phase to the new hospital. With the approach outlined by the Trust in the presentation in advance of the move to the new hospital site a Member indicated that he did not see the Hartlepool site remaining viable as it was likely that only one site would be needed to ensure the smooth transfer of service to the new hospital and it was unlikely to be Hartlepool. The Chair commented that the Forum had asked for details of the viability of the Hartlepool Hospital site during that transition phase.

The Vice-Chair commented that he was not aware of any negative reports in relation to the services at the Hartlepool Hospital site that were now proposed to transfer to the One Life Centre. The same staff would be delivering the services so it was highly likely that the same level of high quality service would be provided simply in a new setting. The Chief Officer H&S CCG indicated that the provision of services in a community setting is one of the conditions of providing the new hospital. The CCG did not want to see services lost from Hartlepool to the new hospital site. NHS assessments had questioned why more outpatient services were not being provided in the community setting of the One Life Centre. The One Life Centre was all about retaining services in Hartlepool.

The Chief Operating Officer NTHFT restated the Trusts view that there would be two hospitals in Hartlepool and North Tees until the new hospital was ready. The transfer of outpatient services proposed to the One Life Centre here accounted for only 7% of the total outpatient services provided in Hartlepool. Members indicated that there was a need for the type of statistical information being discussed so that Members could assess that and discuss the situation from a point of knowledge.

The Chair formally requested the statistical information from the Trust in relation to the Hartlepool Hospital site. While he could see merit in the transfer of the services, there had been little done to assuage Members anxieties that these moves were not dismantling the services provided at Hartlepool. Members wished to see the Hartlepool site utilised properly until the services transferred to the new site. Members commented that it was about the road map of the move of services to the new site; what was happening now and where at Hartlepool and how and when the final move to the new site would be managed. The Trust had acknowledged that there would be some consolidation of services at the site in advance of the final move to the new hospital, Members simply wished to see the mix of services that would remain. Members requested a list of services currently provided in the hospital along with a map detailing where services and outpatients clinics are located in the hospital and where they will be located in One Life.

Recommended

1. That the presentation be noted and that the further information requested by Members as set out above be submitted to the next meeting of the Forum

2. That, if an additional meeting can be arranged before the next Forum meeting to consider the information requested, then this be organised.

64. Any Other Items that the Chair Considers are Urgent

At this point in the meeting, the Chair referred to a letter circulated by the Trust to all staff revising their terms and conditions. The Chair considered that the removal of national agreements for staff was wrong and the imposition of these new terms and conditions at a time when staff moral was low due to the economic situation and the cuts being imposed in the Health Service. It was understood that the proposals were part of the £40m savings required throughout the Trust.

Members expressed concern at the imposition of new terms and conditions on what, in the majority of cases, were low paid staff was inconsiderate at best. It was questioned by another Member if responding to a staffing matter of the Trust was outside the remit of the Forum. It was indicated that such a move could affect the provision of services should staff take action.

The Chair proposed that he forward a letter to the Trust highlighting the Forum's concerns and this was agreed on a majority vote.

Recommended

That the Chair of the Health Scrutiny Forum be authorised to write to the North Tees and Hartlepool NHS Trust expressing concerns in relation to the recently announced changes to staff terms and conditions and the potential affect such a move may have on health service delivery.

65. One Life Hartlepool / Northern Doctors Report

(*Representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

A report compiled by Northern Doctors Urgent Care Limited (NDUC) who provided the out of hours GP service in Hartlepool and also provided out of hours services at the One Life Centre was discussed. In response to concerns raised by the Forum at previous meetings, further work had been undertaken with NDUC to improve the levels of service provided through the One Life Centre.

The out of hours contract applied to out of hours visits to the One Life Centre. If someone turned up with a medical emergency at the centre, patients would be triaged by phone and then referred onto the most appropriate service. The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group indicated that the PCT had been working closely with NDUC to improve their service. Initially NDUC had not been delivering the contract to the levels expected. They had argued that the

contract was quite stringent in its terms but they were in place at the time tenders were submitted. Discussions had taken place on how best to reorganise their service to best meet the terms of the contract without the need for the imposition of penalties. This work had gone well and it was anticipated that service users would see an improvement.

A Member commented that he had a substantial file of complaints about the service at the One Life Centre. There was yet a further case reported in the day's press of an elderly man waiting hours at the One Life to be transferred to accident and emergency to treat a significant head wound. People needed guidance as to what was minor and what wasn't and when they should and should not go to the One Life Centre. The Chair commented that those details were set out in a previous presentation to the Forum and indicated that he would ensure that the details were forwarded to the Member.

The national move towards the new non-urgent health number 111 was highlighted by the CCG representatives. Work was currently ongoing to build the necessary directory of services and to train call-handlers. These staff would be trained to refer calls straight through to the 999 service if there was the slightest cause. They would also be able to book people into other community services including in some cases a GP if that was what was considered necessary.

A Member commented that there was still some confusion in the general public as to what to do in a medical emergency; did they attend the One Life Centre or Accident and Emergency, now they were faced with a choice of calling 111 or 999. When this process had started two years ago communication with the public was highlighted as being key by Members to ensuring the smooth transition of services. The Chief Officer H&S CCG commented that a lot had been done in terms of publicity but the vast majority of people used these services very infrequently so there would be times when there was some confusion.

A Member echoed calls from another Member for the return of A&E services to Hartlepool Hospital; such a move would remove any doubt as to where people should go in an emergency. There were examples of people not being dealt with appropriately at the One Life Centre and waiting significant amounts of time before being transferred to the appropriate venue, usually A&E. The key service was the triage and with an A&E department there were expert medical staff on hand to ensure people were dealt with appropriately and quickly. The Chief Officer H&S CCG commented that if you attended the One Life Centre, the people who undertook triage there were as well trained and experienced as staff in an A&E department. Members acknowledged the advice that if people were in any doubt, they were always recommended to call 999.

The Chair commented that there was a need for the forum to see some patient flow information from the CCG on those that had presented at the One Life Centre inappropriately and where they were subsequently referred so Members could gain a better understanding of how they were

being dealt with.

Recommended

That the report be noted.

Adjournment of Meeting

There was a short adjournment during the consideration of the above agenda item due to a fire alarm in the Civic Centre.

Councillor Hargreaves left the meeting at this point.

66. Scrutiny Investigation into the JSNA Topic of 'Sexual Health' Presentation from representative of North East Health Protection Unit (*Scrutiny Support Officer*)

Dr Foster, Consultant in Health Protection and Lead for Sexual Health in the North East Health Protection Unit gave a presentation to Members on the data collected in relation to sexual health in the northeast and how that data was used to coordinate services. It was highlighted that the responsibility for the delivery of sexual health services would transfer to local authorities as part of the public health agenda next April. Services had in the past been hospital based, though there was now a move towards more community based delivery.

The key message form the data produced was that sexual health was a key issue for the north east and in particular young people. In Hartlepool three quarters of all sexually transmitted diseases (STDs) occurred in young people. There were specific issues with an outbreak of Syphilis in men who had sex with men (MSM) around Newcastle. On Teesside the majority of Syphilis transmission was heterosexual and there were some cases of congenital transmission – mother to baby – that had not been seen for a very long time.

Cases of Gonorrhoea were occurring generally among MSM though there was an outbreak centred in Northumberland among heterosexual young people. A large amount of awareness raising work was ongoing with young people in the area of that outbreak.

The major message was that all of these illnesses were preventable. They often got pushed down the list of issues but all were very preventable yet very easily spread. The information on occurrences did give the potential of mapping the spread of diseases down to below ward level. One of the major points to raise was that the young people who tended to be vulnerable to these infections tended to be vulnerable to other issues as well.

Members questioned how quickly test results were made available and if there were any issues around capacity in terms of the response to a particular outbreak. The Consultant indicated that there were no capacity

issues in terms of the testing of people or the response to particular out breaks. Results usually were available within a couple of days. Not all testing needed to be undertaken in a medical surrounding and some could be done through the post.

Members were concerned at some of the language used in classifying certain groups such as men who had sex with other men rather than referring to gay men. There were still concerns around the impact that declaring a HIV test could have on the insurance available to some people. Members also indicated that as with many other health issues, men were often reticent to attend medical facilities and it was more productive to take the testing to where men were such as clubs and workplaces.

The Consultant acknowledged that the language used could be an issue and as this was developed by the health authorities it did change over time. In relation to HIV testing the Consultant commented that the health community was moving towards HIV testing just being one of the standard test that were regularly undertaken so as to 'normalise' it and remove any stigma or penalties. HIV should be considered as one of the raft of tests that should you prove positive, could change your life; the hepatitis variants were cited as an example.

The Consultant indicated that the issue of HIV testing and insurance was a myth that needed busting. Testing was not an issue, diagnosis was. How to address hard to reach groups such as working age men was always a problem. Wrapping testing up with other issues and going to clubs and workplaces often did work. The tests for STDs were part of the group of tests that pregnant women had during their pregnancy; they were a normal part of the process. There was concern that some women did seem to go through pregnancy without proper medical intervention.

Recommended

That Dr Foster be thanked for her informative presentation and responses to Members' questions.

67. Scrutiny Investigation into the JSNA Topic of 'Sexual Health' Presentation from representatives of Assura (*Scrutiny Support Officer*)

The representatives from Assura, the company that had the contract to deliver sexual health services for NHS Tees, gave a presentation outlining the service delivery in Hartlepool at the One Life Centre and through outreach work at the colleges and certain secondary schools in the town. Assura were also sub contracted to twelve of the sixteen GP Practices for Chlamydia screening, Implants and Coil Services. They were also contracted to the majority of the Pharmacies for emergency hormonal contraception and Chlamydia screening. The presentation gave the forum and indication of the service usage, particularly Chlamydia screening and also feedback received from service users.

Members indicated that as with many other issues, there was a potential captive audience situation for getting these messages across to young people while they were at school or college. The Assura representatives indicated that health professionals did use the classroom to get these messages across to young people through sex and relationship education but young people often had a very different attitude to these issues. There had been cases where young people saw a clear Chlamydia test as an 'all' clear for all STDs.

Members commented that many of the issues around the spread of STDs could be resolved through the greater use of condoms and asked if any thought had been given to wide distribution of free condoms to young people. The Assura representatives commented that condoms were issued free at some clinics but that was as far as this had progressed. Members suggested that the Pastor Service that served the late night economy particularly at weekends may be a valuable resource for getting information and free condoms out to young people. The Assura representatives indicated that they would look into utilising the Pastor service. They had targeted fresher's week the post holidays period. There were significant links between teenage pregnancies and drugs and alcohol use.

The Assura representatives indicated that when attending events they did distribute 'goodie' bags containing information etc. They did speak to young people as what was included in the bags. The company was looking towards dedicated young peoples clinics to provide a unified service on contraception and STDs. These would be additional clinics and would not detract from the main service.

Recommended

That the presentation and Members' comments be noted.

68. Wynyard Road and Whitby Street Service Review

(*Scrutiny Support Officer*)

Representatives of NHS Tees and North East Primary Care Services Agency were present at the meeting and gave an update on the services provided by Intrahealth Limited at Wynyard Road and Whitby Street. The two venues provided specialist services for people with drug and alcohol issues and also services to violent and abusive patients. The presentation outlined the background and process for the current contract for these services and details of the communication and engagement plan.

The Chair questioned the consultation process and its aims. The representatives indicated that a simple five-question questionnaire had been sent to all registered patients at their home address to maintain some confidentiality. The aim was to gain views on the current service and also the venues that were used. While the two venues were spilt between the centre and south of the town, the spread of patients at each venue was town wide.

Members noted that patients were given a paper questionnaire to complete while clinicians were asked to complete an online version. Members commented that patients should also have this option, though accepted there may be some confidentiality issues. Accessing hard to reach groups was also cited as an issue for Members. Members did, however, indicate their support for the services provided and asked that an assessment of the results of the questionnaire and the service review be brought to the forum.

Recommended

That the presentation and Members' comments be noted.

69. Quality Account 2012/13 – Forum Response (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that at the meeting of the Forum on 20 September 2012, Members received a presentation from the Assistant Director of Nursing, Quality and Public and Patient Involvement at North Tees and Hartlepool NHS Foundation Trust (NTHFT) in relation to their Quality Account for 2013/14.

During the presentation, a number of suggested priorities were put forward by NTHFT and these were:-

(i) Mortality;
Covers: infection, falls, medicine safety, cardiac arrests and dementia.
(ii) Effectiveness;
Covers: discharge times / processes, full EAU assessment and treatment within 2 hours, communication / documentation.
(iii) Patient Experience;
Covers: is care good (compassion / respect / dignity), recommendation, compliments and complaints, environment, patient surveys, external reviews (enter and view, PEAT, peer, CQC, commissioner), staff surveys.

Members debated the suggested items to be included in NTHFT's Quality Account 2013/14 and identified the following issues:-

(i) End of Life Care:
Support patients approaching end of life and their families. Make it possible for patients to die at home, if that is their wish. Ensure that the Oasis Suite is continued, as it is a facility that will make such a difference to families in difficult times.
(ii) Nutrition:
Offer nutritional meals to patients, and provide patients with a variety of choice and their meals at the time that best suits them.
(iii) Access to Hospital Sites:
Access finance to assist with transport to hospital sites. Consider the experiences of patients and visitors who travel to the hospital to improve access.

Members supported the submission of the above issues as the forum's key priorities for the 2013/14 Quality Account.

Recommended

That the three key priorities identified above be forwarded for consideration in North Tees and Hartlepool NHS Foundation Trust's Quality Account 2013/14.

70. Issues identified from the Executive's Forward Plan

(*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted details of the key decisions contained within the Executive's Forward Plan (October – January) relating to the Health Scrutiny Forum for Members' information. Members' noted the update report on the Public Health Transition Plan and the fact that some of the service delivery may extend across local authority boundaries. The Director of Public Health commented that there was agreement to sharing some of the very specialist staff across the Tees Valley authorities.

Recommended

That the report be noted.

71. Minutes from the recent meeting of the Shadow Health and Wellbeing Board

No items.

72. Minutes From Recent Meetings of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 10 September 2012 were submitted for the forum's information.

Recommended

That the minutes be noted.

73. Regional Health Scrutiny Update

No items.

The meeting concluded at 12.55 p.m.

CHAIR

HEALTH SCRUTINY FORUM

29 November 2012

Report of: Joint Report of Director of Public Health and the Portfolio Holder for Adult and Public Health Services

Subject: PORTFOLIO HOLDER'S RESPONSE – CANCER AWARENESS AND EARLY DIAGNOSIS

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1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with feedback on the recommendations from the investigation into Cancer Awareness and Early Diagnosis, which was reported to Cabinet on 9 July 2012.

2. BACKGROUND INFORMATION

2.1 The investigation into Cancer Awareness and Early Diagnosis conducted by this Forum falls under the remit of Public Health and is, under the Executive Delegation Scheme, within the service area covered by the Portfolio Holder for Adult and Public Health Services.

2.2 On 9 July 2012, Cabinet considered the Final Report of the Health Scrutiny Forum into Cancer Awareness and Early Diagnosis. This report provides feedback following the Cabinet's consideration of, and decisions in relation to this Forum's recommendations. The Final Report and Action Plan was also shared with the Shadow Health and Wellbeing Board on 30 July 2012.

2.3 Two of the recommendations, (c) and (d) fall under the remit of the Hartlepool and Stockton-on-Tees Clinical Commissioning Group and are due for consideration at a future Board meeting of the Clinical Commissioning Group. Following consideration of the Final Report by the Board, a report will be brought back to the Forum to inform Members of their decision.

2.4 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Forum.

3. SCRUTINY RECOMMENDATIONS AND EXECUTIVE DECISION

3.1 Following consideration of the Final Report, Cabinet approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by Cabinet are provided in the Action Plan detailed as **Table 1** overleaf:-

Table1

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Cancer Awareness and Early Diagnosis

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION+	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
(a)	That in relation to the Teesside Cancer Awareness Roadshow:- (i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and (ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.	Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August – Civic Centre 12th September – Civic Centre 13th September – Brian Hanson 24th September – Brain Hanson 18th October – Civic Centre There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences	None	Health Improvement Specialist – Workplace Health	End of November 2012

(b)	That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA.	The 2012/13 JSNA on smoking has been completed and is 'live' on the website. www.teesjsna.org.uk	None	Head of Health Improvement	July 2012
(c)	That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:- (i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and (ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum.	A literature review will be undertaken on this issue and the result feedback to Health Scrutiny Forum. **To be agreed by the Clinical Commissioning Board in December 2012**	None	Director of Public Health	December 2012
(d)	That NHS Hartlepool and the emerging Clinical Commissioning Group:-	The Director of Public Health will ensure that the Hartlepool Clinical Commissioning Group is informed about levels of uptake	None	Director of Public Health	December 2012

	(i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and (ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.	across the various screening programmes and ensure actions are taken to promote uptake across all eligible populations. The Director of Public Health will write a strategy for increasing awareness of the importance of screening programmes. This strategy will focus on maximising opportunities within the local community and amongst employers. A key part of the strategy will be to engage occupational health departments. **To be agreed by the Clinical Commissioning Board in December 2012**	None	Director of Public Health	December 2012
(e)	That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek	Continue to implement the smoking in pregnancy action plan as part of the wider smoking cessation programme. Support from North Tees and Hartlepool NHS Foundation Trust has continued despite staffing changes. Improvement in reducing smoking in	None	Head of Health Improvement	April 2013

	assurances for its continued impact, following recent post restructuring.	pregnancy continues in Hartlepool.			
(f)	That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet.	The British Heart Foundation funded Project commenced on 1st April. This is a 3 year project aimed at children and young people between 7-14 years and will focus on the issues of smoking, healthy eating and increasing physical activity. Although aimed at preventing heart disease there will be an impact on cancer prevention.	British Heart Foundation dedicated project funding	Cardiovascular Disease Nurse Practioner	April 2013
(g)	That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:- (i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and (ii) Determines appropriate enforcement options for	HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles. Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this	None	Public Protection	April 2013

	licensed taxi drivers who are in breach of the smoke free workplace.	requirement face prosecution. Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence. To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have issued.			

4. RECOMMENDATIONS

4.1 That Members note the proposed actions detailed within the Action Plan and seek clarification on its content where felt appropriate.

Contact Officer:- Louise Wallace – Director of Public Health
Hartlepool Borough Council
Telephone Number: 01429 284144
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Health Scrutiny Final Report into 'Cancer Awareness and Early Diagnosis' considered by Cabinet on 9 July 2012.

(ii) Decision Record of Cabinet held on 9 July 2012.

HEALTH SCRUTINY FORUM

29 November 2012

Report of: Scrutiny Support Officer

Subject: TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST: MENTAL HEALTH SERVICES FOR OLDER PEOPLE AND ADULTS – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust who will be in attendance at today's meeting to discuss mental health services for older people and adults provided by TEWV NHS Trust.

2. BACKGROUND INFORMATION

2.1 The representatives in attendance today will provide a presentation in relation to mental health services for older people and adults. The presentation will outline:-

(a) changes, developments and improvements to mental health services in recent years; and

(b) suggested proposals to change mental health services at Sandwell Park

3. RECOMMENDATION

3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the representatives in attendance

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

HEALTH SCRUTINY FORUM

29 November 2012

Report of: Scrutiny Support Officer

Subject: HARTLEPOOL LINk UPDATE – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from Hartlepool LINk who will be present at today's meeting to provide an update on LINk activity during the 2011/12 Municipal Year.

2. BACKGROUND INFORMATION

2.1 Continuing the development of strong working / communication links between Hartlepool LINk and the Health Scrutiny Forum, a request has been received from the LINk Co-ordinator, to provide an update on:-

(i) LINk activity during the 2011/12 Municipal Year (Annual Report attached as **Appendix A**); and

(ii) the development of Hartlepool's Local HealthWatch

3. RECOMMENDATION

3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the representatives from Hartlepool LINk present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

Appendix A

"ENTER & VIEW"

1st April 2011 to 31st March 2012

MISSION STATEMENT

"Hartlepool LINk has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents:

Acute Care – North & Hartlepool NHS Trust

Primary Care:

Social Care:

LINk Enter and View Report

Establishment Visited - Ward 30 North Tees Hospital
Date and Time of Visit - Thursday May 5th 2011 at 10am
Visiting Members - Shirley Erskine (Stockton LINk), Maureen Lockwood, Audrey Woore, Evelyn Leck (Observer)

Reason for Visit
Hartlepool LINk had received a referral re an elderly patient with dementia admitted to Ward 30. The family felt that they received little or no information about their mother's condition and that she received little assistance with toileting and feeding. They reported that overall standards of cleanliness and hygiene was low and that the level of dignity, afforded to a person nearing end of life was poor. They reported that an End of Life Care pathway had been developed, but not properly followed and that the patient had been given aspirin to which they were allergic.

The Visit
The visiting team was met by Barbara Carr (Assistant Director of Nursing- Quality and Patient Experience) who informed who informed us that Debbie Blackwood (Senior Clinical Nurse for Surgery) was on holiday, so therefore she would take us to the wards and introduce us to the sisters in charge of the wards we were to visit. She also explained why it was necessary for members of the visiting team to remove rings, wear sleeves above the elbows and hand washing within ward areas.

Observations
1) At the entrance to the ward there was a who's who board which showed pictures of staff, uniforms worn etc.
2) An up to date electronic bed plan was very accessible.
3) Also a general information board showed that the ward has 26 beds for gynaecological and surgical patients. The wards have a team of 13 with a staff nurse and health care assistant in each team. The ward had a full team complement as well as Team Co-ordinator and Managers. Consultants who attend the ward were also listed on the board.
4) Patients were being taken to and from the theatre. The ward appeared to very busy but felt to have a calm and orderly atmosphere.
5) Ward and toilet areas were very clean.
6) Visiting times were noted to be flexible.

Comments Received From Patients
- We spoke to 12 patients and the comments received are listed below -
- Both day and night staff are brilliant and cannot do enough for you.

- Staff listen and talk but sometimes don't have the time.
- Patients usually get a quick response to the bell, but due to patient demand, this can cause delay.
- Staff Are very friendly.
- Staff are lovely.
- Discharge arrangements are excellent.
- Meals were described as awful and not always hot, and some relatives of patients had resorted to bringing food in.
- Patients had not been given information about how to make a complaint, although none questioned intended to complain.
- No choice had been given as to which hospital patients preferred to be admitted.
- All patients felt that their privacy and dignity was respected at all times.
- One patient said she would have preferred to have gone to James Cook Hospital as she lived in Yarm.
- One patient said that she had been transferred to North Tees from the University Hospital, Hartlepool as the appropriate medical care that was required to carry out the operation she needed had not been available. This had caused a major problem for her family as they did not have access to a car.
- One patient commented on the cost of the T.V and telephone (£5 per day). The patient also said that there T.V had been broken since the previous day.
- Patients said they were kept involved with their care plan, but not everyone wanted to read them.

Conclusions

Although the ward was extremely busy the staff afforded us their time and commitment to answer our questions openly and honestly, as did the patients. Whilst appreciating the efforts that have been made by the hospital to improve the standard of its patient catering services, on this occasion patient comments indicate that there are still some problems, particularly with regard to "hot meals" arriving cold.

Recommendations

1) All patients should be made aware of the complaints procedure and given information on how to make a complaint.
2) The Hospital Trust has recently reiterated its commitment to ensuring that appropriate transport arrangements are in place to meet the needs of the new hospital development which is proposed to take place at Wynyard. Consideration should be given to the current transport needs of patients and their families who live in Hartlepool. Evidence received from patients during the course of this and other visits suggests that families in Hartlepool are experiencing extreme difficulties with regard to cost, availability and excessive time spent travelling. This is particularly the

case with both young and elderly people who do not have their own vehicle and rely on public transport.

3) The arrangements for providing television and telephone services are managed by an external company. However these services should be monitored by hospital staff as this is not the first occasion on which patients have made comments regarding the breakdown of these services.

Hartlepool LINK
Acute Care Enter and View Group
c/o HVDA
Rockhaven
36 Victoria Road
Hartlepool
TS26 8DD

Dear Shirley, Maureen, Audrey and Evelyn

Re Ward 30/31 LINK Report – Thursday 5th May 2011 at 10am

Unfortunately I was on leave the 5th May 2011; however Shirley Eskine, Maureen Lockwood, Audrey Woore and Evelyn Leck were met by Barbara Carr, Assistant Director of Nursing, Quality & Patient Experience, Nicola Jones- Service Manager, and Hazel Truman, Senior Nurse who showed them round Ward 30/31 at North Tees Hospital and introduced them to staff and patients.

The reason for the visit was regarding a letter that had been received by the Hartlepool LINk regarding an elderly patient who was admitted with dementia, the family felt that the patient received little or no information about their mother's condition and received little assistance with regards to toileting and feeding. The letter also made reference that the overall standard of the cleanliness and hygiene within the ward was low and that the level of dignity afforded to a person nearing the end of life was also poor. Reference was made to staff not following the pathway correctly.

We were very pleased to receive the very complimentary overall feedback; also as part of your observation you have also commented that the ward and the toilet areas were very clean. The ward was very busy at the time but I note that you commented that it did have a calm and orderly atmosphere. You have also noted that visiting times were noticeably flexible.

During your time on the ward you spoke to 12 patients, although most of the comments from patients were very positive 1 of the patients has commented that they had not been given information of how to make a complaint although the patient did not intend to complain.

Within your recommendations you have indicated that all patients should be made aware of the complaints procedure and information given on how to make a complaint. I am happy to report that this information is available on both Ward 30/31 and the nursing staff are encouraged to inform patients on how to make a complaint on admission. Posters are also available within the ward areas informing patients and staff on how to make a complaint.

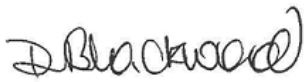
A further comment received from 1 patient with regards to the cost of the TV and telephone which amounted to £5 per day, 1 patient also made reference to the fact that the TV had been broken since the previous day. In response as you may the TV and telephone service is actually supplied by an external company, unfortunately I don't have any control with regard to cost, I can report that the broken TV has been reported to Patient Line and the TV is now repaired.

A further recommendation that you have made with regard to transport and those patients and families who live at Hartlepool and need to travel to the North Tees site, this is a Trust wide issue and is something that is being closely looked in to especially with the development of the new hospital proposed at Wynyard.

We found your visit extremely positive and welcomed your comments especially the very positive comments received from patients.

Feedback from your visit has been cascaded to the ward team and look forward to continuing to work in partnership with the Hartlepool LINKs to ensure that we continue to make improvements and afford our patients the best possible standards of care.

Yours sincerely



Debbie Blackwood
Senior Clinical Matron
Surgery/Urology/OPD

Hartlepool LINk Enter and View Report

Establishment Visited - North Tees Hospital – Ward 15 (Children)
Date and Time of Visit - 14th June 2011 (10am – 12 noon)
Visiting Members - Zoe Sherry, Audrey Woore, Carol Sherwood, Evelyn Leck, M.A. Collins (Stockton LINk)

Reason for Visit
A storyboard was received from a grandparent re the state of the room her grandson was admitted to which included the presence of dirty nappies, used I.V therapy equipment, and meal tray left from the previous occupier.

Introduction
On arrival we were met by the Ward Manager Julie Clennet and the Service Manager Julie Lane. We immediately observed a well informed notice board containing a variety of patient information including the ward daily routine, children's bill of rights, meal times and top ten tips for happy eaters. A welcome board also showed staff from within the unit and their names.

Visit
We were escorted to the ward by Julie Lane were we were able to ask questions. There are 30 beds for winter and 24 beds for summer with staffing levels fixed accordingly. Children between the ages of 14 and 16 are given the choice as to whether they wish to stay on an adult or children's ward. Children have named nurses and there are 5 Play Specialist Nurses who have all attended a Play Specialist course in Edinburgh. A teacher and assistant are also employed and the ward has 3 activity/play rooms.
There are facilities for one parent to stay over night.
On entering the ward area to commence our visit it was noticed that a maintenance trolley was in the corridor. The trolley was not very clean and had loose screws etc on top.
All children and relatives appeared to be comfortable although were there was more than one child in a bay there was a feeling of overcrowding, not enough space to get well.

<u>Interviews with Parents</u>

1) Admissions Process

1.1) How was your child admitted to hospital?
Planned – None

Emergency – From day Unit / Ward 1
Through Hartlepool A&E
From home to day unit to ward

Via A&E Stockton
By car from G.P (offered ambulance)
Emergency (second time in two weeks)
Emergency (night time from One Life Centre)

1.2) If admission was planned were you given a choice of hospital?
None were planned

1.3) How did your child get here?
Car x 6
Ambulance x 2

1.4) Where you given full information regarding your child's stay in hospital? (e.g. visiting arrangements, details of care plan, length of stay, safeguarding policies, feeding arrangements etc?)
8 Yes 3 No
Other Comments
- Staff gave no information at all
- Was at A & E at 3pm and was sent to the Children's Ward until 9pm (wait and see policy)
- Had to wait until the next day for the information to be given (wait and see policy) x2

2) Parents and Relatives Views and Opinions - General

2.1) Are doctors, nurses and therapists friendly and polite?
9 Yes 2 No 1 Some are very polite

2.2) Do all staff take time to listen to you and answer questions?
9 Yes 1 No (no one had spoken to her at all.)

2.3) When you press the call button do get a quick response?
3 Yes 7 Had not needed to press
Other Comments
One person said that they sometimes went to the nurse's station.

2.4) Do you think that the care your child is receiving is adequate and appropriate to their needs?
10 Yes 1 No

2.5) If your child needs help with feeding is it always provided at meal times?
11 Yes 1 Mainly done by family

2.6) Do you think the ward is clean?
10 Yes 1 cleanish but could be better

3) Privacy and Dignity

3.1) Do you feel that your child's dignity is always respected?
10 Yes 1 No
(on admission asked personal questions on ward where other patients could hear)

3.2) If your child needs assistance with washing or getting to bed/toilet or bath room is it provided appropriately and sensitively?
7 Yes 4 Not Applicable

3.3) Are you able to discuss your child's condition and treatment privately with medical staff?
8 Yes 1 No 2 Not Applicable

3.4) Do staff always wash there hands before treating patients?
11 Yes

3.5) Do staff treat you with respect and handle any problems you raise about your child's care and treatment appropriately and quickly?
8 Yes 1 No 2 Sometimes
Comments – "Waited 45 minutes for pain relief"
"Not always, could improve"

3.6) Are toilet facilities adequate and always clean?
9 Yes 1 No ("give 5/7") 1 Sometimes
Comments – "There is no hand basin in the parents shower room … have to brush teeth in toilet area"

3.7) Is lighting adequate on the ward?
11 Yes

3.8) Are meals tailored to meet a child's choice of diet?
7 Yes 2 N/A (baby food and parents bring in food always)

4) Rights and Fulfilments

Have you been given information that fully explains your child's treatment?
8 Yes 3 No 1 Being arranged

4.1) Have you discussed any assistance your child may require after discharge?
4 Yes 7 No 1 Too early, don't know yet

4.3) Have you been given information about how to make a complaint?

5 Yes 6 No

4.4) Is your child's bed clean and comfortable?

11 Yes

Comments – " First bed did not work but was changed within five minutes.

4.5) Did your child experience any delay in being admitted to hospital for their treatment?

5 Yes 6 No

Comments - "Waited at Hartlepool Hospital for half hour"
"Had to wait 4-5 hours in day unit with distressed 7 week old baby"
"Waited at A&E 6 hours for decision"

4.6) Are you regularly updated with regard to your child's treatment and progress?

9 Yes 1 No 1 n/a

5) Staff Views and Opinions

5.1) Do you think that care offered to patients is always adequate and appropriate?

2 Yes

5.2) Are you satisfied with the personal training and development opportunities you receive?

2 Yes

5.3) Do you feel that you have the resources you need to provide a high standard of patient care?

1 Yes 1 No

Comments - "Resources are old and need to be replaced"

5.4) Is there flexibility around patient visiting times and overnight stays?

2 Yes

Conclusions and Recommendations

6.1) A very informative visit and it was apparent staff have the children's health and well being at the fore.

6.2) We suggest that the Maintenance Team do not leave dirty trolleys and equipment unattended in the ward.

6.3) We strongly recommend that a wash hand basin is installed in the shower room used by parents. The Ward Manager indicated this would be possible and we request confirmation that this will happen.

6.4) At least one of the open ward areas was cramped with relatives bed pushed up against the wall and consequently a child was asked inappropriate questions in an open environment. This is inappropriate and steps should be taken to ensure that this does not happen in future.

6.5) Consideration should be given to reducing the time that children spend on the A & E Ward and Day Ward prior to admission. In one instance a child had spent almost 6 hours in A& E, which led to the child and family becoming quite distressed.

6.6) An Enter and View Visit should be arranged to visit the Day Ward

Dear Christopher

Enter and View Visit to Children's Ward
University Hospital of North Tees 14 June 2011

Thank you for the recent report received 20 July 2011 following the visit to the Childrens Ward at North Tees Hospital on 14 June 2011 by Zoe Sherry, Audrey Woore, Carol Sherwood, Evelyn Leck and M A Collins (Stockton LINk).

Firstly can we thank the LINk team for taking the time to visit our ward and for the kind comments and recognition that the paediatric staff have the children's health and well being at the forefront of everything they do.

In response to your specific areas for improvement we would like to offer the following information:-

- The Maintenance trolley in the clinical area – please be assured that the Ward Manger, Julie Clennet has contacted the maintenance department to ensure that there are no further incidences of unattended equipment being left in the ward area during maintenance work. Paediatric staff will ensure that there is no reoccurrence by continuously monitoring the situation where any minor works are being undertaken.

- Communication –there were comments noted from parents relating to areas of communication which could be improved. Staff strive to provide as much information as is possible to parents both on admission and throughout their child's stay. However we acknowledged that there are occasions where it has not always been possible to give full information due to a child's condition or that it may have been given but due to the parents anxiety it is not always recalled. Staff will continue to provide as much information as is possible and to reiterate information given to ensure that parents and children are kept informed of progress and any changes in care.

- Lack of wash hand basin in the shower- this issue has been addressed and a minor works request submitted by the Ward Manager.

- Inappropriate questions being asked in an open environment. The privacy and dignity of the children and parents in our care is paramount. Staff have been reminded of the need to ensure that a private area is used where appropriate when discussing a child's history, treatment or ongoing care particularly when asking questions of a sensitive nature.

- Reducing the time children wait in the A&E and Day Assessment Area. Best practice in providing paediatric care centres around ensuring children are assessed in an appropriate area and where possible discharged back to the care of their GP as quickly as possible. This often means that children are observed in an assessment area (A&E or Day Assessment Unit) rather than admitting to an inpatient area which can be daunting particularly for young children. Children who may have been quite poorly when they attended the hospital often respond quickly to treatment and it is not uncommon for them to be discharged within 4-6

hours, again this is in line with best practice in paediatric care. Unfortunately, there are times where children have been observed for a number of hours will require admission and this may be perceived as a delay by the parents however is the appropriate pathway for the child. Where a child clearly needs direct admission to the inpatient area please be assured that this is acted upon immediately whether the child has come via A&E, the Day Assessment Unit or directly from the GP surgery. It is however imperative that staff manage the expectations of the parents in providing full and clear explanations at each step in the pathway.

The Ward Manager is working with a number of nursing and medical staff reviewing the ways of working within the inpatient and Day Assessment area to improve patient flow and the patient and parent experience.

- An enter and view visit should be arranged to visit the Day Unit. The ward manger and staff would be delighted to welcome the Links team back to the department at a mutually convenient time.

It was a pleasure to meet you all and we look forward to your visiting the Paediatric Day Assessment Area in the near future.

Yours sincerely

Julie Lane
Service Manager, Family Health

Organisation University Hospital of Hartlepool
Site Visited Discharge Lounge
Group Members Audrey Woore, Margaret Wrenn
Date/Time of Visit Monday 18th July 2011. 2pm.

After a problematic first visit to the Discharge Lounge in December 2010, where there was confusion, stress and patient dissatisfaction, this was a fact-finding exercise to check whether our recommendations to introduce better patient care had been taken up and acted upon.

On entry to the lounge, there was a very different atmosphere compared to the last visit. It was quiet, calm and comfortable, and even after a one and a half hour wait, the two patients and their relatives in the lounge were perfectly happy to remain there.

Fiona McEvoy, Senior Clinical Matron (Medical) joined us in the department, whilst we were talking to the Staff Nurse employed there.

There have been a number of changes since our last visit – and it is obvious that things appear to be running much more smoothly. Although in its infancy, and there are still the odd not-so-good days, things are certainly much, better.

Staff Nurse in the Discharge Lounge now checks on her computer, that Doctor's letters and prescriptions are started before she accepts patients into the department. They are brought down to the Lounge by the Ward staff, further information handed over if necessary, and the patient is bid good-bye from the staff who have been caring for them. (If the Ward is unduly busy or very short-staffed, then the Health-care assistant working in the lounge may collect the patient, but this is only in an emergency) **What a transformation - patients are no longer brought down and dumped in the Department, as appeared to be happening at the first visit.** Staff Nurse will also have a mobile-phone, so that she can make confidential calls away from the patients in the Department if necessary.

There is a Ward Co-ordinator now available to Staff-Nurse, and if there are any further problems prior to admission to the Lounge, then the Co-ordinator deals with these, leaving the staff able to concentrate on the patients in the Department. This also means that Staff Nurse remains in the Lounge and is fully aware of what is happening with the patients.
The staff feels much more 'supported' and included as part of the team engaged in making the transition from hospital to home a much more seamless and comfortable journey for the patient.

Pharmacy staff have done their best to facilitate the dispensing of prescriptions as quickly as possible, and as well as a faster turn-around, a Porter has been allocated to deliver medication to the staff in the Lounge, so they no longer have

to keep going along to Pharmacy, or telephoning to check the availability of patient's medication.
Fiona assured us too, that they are educating staff to use the service, as it is a new innovation that was not always available.
Team-working is much more in evidence now

Fiona also explained that the system is explained at induction, to Junior Doctors, and they are requested to have patients' letters ready as soon as possible for those being discharged. Patient-centred care really is on the Agenda for the Discharge Lounge.

Changes are also under consideration, regarding the use of the ambulance service for the discharge of patients from the hospital on a day-to-day basis.

In the near future a questionnaire will be given to the patients asking about their experience in the Discharge Lounge, and these will be monitored for possible further action.

Planning permission is being sought, prior to commencement of building of the new toilet area; this will be sited where the desk and crash trolley is at present. A new television will be wall-mounted to free up a corner of the room, to allow a little more space.

Our thanks to both Fiona and Staff Nurse - Discharge Lounge, for their time and the information freely given. We were very impressed at this visit, to see that the recommendations we had made at the first visit had been implemented, as well as some of the Staff/Management ideas that arose from that visit.

Future plans – **Hospital**

Fiona McEvoy invited both of us to attend a "patient-journey" exercise to be held on Monday 3rd October 2011. This will go from Ward through to discharge, exactly as a patient would. We have accepted and a report will be submitted in due course.

Hartlepool LINk

Fiona is happy to attend a LINk meeting at any time to update the members on any further progress made.

Visit Location	University Hospital of Hartlepool
Department/Ward	Medical Wards/Discharge Lounge
Contact Name	Fiona McEvoy Senior Clinical Matron (Medical)
Group Members	Audrey Woore Margaret Wrenn.
Date/Time of Visit.	Monday 3rd October 2011. 9am

We accepted an invitation from Fiona McEvoy to follow the patient pathway from Medical Wards to Discharge Lounge, after our last visit on 18th July this year. The discharge process appeared to be problematic, and patient surveys showed that quite a number of patients cited having to wait in the discharge lounge as difficult at the end of their stay in hospital. After our last visit, when things had improved, it was suggested that we join the walk-through to see what our impressions were of the improvements made since our first visit to the lounge in December 2010.

We were directed to the Discharge Lounge, where we met:

Fiona McEvoy, (Snr Clinical Matron Medical)
Fiona Dinsdale (Patient Flow Manager – Bed Manager)
Alison Connolly (Patient Flow Manager – Non-clinical Bed Manager)
Paul Harris Pharmacy Manager.
Gail Sanderson Staff Nurse.
Sean Davies
Ryan Gilbey (Ambulance Staff – employed by the Trust) who work from the Discharge Lounges at Hartlepool and North Tees Hospitals. As Sean and Ryan were awaiting the commissioning of a new vehicle, they were invited to join the walk-through.

Fiona explained that they had carried out an audit of patient experience. There were 137 responses to the survey. The delay in actual discharge time has decreased considerably since our first visit to the lounge, according to the survey results.

They also carried out a survey of 100 people in the lounge, for which they are awaiting the results/outcome, and they will act on these when available.

There will be another audit conducted on 17th October, asking why patients are not being brought from all of the wards to the lounge for discharge, with times and reasons, and why other wards are not using the discharge lounge capacity. At present the usage is quite low, which is surprising considering it is so much easier to exit the hospital from the ground-floor lounge, where it is possible for relatives to park just outside, and for ambulance staff to collect those needing ambulance transport.

Report from the Patient Pathway Walk-through

We were in two groups for this:

Myself, Paul Harris, and Sean Davies visited Ward 7 General Medicine. Audrey, Fiona McEvoy and Ryan Gilbey visited Ward 5 General Medicine, Gastroenterology.

The purpose was to observe a Ward-round in progress, and see how patients were discharged and the input of staff involved in the process, which included Consultants, Doctors, Ward staff, Pharmacy staff, porters and ambulance staff. The completion of patient discharge letters and prescriptions for medication usually take place at the end of these rounds which can take at least two to two and a half hours.

We were impressed by the caring and considerate manner of medical staff that were on the rounds, and the confidential nature of their verbal exchanges. It was noted that they did not leave each patient's bed until all of their clinical needs were met.

We returned to the Discharge Lounge at about 11-50am, and a general discussion took place around all aspects of the patient pathway.

Pharmacy Department.

We visited the Pharmacy department immediately after lunch, and were struck by how busy the department was, and how small, for the amount of work generated within.

The staff were dealing with in-patient medications, and discharge patients, whilst out-patients were queuing to have prescriptions dispensed too. A very busy place indeed!!

There were constant interruptions by telephone, calls from the out-patient area, nursing staff and others, during our visit. We found it difficult to imagine how the staff were coping under these conditions, especially managing the complex, time-consuming process of dispensing medications. The staff were taking the full brunt of the discharge plan, because they were working at full-tilt, and the work had escalated ++ This still needs time and support so that staff are not subjected to so much constant pressure.
Unfortunately, since the new guidelines were introduced, more pressure has been placed on staff to fulfil them, and this has a direct impact on the waiting-time for patients' medication to be dispensed.

Recommendations

Wards.

Discharge co-ordinator could be notified during the ward-round, so there is no hold-up during the discharge process.

A designated member of staff, (who may need to be upskilled to do this if necessary) could be in place to complete the discharge letters once the patient had been informed. (This would free up the medical staff from trying to get them done immediately after the round, and facilitate a more streamlined patient discharge)

When a patient is told they will be discharged, they should be alerted to the length of time this could take, due to letters and medication completion and this information should be reinforced at every opportunity.

Pharmacy Department.

Although the survey appears to have lessened the length of time spent awaiting medication, Management statements, policies and procedures must be more structured to translate theory into practice.

Facilitator/Co-ordinator/Research group should meet monthly whilst good practice as well as problems can be easily remembered.

Bottom-up structural approach, the focus of which must be on patient take-home medication.

A room should be set aside for pharmacists to deal with prescriptions, to check them against the script and verify what is needed in dosage and name, without all of the interruptions we observed in the Department.

Portering staff should be involved in the patient pathway walk-through, and their input carefully considered, as their priority is also the welfare of patients.
A designated porter carrying out medication delivery, should carry a two-way radio so that they can be contacted at any time en-route. As well as any queries that may arise during their journey, staff safety is also a priority, and must be maintained.
This would free up nursing and pharmacy staff engaged in other duties, and would streamline the discharge process.

Comments and Observations

We were impressed with our observations of the Patient Pathway. It is obvious that a lot of work has gone into making things easier for patients to be admitted, treated and then discharged as quickly and safely as possible, and that staff have worked very hard towards this end.

We would like to thank Fiona McEvoy and the rest of the staff, notably Paul Harris, Pharmacist for his input into the patient journey, and also Shaun Davies

and Ryan Gilbey, who as ‘outside’ employees, put forward some very valid points during our walk-through.

Everyone was very honest about the problems that had arisen and were being dealt with on a daily basis, and we are sure that the improvements already made and those to come will make the experience of being an in-patient that little bit easier.

The following report details the findings of Hartlepool & Stockton LINk following their 'Enter & View' visits to the nurse led maternity service delivered from the Hartlepool site and the consultant led maternity service delivered from the North Tees site.

Establishment visited -	University Hospital of Hartlepool Birthing/Midwifery Unit
Date & time of visit -	Wednesday 31st August 2011 10am
Contact Names -	Debbie Gardiner - Midwife. Janet Alderton – Patient Safety Co-ordinator
Visiting Team -	Margaret Wrenn Audrey Woore Evelyn Leck Margaret Goulding. Val Scollen (Stockton LINk)

The Visit – Arrival and Observations

The team were met and warmly welcomed by midwife Debbie Gardiner, at Main Reception, University Hospital of Hartlepool.

We were escorted to the Unit, where we were met by Janet Alderton, Patient Safety Co-ordinator for the Department, and she explained that this is a stand-alone Midwifery-led Unit.

We were shown around the department, after first washing our hands at the entrance to the unit, using the antiseptic gel provided.

It was explained to us that there was only one patient in the unit at the time, a lady who was in the latter stages of labour, so would be unavailable for us to ask questions.

The following report is compiled from observations, and questions answered by Debbie and Janet, whilst they escorted us around the Department.

Our first sight of the unit, was light, spacious, and airy, with a reception desk, and a staff member who was very welcoming. It was quiet and calm, and the whole unit looked beautifully clean and well maintained.

At the entrance there was a three-bedded post natal ward, and a one-bedded single room which offers not only post-natal care for the patients from this unit, but also those from North Tees who feel the need to use the facility of breast-feeding support offered by the staff of the unit, on a one-to-one basis, as well as those who require a longer stay post-operatively. (Particularly if the North Tees Unit is busy and need to transfer the patients to Hartlepool) These were clean, comfortable and nicely decorated, providing a restful haven for those in the immediate post-natal period.

There are four delivery rooms in the unit and a beverage bay, where patients can make themselves a drink, or keep sandwiches and cold food in the fridge/freezer

if they wish. There are no facilities for heating-up food, in case of infection. But specific foods are kept for those of ethnic minorities who may become in-patients.

The visiting hours are very flexible – 10am-8pm for fathers, but restricted to 3pm-4pm and 7pm-8pm for other relatives. Although there is no dedicated overnight stay room, provision can be made for those whose partners deliver during the night.

There were two rooms classed as soft play rooms, where mums could take advantage of various types of equipment to help cope with labour, and their partners could also be involved with their care in these rooms. Delivery could also be managed in one of these rooms if necessary, or if mum chose that option.

We were shown the room in which the birthing pool was housed. It also contained a bed, which mum could use after delivery, and before the umbilical cord was clamped and cut. There are inspirational sayings painted on the walls, meant to encourage the mum-to-be in the latter stages of her labour.

The pool provides a totally different option for delivery, again if mum chooses and the pool is free at the time it is needed. Mums find it much more relaxing, and because the water is kept to body temperature, there is no danger at all to the baby once it is delivered, rather the opposite, because it is calm and quiet, the baby does not get such a shock at the moment of delivery, as can happen in an ordinary birth. There is a weight restriction when using the pool, so only mum is in the pool, and the midwife outside, gently encouraging and advising as necessary.
After each delivery, three litres of Milton is used to clean the pool out before it is used again, and like the rest of the unit, appeared to be absolutely pristine in condition!

Part of ante-natal care, is a course of six classes, which includes being shown around the unit and its facilities, and any questions mums/partners may have can be answered at the time.

We asked the staff the questions that would normally have been answered by the patients, and it was explained that even though the mothers had looked around the unit, had fulfilled the criteria (which is very strict) for delivery here, and knew that delivery was imminent; they were all classed as emergency admissions.

As much information as possible about car-parking, and charges is given to mothers in the ante-natal period.

Mothers are also furnished with comprehensive notes about their general health, condition during pregnancy, care plans, likely length of stay, breastfeeding,

safeguarding policies and visiting arrangements. This is a generic package and are hand-held notes.
There is a discharge plan in place, checks made and appropriate action taken. Then further planning with community midwife and health visitor is carried out so that mum knows who will be visiting and when, once she is back at home.

The staff do their own risk assessment on all mothers who would choose the birthing unit as their option for delivery, and as already mentioned, the criteria is very strict. No risks are taken with mum and baby, and even those who have decided that they will deliver here, (regardless of advice to the contrary) when they arrive in labour, are transported by ambulance to the Unit at North Tees Hospital.

Staff Views and Opinions

Q.1 Do you think that the care offered to mothers and babies is always adequate and appropriate?

A. Yes – Core staff members are all trained in neo-natal life-support, and all staff training is updated as advances in technology require. More comprehensive training allows the care to be more than adequate in the unit.

Q.2 Are you satisfied with the personal training and development opportunities you receive?

A. An analysis of training needs is carried out, and apart from Core staff, the remainder rotate on a six-monthly basis. This includes working at the unit at North Tees Hospital, and ensures staff can cope with all aspects of the work required for safe care in both the pre and post-natal period.

Q.3 Do you feel you have the resources you need to provide a high standard of patient care, and the time necessary to develop supportive relationships with mothers?

A. Certainly.

Q.4 Is there flexibility around patient visiting-times and overnight stays?

A. This has already been discussed in the body of the report.

Q.5 Are you required to go to North Tees if there are staff shortages?

A. It would be unusual, there are always two midwives on duty here and a healthcare assistant. If a midwife was escorting a patient to North Tees, then another member of staff would be called out to maintain the staffing level required for the unit.

Q.6 Have you any concerns about the number of mother/mother and baby transfers which take place from the Hartlepool Unit to North Tees Hospital?

A. No. The national average is between 13% and 35%. Ours is 19%. These include professional decisions taken by the midwife, dependent on what is happening at the time, and is based entirely around the safety of mum and baby. (Further information supplied pre-visit)

Q.7 Have you observed any increase over recent years, in the number of babies that are born to mothers who have misused drugs/alcohol during the course of their pregnancy?

A. Any problems identified here are not dealt with at the unit. These are all treated at North Tees Consultant-led unit.
This completed the questions, and we were shown to a quiet room to evaluate what we had been told and observed.

Further information offered, centred around breast-feeding support and the targets reached with breast-feeding mothers. (This is 50%, and is comfortably reached in the unit)At present this is the only unit left to provide information on formula milk, and still has small stocks of some milk on site. This allows a little choice to mums who do not, or feel they cannot breast-feed.

We were shown the units' evaluation of their services, in the shape of cards which had been completed by mums and partners, at the end of their stay, and all were excellent, especially the help mums had received with breastfeeding. They highlighted the wonderful care they had received, and in many instances thanked staff members personally. One comment from a dad, about the difficulty of getting out of the car-park at midnight, after buying a 'Daily Pass' was the only problem mentioned.

Recommendations

There were no recommendations made at this visit.

Forum member's comments

We were very impressed with our visit to the unit, and particularly with the degree of commitment shown by the staff to which we spoke. They are obviously very proud of the unit, the calibre and skills of its staff and the good reputation they have amongst people in the Town and beyond.

We would like to thank Janet Alderton and Debbie Gardiner for their assistance at our visit, and the information freely and generously given.

Establishment Visited -	North Tees Maternity Unit
Date and Time of Visit -	Monday 19th September 2011 at 10am
Contact Names-	Janet Mackie (Head of Maternity Services)
	Janet Alderton (Patient Safety Co-ordinator)
Visiting Team -	Ruby Marshall (Hartlepool LINk
	Carol Sherwood (Hartlepool LINk)
	Evelyn Leck (Hartlepool LINk)
	Audrey Woore (Hartlepool LINk)
	Val Scollen (Stockton LINk),
	M.A. Collins (Stockton LINk)

Prior to the Visit
Before the visit it was decided that Stockton LINk would provide there own report. This decision was taken after discussions between Stockton and Hartlepool LINks. Please note the Stockton comments appear after the Hartlepool conclusion.

The Visit – Arrival and Observations
We were met and welcomed by Janet Mackie, Head of Maternity Services and Janet Alderton, Patient Safety Co-ordinator who some of the group had already met at the Birthing Suite in Hartlepool.
We were escorted to the Maternity Unit which is on two floors by Janet and Janet and were shown into a room where we prepared for our visit. This included following the philosophy regarding clothing)arms bare from elbows down, no wrist watches or handbags and hands thoroughly washed before entering and on leaving the unit, and in between times if deemed necessary.
Once prepared, we were shown around both floors which consists of-

- Four bedded bays,
- Single rooms,
- Antenatal bays,
- Delivery rooms,
- Post natal rooms,
- High dependency suite
- Birthing pool.
- One bay designated for urgent care.
- Operating theatre
- Recovery area

There was also a special area away from the main unit for still born births which consisted of two family rooms with overnight stay facilities. The facility is a valuable resource for mothers and families who have experienced bereavement or a problematic birth. It was very apparent that a lot of compassion and care has gone into the making of this unit which has its own bereavement councillor, and the introduction of still birth boxes has been greatly appreciated by families needing this service. Staff bases are on two floors away from the mother/parent

areas which adds to the confidentiality of care. In this area there are electronic boards and bed management information and this is also the area in which all staff meet up daily. The visiting team observed very positive working relationships in this area and throughout the course of the visit. The Maternity Unit also receives support from other hospital staff. Support also comes from a Breast Feeding Co-ordinator on a daily basis who also works within the communities of Hartlepool and Stockton. On the day of our visit an ambulance paramedic was in the delivery suite. The Unit has now had around 3,400 births on site.

Patient Views and Opinions

1) Admissions Process

1.1) How were you admitted to hospital, planned or emergency?
Planned 4 Emergency 2
(1 induced) (1 because of infection)
Comments - None

1.2) How did you get to the Unit?
Ambulance (0) Car (5) Taxi (1) Bus (0) Other (0)
Comments – the person who came by taxi was followed by family who used the bus service.

1.3) Were parking arrangements explained if you came by car?
Yes 5 No 0
Comments – None

1.4) Were you given full information regarding your stay in hospital, e.g visiting arrangements, details of care plan, likely length of stay, safeguarding policies, breast feeding arrangements etc?
Yes 6 No 0 N/A 0
Comments – 1) Was bored at ante natal classes.
2) Approximate visiting times have been given.

1.5 Have arrangements been made for your discharge and post natal support?
Yes 2 No 0 Not Yet 4
Comments - 1) Baby 1 day old, not sure
2) Due to be discharged

1.6 Was the North Tees Maternity Unit your preferred choice of location at which to give birth?
Yes 6 No 0 N/A 0
Comments - 1) The hospital is close to where I live (2)

2) Mother and Partner/Relative Views and Opinions - General

2.1) Are staff friendly and polite?
Yes 7 No 0
Comments - 1) Staff are absolutely lovely

2.2 Do staff take time to listen to you and answer questions?
Yes 6 No 0 N/A 0

2.3 When you push the call button do you get a quick response?
Yes 5 No 0 N/A 0

2.4 Have you been given support and advice regarding breast feeding?
Yes 6 No 1

2.5 Do you think the ward is clean?
Yes 7 No 0

2.6 During your ante natal care was everything regarding the birth of your baby explained to you?
Yes 6 No 1

2.7 Did you see medical staff as well as midwifery and nursing staff as part of your ante natal care?
Yes 6 No 2
Comments - 1) Only saw medical staff after being admitted

2.8 What sort of ante natal care did you receive? (classes, location etc)
Comments 1) Didn't go have given birth 3 times.
2) No classes but saw doctor as often as requested.
3) Yes, quite happy, classes at Footsteps in Billingham
4) Only found out pregnant at 8 months, so not much time to sort out, once determined were good.

2.9 How well prepared for the birth do you feel?
Comments 1) Quite prepared
2) Well prepared (2)
3) Up to this point well prepared
4) Given full knowledge but still don't know what to expect
5) Not prepared

3) Privacy and Dignity

3.1) Do you feel that your personal dignity is always respected?
Yes 7 No 0
Comments 1) Staff do a really good job here
2) Brilliant staff, make me feel at ease

3.2) Are you able to discuss your baby's condition and treatment privately with your consultant and midwifery staff?
Yes 6 No 0 N/A 1

3.3) Do staff always wash their hands before and after treating you and your baby?
Yes 6 No 0 Other 1
(only gel, not soap)

3.4) Do staff treat you with respect and handle any concerns you raise about yourself and your baby's care and treatment appropriately and quickly?
Yes 7 No 0

3.5 Are toilet facilities adequate and always clean?
Yes 7 No 0

3.6 Were you offered food/drink prior to and after delivery?
Yes 7 No 0

3.7 Do you feel your wishes were respected and supported during, before and after delivery?
Yes 7 No 0

4) Rights and Fulfilments

4.1) Are you regularly updated with regard to both you and your baby's progress?
Yes 7 No 0

4.2) Have you been given information which fully explains your baby's treatment and care plan, including post natal care and home visits?
Yes 4 No 0 Other 3
2 x Not Yet
1 x N/A

4.3) Have you been given information about who will be visiting you and how often?
Yes 7 No 0
Comments 1) Up to 10 days before visit
Not enough visits

4.4 Have you discussed with staff any assistance you or your baby may need after discharge?
Yes 4 No 1 Not Yet 2
Comments 1) Discussed with midwife and health visitor

4.5 Have you been given information on how to make a complaint?

Yes 0 No 7

Comment: Although no one had been given any information on how to make a complaint all patients interviewed were happy and said they did not need to.

4.6 Is there anything you would like to add about your care or treatment whilst in the department

Comments 1) Staff have done a very good job especially for baby as he needed more help than I did.
2) Happy here, everything is fine.
3) Everything superb

4.7 Have your visitors been able to see you at times that suit you?

Yes 5 No 2

Comments 1) Visiting hours only
2) Baby in neonatal so ongoing advice needed, strict visiting times.

5) Staff Views and Opinions

5.1 Do you think that the care offered to mothers and babies is always adequate and appropriate?

Yes 4 No 0

Comments 1) Care is always appropriate but not always adequate because of overload at times when more staff are needed.
2) Time management sometimes restricts this.

5.2 Do you feel that staff have the resources you need to provide a high standard of patient care, and the time necessary to develop supportive relationships with mothers?

Yes 3 No 2

Comments: Budget constraints sometimes prevent this. Could improve if more staff (x2). Don't always have time to give the individual care we would like to.

5.3 Is there flexibility around visiting times and overnight stays?

Yes 1 No 4

Comments 1) No facilities for men from outside the area have to get temporary accommodation.
2) Visiting times 10am -10pm for partners, 3pm – 4pm and 7pm – 8pm others.

5.4 Are there good working relationships between consultant, medical staff and midwifery staff?

Yes 5 No 0

5.5 Do you have regular in-service training and development opportunities to help you keep your skills and knowledge base up to date?
Yes 5 No 0

5.6 Have you observed any increase over recent years in the number of babies born to mothers who have used drugs and/or alcohol during the course of their pregnancy?
Yes 5 No 0
Comments: Large increase over the last 5 years, mainly alcohol, which puts extra pressure on staff.

5.7 How often are ward rounds completed?
Comments: Completed daily, staff of all grades mix and work well together and meet up in team room.

Conclusions
The visiting team found this to be an excellent and almost second to none Unit. The only issue of note was that no mother had been issued with a copy of the complaints procedure. We realise that they did not need it, but the LINk and CQC consider it is good practice and a statutory right of the patient that this information should always be made available.

Background

A request to visit arose through Stockton LINk attendance at the Maternity Services Liaison Committee, with the aim of obtaining feedback from the staff and patients. Stockton-on-Tees LINk were particularly interested following Sure Start engagement visits and concerns regarding the handling of miscarriages.

General Information

The maternity unit has a ward of 28 beds. 4 for ante-natal patients and 5 single rooms. The delivery suite has 14 beds including 2 operating theatres with 2 single rooms nearby for recovery when patients have had an operation. The next suite is an area set apart with 2 single rooms and a family room, this area is used if a lady has a still birth or early loss of the baby. The staff also showed LINk

members a sample of a 'memories box' which is given to women who lose a child. The boxes are well thought out and staff have received positive responses from mothers.

Patient and Staff Feedback

Stockton-on-Tees LINk Members spoke to four patients and four members of staff.

- Mothers were enthusiastic in the praise they had for the care they had received.
- Mothers felt that they had been well prepared in the antenatal period and their questions had been answered at each stage as necessary
- Mothers did not report undue concern about future delivery.
- Each of the mothers spoken to reported that they felt their needs had been met during labour.
- Mothers understood that there would be a discharge process though some were unsure about when this was likely to take place (though it was reported by mothers who had delivered very recently – a matter of hours).
- One mother had needed to come back into hospital due to jaundice in her child – the mother felt well informed about her and her childs aftercare. Her partner reported that the care given to the family as a whole was good.
- Comments were made regarding the lack of flexibility in visiting times in the postnatal ward.
- Staff members were all friendly, pleasant and co-operative with LINk members.
- All midwives reported that they felt able to give patients sufficient time and attention in the delivery ward/unit but this could change when working on the postnatal ward.
- The delivery unit is always the priority so if the delivery unit is busy this can then have an impact on the postnatal ward.
- The midwives reported that they were offered additional training and courses to stay up to date. However, one midwife reported that depending on the course this may need to be completed in their own time/at their own expense.
- All of the midwives spoken to enjoyed working on the unit and felt it was a good midwifery unit to work on.

Additional discussions were open and frank with regards to pressures on the postnatal ward during busy times. The LINks were advised that a process is available to bring in more staff to the unit if staff shortages require though sometimes senior staff can be reluctant to use this arrangement.

Midwives have to receive a mandatory 4 days per year training to keep up to date.

A breastfeeding co-ordinator is available on the ward – can also ring for advice.

Conclusion – Stockton LINk

The unit appeared to be well organised, clean and a friendly unit run by confident staff. Women seemed to be well informed and a choice of birthing procedures are offered. The care of patients and infants and the limiting of cross infection is the utmost priority of staff.

The aftercare and support given to women who have lost a child was very evident and care for them had been well thought out.

It is extremely positive that delivery unit a priority but hope no undue caution in utilising processes for calling on more staff if required. Consideration could be given in exploring flexibility of visiting times, whether to look at allowing flexibility or better communication to patients and visitors about why limited access.

Dear LINks team

Hartlepool and Stockton LINks Enter and View visits to North Tees & Hartlepool NHS Foundation Trust Maternity Units 31 August and 19 September 2011

I am writing to thank you on behalf of the Maternity team for the draft report provided following your visits to both sites of the Maternity Services at North Tees & Hartlepool NHS Foundation Trust on 31 August and 19 September 2011. It was very nice to meet with you all during these visits and also good to know that you all enjoyed your visits.

We realised that it was difficult to get a full view of the Birthing Centre as you were unable to speak to the lady who was in labour at the time. The team are pleased that you feel all your queries were answered freely by the staff you met and also that you identified the passionate approach that the midwifery staff have towards promoting normality and use of the Birthing Centre for women who are within the criteria for giving birth there wherever they live in our catchment areas.

During your visit to the unit at North Tees you have identified your support for the family centred approach we try to maintain when there has been a poor outcome. We are pleased that you feel the family rooms are well designed and used. The positive feedback you received from the women who you interviewed during the visit is very positive; this is good confirmation of the work that the midwifery staff have been doing to improve the patient experience in our department. At the time of your visit you identified that the women did not appear to know how to make a complaint if they wished to do so, this was despite notices being displayed. Since this time I have ordered a large number of the Trust Complaints leaflets and have asked for these to be given to all women at their booking appointment with our other leaflets. We have also recently had a leaflet covering the post natal period approved; this contains details about visiting etc and should help with communication with families. We are awaiting this leaflet to be completed through the Trust Patient Information group so we can get it into print and used.

Thank you again for visiting us and giving us such good feedback. We look forward to your next visit and are happy to discuss any issues with you or your team at any time.

Yours sincerely,

Janet Alderton - Patient Safety Lead, Women & Children's Services

Children's Day Unit University Hospital of North Tees

Date 10th October 2011 10.00 am
Date 08th November 2011 10.00am

LINk Group visiting comprising of: - Zoë Sherry, Evelyn Leck & Brenda Loynes

Contact staff members: -Victoria Whitfield .Day Unit Sister
Heather Duckers. Senior Clinical Matron

The visit was arranged following a previous visit to the UHNT Children's ward. Concerns had been raised by parents of children on the ward, who stated that prior to the transfer of their child; they had previously been waiting in the Children's Day Unit for considerable lengths of time.

The ward clerk, who did not seem to know if we were expected, greeted us. We were ushered into the unit by the ward sister and were joined by the clinical matron.. We explained the reason for the visit and were given a side ward to use for discussions.

The Day Unit has 10 beds.
There are a 4-bedded ward and 6 cubicles (side wards)

There is a general waiting area with a clerk to book patients into the unit. All patients arriving have been referred by their GP / A&E / Children's ward or other professionals and the unit has been notified of the referral

On the day of the visit there were no children on the Day Unit. The usual theatre day had been cancelled which normally involved 7-8 children, and there were no other patients present other than a small baby and parents who had just arrived.

General Observations :- A clean ,light ,airy unit. It smelled fresh and clean. It was well decorated and with appropriate decals on the walls.(selected by the patients) The ward is cleaned twice daily by 2 regular cleaning staff who will also attend accidental spills and if required work weekends to ensure the cleanliness of the ward.

We were unable to complete Sections 1,2 & 3 of the Enter & View document. at the first visit

Section 4 :- Staff views and opinions were all very positive and comment was made that they had adequate resources and should there be a need for extra equipment the Clinical Matron is allowed to purchase goods up to the value of £5,000.

COMMENTS OBSERVATIONS AND RECOMMENDATIONS

The following information was gathered by discussion with the Ward Sister and the Clinical Matron

The TV's DVD's Electric games, toys and Nappies, are bought by staff as result of fund raising.
There are toy boxes with contents suitable to different age groups
At times it is hard to keep these goods safe as they get stolen from the ward. The hospital did not want to pay for tagging of these goods.

Each length of stay on the unit varies with each individual patient and the reasons can vary but usually waiting for results of tests, waiting to see a doctor, or for the unit doctor, Dr Marcus, to make the final decision whether to discharge or transfer the patient.
The unit always tries to get children home rather than remain in hospital and the decision may take time and so prolong discharge time.

The Unit covers the ages 0 – 18 yrs. If the 14 year olds have to be admitted to the hospital from the unit, they have a choice of where they wish to be admitted, EAU, Adult ward or Children's ward. (Average length of stay on the children's ward is 1.2 days)
Those with special needs /long-term conditions stay on the unit until aged 18.
An adult always accompanies children.
The number of people accompanying the patients is regulated but not fixed, but when there are siblings it can be difficult to limit numbers if there is no one to support the parent.

The Unit is open 8.00am til 9.00pm Monday to Friday. In the winter when the number of poorly children rises the unit may open at weekends.
Last admission to the unit is 7.00pm
2 trained staff, and 1 HCA staff the Unit. Plus a play specialist who also accompanies the children for operations to the theatre.
The Unit Theatre day is Monday – more usually gastro-enterology performed by Dr McLean & Dr Seerah.
Wednesday is MRI list day.
Main theatre has a child operation day 1 day per month for elective surgery,
Surgery is also carried out at Hartlepool. Hospital
There are no overnight stays at Hartlepool. But the dental lists are carried out at Hartlepool.
Staffs inter change with Hartlepool staff and there is approx the same numbers of patients from Hartlepool and Stockton

When a patient is admitted a general information file is at the end of the bed, which includes information about making a complaint. There were leaflets

available about the ward and notices on the walls giving a lot of information. It was noted that there is no information in any alternative languages
We were advised that staff have access to a translation / interpretation service and a multi lingual book for basic communication.
There are leaflets to give to parents, which describe various illnesses

The unit only has toilets and should any child require a bath they have to go to the children's ward, there is an adjoining door to the ward.
Playrooms are also on children's ward.

A nurse does a ward round daily and talks to all patients and parents / carers
The ward staff have ward meetings every 1-2 months depending on holidays and other absences. Staff receive all mandatory training and 2 days safeguarding training. Individual staff are trained in specific areas and support other staff, i.e. Domestic violence and substance misuse. Training is also available on line at work.

On admission to the ward an ongoing episode of care file is kept with the patient. This is not their whole file but that which is relevant to this admission. All professionals involved in the care enter their comments as they deal with the patient. This is available for parents and carers to read but parents seem reluctant to do this.
Any safeguarding issues are held separately
Records at present are hand written but from January 2012 new live on line records will be held.

The Play specialists held a survey of the children's ideas and needs, the outcome was the colour scheme and decals of the decorations of the ward. Also the meal menus and snacks were changed. As were the preferences for both warm and cold drinks. Mealtime is approximate and variable to meet individual needs. Children can also use the hospital canteen. There is an adolescent's sitting room in children's ward with computer games etc. Patients also selected the uniform fabrics, which are patterned and vary according to role

<u>October 8th 10.00am</u>

A return visit was carried to meet any patients and carers present on the unit. There were 3 children in the unit and the outcome were as follows

Section 1.1 1.2 1.3 Admission process.
All 3 children were emergency admissions.
Choice of hospital :-
One parent was given a choice and chose the unit where they had had a good experience and was closest to home. The second came from the Urgent Care Centre at Peterlee. They were not given a choice despite Sunderland, Durham

and Hartlepool being closer. The third was admitted via a midwife. No choice offered. All three were brought to the hospital by car.

1.4 There were variations of experience around this point.
One family had been given ongoing information about procedures. Observations had been done and explanations about time scales, observations and doctor's visits. The child had been offered breakfast with a choice of toast or cereal.
The Second child's family felt that they had been given some information
The third family said they had not been told anything.
It seemed clear that where there were more than one adult present a clearer understanding took place. And the lone parent with a baby may have been told but did not think so. Staff were informed of these comments.

SECTION 2

Parent and relative views and opinions.
In the parent's opinion all staff were friendly, polite ,listened, and answered questions. Some felt unable to discuss the 'appropriateness' of care as they felt it was too soon to make a decision. One family felt that there had been a breakdown of communication between the doctors and parents and that no clear diagnosis was given and that surgery carried out which at first improved things had again become a problem. The child had been in the unit several times. Staff were informed of this concern and they will talk to the parents to offer support and try to resolve any concerns or misunderstandings or information about the situation.

SECTION 3

Privacy and dignity.
There were no concerns identified other than responses about concerns could be handled a bit quicker.
Rights & fulfilments.
There was conflicting evidence of information about treatment plans and lengths of stay.
No one knew how to make a complaint.
One parent said that historically she had had along wait after being told about discharge. This is usually due to the wait for discharge letters and medication.

COMMENTS

After discussion about people who either cannot speak or read English, it was suggested that the information should be printed in other languages as well as using the language line that is available. There were concerns that parents may not understand the procedures or why there are delays. Some people may understand and are afraid to ask. Checks should be done to ensure full understanding

Also the general notices and complaints leaflets should have some multi lingual content. Complaints leaflets, though in the packs at the bedside, should be given out and explained how to be used. Concerns about misconception of time spent on the ward need to be clearly explained to people who may be upset or stressed and / or have difficulty understanding. The need for clearer communication both verbal and written is needed to ensure that people have understood what they have been told, and why.

Dear Zoe, Evelyn and Brenda

Enter and View visit Paediatric Day Assessment Unit
North Tees, 8 November 2011

Thank you for taking the time to visit the Paediatric Day Assessment Unit at North Tees Hospital and for the subsequent report received 19 January 2012.

The paediatric team were delighted to welcome LINK members in October 2011, and on the follow up visit in November 2011. May I take the opportunity to thank you for the positive comments in the report in addition to addressing the areas for improvement which were raised.

In response to the specific points :-

- Complaints leaflets only available in English - at the current time the Trust does not produce complaints leaflets in languages other than English, however there are facilities to have the leaflets translated as appropriate in addition to utilising interpreter services.

  Parents unaware of how to complain – There are posters on the ward that encourage parents to speak to the ward matron about any concerns or complaints. These will be more widely disseminated around the ward to ensure they are more visible to parents.

- Information sharing/Communication – whist staff endeavour to provide timely and appropriate information in times of stress and anxiety this is not always retained by a worried parent. Staff will however ensure that when sharing information verbally that the parent has both heard and understood what has been said, providing written information where available.

Once again thank you for taking the time to visit the unit, we look forward to meeting the LINKs team again in the future.

Yours sincerely

PP: Julie Clennett - Ward Matron/ Paediatric Nurse Practitioner

This is a new facility, which opened on 2nd August this year.

Introduction

This is the first of a number of visits to be made to the above facility, which is open twenty-four hours/seven days a week. LINk members will endeavour to cover morning, afternoon, evening and night duties, plus a weekend evening - in two-hour slots, in an overview of the work of the Unit. During our visits we hope to show how the staff manage the unit, and how the public use the facility.
As well as the above, the times covered will be 3am-5am, 10am-12md, 2pm-4pm and 8pm 10pm on Thursday 10th November. The weekend visit, just happened to fall on bonfire night.

Report

Maureen Lockwood and I approached reception and introduced ourselves. There were three receptionists on duty, and a member of the security staff. (The receptionists were covering the walk-in Centre and the Out of Hours service together with the Minor Injuries Unit) they were aware of our visit, greeted us very pleasantly, and the Security staff member, escorted us to the Unit, through a large airy waiting-room, which was empty at that time of the evening. There are security staff members on duty 24/7.

We were warmly welcomed by Lynn Morris – Emergency Nurse Practitioner. She stayed and answered some questions, but was actually off-duty, so we continued the visit, with Nurse Practitioner Julie Fenwick.

We asked about staffing levels, and there would normally have been a doctor on duty, from 9am until 9pm, but because North Tees A&E Department was very busy, Lynn had advised him to help at that site. There was a Nurse practitioner, and a staff nurse on duty from 7pm until 7-30am. (beyond the 9am-9pm cover by the doctor, the unit is nurse-led.)
Band 5 staff (staff-nurses) rotate with staff at North Tees A&E, to continue updating their skills levels, and Emergency Nurse Practitioners have been informed that they too will rotate, but this has not yet been put into practice.

Staff Views and Opinions
(These are the views of all staff spoken to across all of the visits)

Do you think the care which is offered to patients is always adequate and appropriate?

The care offered to patients is adequate and appropriate, but lots of patients presenting at MIU instead of A&E at North Tees Hospital.

Security

There is a 24 hour security presence at the unit. Outside lighting good.
The staff have panic buttons available in the treatment rooms, but sometimes patients block access to the buttons – (this has happened when a drug-related incident occurred, and the staff were worried)
They do not have personal alarms.

Staff cover (In the event of sickness, leave, serious local emergency or disaster)

When staff are off sick or on leave, North Tees Nurse-in-charge is informed, and they sort out the problem. Staff stick together and help whenever needed.
Major incidents are dealt with at North Tees Hospital.

Circumstances and medical conditions which would lead to a patient being transferred to North Tees Hospital, and whether transport would be provided.

If a patient needed an operation.
If a child needed treatment for a fracture and would be admitted to the ward.
Babies would be seen by the clinician first.
****** The staff would ring 999 for an ambulance, and commence treatment in the 8-9 minutes it takes for a vehicle to arrive.
The staff all have their Advanced Life Support Certificate, and can deal with patients with any medical problems that might present.
Hopefully, when people become used to the new facility, any medical emergency will be dealt with by the patient phoning 999 themselves.******

Any comments on how to improve the service at present?

1) Further communication with the public, regarding the use of the Unit.

2) Larger premises.

3) Screen at the front desk.

4) Admin space at reception – poor.

5) Clearer guidelines regarding the triage system – would allow it to work better.

6) More cover after 8pm from Northern Doctors Urgent Care Service.

7) Staff are worried this unit will close. Reassurance on this point would allay their fears.

End of questions:

We spent two hours in the Unit, and although it wasn't very busy, which surprised us, it being Saturday evening, Julie explained that they were usually much busier after 10pm. (With hindsight, maybe we should have made this visit 10pm until midnight!!)

From the reception desk, information about patients attending was faxed through to the Unit via computer, so that the staff were aware that someone needed attention. Patients were shown to one of the treatment rooms available. These were quite spacious, light and clean, (lit by artificial light) normally, very little daylight filtered in to the unit, from one small window.

There was one family already in the department on our arrival, and in the two hours we spent in the unit, there were only 2 more patients, one of whom was a lady brought from a home caring for those with learning difficulties, whose staff had phoned before-hand to check that this was the correct place to bring her. The third was a gentleman who needed his dressing changing after a skin graft operation, because blood had seeped through the original dressing. The consensus of opinion was that the Centre was easy to find, but it was an indirect route to actually get into the car park. Staff were friendly and polite. There was no waiting-time. They were very satisfied with their treatment. They had all arrived by car. (the family had discovered the Centre two weeks ago when they brought a friend to attend an appointment) They did not know the telephone number for the emergency service, so were given a leaflet. None were aware of the full range of services available at the One-Life Centre itself.

Because there are three services under one roof – (the Walk-in Centre, Out of Hours Service, and the Minor Injuries unit, people still expect to be treated at any hour, but the MIU staff work to a particular criteria)

9-45pm A female was deposited at the door by a policeman, she is well-known to the reception-staff, as a person with a particularly bad alcohol abuse problem. She was abusive to the staff on reception, and wanted to be seen by the MIU staff. This is not in their remit, but the Nurse Practitioner went out and spoke to the lady. When we left the building at 10pm, she was sitting quietly in the waiting-room, to be seen by the OOH service Doctor**.**

****Please see recommendations from all members at the end of the report.***

Group Members Ruby Marshall and Margaret Wrenn
Date/Time of Visit Thursday 10th November 2011. 3am-5am.

This was the second two-hour slot to cover the unit, and the above members undertook this visit. The same Emergency Nurse Practitioner was on duty at this visit, as on the first one.

There were no patients for the MIU but a young man presented just as we arrived.
He was assessed by the staff nurse in the department, and advised to see the Out of Hours service doctor. He was given an appointment.

Since our last visit on Saturday 5th November, the decision has been made that MIU staff will assess all patients who present at the reception desk after 8pm, and make a decision as to where they need to be treated. (This decision is under review) If they require the OOH service, then the patient themselves must phone the service. There is a mobile phone at reception for those who do not have their own phone.

At about 3-40am A young mother arrived with a three-month old baby. She had been unable to settle the child, since about 10pm the night before and was anxious and worried. Lynn questioned the mother, and assessed the baby, who eventually fell asleep, Lynn reassured her, and explained about the options available to her for any further treatment if it became necessary.

Whilst in the department, it became clear that the staff must not leave the Unit for their meal, as they cannot leave a colleague alone. They have their meal in the small staffroom which is part of the Unit.

The Department is to be reviewed in December of this year.

Group Members Brenda Loynes and Marjorie Marley.
Date/Time of Visit Thursday 10th November 2011. 10am-12md.

This was the third two-hour slot, to cover the Unit, and the above members undertook this visit.
On arrival, both members noticed that the lift in the reception area was out of order.
Two of the receptionists were not very friendly although the third receptionist/nurse was helpful.

They were ushered into the Unit and were greeted by a nurse called Karen, who then proceeded to show them around.

The Unit was very busy, they spoke to eight patients made up of: 1 elderly lady in a wheelchair, 3 males, 3 boys and a baby girl of one year of age.

Three patients arrived by their own car. One by taxi, One by works van, One in a friend's car. Two walked.

The majority of those questioned said the Unit was easy to find.

Of those questioned, one person had tried to make an appointment at his own surgery, but the receptionist had advised him to go to the Minor Injuries Unit.

Seven of those questioned had no difficulty in getting to the MIU.
One person said, that the "No right Turn" into the car-park of the One-Life-Centre was a problem, because it was not well sign-posted.

Asked about the signage inside and outside of the building:

Five people said it was clear and easy to understand.
One said that as far as they had looked it was okay.
One didn't see any.
One didn't take much notice as he was in pain.

When asked how long had they had been waiting for treatment:

Two had been waiting 90 mins.
Two had been waiting 45 mins
Two had been waiting 30 mins.
One had been waiting 20-30 mins.

Asked if they had been advised of the likely waiting time:

One person said Yes.
One said he had an appointment.
Six said No.

Asked if staff had been friendly and polite:

Six said Yes.
One said Yes, but on a previous visit, a member of staff had been unpleasant.
One said they had just been given a form to complete and told to sit down.

Asked if they staff had listened to and answered their questions:

Five people said Yes. (One of whom said the medical staff were brilliant)
One said the staff were apologetic about their wait to be seen.
Two had no questions (One not happy about just being handed the form)

Asked if there was adequate seating in the waiting-area:

Four said Yes.
One said Yes, but it was very tight.
One said Yes but it wasn't busy at that time.
One said Yes, until 10-15am, then space limited.
One said Yes, but probably could do with more seats.

Asked if wheelchairs were available if needed:

Five said it was N/A
One said they weren't visible.
One said they are available
One had not been asked (Son had a leg injury)

Asked if the MIU was easily accessible, if a wheelchair-user :

Seven people said it was N/A
One person said it was too cramped, limited and that the lifts were too small

Asked about whether toilet facilities were clean and accessible:

Comment was made that there was only mixed toilets.
Two said they were clean and accessible.
Six said they were not needed. (three of whom didn't know where they were!)

Asked if they were aware of the full range of services available at the Centre:

Three people said they were.
One said only vaguely
Four said they were not aware of any of the services.(One said no-one had told him)

Asked if there was sufficient information regarding services/opening hours etc., on display:-

Two people said Yes.
Six said No, of whom: (One didn't look) (One said there were no opening times displayed)

Asked if they were satisfied with the service/treatment they had received:

Five patients were satisfied with the service/treatment they had received at this visit. Two were highly satisfied, said the Doctor was most pleasant.
One had not yet been seen by the Doctor.

Asked if they knew how to access the Out of Hours Service:

Two said Yes
Six said No.

End of questions.

Concerns raised at this visit:-

1) Car-park too small, and should not have to pay to park.
2) The parent of one boy said she had visited the unit when it first opened, and was not treated in a correct manner. The staff were not friendly then.
3) One thought the Unit closed at 8pm.
4) Unit too warm
5) Lady in wheelchair said the consulting rooms were too small, (great difficulty in manoeuvring)
6) Felt the waiting-time was too long.
7) Lack of proper transport to North Tees, patients were concerned about the elderly, and children.
8) Some said they were not happy that the children's unit had gone from Hartlepool, particularly those with other children to care for.
9) Although staff were pleasant and caring – I would much rather go to A&E at the hospital.
10) The LINk members felt that there was a lack of storage, and that staff had only a small work-area in which to complete their notes, and opted most of the time to kneel in the corridor, because they could not get their legs under the work-station top.

Any comments on how to improve the service.

1) More information on what exactly is a "Minor injury"

2) More training for staff in reception (Older staff were good, younger staff not so polite)

3) More publication of services.

4) More windows in the Department, there is a lack of daylight.

Group Members Ron Foreman and Carol Sherwood.
Date/Time of Visit Thursday 10th November 2011. 2pm-4pm

This was the fourth two-hour slot to cover the Unit, and the above members undertook this visit.

Between them, Ron and Carol spoke to four patients (one female, two males and one child) and one staff member.

Two had arrived by car, one by taxi, one walked from College of Further Education. They all found the Unit easily – one knew it was at the One-Life Centre but didn't know where. They all thought the signage outside of the building clear and easy to understand.

Time spent waiting for treatment:

40 mins. 45 mins. About 30 mins. 15 mins.

They were not advised of any likely waiting time, or about the triage system in operation.

They all said the staff to whom they spoke were friendly and polite.

They felt the staff had listened to them, and answered any questions they had. (one said definitely)

They felt there was adequate seating available in the waiting-area.

They felt the MIU was easily accessible for a wheelchair user.

Two said the toilet facilities were clean and easily accessible. Two said they didn't use them.

Two were aware of the full range of services available at the Centre. Two were not, and the comment was made they thought it was a doctor's surgery.

Is there sufficient information regarding services, opening hours etc., on display?

One said Yes. Two said No. One didn't see any. Comments made were that it was not obvious.

Are you satisfied with the service/treatment you have received today?

All said Yes. Two of whom said it was very good.

Asked if they knew how to access the OOH service for medical treatment – Two said No. One said Yes, and one said they would go to the One-Life Centre.

Asked If there were any further comments or suggestions as to how the services at the Centre could be improved

1) More parking-spaces.

2) Close it down and use the money to keep the General Hospital open. It's good at the Centre, but inconvenient, and not acceptable.

3) Happy with services here but disgusted that A&E at General Hospital is not available. Not at all happy with the system.

4) Happy with treatment but if accident had happened at home instead of the College of Further Education, I would have gone to the General Hospital – I was directed to the One-Life by College.

Group Members Audrey Woore and Maureen Lockwood.
Date/Time of Visit Thursday 10th November 2011 8pm-10pm.

This is the last slot for the LINk overview of the Minor Injuries Unit. Between them, Audrey and Maureen spoke to 8 patients altogether (4 female, 3 male, 1 child) and one staff member.
Audrey spoke to patients in the waiting-area, and Maureen to patients in the Unit.

All attended the MIU.

Seven arrived by car. One by taxi. They all found the unit easily.

One was advised by his Union Representative. One brought by her Mother. Six attended on their own initiative.

None had any difficulty getting to the Unit.

The department was clearly signposted for the majority, but mother didn't particularly
notice, because of her concern for her daughter.

Time spent waiting for treatment:

2 patients waited 1 hour. 1x30 mins. 1x20 mins. 4x5 mins.

2 patients were advised of likely waiting times. 6 were not.

They all said the staff to whom they spoke were friendly and polite.

They felt the staff had listened to them and answered any questions they had. (One said they were very good)

They all felt that there was adequate seating available in the waiting-area.

They felt the MIU was easily accessible for a wheelchair-user.

Four said the toilet facilities were very clean and easily accessible, Four didn't use them.

Five were aware of the full range of services available at the Centre. Three were not.

Is there sufficient information regarding services, opening hours etc., on display?

Five said Yes. Three said No.

Are you satisfied with the service/treatment you have received today?

One said yes**.**
Three said it was excellent. Three outlined their full treatment, follow-up appointments, and advice given if further treatment became necessary.
One parent complained regarding the length of stay – she was still in the Department when the members left, and she had been waiting for one and a half hours.

Asked if they knew how to access the Out Of Hours service for medical treatment – Five said yes. Three said no. Maureen gave them an explanatory leaflet.

Asked if there were any further comments or suggestions on how the service could be improved? Comments:

1) Feel the staff are doing a good job.

2) Quite happy with the arrangements, see no need for improvements - Very satisfied with the service.

3) Two said they would like more information about the Centre.

4) Three had no further comments.

<u>Observations</u>

At present there is a doctor on duty until 9pm each day, but after 1st December 2011 the MIU will be a Nurse-led service only.

If a patient comes in by ambulance, they must be seen within fifteen minutes, to meet Government targets.

The staff have noticed that ambulance personnel are taking patients to North Tees with only minor injuries. They think this is due to the general confusion surrounding the new facility.

Northern Doctors Urgent Care (Out of hours service)

*Receptionist is on duty for the above 6pm-10pm. At this visit, she had only one call booked to see a doctor at 10pm. A male patient presented, expecting to see a doctor – he did not know it was an appointments only service. He made an appointment by telephone in the reception area of the MIU.

Patients arrive at reception to be seen by OOH service doctor. They are not aware that there is no doctor based here. (A child was brought in by parents at 8-30pm, they were given an appointment for 10pm – they decided to go home and return at 10pm) Apparently people can wait up to 3 hours before they are seen even when they are given an appointment by the Urgent care service.

**** Please see information on page 4 of this report re MIU staff are assessing patients between 8pm-8am for the NDUC Service. Apparently one of the Northern doctors advised a patient to "Knock on the MIU door and ask the nurse for more medication" WE THINK THERE IS A PROBLEM HERE - of responsibility for treatment of patients, and the risks being taken by nursing staff.(albeit well-trained and very committed nursing staff, the legal aspect of this is concerning)****

Recommendations

We the LINk members need a full patient journey regarding entry and discharge from MIU. (Suggest that two LINk members are escorted through the journey by a senior member of Staff – this could help to minimise our confusion, as well as that of patients and staff) Staff at the MIU that we have met, appear to be very dedicated people and should not be left in doubt as to what is happening within the department. Changes should be planned, not imposed, (e.g. assessment/triage of patients.)

From 1st December 2011, there will be no doctor based at the Unit, it will be nurse-led. (Only one staff member mentioned this to the LINk visiting group) This needs to be made absolutely clear to the people of the town. Clarification needed around NDUC role regarding the availability of doctors, and the likelihood of home visits being undertaken when necessary – instead of appointments being given for patients to attend the department in the middle of the night, particularly those who are asked to bring young children to the OOH service department.

Clarification needed around the Nurse's role within the Unit, with regard to NDUC service. There needs to be clearer signage in the waiting-area so that patients

are aware that there are three services ongoing until 8pm. Patients need to be aware that they will be seen by staff of the service they are accessing as soon as possible. That the Police service is involved in the information regarding the use of the MIU, so they are fully aware of where to take patients when they are ill due to their intake of alcohol. It is no longer acceptable that patients are dropped off outside the Unit, as they were when the A&E Department was open.

Ambulance service personnel appear to be confused as to who they take to MIU and which patients go to North Tees Hospital. Staff should have clear guidelines as to how they should operate; If they do have guidelines may we see them please?

End

We were very impressed by the skill, knowledge dedication and commitment shown by the staff in the MIU, especially with the confusion surrounding the service at present.

Members would like to thank all of the staff who assisted us in our visit to the Minor Injuries Unit, and the general public, for the information freely given to LINk members at these visits.

North Tees Accident & Emergency Department Visit

Visit Location	**North Tees Hospital, Stockton, Teesside.**
Department/Ward	**Accident and Emergency Department**
Group Members	**Ruby Marshall. Audrey Woore. Carol Sherwood. Margaret Wrenn.**
Date/Time of Visit	**Saturday 26th November 2011. 10pm.**

Report

This was an unannounced visit to the Accident and Emergency Department at North Tees Hospital. We introduced ourselves and spoke to the Sister-in-charge of the Department, Nicola Grieves, who is an Emergency Nurse Practitioner. We explained the reason for our visit. Mrs Valerie Wells, Clinical Site Manager was also in the Department. Nicola explained the working of the department, which was light, airy and user-friendly. The patient-flow system worked very well, patients were being well cared-for. The Children's area was also user-friendly, children were all involved with toys, games etc, even the ones that were not so well. Children were triaged almost immediately. Good back-up support was given.

We spoke to: 6 Female Patients 8 Male Patients 7 Children/Parents (21)
2 Nursing staff members, and 1 Receptionist.

From 8pm until 12pm, The Unit dealt with 28 patients of whom 12 were from Hartlepool.

1. Patients Views and Opinions

Q1. Why have you come to the A&E Department?

Went to Walk-in Centre at Peterlee and sent here by ambulance.
Bump on chin at ice-rink
Injured foot.
Injured hand
Overdose.
Breathlessness
Road Traffic Accident
Flu.
Pain in arm
Bi-polar (problem with medication)
Bleeding
Overdose
Member of family brought in by ambulance
Child has chicken-pox, worried about baby.

Came with sister who's baby has a fever.
Boy in children's area when we arrived.
Boy called into consulting-room before completion of form.
Child called into consulting-room before the questions commenced.
Took a bit of a nut, and came out in a rash and was choking.
Rash two days ago, attended Walk-in Centre at Peterlee – given anti-histamines (not suitable) had to go back, now has painful knees – not well, vomiting. Mother sent here by staff at Walk-in-Centre.

Q2. Where have you travelled from?

Hartlepool x2
Peterlee – Patient by ambulance. (Wife followed in car.)
Peterlee x 1
Ingleby Barwick x 3
Stockton x 7
Billingham x 1
Eaglescliffe x 1
One patient was not sure.
Two – didn't complete the questionnaire

Q3. How did you get here today?

Car x 14. Ambulance x 4. Walked x 1. Not sure x 2.

Q4. If you came by ambulance, did you and your relatives discuss returning home?

Relative to collect x 2
Wife waiting with husband (will probably be admitted)
Did not discuss x 1

Q5. Did you find the A&E Unit easy to access?

Yes x 15.
Not sure x 2
Ambulance x 4.

Q6. Were you advised to come to A&E, and if so by whom?

Tried other places, confused about the system, so came here x 1.
Own initiative x 6.
Already knew x 2.
Advised by family x 1.
Son brought her x 1.
Advised at Peterlee Centre x 1.
Doctor x 1.

Daughter is a pharmacist x 1.
999 ambulance – (chest - problems with medication)x 1.
Maternity Unit x 1.
Not sure x 1.
Told by ambulance staff – If you are still worried, take to A&E at Stockton x 1.

Q7. Have you had difficulties getting to hospital?

No x 17.

Comments: Had to leave children aged 3 and 5 yrs old with a neighbour to follow my husband in ambulance, but difficulties are present because of this.

Q8. How long have you been waiting for treatment?
4 hours - Assessment (10 mins) x1.
45 mins x 2
35 mins x 1
30 mins x 2
10 mins x 2
5 mins x 1
Few minutes x5
Just arrived x4

Q9. On arrival, were you advised of the likely waiting-time, and that the department operates a triage system, which may affect the time it takes for you to be seen?

Yes x 3.
No x 7.
Don't know x 1.
Ambulance personnel said 12/24 hours. (Husband) (wife spoken to separately)
Seen immediately x 2.
Triage not explained x 4.

Q10. Were the staff you spoke to on arrival friendly and polite?

Yes x 17.
More-or-less x 1.
Can't remember x 1.

Q11. Have staff been available to listen to, and answer any questions you have had during your time at A&E.

Yes x 15.
No x 1.
Just arrived x1.

Waiting for information x 1.

Q12. Is there adequate seating available in the waiting-area?

Yes x 15.
Didn't know x 2.

Q13. If you were in need of a wheelchair, was one readily available?

Yes x 3.
Own wheelchair x 1.
N/A x 8
Not needed x 3
Came in ambulance x 2

Q14. If you are a wheelchair-user, was the A&E Department easily accessible?

Yes x 1.
N/A x 16.
Comments: Not needed by the majority.

Q15. Are the toilets adequate and clean?

Yes x 11.
N/A x 5.
Don't know x 2.

Comments: Haven't used them.

Q16. Have you been offered a drink or been made aware of where drinks can be purchased?

Yes x 1.
No x 7.
Not here long enough x 1
N/A x 8.

Comments: Brought own drink x 2. Drinks machine available.

Q17. Have you been for an x-ray, or to any other diagnostic department? If yes, please give details of the experience.

Yes x 3 (x-rays) No x 1. Not sure yet x 5. (may need)
ECG x 1.
Blood and temp. check x 3.
Awaiting medication x 1.

Urine sample x 1.
Been triaged only x 2.

Comments: **"**Spot on".

Q18. What arrangements have been made for you to go home or be admitted for further treatment?

Going home x 5. Admission x 1. Not sure yet x 5. Own arrangements x 4.
Arrangement explained via ambulance service x 1.

Q19. Have you any further comments or suggestions as to how the service at the A&E Department could be improved?

"Fine, no suggestions" x 3.
"Would be happier going to Hartlepool" x 4.
"Too warm"
"More information required. Confusing, tried other services first before coming here"
"Difficult leaving baby behind, but mum needed help"
"Triage patients – who does it, Nurse or Receptionist"?
"Always been given good reception on previous visits, longest ever waited 30 minutes".
"Went to Walk-in-Centre at Stockton first, but staff there not very helpful. Staff here in A&E are very helpful"
"Parking-charges (poor area) can cost £5. Depending on visit"
"Took child to Peterlee Walk-in-Centre. Child given medication, returned home to receive phone-call – wrong medication had been prescribed, and had to go back" (Also told by staff that she was an 'anxious mother') Grandfather decided to bring mother and child to North Tees A&E as he felt he had no faith in the child's treatment at Peterlee.

End of questions for patients.

Questions for staff.

Q1. Please outline which patients would be seen at A&E, and which would be referred elsewhere for treatment, giving full details of how these decisions are made.

Triaged by trained nurse – if patients present with minor cuts, burns etc., they may be sent to their own GP after assessment, because A&E may not be the appropriate place for their problem.

Q2. Do you think that the care offered to patients is always adequate and appropriate?

Mostly, but not always.

Q3. When patients are brought to A&E via ambulance, do you always explain fully that they may not be able to return home in an ambulance?

Yes – would request availability of transport - however, each patient is assessed individually, and encouraged to find their own way.

Q4. If a person has arrived by ambulance but does not have money for a taxi or access to transport, are they offered assistance to get home?

Yes – Trust form is completed by A&E, and will be reimbursed by patient within 28 days, if money not available.

Q5. If a patient needs further follow-up treatment immediately (eg head-injury) are arrangements made with NEAS to get them to their appointment?

Would be discharged from here to make their own way if possible, or else if this is not possible, then would possibly arrange a taxi.

Q6. Please give details of staffing-levels (Including types of staff, eg; senior medical, junior medical and nursing staff) on duty tonight.

Consultant x1 (until 10pm)
Doctors x 3 (2 seniors, 1 junior)
Registrar x 1.
Nursing staff x 6.
Receptionist x 1.
Porter x 1.

Q7. If there is staff sickness or an emergency situation, what procedures are followed?

To-night, Clinical site manager Valerie Wells would be informed, and she would arrange cover from the wards.
Medical staff on-call would also be requested if it was very busy.
Receptionist duties would be covered by nursing staff.

Q8. How many patients from Hartlepool have you seen this evening?

Since 8pm, 10 out of 28 patients seen were from Hartlepool.

Further comments, at end of standard questions;

Since the closure of A&E at Hartlepool, this department is fully staffed, and although the department is no bigger, it runs much better.

Staff felt that the waiting times for ambulances is due to patients being kept longer in A&E, as it is classed as a "safe area" whilst ambulances are attending 999 calls and OOH service calls.

Discussion arose around the inappropriate use of trained staff (who rotate to MIU) by the OOH service.

Recommendations

Walk-through of the department (patient pathway) by LINk members.

At staff meetings, where recommendations are made to improve the service – who is tasked with following through on the recommendations?

Have NDUC service been given a clear and credible plan from the PCT? The information given to us on enter and view visits would contradict this. We need to see this plan, because it appears to have been changed. Who accepted the changes?
Because of these changes we are becoming more and more concerned at information received from staff members on enter and view visits, regarding the inappropriate use of MIU staff by some of Northern Doctors.

Who is monitoring the OOH service, and MIU, and how often?

For patients' follow-up treatment, either to return to North Tees, or go on to James Cook Hospital, the age and infirmity of the patient should be taken into account when arranging ambulance transport.

We were very impressed with this visit to North Tees Accident and Emergency Department, and would like to thank Nicola Grieves for the time taken to explain the working of the department, and her open and honest answers to our questions, and all other staff members to whom we spoke.

Enter & View Visit to Emergency Assessment Unit (EAU) North Tees Hospital - Monday January 9th 2012 10am

Link Representatives: -
Zoë Sherry, Margaret Goulding, Evelyn Leck, Judy Grey. (Observer)
Hospital Staff :- Gail Finken Senior Clinical Matron , Gail Johnson Ward Matron.

Prior to the Unit visit the Link members and hospital staff met to discuss the visit and the unit in general. The visit had been called as result of concerns about patients with dementia and other mental health problems not being recognised as such and only being treated for the presenting problem.

The EAU is a 42-bedded unit now divided into a 34-bedded unit including 14 side wards and two 4-bedded trolley units –the Ambulatory Unit. There was discussion around those patients with dementia, confusion etc and how infection, dehydration and constipation can be contributory factors to these problems.
As result all patients aged 60 + and any other patients having difficulties with memory etc i.e. Learning difficulty, or other acute illnesses, are tested on the Abbreviated Mental Test. A.M.T. – Copy on file.
The unit operates to ensure a continuing throughput of patients. Those who can be diagnosed by a quick result / treatment go to the Ambulatory Unit for a quick turnover to keep beds free for longer stay patients on the EAU unit.
All other patients go to the main EAU for tests, examinations, and for the set up of care plans. This is to enable patients to be moved to another ward or home as soon as the outcomes allow. Ward sister has primary access to all bed management information, even over the bed manager; there are two bed meetings every day. 6 wards sisters and their teams of 5-6 nurses staff the ward. These teams work to colour coded screens. When ready for discharge the patients gets a discharge copy of their treatment and then go to the discharge lounge.

The Link members then visited the units to interview patients and staff.
There were 6 patients interviewed in total.

The following is a synopsis of the outcomes.:-

The patients were admitted by car (3) Ambulance (2) taxi (1)
All were admitted within the last 24 hours, yesterday (2) today (4)
All patients were in the process of treatments, scans or tests and were waiting to be told what was to happen next.

Section 1

All the patients' replies were positive about their care other than one patient who said there had been a delay answering the call button. Some patients felt that

they were unable to fully answer the questions due to the short time they had been on the unit.

Section 2.
Five patients were interviewed, one felt it was too soon to comment. All those interviewed said that their privacy and dignity were addressed but some questions were not relevant at this stage of admission (concerns about response, cleanliness etc.)
Staff hand washing had a mixed response from –yes –not sure-sometimes – no.

Section 3

Rights and fulfilment -.5 patients- 3 said they had been given an explanation about treatment. 1 said not applicable at this time and 1 said not yet.
3 patients thought their care plan was being followed but 2 did not know.
There were no student doctors on the unit at that time.
No patient had been given information about how to complain.
No one had been given advice about assistance available after discharge but again all were recent admissions.
None of the patients had been given a choice about where they wished to be admitted and there were no reports of delays to admission.

Section 4
Staff interviews. 3 staff.
All 3 felt that the care offered was adequate and appropriate
Training, 2 were happy with their training and development received but 1 staff member was not happy.(no other information)
On the question of training for dementia and capacity issues 1 member of staff had been taught how to do the mental test score system but 2 had no training in this area.
Resources.1 staff member felt there was enough resources.1 felt there could be some issues in some circumstances and the third said there was need for more BP machines, electric thermometers and for new examination trolleys
All agreed there was flexibility around visiting hours.
All 3 staff knew that the ward has a philosophy of care plan – 1 knew and had read it, all knew but did not know if or how it was maintained.

Link Members then met again with the Matrons and discussed the findings.

The wards were clean, quiet and airy. There was no access to several bays due to infection control (Clos. Dif. MRSA etc) There were red signs on the doors and information about protective clothing etc.

The main points raised from the visit were: -

There was no information about how to make a complaint .Link members were told that there are posters about the ward and it was not felt that the use of forms would be helpful as they make complaints official. These would then have to follow a set process and it was felt that it was better to manage concerns directly by a local resolution on the ward and try to resolve issues at that point. It was not said what would happen if the patient was still dissatisfied and how this would be progressed.

The dementia awareness seemed lacking and vague .We were told that this was not mandatory but is probably included in the NVQ's and could also be part of the safeguarding training where there is an appointed safeguarding trainer.

There were no care plans or information in the patient's rooms.

One patient felt that she had been given conflicting information from the doctors, which worried her. Staff said that the 1st doctor had probably been more junior and by the time any results came back it was probably the consultant who had given the changes of information. It was discussed how patients should be told if changes took place to allay fears or misunderstandings

Staff has been vague about the philosophy of care and none knew how it was maintained. Link members were advised that the philosophy of care is displayed on a wall at the end of the ward and this would be pointed out to staff.

Training concerns. Link members were informed that there are no formal staff meetings .All information is devolved down the ranks usually at the end of a shift after hand over. This includes training and clinical governance. All staff have annual appraisals.

Equipment. Link members were told that there is sufficient equipment. Some additional pieces were brought from Hartlepool A& E and is serviceable though not new and is very expensive to replace , at present is in good working order.

The Matrons were advised about the report that would be written as result of the visit.

Dear Christopher

Hartlepool LINk Acute Care Enter and View Group visit 9 January 2012
Emergency Assessment Unit visit, University Hospital of North Tees

Thank you for your LINk visit to the Emergency Assessment Unit (EAU) on Monday 9 January 2012. It was a pleasure to meet your team consisting of Zoe Sherry, Margaret Goulding, Evelyn Leck and Judy Grey. Both myself and the Ward Matron, Gail Johnson felt very proud showing them around our purpose built 42 bedded unit.

I would like to thank the LINks team for their friendly yet professional manner whilst visiting and for the comments received. We have felt the feedback during the visit was very positive and that we had been able to allay some of the concerns discussed involving transport particularly for the Hartlepool residents, and also the implementation of the Abbreviated Mental Test Score (AMTS) for all patients over the age of 65.

We were a little disappointed that the written feedback appears somewhat negative in relation to the training aspects around dementia. The Trust is passionate about ensuring that staff understand the needs of all vulnerable patients. To further reassure your team that currently all levels of staff do receive training in dementia. The Modern Apprentice and NVQ pathways for Healthcare Assistants receive specific dementia training as do student nurses at University. The Trust has an established Preceptorship programme that all newly qualified RN's participate in also includes this training. A number of our registered nurses are attending Dementia Awareness training developed with and for the Trust and provided by Middlesbrough College.

Our newly appointed Dementia Nurse Specialist, Carley Ogden will be working with our Safeguarding Adults Nurse Specialist, Molly Taylor to further develop in-house training to compliment staff development programmes. I am sorry it appears that I did not describe these courses to you at the time, it may have alleviated any concerns at source. All nurses will access one of the training programmes described above over time.

I have also been working with Molly to implement a training week entitled "Passionate about safeguarding Adults". This is being piloted on one of our acute medical wards for the week of 6 February 2012 and then we will implement on the EAU. Within that week we aim to target every registered nurse, healthcare assistant and medical support teams, on the ward to train on topics such as Dementia, Safeguarding, Deprivation of Liberty, Mental Capacity Act, Mental Health Act, Duty of Care, Best Interests, INCA and Independent M.

Ward and senior nursing reams have recently implemented Intentional Roundings to assist with improving communication and ensuring patient care is delivered, updated and both patients and relatives, where appropriate, are included in the planning and evaluation of care. The aim is to alleviate concerns, receive timely feedback and to provide an opportunity for patients and carers to

raise any concerns about their care, providing us the opportunity to address it and action immediately.

I am aware that Sue Smith, our Director of Nursing and Patient Safety has requested a one-day census within the next three weeks to help us to understand the number of patients in hospital with dementia on that day. I believe that she has been working hard to try to secure specific funding from commissioners to support recruitment of additional specialist staff and that to date she has not been successful in this. I am also aware however that the executive team continue to prioritise the management of patients with dementia as one of their key priorities and will continue to work to achieve additional resources to support this work.

Overall I was pleased to see positive patient comments and hear the feedback from the team. The team did feel that some questions may need to be changed to reflect the EAU activity to ensure appropriate responses, and if you feel this is appropriate I would be happy to assist with this in the future.

I believe that the observations of this visit may not altogether have reflected the hard work and commitment of our staff to deliver high standards of clinical care whilst treating patients with dignity and compassion. However, this was noted by the team on their previous visit. I have shared your observations with the Ward Matron and staff on the EAU. Staff do understand the importance and the necessity to ensure effective communication to patients being admitted as an emergency to allay concerns and fears. The Ward Matron had reinforced this with the team as well as including patients with their plan of care. Nursing staff have also been reminded to ensure staff are aware of how to make a complaint and leaflets are available at ward level.

The patient who felt she had been given conflicting information from a junior doctor which then differed when the consultant visited, would as your report states be given a more in depth account of treatment plans and options by the consultant, which we will endeavour to assure your teams that medical colleagues also receive a copy of this report.

We had felt the visit was extremely positive and your written feedback has been shared with the team in order to address the issues raised in order to maintain and provide a high standard of care. I would like to thank you personally for the positive way that you undertake these reviews as the team did appear to have a clearer understanding of the emergency care pathway for patients. These visits to assist our senior nursing team in having the added assurance that the high standard we set for patient care is being taken serious and that we will endeavour to address any concerns raised.

Yours sincerely

Gail Fincken
Senior Clinical Matron – Acute Medicine, University Hospital of North Tees

Hartlepool LINK - Stewart House Visit
20th October 2011 1.00pm

Group Members conducting visit: Zoe Sherry & Terry Kelly

The visit unfortunately landed on a quiet afternoon, therefore turnout was low with three patients being interviewed and two members of staff giving their views. The outcomes were as follows:

Patient views -

1) How long has it taken to get your appointment?
   All three patients stated that on average it was one – two weeks
2) Can you usually get a routine appointment quickly?
   One patient stated that he had never needed to. The other two patients stated that yes appointments can be arranged quite quickly.
3) Are appointments available at times that suit you?
   Two patients felt that appointments are quite flexible and are asked if appointment time suits them. One patient stated that he takes what is offered as appointments are at a premium.
4) Are you able to book an appointment in advance?
   All three patients stated yes – not a problem.
5) How easy is it to get an appointment with a CPN?
   All three patients stated that they didn't have a problem getting appointment.
6) Are the receptionists helpful and polite?
   All three patients felt that they were very helpful indeed.
7) Do appointments normally run on time?
   All three patients stated yes they do.
8) Does reception let you know if appointments are running late?
   All three patients stated yes they are informed.
9) Is there anywhere you can speak to a receptionist confidentially?
   All three stated that they had never needed to.
10) Do you know how to get help when Stewart House is closed?
    All three patients stated that they were aware of where to go. These include Crisis Team and Brooklyn.
11) Is there adequate seating available in the waiting area?
    It was felt that generally the seating is adequate as appointments are spaced out, however it can be crowded at times.
12) Any other comments about appointments and reception?
    All three patients felt that facilities were adequate.

B) Rights and Dignity

1) During your consultation do you feel that you are treated appropriately and with respect?
   All three patients felt that they were treated with respect at all times.

2) Are all consultations with medical staff always conducted in a private room? All three patients stated yes.
3) Do you feel that your personal consultation time is sufficient? Two patients felt that they had sufficient time and were not rushed, however the other patient felt that an hour wasn't long enough to discuss his particular issues at that time.
4) Are you satisfied with the treatment and advice that you are given?
All three patients felt that the advice given was very informative.
5) Has your treatment plan been fully discussed with you?
One patient stated that he didn't have a plan. The other two patients interviewed felt that their plan was fully discussed and regularly reviewed. This also included a medication review.
6) Are proposals to change any aspect of your medication fully discussed with you? All three patients stated yes. One patients felt that he had a good knowledge of the medication he is taking and the possible side effects.
7) Do students/trainees ever have access to your consultations, and if they do, are you asked whether or not you are happy for this to happen?
One patient stated that not in Psychology but yes in Psychiatry when they observe a CPN.
8) Are there any changes you would make to improve the quality of care you receive at Stewart House?
One patient felt that length of consultation time. General feeling was that the care that was received was of a high standard.

General observations and comments:

All three patients interviewed felt happy with the care received and stated that the quality of care, was of a high standard. One patient felt that the waiting area was quite small.

C) Staff views and Opinions

1) Do you think that the care plan that is offered to patients is always adequate and appropriate?
   Staff interviewed felt that on some occasions no, as they are time limited but patients are referred on, however it is inappropriate to refer on high end patients. Unmet needs are identified but not always fully met, depending on the wellness of the patient. Also in relation to how a patient is feeling in themselves depends on if the care plan is fully understood.
2) Describe how you seek to ensure that patients rights and dignity are fully respected at all times?
   Staff that they were very good at treating patients as individuals; clients should not be treated in a parent child situation and be spoken

down to. In order to provide a rationale to communicate effectively, all patients are treated with courtesy and understanding.

3) Are you satisfied with the personal training and development opportunities you receive?
   Staff felt that they get lots of chances to improve and that statutory training is given as changes occur.
4) Do you feel you have the resources you need to provide a high standard of patient care?
   There will always be a gap for some patients, as sometimes there may be a problem between primary care and secondary care which sometimes forces secondary care as primary care may not be available to them. Stewart House also have employment coaches which works really well when attempting to get someone into employment.

Recommendations:

The general view is that the service provided is of a high standard at Stewart House and that all patients are treated with respect at all times. The only real negative was the size of the waiting area being too small. There may be a situation where a high end patient may be in the waiting area and this may prove uncomfortable for other patients in the waiting area if the patient is feeling unwell at that particular time.

Establishment Visited - One Life Centre, Park Road, Hartlepool
Date and Time of Visit - September 29th 2011, -10.00am-12noon
Visiting Members - Ron Foreman, Maureen Lockwood, Audrey Woore

Reason for Visit
This was a follow up visit to a previous visit which had taken place in November 2010. On completion of that particular visit it was decided that it would be necessary to return to the One Life Centre once a wider range of services had moved there, including the Minor Injuries Unit.

Observations
The first thing that was noted on arrival at the One Life Centre was rubbish blowing around in the breeze. The visiting group met at the entrance to the Centre where we observed a full car park and noted the constant flow of taxi's to and from the building. We witnessed a verbal communication after two cars and occupants tried to compete for one disabled car parking space. Also, cars waiting outside the entrance blocked spaces which are set aside for drop off patients. As a result of this we noted one particular patient on continuous oxygen had to walk a number of metres to get into a taxi leaving him breathless and cyanosed. Other people leaving the building seemed to be happy and relaxed.
Crossing the road from the large car park opposite the One Life caused concern to us. The lights changed after 8 seconds, and cars started to move before both feet were on the pavement. Using a motorised wheelchair the occupant was only half way across before lights turned green for traffic.

Visit
We were met at the Centre by Andrew McMinn who introduced us to the reception staff, including the Reception Manager, Stuart Harper the Minor Injuries Matron and other members of the Minor Injuries Team. All staff were very welcoming and helpful to patients and their carers including ourselves.
When we first entered the Minor Injuries Unit there were no patients visible, but after about 5 minutes this changed. We then proceeded to the X Ray Department which is situated on the 1st Floor.
We proceeded to interview 10 people in the Minor Injuries and X ray (ultrasound) areas.

Questions and Responses

1) **How did you get to the One Life Centre today?**
   - Walked (1)
   - Dropped off (2)
   - Bus (2)
   - Taxi (2)
   - Car (1), but had used the shopping centre car park.
   - One patient had travelled from Stockton for Ultra sound.

2) **Do you know how to access out of hours treatment?**

- 5 said Yes
- 2 said No
- 1 person said that their daughter did it for them
- 1 person said they had been given the number by a LINk member.

3) What was your impression of the general appearance and cleanliness of the building?

- 3 said impressive
- 3 said Ok
- 1 said clean

Access and Information Issues

- All patients said that centre was easy to access and that there was adequate seating and wheelchairs available.
- All found the signage inside and outside the building clear and easy to understand.
- One patient felt that there was insufficient information regarding service opening hours etc.
- Three patients were not aware of the opening hours of the One Life Centre.

Other Comments From Patients

- When using the lift the visual signage is not good
- One patient did not know that transport would be made available out of hours, but was informed of this when making an enquiry to the centre.

Information Gathered From Staff Regarding Services

- There is a permanent security presence (24/7) at the centre. Panic buttons and walkie talkies also provided to staff.
- Services are provided for patients with special needs and disabilities to ensure that the centre is fully accessible (re doors, wheelchairs, disabled toilets, lifts), although it can be difficult to get wheelchairs in and out of rooms at times.
- Reception staff can use sign language and interpreters can be made available.
- Bariatric chair is available for obese patients.

Other General Comments From Staff

- Staff think that the Centre is an improvement and that it gives a good service, particular mention was the 24 hour minor injuries service and the 8am – 8pm Minor Illness cover.
- Treatment rooms used by nursing staff are considered to be small and have no areas to write up notes (only a small cupboard top). If they wish to sit down to write up notes they have to open the cupboard door in order to put legs and feet in.

- Wheelchairs often struggle to get in and out of rooms.
- There is no air conditioning or natural light in many rooms.
- Users are still confused as to services that are offered (i.e. Minor Injuries offer 24 hour care – nurse led service and all staff are trained in minor injuries.)
- Staff would prefer all rooms to have the same specification as G.P rooms which are bigger with desk etc. These rooms have to be built to a specification before the G.P's can use them.
- Northern Doctors Urgent Care provide an Out of Hours appointment service between 8pm and 8am. This is triaged by a call centre based in Stockton. G.P's only come to the One Life Centre via appointments made through this system. This is causing confusion and concern with patients and their carers. An example was given of a child with tonsillitis who was given an appointment through the triage system at the One Life Centre at 3am. The child and his mother arrived at the One Life Centre before this time with "tonsils like golf balls", and was immediately referred to North Tees by staff. A further example was given of a very ill patient with colostomy who came to One Life in the night for an appointment made through Northern Doctors and again had to be transferred to North Tees.
- It was also reported that a disgruntled patient had caused £400 of damage to the car of a member of staff which was parked at the One Life Centre.

Conclusions/Concerns

Overall the feed back received from patients during the visit indicated that some patients are getting over their pre conceptions to change in the service. However there issues still exist with regard to access to the service which have been highlighted above. In particular –

- Out of Hours G.P arrangements is still the cause of some confusion as it would appear that their hours have changed since opening, and G.P's only now come to One Life by appointment through the triage system.
- Some further work is needed to raise awareness of the services which are now provided at the One Life centre and of the times that they are available.
- LINk members were particularly concerns as to why a child was asked to attend the One Life centre through the Triage system at 3am rather than being given a home visit or directed to North Tees.
- Have changes with Northern doctors been agreed by the PCT or discussed at the Health Scrutiny Committee of Hartlepool Borough Council?
- Traffic flows to, from and past the One Life Centre are also of concern and it has been noted by the public that some motorists are still turning right into the centre.

Finally, LINk members would like to thank all staff at the One Life Centre for their help and co-operation during the course of the visit.

Dear Colleague,

Re: One Life Hartlepool Enter and View Visit Report

Thank you for the report of the LINk's enter and view visit to One Life Hartlepool on 29 September 2011, which we received on 02 November 2011. I have liaised with appropriate colleagues across NHS Stockton-on-Tees as to the LINk's observations and comments, and will respond to each section in turn.

Observations

We are obviously disappointed that the first impression that the visiting LINk members had of One Life Hartlepool was of "rubbish blowing around in the breeze." We do endeavour to maintain the grounds of One Life such that they are welcoming to patients, and have arrangements in place for regular litter-picking. This includes daily litter-picking by domestic and portering staff, with additional support from the onsite maintenance team. In addition, the landscaping company attend for a full day every two weeks, and their role includes addressing any issues with litter.

We acknowledge that parking on the One Life site is limited, and have endeavoured to make best use of available space with dedicated parking for people with disabilities and drop-off points. With reference to cars blocking dropping off points, and 'competition' for spaces, as the LINk will appreciate, it is not possible to continually supervise usage of the car park. The car park comes under the responsibility of Hartlepool Borough Council, however, staff at One Life Hartlepool will advise people misusing the car park where possible.

As the LINk acknowledge, there is a large car park across the road from One Life, which many patients use. Members of the NHS Hartlepool Estates and Facilities Team have previously liaised with Hartlepool Borough Council as to the timing of the traffic signals, and the response received from their Traffic Signals Engineers was that, unfortunately, they are not able to increase the green man time, however there is a thirteen second "integreen" stage, which is the time from the green man finishing to the traffic being shown amber / green and being able to move off.

Visit

I am pleased that the LINk members found the staff at the centre to be welcoming and helpful, and will ensure that this compliment is shared with appropriate colleagues.

Questions and Responses

As the LINk are aware, in partnership with North Tees and Hartlepool NHS Foundation Trust (NTHFT), NHS Hartlepool undertook an extensive communication campaign to inform the public about services available at One Life Hartlepool, which included opening hours and access arrangements. This included household distribution, media coverage and distribution of information through stakeholders and voluntary / community groups. We are also working with Hartlepool pathfinder Clinical Commissioning Group on a short term project to provide patients with information about accessing local services to enable them to choose the appropriate service for their need. This will include Out of Hours services. We would welcome suggestions and support from the LINk as to how we can further raise awareness of the services and facilities at One Life Hartlepool.

With regards to the comment that "when using the lift the visual signage is not good," we would be grateful if the LINk could clarify what the necessary improvements are, as this will enable our Estates Manager to take action as appropriate.

Other General Comments from Staff

One Life Hartlepool is a purpose-designed building for the provision of effective NHS care and treatment. However, as with any such project, compromises must be made to ensure that a range of different functions, services and staff can be accommodated within available space and budget. All of the treatment rooms were designed to be a suitable size for their primary purpose and to allow ease of access for patients who use a wheelchair, however, if the LINk has found that there are instances where access is impeded we would welcome specific details to enable this to be addressed.

The majority of rooms within One Life Hartlepool benefit from natural light, although it was not possible to achieve this for all rooms. Adequate lighting, which meets appropriate standards, is available in all rooms.

As the LINk report, One Life Hartlepool does not have air conditioning, however the building is equipped with an air heating and cooling system which can be adjusted for each room.

We are not aware of difficulties experienced by staff in writing up notes, however we would take action to address any individual cases reported to us.

We understand that there have been some concerns amongst members of the public regarding accessing and using the Out of Hours service, and we have supported the service provider, Northern Doctors Urgent Care, in awareness-raising activities. We would welcome the LINk's support in informing members of

the public about the service, details of which are available at www.teeswideoutofhours.nhs.uk

Conclusions / Concerns

With regards to the concerns about awareness of the Out of Hours service, as indicated above, we have both undertaken and supported communications activity to inform members of the public about accessing the Out of Hours service, and will continue to do so.

There have been no changes to the contract which NHS Hartlepool has with Northern Doctors Urgent Care (NDUC) to provide Out of Hours services. The Out of Hours service is available for anyone who feels that they need to see a doctor during evenings, weekends and bank holidays. To contact the Out of Hours service, patients must telephone Northern Doctors Urgent Care on 0300 123 1851 in the first instance. A GP will determine the appropriate level of care for their symptoms. This could be telephone advice, a visit to their local NDUC urgent care centre or, where appropriate, a home visit. It is essential that patients with a minor ailment telephone the Out of Hours service prior to attending One Life Hartlepool, however we do recognise that some people still attend without making a call and we have arranged for these patients to be assessed by staff whilst they are waiting to be seen by NDUC. This telephone service is available 6.30pm to 8am Monday to Friday and 24 hours through Saturdays, Sundays and Bank Holidays. A text phone service is also available for the hearing impaired on 0300 123 1932.

Unfortunately, we are unable to comment on individual cases and therefore cannot respond specifically to the experiences of the two patients referred to in the LINk's report. Where patients are unhappy with the treatment they have received, we would encourage them to contact the service provider directly or our Client Relations Service with their complaint to enable an investigation to be carried out. This ensures that lessons can be learned and improvements made. We would request the LINk's support in signposting patients to the Client Relations Service, or, if the LINk has contact details for the patients, and their consent to forward these on, we would appreciate it if the LINk could pass on details such that the Service can contact the patients directly. The Client Relations Service can be contacted by freephone 0800 0130 500 (option 5), by emailing clientrelationsteeswide@nhs.net by text to 07700 380000 or in writing to Client Relations Service, FREEPOST NEA9906, Middlesbrough, TS2 1BR. We will also contact the relevant service providers to identify whether they have received such complaints and, if so, to confirm that an investigation has been carried out.

With regards to "traffic flows" around One Life Hartlepool and the concern that some drivers are still turning right into the centre, whilst we acknowledge the LINk's concerns, these issues would come under the remit of Hartlepool Borough

Council. However, I can confirm that our Estates Manager has previously liaised with the Council in this regard.

I do hope that this response addresses the LINk's concerns, however, should you have any further queries please contact Sarah Marsay, Engagement Manager, by telephoning 01642 745047 or by email at sarah.marsay@tees.nhs.uk

Yours sincerely,

Sarah Clasper
Head of Communication and Engagement
On behalf of NHS Hartlepool

Establishment Visited - Havelock Grange Medical Practice, One Life Centre, Park Road, Hartlepool.

Date and Time of Visit - October 6th 2011, -10.00am-12noon

Visiting Members - Margaret Goulding, Evelyn Leck, Maureen Lockwood and Carol Sherwood.

Reason for Visit

Hartlepool LINk initially visited the Havelock Practice in March 2009 as Concerns had been raised by patients regarding the booking of same day appointments and the booking of appointments one or two weeks in advance. As a result of this visit it was agreed that LINk members would do a return visit after the planned merger with the Grange Practice had taken place.

Observations

On entering the surgery the surgery LINk members found it to be warm, bright and clean. However, it was noted that there was no obvious display of information for patients on issues such as surgery opening hours, emergency out of hours telephone numbers, health issues or complaints procedures.

Visit

We were met by Practice Manager Cynthia Neil who kindly gave us some background information about the Practice which had moved to the One Life Centre in May 2010 and currently has around 13,000 registered patients. She went on to explain that each day approximately 40% of appointments are allocated for same consultations,10% for consultations in the following day and 50% for 6 weekly bookings. The Practice currently employed 8 G.P's and was in the process of recruiting another although it was acknowledged that they had experienced problems filling vacancies created by G.P's leaving over the previous. It was also confirmed that there had been a period when a female G.P had not been available to patients due to staff turnover. Finally, the Practice Manager confirmed that she was aware that some patients were still experiencing difficulties booking G.P appointments at a time of their choosing.

Questions and Patient Comments

During the course of the visit the visiting group spoke to 15 patients and asked the following questions -

4) **Is it easy to make an appointment by phone?**

   Yes – 7 No – 8

   - Very difficult to make an appointment
   - Prefer to come to surgery to make appointments
   - Getting through to the surgery is a problem
   - Not always (2)

2) **When you phone the surgery are telephones always answered promptly?**

   Yes – 4 No - 11

   - Most times
   - Either very quick or wait a long time

- Sometimes two phone calls before you get an answer
- Have to wait a while before answered
- Often in a queue

3) Are the Receptionists Helpful and Polite?
Yes – 15 No - 0

4) Can you get a routine appointment with any G.P quickly?
Yes – 7 No – 5 N/A - 3
- Can take up to 1 week.

5) Are appointments available at a time that suits you?
Yes – 9 No - 6
- Will take any available appointment
- But can wait a long time to get it
- Have to wait

6) Can you book an appointment in advance?
Yes - 8 No – 6 N/A – 1

7) Is it easy to see a G.P of your choice?
Yes – 5 No – 9
- Not always
- Accepts any
- Wanted to be seen by a woman G.P but none available

8) Is it easy to get an appointment with a practice nurse?
Yes – 9 No – 4
- Very prompt
- Waited 2 weeks for bloods

9) Do staff wear name badges
Yes – 8 No – 0 Never Noticed/Don't Know - 6

10) Is there anywhere that you can speak confidentially to a receptionist?
Yes – 1 No – 4 Don't Know – 4 Never Needed to - 4

11) Do you know how to get NHS help when the surgery is closed?
Yes – 11 No - 4
- Would come to One Life
- Has number written down
- NHS hospital line

12) If you have been referred for treatment or a hospital appointment elsewhere were you offered or made aware of NHS Choose and Book?

Yes – 7 No – 8

13) Do appointments normally run on time?

Yes – 5 No - 10

14) Do reception let you know if they are running late?

Yes – 11 No – 2

- Shown on the board x 4

15) Is your consultation time with the G.P sufficient?

Yes – 12 No – 3

16) Are you satisfied with the treatment and advice you receive from your G.P?

Yes – 14 No - 1

17) Are you satisfied with the treatment and advice you receive from the practice nurses?

Yes – 13 No - 1

18) Is your dignity and privacy always respected?

Yes – 15 No - 0

General Comments and Remarks from patients

1. The appointment response time is too long, I was 20th in the queue this morning and the line is often engaged constantly between 8.30am and 11am.
2. The T.V system is excellent and the surgery is very much improved. The self check in is also an improvement.
3. Needs to be greater continuity of service, as I often see different doctors when attending on different occasions about the same complaint.
4. Rang at 8.30 for routine appointment, but onto answer phone, waited a week for routine appointment, and 2 – 4 weeks for appointment with practice nurse.
5. Generally a good surgery, but need to improve appointment systems.
6. Haven't used the surgery much but clean, tidy and warm.
7. Came to the surgery at 8.10am, but not allowed to book an appointment until 8.30am. Within 5-10 minutes all appointments had gone, parent with young child unable to get appointment and had to go to the walk in centre.

8. Mostly ok
9. Car parking is not good – over the road.
10. Happy with the service, need more car parking, and the TV service is an improvement.
11. Long wait to be answered on the phone, this needs attention as sometimes you have to come to the surgery at 8.30am and wait a long time for an appointment.
12. I tried to change my appointment time and was offered a time 4 weeks later.
13. Phoned the surgery for an appointment and was in queue for 10-15 minutes. If you phone at 8.30am all appointments are already taken. Not allowed to arrange an appointment for the next day.
14. Never been let down, come for regular check and medication. Very clean and warm and has good direct payment care package.
15. Patients should be notified if G.P's are running late as TV screen is not always working. Block times are not always displayed on screen, repeat prescriptions are not taken over the phone so patients must attend the surgery and wait 48 hours for prescription.

Conclusions and Recommendations

Overall, patients are highly satisfied with the advice and treatment they receive during their consultations with G.P's and practice nurses, and with the general condition and appearance of the surgery itself. However, the appointment systems operated by the practice are still clearly the cause of some considerable concern for patients. Comments shown above clearly highlight that patients regularly experience problems getting same day appointments and can find themselves spending 20 minutes or more in a "queue" only to find that all of the day's appointments have gone when they finally get through to a receptionist. Concerns were also raised about the lack of availability of "next day" appointments. With this in mind, the visiting team strongly recommend that the processes associated with the allocation of patient appointments are reviewed as a matter of urgency. The visiting ream also recommends that more information on surgery hours, out of hours services, complaints procedures etc is made available to patients in the waiting area. Finally, Hartlepool LINk would like to thank all staff and patients for their time and assistance during the course of the visit.

HARTLEPOOL LINk – DINSDALE LODGE NURSING HOME
31ST MARCH, 2011. 10.00 A.M - 12.00 P.M
Visiting Team members: Zoe Sherry, Margaret Goulding, Ruby Marshall.

Dinsdale Lodge Nursing Home is a converted large Victorian house, situated on the outskirts of the town and served by public transport. Within the grounds there are several parking places for use by staff, and visitors.

The Home is dual registered to accommodate twenty six residents. The present level of occupancy is fifteen residents, with two of the residents' presently receiving end of life care. The Manager advised us that she was going to admit residents suffering from Alzheimer Disease. A number of staff received training in the awareness of this disease and others are to receive training in the near future.

The Manager, Mrs Nora McKitrick warmly welcomed the LINk members, namely Zoe Sherry, Margaret Goulding and Ruby Marshall into the Home. LINk members found the Home to be very clean, warm, welcoming and without any unpleasant odours. Staff were observed being very caring and attentive towards residents. Resident's request to be toileted were dealt with quickly and with care. Teas and other liquids were served to the residents' whist we were within the Home.

Eight residents responses to our questions were as follows:-

1. Do you have a key to your room?
   Yes 1 No 7 - residents advised they did not want or need a key.
2. Are you able to lock away items such as money or private papers/valuables?
   Yes 6 No 2 -Two said they had no money or valuables in the Home
3. Do you feel that your personal effects are safe within the Home?
   Yes 7 No 1 - This resident did not have any personal effects
4. Do staff knock before entering your room?
   Yes 8
5. Are you able to spend time with your family and friends in private?
   Yes 8
6. If you have help with dressing or bathing is your privacy protected at all times?
   Yes 8
7. Are you able to bathe and shower as often as you wish?
   Yes 8
8. Are you able to use the lift on your own?
   No 8 - need help
9. Are you able to make telephone calls in private?
   Yes 7 No 1
10 Do the staff call you by your preferred name (first name or surname?)
   Yes 8.
11 Do the staff treat and speak to you with respect and handle any concerns raised by you or other residents appropriately?
   Yes 8.

12 Are your clothes looked after (washed & ironed, kept in your room and not mislaid?)

Yes 8 -One residents said her husband helped. Another said daughter does top clothes

13 If you have a personal preference for the way things are done for you, do staff carry out your requests/wishes?

Yes 8 Response - " take us out when we want to go"

14. When you use equipment such as walking frames or hoists, do you always feel safe?

Yes 8

15. Are the toilet facilities easily accessible?

Yes 8 - One resident said she had to be taken to toilet.

16. Is the call bell fitted appropriately to meet your needs and does it always work?

Yes 7 No 1 Manager explained lady is confused and at end of life care given, also her bedroom door is left open so that she can be observed and her needs met.

17. When you ask for help are you satisfied with staff approach, manner & response times?

Yes 8 One resident remarked staff are very good at night.

INDEPENDENCE AND CHOICE

18. Do staff support you in all things you would like to do, providing it is appropriate?

Yes 8

19. Have you all the equipment needed to get around?

Yes 8

20. Are there aids to independence available such as "talking books"?

None of the residents felt the need for any aids – said they were quite happy.

21. Are you given the choice to handle your own money or receive a personal weekly allowance

Yes 6 No 2 - Family manage financial affairs

22. Do you get involved in activities inside and outside the Home?

Yes 6 No 1 (not interested) Another resident not well enough.

23. Are there things that you used to do that you would like to continue doing here?

Yes 1 - knitting No 6 Did not know 1

24. Can you choose what time you get up and go to bed?

Yes 7 No 1 Has to remain in bed.

25. Are you happy with the choice of food?

Yes 8 - Residents described the food as being very good.

26. Do you have a choice of where to eat and where to sit?

Yes 8 - Residents have favourite tables and seats

27. Were you able to bring personal things from your home, such as a favourite armchair?

Yes 7 - One resident replied - had no personal things to bring.

28. Are your family and friends allowed to visit at any time?

Yes 7 One resident was confused at this time of the interview

29. Is there a residents group or forum where you can discuss possible problems & listen to other peoples'

Yes 1 No 6

RIGHTS AND FULFILMENT

30. Have you and/or your relatives been given information on how to make a complaint?

Yes 6 No 2 did not know

31. Do you have a named key worker?

Yes 6 No 2 or did not know

32. At election times do the staff make arrangements for you to vote?

Yes 6 No 2 Did not know

33. Are there arrangements for you to practice your religion?

Yes 4 Not interested 3

34. Do you feel staff listen to your opinions?

Yes 6 One resident said "Don't want to intervene"

35. Do the staff support you to do things which may have a degree of risk i.e. going out alone?

Yes 3 Did not know 4

36. Are the staff able to spend time with you?

Yes 6 No 1

37 Are you happy with the care you receive?

Yes 8

38. Do you have any further comments you would like to make?

No 8

STAFF VIEWS AND OPINIONS

39. Is the Home purpose built? - Answer No

40. Do you think that the facilities offered to the residents are adequate to meet their needs?

Answer Yes

41. Are your employed by the Care Home ?

Answer Yes

42. Are you satisfied with the available training opportunities?

Answer Yes

43. If you have family commitments are you offered flexible working arrangements?

Answer Yes

44. Are you a key worker?

Answer Yes

45. Do the trained staff distribute medication and carry out dressings and/or invasive procedures?
Answer Yes
46. Do you have time to sit and chat to the residents?
Answer Yes
47. If you saw a member of staff being disrespectful or abusing a resident, do you know the correct complaints procedure?
Answer Yes

HAVE YOU RECEIVED TRAINING IN THE FOLLOWING?

48. COSHH? Answer Yes

49. Infection Control Answer Yes

50. Fire Drills? Answer Yes – Have a drill every week

51. Health and Safety? Answer Yes

52. Back care (Moving and handling residents safely)? Answer Yes

Recommendations of the visiting panel

The Home is in need of some refurbishment, but we recognised that some bedrooms are being redecorated at the moment. However, as on our last visit we felt two of the bathrooms used by the residents are desperately in need of being brought up to the same standard as the other two bathrooms in the building. The older bathrooms must never have been refurbished since the 1950's – these bathrooms let down both the residents and the Home itself which otherwise can be described as highly commendable.

Conclusion. This residential/nursing home is very well run by both a very caring and experienced manager, together with a highly motivated staff who demonstrated a cheerfulness and care towards the residents which is highly commendable. A visiting relative whose mother was receiving end of life care could not praise the Home too highly – he felt he was cared for in the same way as his mother. All the residents with who we were able to speak spoke very highly of the care they were given both by day and night staff. A wheelchair resident who has been in the Home for 21 years advised us that the staff are very good, the food is also very good and that the Home has a Certificate for – Best Food and Hygiene.

Report from Announced Visit to Warrior Park Care Home
Friday 9th Dec 10am

Organisation	Four Seasons Group
Site Visited	Warrior Park Care Home
Contact name	Susan Farnsworth (Manager)
Group Members	M. Goulding, A. Woore, B. Bailey, T. Kelly

Accommodation and charges
The home is purpose built and is registed to accommodate 48 patients.
Total refurbishment was carried out in Feb 2011, windows, internal and external doors having been replaced.
There are toilets and bathrooms on each floor.

The ground floor accommodates residential and nursing .patients
The first floor holds residential and dementia patients
There is a separate corridor with 5 bedrooms for patients with mild mental health problems, cared for by downstairs staff.
At present there are 3 vacant places.

Charges
£379.00 per week for residential patients + £108.70p nursing rate paid for by the PCT
The Home offers nursing care services and District Nurses also visit the Home to see some residents.
Each resident has their own G.P.
The home is offered the services of the Macmillan Nurses at all times

Staff Qualifications and Training
The manger Susan Farnsworth RGN has been in the post since March 2011 and usually covers day duty 8am-6pm approx.
The deputy manager RGN usually covers night duty
There is 5 RGN staff of which one at least is on duty

7 of the staff are qualified to N.V.Q. level 2 to 3
A number of staff are qualified to N.V.Q. level 2
5 staff members are taking E courses on computer with the help of five other members of staff
Staffs are working towards achievement for Gold Standards in dementia, palliative, and End of Life Care.

Activities
There is an Activities Organiser who is an excellent leader, who works 4 days a week organising arm chair exercises, bingo etc. she also takes 10 people each

Tuesday to the Schooner Restaurant where they meet people from other care homes.

Mr Motivator a private contractor comes to the home every Thursday.

The Activities Organiser is also trying to bring in a pet visiting service. Last year a pet therapy lady brought in a pat rabbit which residents enjoyed looking after.

There are also weekly sessions by the hair dresser which also includes nails and pampering.

There is also a Mobile Library which visits the home .

Other Comments
One young female who has mental health problems stated that she was unhappy because she was being moved to Sunderland; she became very disturbed when any resident died. The present care home was not able to give the best care for her condition, it was suggested that she needed to be with younger people. This situation is being well monitored by her C.P.N care worker and other home staff

A wheelchair resident is given transport to the Havelock Day Centre

Final Comments
We were all warmly welcomed at the start of our visit.
Our questions being given full attention at all times

The home has a bright clean and cheerful atmosphere
The lounge and dinning areas are airy and comfortably furnished
The rooms are clean and comfortable with washing facilities

The out come of Staff and Residents combined responses to our questionnaire is attached to this report.

Finally, we would like to congratulate the staff working in this home for giving it a caring, welcoming atmosphere, but most of all their dedication to providing activities and educational learning opportunities which add to the wellbeing of residents in the Home.

Response from Warrior Park:

Thank you for the recent copy of the report and I would like to thank your group members for their kind comments. There are a few amendments to be made. Our minimum charges have been increased to £384.00 per week for residential patients as a result of a re-assessment by Hartlepool Borough Council. My Deputy Manager works days and weekends but not night shift and the 7 Senior Care staff mentioned are qualified to NVQ level 2 and 3. I also wish to clarify the point about my other staff, 23 care staff have NVQ Level 2. The 5 staff members mentioned have just commenced NVQ's in care and I also have 5 new staff who are undergoing e-learning training modules assisted by 3 e-learning champions. I hope this clarifies the situation but if you have any queries please do not hesitate to contact me.

Susan Farnsworth
Home Manager

Establishment Visited - **Sheraton Court** Care Home, Warren Road, Hartlepool.
Care Home Providers - Helen McArdle Homes.
Category of Residents - Older People; Dementia; Physical Disability.
Date and Time of Visit - Monday, 6th February, 2012, 2.00pm – 5.00pm.
Visiting Link Members - Judy Gray, Maureen Lockwood, Ruby Marshall, Zoe Sherry, Margaret Wrenn.

The visit to Sheraton Court Care Home was an "unannounced" visit.

Reason for visit.

Hartlepool LINk had received a referral from the relative, of a family member, who was a dementia resident within the Care Home. The referrer was very concerned that mother was not receiving acceptable standards of care. The referrer produced photographic evidence to substantiate both expressed and written concerns which showed photographs of dentures which were in some instances black and other photographs of the dentures with a number of the teeth with particles of food attached to them. These photographs were followed up with a photograph of when the relative personally cleansed the dentures, they were then white and no particles of food present. A photograph was also shown which indicated that a face cloth had been used, which had excreta evident on the cloth. The referrer was concerned that this cloth had been used, or may be used, to wash mother's face and body. The cloth had not been washed and was shown to be overhanging on the washbasin in the en-suite. It is recognised that some medications can cause dentures to blacken but once they are properly cleansed they return to their former state.

Sheraton Court caters for thirty residents with dementia and fifty placements for older people and people with physical disabilities. The Home is situated on the outskirts of the town, was purpose built a little over four years ago, is well signposted and a short walking distance away from public transport. There are adequate parking places within the Home's grounds for both visitors and staff.

Initially the LINk members had difficulty in gaining access to the Home; the bell was rung three times without any response from staff. However another visitor arrived and members were able to gain access. The Manager, Mrs. Carol Thompson who had been busy putting boxes together for the Handyman to put into a loft space, was very warm in her welcome to the Link members. Mrs Thompson was advised that members were making an unannounced visit due to a complaint received by the LINk. It was established that the Home had no vacancies. Mrs. Thompson was advised that members wished to talk to residents and any visiting family member, if residents and visitors were prepared to talk to members. Mrs Thompson was asked if there were any residents who should not receive a visit because they were not well enough. No resident was highlighted as unsuitable to visit.

The dementia Unit had a full complement of thirty residents, it was decided that two members would visit those residents and any visiting relatives, the other three members would visit the other two floors with fifty residents and visitors. Initially seventeen residents were interviewed until it was established that one resident was unable to answer questions, members carried on and interviewed sixteen residents, ten visitors and six members of Staff.

RESIDENTS VIEWS AND OPINIONS.

1. Do you have a key to your own room? Yes 5. No 11 Did not know 1
(six of these residents without keys, had dementia)

2. Are you able to lock away items such as money, private papers & valuables?
Yes 6. No 9 No key 2
Members established not applicable in most cases, two residents said if they wanted a key, it would be provided.

3. Do you feel that your personal effects are safe within the Home?
Yes 14 No. 1. Did not know 1
Member could not establish why resident did not feel personal effects were not safe within the Home.

4. Do staff knock before entering your room?
Yes 14. Did not know. 2. Not often 1.

5. Are you able to spend time with your relatives and friends in private?
Yes 15. Did not know 2.

6. If you have help with dressing or bathing is your privacy protected at all times? Yes 13. Not applicable 3. Not always 1.

7. Are you able to bathe or shower as often as you wish?
Yes 15. Probably 1. Did not know 1.

8. Are you able to use the lift on your own? Yes 2. No 15.

9. Are you able to make telephone calls in private?
Yes 9. No 6 Not required 2
Six dementia patients unable to use phone.

10. Do staff treat and speak to you with respect. Do they handle any concerns raised by you or other residents appropriately?
Yes 16. Did not know l.

11. Do the staff call you by your preferred name (first name or surname)?

Yes 16. Occasionally "In a rush."

12. Are your clothes looked after properly (washed, ironed, kept in your room and not mislaid?
Yes 13. Family members take responsibility for clothes x 4.

13. When you use equipment such as walking frames or hoists, do you always feel safe? Yes 12. Not Applicable 5

14. Are the toilet facilities easily accessible? Yes 17 (all en-suite)

15. Is the call bell fitted appropriately to meet your needs and does it always work? Yes 14. Do not know

16. When you ask for help are you satisfied with staff's approach, manner and response? Yes 17.

AT THIS POINT ONE RESIDENT WAS UNABLE TO MAKE FURTHER RESPONSES

INDEPENDENCE AND CHOICE.

18. Do the staff support you in all things you would like to do, providing it is appropriate? Yes 15 Not interested 1.
19. Have you got all the equipment you need to get around?
Yes 14 Not applicable 2.
20. Are there aids to independence available such as talking books?
Yes 5. No 10. Not applicable 1.
21. Are you given the choice to handle your own money? Do you have a personal allowance given to you on a weekly basis?
Yes 5. No 5. Family deal with finance 6.

22. Do you get involved in activities inside and outside the Home?
Yes 13. If I am interested 1. Not interested 1.

23. Are there things that you used to do that you would like to continue to do here? Yes 6 No 10.

24. Can you choose what time you get up and go to bed? Yes 16.

25. Are you happy with the choice of food? Yes 16.

26. Do you have a choice of where to eat and where to sit? Yes 16.

27. Were you allowed to bring personal things from your home, such as a favourite armchair? Yes 15. No 1.

28. Are your family and friends allowed to visit at any time? Yes 16.

29. Is there a residents group or forum where you can discuss possible problems and listen to other peoples views? Yes 12 No 2 Did not know 2.

RIGHTS AND FULFILMENTS.

30. Have you and/or your relatives been given information on how to make a complaint? Yes 10 Would go to the Office 6

31. Do you have a name key worker? Yes 5 No 8 Did not know 3

32. At election time do the staff make arrangements for you to vote?
Yes 13 No 1 Did not know 2

33. Are there arrangements for you to practice your religion?
Yes 9. No 2. Don't know 3. Not interested 2.

34. Do you feel staff listen to your opinions? Yes 13 No 1 Sometimes 2.

35. Do staff support you to do things which may have a degree of risk such as going out alone? Yes 5 No 8 Do not know 3.

36. Are staff able to spend time with you? Yes 12 No 2 Not much 2.

37. Are you happy with the care you receive? Yes 15 No 1.

38. Do you have any further comments you would like to make?

- Three residents said "very happy here"
- Two residents said "Quite happy here"
- Two residents said "staff are very good"

Comments from visiting relatives were quite positive.

STAFF VIEWS AND OPINIONS

39. Is the Home purpose built? Yes 6.

40. Do you think that the facilities offered to the residents are adequate to meet their needs? Yes 6

41. Are you employed by the Care Home? Yes 6.

42. Are you satisfied with the training opportunities? Yes 6.

43. If you have family commitments are you offered flexible working arrangements? Yes 6.

44. Are you a key worker? Yes 3 No 3.

45. Do the trained staff distribute medication and carry out dressings and/or any other invasive procedures? Unanswered.

46. Do you have time to sit and chat to the residents?
Yes 5 – when time permits No 1.

47. If you saw a member of staff being disrespectful or abusing a resident, do you know the correct complaints procedure? Yes 6

HAVE YOU RECEIVED TRAINING IN THE FOLLOWING?

48. COSHH? Yes 6

49. Infection Control Yes 6

50. Fire Drills Yes 6

51. Health & Safety? Yes 6

52, Back Care (moving and handling residents safely.) Yes 6

TRAINED STAFF ONLY

53. Do you provide feedback to family and friends and how do you do this?

Yes 6 Family members are spoken to – verbal feedback, telephoned & in some circumstances emailed.

54. Have you ever had cause to report an incident and was it dealt with correctly and satisfactorily?
Yes 1. Staff member was very impressed the way in which incident was dealt with.

COMMENTS, OBSERVATIONS, OF LINk MEMBERS

The Manager and her staff were most co-operative and welcoming during our visit. Sheraton Court was warm, light and airy, very clean, well furnished and decorated and without any unpleasant odours throughout the Home. We spoke with ten relatives during the visit who, without exception, did not raise any

concerns. Relatives indicated that they were happy with the care and attention their family members were receiving. One resident did not appear to have a call bell in his room. This was discussed with the Manager and her Deputy at the end of the visit. The Deputy Manager indicated that she knew the resident concerned, and he 'hid" the call bell. Family visitors and residents were pleased with the fact that very little clothing "goes missing" due to the laundry staff efforts to have every item numbered. The laundress has a rail on which is placed items not marked and thus they can be reclaimed by either residents or family members. Family members sometimes bring in extra clothing into the Home without indicating to staff that the items need numbering.

We were impressed with the training being undertaken by staff which will support their efforts to gain the GSF (Gold Standards Framework) in their profession. We were also advised that three members of staff were due to graduate in palliative care, in May 2012 – we feel that these staff members should be congratulated in their dedication, to study this most important subject, which will ensure excellent care for residents who are at the end of their life.
Residents praised the cook for the food and the handyman who was described as always very cheerful and helpful.

RECOMMENDATIONS

- The room where the gentleman "hides" the call bell. For the safety of this resident staff should find a way of having the bell installed which the resident cannot remove.
- Although Green tableware has recently been purchased for the Home, which co-ordinates with the decor etc. in the dining room, and indeed which looks very nice, research has established that red toilet seats, cups, saucers, plates and cutlery are extremely helpful to residents with Altzheimer Disease and Dementia, for their personal recognition and use. Perhaps this could be considered?

Finally - The visiting LINk members would like to thank the Staff, residents and family members who so very kindly gave of their time in order to enable this visit to be undertaken.

Establishment Visited - Gretton Court, Heather Grove, Hartlepool TS24 8QZ.
Date and Time of Visit - Monday, 20th February, 2012 1.45pm
Visiting Members - Jean Hatch, Carol Sherwood, Zoe Sherry, Judy Gray
Date and Time of Visit - Tuesday, 21st February, 2012 – 1.45p.m. - 5.00p.m.
Visiting Members - Elizabeth Fletcher, Evelyn Leck, Ruby Marshall.

Reason for Visit - The reason for the visit was to use, the establishment as a benchmark for good practice.

Impressions Gained by Visiting Members

Gretton Court is a thirty three bedded, single storey, purpose built Nursing Home for those suffering from Dementia. Ample parking is available and the Home is on a bus route. First impressions are of a well presented, clean, odour free and welcoming establishment. The manager, Andrea Atkinson oversees forty two members of staff, two of whom are Registered Nurses. The building is designed around court yards, which allows the residents access to the gardens and a "meandering pathway". There is an ongoing aim to create a memory area incorporating a telephone kiosk, bus stop, post box and a water feature. Corridors are carpeted and handrails have an accentuated dark blue line. The use of strong colour is used in the signed bathrooms. Toilet seats and grab rails are bright red. It has been proven that because of failing/distorted eye sight, those suffering from dementia find security in strong colours. Each resident has a personalised room which is electronically monitored for security and care, at night. There are two large lounges which are warm, light, airy and comfortable, with small seating areas adjacent. A well used activity room is supported by two part time activity workers who equate to a full time member of staff. There is a designated fruit juice, coffee/tea area where residents and family can make themselves a drink. There is only one rule and that is once the kettle (which is bright red for identification) has been used, any remaining water must be emptied into the sink to avoid accidental scalding. A "bar" which was built by one of the residents, is in constant use by residents where they can have a beer or a nightcap. A feeling of wellbeing is encouraged by the provision of hairdressing, manicures and pedicures. Visitors, especially animals and children, are very welcome. Outings are arranged, often with the Activity Worker, where the residents are involved in choosing materials for a variety of activities. There are thirty three residents, twenty eight of whom are doubly incontinent, yet we saw no cause for concern neither in their personal hygiene nor in their clothing.

Visitors

Fourteen visitors were asked to take part in a questionnaire. The following are findings and comments made.

1. How long has your family member been resident within Gretton Court?

Visitors responded that their family members had been resident from two weeks up to four years

2. "How did you find out about Gretton Court?
Visitors advised their G.P's. had made a referral; Transferred from Sandwell Park, CPN referral others by Personal selection.

3. "Did you have any knowledge about the community support offered by Gretton Court prior to your family member moving into residential care?"
Yes. A number remarked that prior knowledge was gained through family and friends.

4. "What alerted you to the fact that there was a possible problem?
Awareness of unusual behaviour e.g. forgetfulness non recognition, agitation. aggression.

5. "How quickly did you consult with your GP and how do you rate the support and advice from them?
Generally relatives felt that they were reasonably well supported by their GP. One GP however said it was old age.

6. What knowledge and understanding did you have of dementia and its signs and symptoms prior to diagnosis? Families appeared to have little or no knowledge.

7. Have you noticed any other family members or neighbours who may need help? The majority answered "No" however, one relative expressed concern re – hereditary factor?

8. How/when did your relative receive a diagnosis of dementia and how long did this take?
The factor varied between two weeks and two years.

9. What do you consider to be the most important aspects of care for your relative? Dedication of staff ensures dignity, safety, cleanliness, peace of mind.

10. Are you happy with the care your relative receives at Gretton Court?
There was a very positive response to this question – one relative said "There is nowhere else I would like her to be"others said- staff put residents first themselves second";- Staff are long-term and dedicated and know the residents very well" "Very happy". One family member was unhappy with the care received – relative had a fall, fractured arm – not immediately diagnosed by staff. However this has resulted in a complaint and investigation under Safeguarding Policy. This is not a matter for LINk members to pursue or relevant to this report

11. Are Staff friendly and approachable? Unanimously positive

12. Do staff encourage/enable you/your relative to take part in activities and keep active? All relatives were appreciative of the wide variety of activities on offer.

13 Do you know how to make a complaint? A positive response.
Relatives are given a "Welcome Pack" in which the complaints procedure is included. One family member did say, however, she did not know how to make a complaint.

14. Have you ever had cause to make a complaint, if yes were you satisfied with the outcome? No complaints expressed by any other family member, other than that described under Question 10.

15. Are you able to visit your relative as often as you wish?
A whole hearted agreement, relatives could visit whenever they pleased.
16. Do you think that facilities for residents at Gretton Court are adequate? If no, what could be improved? A suggestion was, that an en-suite would be very nice. Another relative thought the mattresses were a little thin, another said bedding could be better. After consultation with the Manager, we can report that thirty three new mattresses are on order and delivery is expected shortly.

ACUTE CARE
Has your relative ever been admitted to hospital? If yes please comment on the standard of care they received.

A number of relatives were unhappy with the care given whilst their family members were in hospital. One said "Left a lot to be desired at North Tees Hospital prior to being admitted to Gretton Court. Another said "Yes -. Very poor."
18. Has you relative been a resident in any other care facility?
Several family members had experiences of other care homes.- found Gretton Court to be more favourable, in fact exceptionally so.
19. Were you happy with the move to Gretton Court.
All positive remarks i.e. Definitely, Much better looked after at Gretton Court, always well dressed & dignified; "Over the moon – other place was dreadful" "Yes, because mam is happy"
20. Do you consider that your relatives rights and dignity are respected at all times? A very positive response. Relatives to whom we asked for further comments remarked - "Quite happy with him here, we have peace of mind and we know he's looked after when we leave." "They (the staff) are his family now, - more than ours"; "Very definitely"

STAFF QUESTIONNAIRE
Nine members of staff agreed to take part in answering the following questions:-
21. Do you feel supported by managers in the following areas-
EMOTIONALLY? Nine members of staff said they felt supported. Comments were yes 100%. Given extra support with new residents – allowed time out when needed.
TRAINING OPPORTUNITIES? Nine members of staff said "Yes" Comments were "Very supported in job role – I recently qualified RMN. Other staff received training in Infection Control; Fire Drill; Dementia Awareness. Training is ongoing – prior notice is given.
PERSONAL DEVELOPMENT? Nine members of Staff said "Yes." RMN had a mentor at first, encouraged to develop skills, now doing extra training. Courses available on Notice Board e.g. medication; management; End of life care; dementia & safeguarding.

22. Are you encouraged to make suggestions on improvements to:-

CARE? Nine staff said they were always encouraged to contribute.
Encourage people to eat; to use blue line for Care
ACTIVITIES. Seven staff said yes. Two kitchen staff said No – not their area of work.
TRAINING. Nine – yes COSH; Dementia; Safeguarding: End of Life Care; Medication; Management; Fire Drill etc. Kitchen Staff undertook Diabetes Training.
23. DO YOU HAVE OPPORTUNITIES TO TALK TO RELATIVES WHEN THEY VISIT REIDENTS?
Nine Staff said "Yes" they were encouraged to do so quote "If you build up a relationship it helps with future work plans".
24. DO YOU FEEL HAPPY WITH YOUR ROTA AND IS THERE SUFFICIENT COVER IN EMERGENCIES (EG ILLNESS)?
Nine members of Staff said "Yes" Comments - "Happy with Rota – other staff may fit in and Bank Staff are available.
25. ARE MEAL TIMES RIGID OR CAN SNACKS BE PROVIDED AT OTHER TIMES? Nine members of Staff said "Yes, 24/7".Very good system. Snacks available at all times – if asleep, or not in at main meal times, can be requested to keep meal and micro waved later.

GENERAL COMMENTS FROM STAFF:-

- Excellent support from Management team to Domestic staff.
- As it is a difficult environment to work in, staff become attached to the residents and look out for them.

COMMENTS FROM VISITING TEAMS

The visiting teams were met with openness by all staff. We recognised the difficulty of their specialised profession and were impressed by the care and dedication shown to the residents during our visit. Family members/visitors took the opportunity to talk to the teams. We appreciated their honesty and the time they gave to us. Our overall impression was one of a Nursing Home that could be used by LINk Members as an example of Good Practice.

RECOMMENDATIONS

- It was observed in one of the large lounges the decoration looked somewhat tired. Resident wheelchairs etc. had caused "scuffing" marks on the lower part of the walls.
- A recommendation would be that new bed linen and curtains be purchased. The provision of these items would enhance the appearance of the bedrooms and pleasure for the residents – especially if they could be involved in the choice and

- colours. It was felt that the bedding had undergone so much washing that the linen had become colourless and dull.

A final recommendation would be to suggest that all toilets be fitted with red seats, thus ensuring that residents feel secure when using the facilities.

HARTLEPOOL LINk

Annual Report
1st April 2011 to 31st March 2012

MISSION STATEMENT

"Hartlepool LINk has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents:

Chair's Introduction:

This has been another extremely busy year for Hartlepool LINk, and through our Pathfinder, we have been working towards Local Healthwatch.

To facilitate the smooth changeover to Healthwatch next year, myself and Christopher have been attending, and feeding into when necessary, the Clinical Commissioning Group and the Shadow Health and Wellbeing Board meetings, which will be the ones making decisions for the townspeople, by assessing, providing and monitoring Health and Social Care for the foreseeable future.

Our LINk members have worked tirelessly, as usual on Enter and View projects, amongst other work, and will continue to collect information from local people, which will to be used to improve Health and Social care services. Long may the good work continue, and my heartfelt thanks to all our members.

Thanks also to our host staff, Christopher and Stephen for their sterling work throughout the last year, and for the work yet to come.

Margaret Wrenn

Chair Hartlepool LINk 2011/2012

Name of the LINk: HARTLEPOOL LINk

Contact details: Rockhaven
36 Victoria Road
Hartlepool
TS26 8DD

Tel:01429 262641 F.A.X.:01429 265056

LINk Co-ordinator: Christopher Akers-Belcher
E-Mail: c.akersbelcher@hvda.co.uk

Development Officer: Stephen Thomas
E-Mail: s.thomas@hvda.co.uk

Website: www.hartlepoollink.co.uk

Name of the Host:

Hartlepool Voluntary Development Agency

Contact details: Rockhaven
36 Victoria Road
Hartlepool
TS26 8DD

Tel: 01429 262641 F.A.X.:01429 265056

Charity Number: 1098248
Company Number: 4682579

Manager: Keith Bayley
E-Mail: k.bayley@hvda.co.uk

Website: www.hvda.co.uk

HARTLEPOOL LINk Executive :–

Margaret Wrenn - Chair
Ruby Marshall – Vice Chair
Liz Carroll – Primary Health & Social Care
Brian Bailey – Primary Health & Social Care
Audrey Woore – Acute Care
Margaret Goulding – Acute Care
Jean Hatch – Elder Persons
Maureen Lockwood – Elder Persons
Stephen Jones – Children & Young People
Zoe Sherry – Mental Health
Terry Kelly – Mental Health
Val Crow – Learning Disability
Carol Sherwood – Learning Disability
Linda Shields – Physical Disability
Evelyn Leck – Life-long Conditions
Tracy Jefferies – Carers
Joanne Fairless – LGBT Representative
Ron Foreman - BME Rep & Honorary Member
Keith Bayley – Host Representative

Sadly Hartlepool LINk lost Audrey Woore during our year following a battle with cancer. She is a huge miss to the work of the LINk and our membership.

HARTLEPOOL LINk

Enter and View Representatives:-

Jean McKenna
Valerie Crow
Elizabeth Fletcher
Margaret Goulding
Sheila Jackson
Grace Lewis
Brenda Loynes
Ruby Marshall
Sylvia Tempest
Zoe Sherry
Terry Kelly
Gordon Johnson
Judith Gray
Brian Bailey
Ron Foreman
Linda Shields
Jean Hatch
Evelyn Leck
Maureen Lockwood
Marjorie Marley
Margaret Wrenn
Audrey Woore
Carol Sherwood
Margaret Metcalf
Stella Johnson

The above volunteers have all successfully been interviewed to determine their suitability for the 'Enter and View' role in addition to obtaining a Criminal Records Bureau (CRB) check.

Executive Summary

Hartlepool LINk has continued to promote community involvement to ensure all sectors of the community, including those seldom heard, have the opportunity to:

- *Say what they think about their local health and social care services in terms of what is working well and what is not.*
- *Monitor and review how services are both planned and delivered by NHS Hartlepool, North Tees & Hartlepool NHS Foundation Trust, Tees, Esk & Wear Valley NHS Mental Health Trust, the North East Ambulance Service and Hartlepool Borough Council.*
- *Provide feedback on what people have said about services, so that improvements can be made.*

Hartlepool LINk has 'Governance' arrangements which allow for up to two representatives from the community covering a number of themed areas to be elected onto the Executive Committee. The themed areas cover Primary Health & Social Care; Acute Care; Older People; Children & Young People; Mental Health and Learning Disabilities. In addition, one member represents Physical Disabilities, Life Long Conditions, the Carers community, the Black, Minority, Ethnic (BME) community and the Lesbian, Gay, Bi-Sexual & Transgender (LGBT) community. There is also a representative from HVDA, as host organisation. The Executive Committee steers the work of Hartlepool LINk and ratifies any referrals and reports presented.

Hartlepool LINk has utilised the successfully trained 24 'Enter and View' volunteers to complete our work relating to observation of service delivery at Hospitals, G.P.'s, Dentists, Pharmacies, Opticians and Care Homes.

*Community engagement has increased LINk membership to in excess of **300** volunteer members, which include some VCS groups and User Led Organisations. LINks continued to be actively involved in the promotion of its work at Sheltered Housing, Residents Associations, the Financial Inclusion Partnership and some successful partnership Health Events; in particular, events aimed at raising awareness around both Impact on Health due to financial constraints, Housing, Transport and User Led Organisations*

All activities (e.g. conferences, enter and view visits, host activity, executive meetings, themed group meetings, public engagement, public meetings, training etc) take place in accessible venues and documentation is available in a number of formats for example easy read and Braille. Interpreters are also available upon request. Some key activities and achievements are as follows:

- *25 LINk members have undertaken induction and/or refresher training to exercise powers of 'Enter and View'. In addition the same 25 members have benefited from Dementia Awareness training as part of their ongoing development.*
- *Enter and view visits have predominantly focused on Acute Care at both Hartlepool and North Tees hospitals. Our visits regarding Primary Health have solely been around delivery of services at the One Life centre and*

our visits in respect of Social Care have centred on Dementia, Dignity and Respect. All enter and view reports are published on the LINk website. Reports are forwarded to the Hospital Foundation Trust (North Tees and Hartlepool), NHS Hartlepool, Overview and Scrutiny, Care Quality Commission and Tees, Esk & Wear Valley NHS Mental Health Trust. This is in addition to Primary Care visit reports being issued to the relevant provider.

- *The LINk has continued to make use of the Department of Health National Benchmarking Guidance (Essence of Care 2010) as a structure for the evaluation of the standards that should be achieved and also provides guidance about what recommendations should be. The guidance has helped with the development of 'Enter and View' interview pro-formas for the 'enter and view' team to use.*
- *The LINk Executive Committee feeds back findings from work plans and visits to the Shadow Health and Wellbeing Board, Clinical Commissioning Group, Overview and Scrutiny Committees and the Relevant Primary/Hospital Trusts.*
- *The LINk advertises and promotes the work of the network and actively encourages participation from the general public and has used the Older Person's 'Update' Bulletin and the local media as a vehicle to do this. Membership of the LINk is 339 with approximately 50 people being active members from the themed groups.*
- *LINk members have participated in, and led on, a number of key pieces of work such as the Quality Account for North Tees and Hartlepool NHS Hospital Trust, Quality Account for Tees, Esk & Wear Valley Mental Health Hospital Trust, the 'Clear & Credible' plan for the new clinical commissioning group as well as the Council's Health & Wellbeing Strategy.*
- *Hartlepool LINk participated in the Review of discharge procedures at the North Tees & Hartlepool Hospitals and all key recommendations have now been adopted*

The Hartlepool LINk has been recognised nationally in the Department of Health's transition plan as Local Involvement Networks prepare for the evolvement of Local HealthWatch. Hartlepool LINk has been instrumental in working with the Department of Health and Care Quality Commission via the national HealthWatch advisory group.

Governance Framework

MISSION STATEMENT

"*Hartlepool LINk has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard.*"

1. **Statement of Values**

1.1 Hartlepool LINk is the umbrella organisation which brings together existing and new consultation groups, networks, organisations and individuals in Hartlepool to enable them to have a voice in improving health and social care services.

1.2 Hartlepool LINk does this by working in a collaborative and inclusive way across Hartlepool taking account of the rich diversity of the people of Hartlepool and their needs.

2. **Structure of Hartlepool LINk**

2.1 There is no formal 'membership' of Hartlepool LINk as it exists as an open network that can be accessed by:

a) Individuals - anyone living in, or receiving health and social care services in the Borough of Hartlepool

b) Groups - any voluntary/community group or business organisation which operates in the Borough of Hartlepool, and surrounding villages.

2.2 The LINk Host organisation maintains a database of people who have expressed an interest in being involved in developing and supporting the Hartlepool LINk.

2.3 Hartlepool LINk will aim to make use of existing consultation groups, networks and organisations in Hartlepool to enable them to have a voice in improving health and social care services.

2.4 When necessary Hartlepool LINk will establish new consultation groups, networks and organisations in Hartlepool to

enable them to have a voice in improving health and social care services.

2.5 Hartlepool LINk will maintain a written Action Plan that will track the progress made on the issues that the LINk is pursuing to help improve health and social care services.

2.6 **Hartlepool LINk Executive**

2.7 The function of the LINk Executive will be to manage the LINk Action Plan and steer the work of Hartlepool LINk. The LINk Executive will support and enable the groups and individuals to carry out the work of the LINk through:

- Organising consultation to develop the Hartlepool LINk Action Plan through existing and themed groups
- Ensuring key local stakeholders are represented and their views considered
- Allocating resources for the work of the LINk
- Communicating with the wider community
- Planning work and allocating resources to support that work
- Supporting groups to undertake work and take up issues as necessary
- Supporting groups to produce credible reports, which commissioners and providers can use to improve services
- Approving reports produced by groups on behalf of the LINk

2.8 LINk Executive members will work as volunteers to carry out work, attend LINk Executive meetings and other meetings as and when required.

2.9 **Membership of the LINk Executive**

2.10 Membership of the Hartlepool LINk Executive will be subject to election at an Annual General Meeting to be held each year. Representation at the Annual General Meeting is open to all residents of Hartlepool, who wish to be involved, and representatives from any VCS and business groups.

2.11 The Host will maintain a full list of the membership of the Hartlepool LINk Executive.

2.12 Hartlepool LINk Executive will consist of a Chair, Vice Chair and 1 or 2 elected members from each of our themed areas. Additionally there will be one elected member from the Black, Minority & Ethnic (BME) community, one elected member from the Lesbian, Gay Bi-Sexual & Transgender (LGBT) community plus a nominated representative from HVDA as the host organisation. The key themed areas of the Hartlepool LINk are: Primary & Health Care (2), Acute Care (2), Children & Young People (2), Elder Persons (2), Mental Health (2), Physical Disabilities (1), Learning Disabilities (2), Carers (1) and Life-Long conditions (1)

2.13 Nomination forms will be issued no later than 3 weeks prior to the notified Annual General Meeting. If necessary a ballot will take place at the Annual General Meeting unless positions are unopposed.

2.14 Functioning of the LINK Executive

- Meetings of the LINk Executive will normally be held the third Thursday of the month
- Members failing to attend 3 consecutive meetings, who have not given due apologies, will be removed and replaced by the next highest voted nominee from the annual general meeting
- Papers will be sent out with a minimum of one weeks notice
- Minutes will be kept of all LINK Executive meetings

2.15 Quorum; a minimum of one third of the registered LINk Executive must be present for the meeting to be able to make decisions.

2.16 LINk Themed groups: One of the LINk executive may chair each themed meeting with the agreement of the relevant themed group. The progress of the themed group will be reported back to the LINk Executive periodically.

2.19 Any LINk Executive member who wishes to join a themed group is free to do so and groups cannot discriminate against members. Themed group members must adhere to the code of conduct of the Hartlepool LINk.

2.17 The LINk Executive, together with the Host Organisation, will identify what level of support to give each group in terms of organising meetings, taking minutes, supporting work projects etc.

2.22 Consultation Organisations: There are existing groups set up by other agencies which represent particular interests and may wish to be part of Hartlepool LINk. These may attend all or some of our Public Meetings.

2.23 These Consultation Groups may undertake work that the LINk could do but does not wish to undertake or duplicate.

2.24 The LINk will work with groups to ensure that joint objectives for service delivery and improvements are achieved. The relationship between the LINk and other organisations will be determined on a case-by-case basis.

2.25 Where the LINk has concerns that a group is not effective it could offer support to the group to improve its effectiveness on a case-by-case basis.

3. **Work of Hartlepool LINk**

3.1 The work of the Hartlepool LINk will be steered by the LINk Executive through feedback from the themed groups and through ongoing public consultation.

3.2 The Hartlepool LINk Action Plan will track the progress made on the issues that the LINk is pursuing through the themed groups, any designated working groups and/or public consultation.

3.3 The LINk Executive will allocate resources to allow this work to be undertaken.

3.4 There are statutory powers the LINk has, which will underpin its work, these mean that the Hartlepool LINk can:

- Question commissioners and providers and receive a response within 20 working days
- Refer issues to Overview and Scrutiny Committees and get a response within 20 working days
- Enter and view premises where publicly funded care is being provided, this will be done in line with the Code of Conduct relating to Hartlepool LINk's powers to 'Enter and View' services (This Hartlepool LINk document is available from the Host Organisation)

3.5 Hartlepool LINk may support other organisations to undertake pieces of work but would need to approve any reports produced.

3.6 Hartlepool LINk will provide feedback to all participants on any piece of work.

3.7 Hartlepool LINk will ensure that relevant work receives publicity and that all reports are put on the Hartlepool LINk website – www.hartlepoollink.co.uk

4. **Relationships with statutory agencies**

4.1 The LINk Executive will liaise with the Council and NHS organisations to keep them informed of the actions of the LINk.

4.2 The LINk Executive and/or LINks Co-ordinator will meet with the Council, relevant NHS organisations or private providers to discuss the outcome of any piece of work.

4.3 Individuals representing the LINk at Trust or PCT meetings and Overview and Scrutiny Committees are to be appointed by the LINk Executive. These individuals must report back to the LINk Executive. Any member of Hartlepool LINk must seek authorisation before attending meetings on behalf of or representing Hartlepool LINk.

5. **Relationships with other agencies**

5.1 All contacts have to go through the Host Organisation or the LINk Executive for information or advice.

5.2 Only the Chair, Vice Chair and Host Organisation staff may speak on behalf of Hartlepool LINK to outside agencies.

5.3 Anyone who speaks to the press or other outside agency on behalf of the LINk may only speak on relevant issues agreed by the LINk Executive and when it has been agreed that this person can speak to the agency concerned (for example where special knowledge or expertise is required)

6. **Conduct of LINk members**

6.1 The LINk Executive must abide by the Hartlepool LINk Executive Role Description and Specification (This Hartlepool LINk document is available from the Host Organisation) which is based on 'The Seven Principles of Public Life'.

7. **Registering an Interest**

7.1 LINk members should declare any information appropriate for inclusion on a Register of Interests and where members have a conflict of interest they should declare it and withdraw from the decision making process. This is to assure the public that Hartlepool LINk responsibilities are carried out in an impartial and transparent way. Failure to declare conflict of interest is a breach of the Hartlepool LINk Member Code of Conduct. Any conflict of interest that might be considered to influence a member's actions as a LINk member must be declared to the Link Host Organisation as soon as it arises. The Host Organisation will offer advice and keep the Register of Interests up to date

7.2 Simply knowing a Register exists together with this policy, will assure the public and our members that we, as Hartlepool LINK executive members, do not make decisions in a way which furthers our own interests and that our responsibilities are carried out clearly and honestly

7.3 What is an interest? - The criteria is not whether a LINk Executive member thinks they have an interest to declare but whether another LINk Executive member, or a member of the public would think they have an interest to declare

7.4 An example of a declarable interest would be one which was of financial benefit, such as a member deciding about care services which they, or a group to which they belong, provide. It would also be knowledge of, or an interest in, another person, such as friends or family members

8. **Complaints**

8.1 If there is a complaint about the LINk Host Organisation this will be dealt with through the Host Organisations own complaints procedure

8.2 If there is a complaint about Hartlepool LINk, an individual or a group, this must be made in writing to the LINk Executive Chair and it will be considered by the LINk Executive in a private part of the Executive meeting. The Chair will arrange for an independent investigation of the complaint if required.

8.3 If there is a complaint about the LINk Executive Chair this must be made in writing to the LINk Executive Vice Chair and it will be considered by the LINk Executive in a private part of the Executive meeting in the absence of the Chair. The Vice Chair will arrange for an independent investigation of the complaint if required

9. **Quality Accounts**

9.1 In the event that Hartlepool LINk is requested to contribute to an organisation's Quality Accounts, the Chair and/or the LINKs Coordinator may prepare a draft response to be presented to the LINk Executive. This will give the Executive an opportunity to amend and contribute fully. The submission must be endorsed by the Executive and signed by the current Chair before submission.

10. **Equality and Diversity**

10.1 Hartlepool LINk has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard. Membership of the Executive must undertake appropriate equality and diversity awareness training as part of their commitment to Hartlepool LINk.

10. **Review**

10.1 A review of these Governance arrangements shall be undertaken on an annual basis if requested.

Background to Hartlepool - Why our work is needed:

Hartlepool has long been recognised as an area with acute health problems and social deprivation. The reasons for this are well documented and go back many years. They relate to the industrial heritage of the town, to unemployment and incapacity, to lack of opportunities and poor housing and to the way too many people live their lives on a daily basis. The people of Hartlepool suffer from much higher levels of a range of illnesses than the average for England.

However Hartlepool's health is improving; on average people are living healthier and longer lives, yet they still suffer from more ill health and disability, higher death rates from diseases such as cancer, heart disease and respiratory disease and live shorter lives than in most other parts of the country. They also live shorter lives than most other parts of the country. There are also inequalities in the 'health experience' of communities within Hartlepool; the most deprived communities suffering significantly poorer health than the more affluent areas. Poverty and the high number living on incapacity benefits impact upon the health of local people.

It is recognised that there are many factors that influence the health of the population including the lifestyle choices that individuals make, the environment within which they live and work, the quality of their housing, their income and their level of educational achievement. In summary the key factors which impact upon Health and Social Care Services:

- People are paid less than the average wage, a higher proportion are on incapacity benefits and live in poverty
- Higher than average teenage pregnancies
- Higher take up of free school meals
- The number of households receiving intermediate care is higher
- The number of older people helped to live at home is higher
- Higher than average unemployment is strongly associated with the risks of illness throughout adult life. It far exceeds the national average
- In terms of environmental factors, Hartlepool has a poorer diet, more people are immobile and physically inactive

- More people drink alcohol to excess and smoke tobacco.

Statistics and evidence for the above were found on the former Tees Public Health website. The key strategies which identify how these issues are to be addressed are included in what was the Vision for Care, The Community Strategy and the Neighbourhood Renewal Strategy. The Local Area Agreement was effectively an action plan for these strategies. There were 16 Local Area Agreement priority health and care targets and indicators 2008/11. "A Public Health Strategy for Hartlepool 2005 – 2010" was the key public health document. There were a number of multi-agency working groups established to deliver the strategy in the key areas identified below:

- Physical Activity
- Smoking/Tobacco control
- Healthy Eating
- Obesity
- Mental Health
- Older People
- Health Lifestyle and Falls Prevention
- Child Accident Prevention
- Immunisation
- Screening
- Teenage Pregnancy
- Substance Misuse

Primary care

Due to the range of demographic factors based on comparative data for other parts of the country Hartlepool had a shortage of GP's. This was an area for additional investment by the PCTs.

Intermediate care

The NHS Plan and the National Service Framework for Older People clearly outlined the requirement to provide high-quality pre-admission and rehabilitation care to older people to help them live as independently as possible by reducing preventable hospitalisation and ensuring year on reductions in delays in moving people over 75 years on from hospital. This is impacted upon by the greater number of older people requiring care in their own home.

Social care issues

Key factors impacting upon social care are the ever increasing number of elderly people, and as people live longer the larger number of people who require greater levels of support to live independently in their own homes. The Government has an

agenda in order that people can have increased choice over where they live and in the way they choose to live their lives when they have to assess social care and /or health needs. In achieving these outcomes the aim is that people will be more able to stay in their own homes and have more control over how their care and support needs are met. The same principles are applied to day services for people with physical disabilities, learning disabilities and mental health problems. As traditional services are withdrawn a key issue is that the new services need to be in place. Direct payments (Personalisation budgets) are made available to enable people to manage their own social care needs.

Mental health services

Hartlepool has a higher than average number of people suffering from anxiety, - nerves and depressions and higher than average prescribing ranges for anti-depressants (18% in the MORI Household Survey of 2006). The current agenda focuses on prevention, choice, control and self directed care.

What you told us and what we did:

- Pathfinder – 'Local HealthWatch'
- Consultation – Dementia
- Consultation Accident & Emergency
- Review CQUIN targets

Local HealthWatch Pathfinder Application

Child and Adult Services, Hartlepool Borough Council, Hartlepool Voluntary Development Agency (HVDA) (host) and Hartlepool Local Involvement Network (LINk) prepared a joint pathfinder application to prepare Hartlepool for the introduction of Local HealthWatch. The application was successful and is as follows:

1. Introduction

This paper outlines our proposals to build on the work carried out by the LINk in Hartlepool to develop as a HealthWatch pathfinder. The application has the support of the LINk executive, Child and Adult Services department in Hartlepool Borough Council and Hartlepool Voluntary Development Agency (HVDA), the LINk host.

The pathfinder will focus on building relationships with new bodies such as the GP commissioning consortia and the Local Authority Health and Wellbeing Board. This will ensure that the LINk will be able to understand, test and develop robust strategies to deliver key targets as outlined in the HealthWatch Transition Plan (Department of Health, March 2011) in particular the move from an influencing role to a partnership decision making body.

2. Hartlepool – the town and its people

Hartlepool is located on the North East coast at the eastern end of the Tees Valley. Hartlepool is compact and densely populated. In 2005 the population was 90,000 of which 1.2% are from black and minority ethnic communities and almost a fifth are at or above retirement age. Hartlepool is relatively isolated from the national transport infrastructure and main markets.

In 2007, Hartlepool was ranked 23 most deprived out of 354 Local Authorities. In 2007 there were 7936 wards in Britain; Hartlepool has 17 wards, seven of which fall into the top ten per cent of most deprived wards in Britain. Five wards fall into the top three per cent most deprived in Britain, with one being in the top one per cent most deprived.

The health of Hartlepool residents is improving; on average they are living healthier and longer lives. However, they still suffer from more ill health and disability, higher death rates from diseases such as cancer, heart disease and

respiratory disease and live shorter lives than in most other parts of the country. There is evidence to indicate that this 'health gap' is widening. There are also inequalities in the 'health experience' of communities within Hartlepool; the most deprived communities suffering significantly poorer health than the more affluent areas.

3. The Hartlepool LINk

Hartlepool Voluntary Development Agency (HVDA) was commissioned as host organisation for the Hartlepool LINk in July 2008.

A LINks coordinator and development officer were appointed who have developed a governance structure and extended membership. Through consultation with members, work has focused on the following areas:

- Engagement activities
- Publicity
- Development
- Enter and View
- 50+ Forum

The annual review of the provision of the LINks host (November 2010) identified a number of areas of good practice:

- All activities (e.g. conferences, enter and view visits, host activity, executive meetings, themed group meetings, public engagement, public meetings, training etc) take place in accessible venues and documentation is available in a number of formats for example easy read and Braille.

- 24 LINk members have undertaken training to exercise powers of 'Enter and View'.

- A number of enter and view visits have taken place in care homes, pharmacies, hospital wards and GP surgeries. All enter and view reports are published on the LINk website. Reports are forwarded to the Hospital Foundation Trust (North Tees and Hartlepool), NHS Hartlepool, Overview and Scrutiny, Care Quality Commission and Tees, Esk & Wear Valley NHS Mental Health Trust. This is in addition to Primary care visit reports being issued to the relevant provider.

- The host has made use of the DH National Benchmarking Guidance (Essence of Care 2010) as a structure for the evaluation of the standards that should be achieved and also provides guidance about what recommendations should be. The guidance has helped the host with the development of a suitable enter and view interview pro-forma for the 'enter and view' team to use.

- The LINk executive committee feeds back findings from their ambitious work plans and the views of LINks members to the Health and Wellbeing Partnership, Health Scrutiny Forum and the NHS Hartlepool Board (The Primary Care Trust).

- The host advertises and promotes the work of the LINk and actively encourages participation from the general public, utilising host bulletins and partner organisations as a vehicle to do this within the community. Membership of the LINk as at November 2010 was 307 with 89 people being active members of the themed groups.

- LINk members have participated in and led on a number of consultations including the previous Government's Green Paper "Shaping the Future of Care Together", local transitions pathways, access to hospital transport and the development of a core themed group "Positive Living" to address any Health and/or Social care problems affecting residents with Physical Disabilities, Learning Disabilities, Carers or Life Long Conditions. More recently Hartlepool LINk led the sub regional consultation and subsequent Government response on the White Paper "Equity and Excellence: Liberating the NHS" and a solely Hartlepool response to the Government White Paper Liberating the NHS: "Local Democratic Legitimacy in Health".

- The Hartlepool LINk has been recognised nationally in the Department of Health's leaflet "Promoting Local Involvement Networks" identifying the LINks work with NHS Tees on re commissioning the 'Out of Hours' services as a case study in the Department of Health's publication "Engaging and Responding to Communities".

- A satisfaction survey was conducted with LINk members in 2010. Some 30 out of 300 questionnaires were returned with high levels of satisfaction in the LINks performance being reported.

The evidence suggests that the Hartlepool LINk complies with all of the common principles identified about how LINks should undertake their roles. Hartlepool LINk is:

- Open and inclusive
- Is accessible to all people
- Reaches out to all communities, collecting a range of views and making sure those views are known by the appropriate bodies
- Recognises that addressing the wider determinants of health and social care is central to their role
- Successful in demonstrating a commitment to communication
- Committed to feeding back responses and outcomes to a wider community

4. Pathfinder proposal

The Hartlepool LINk has been successful in a number of areas and is well placed for the transition to HealthWatch. LINk members are already connected to the local GPs and the local authority Health and Wellbeing Themed partnership of the Local Strategic Partnership. With both the proposed GP consortium and health and wellbeing board being accepted as pathfinders, it will be an excellent opportunity for the LINk to work closely to develop and extend these relationships and explore effective ways of working together. We recognise the LINKs transition year needs to address the two

key challenges of operating at their optimum level whilst achieving a smooth transition to Local HealthWatch.

The aim of the Hartlepool HealthWatch pathfinder will be to focus on 4 key areas:

- The relationship with new bodies such as the GP commissioning consortium and the local authority Health and Wellbeing Board
- The role of HealthWatch in respect of public health issues particularly in relation to a review of the Joint Strategic Needs Assessment
- The role of HealthWatch in provision of support to access information and exercise choice
- Understanding the role of the HealthWatch and being able to present it to partners, stakeholders and the local community

Our pathfinder application is not prescriptive. Rather we are keen to use the opportunity of the lead in time to the establishment of a Local HealthWatch to explore what works well and best meets the needs of people in Hartlepool. Our aim for the pathfinder is to:

- Further promote effective partnerships, public engagement and involvement including some collaborative working with User Led Organisations.
- Ensure a smooth transition to HealthWatch whilst continuing to deliver the ambitious work program, key aims and objectives of the LINk
- Support the development and implementation of the JSNA

Specific actions we will explore will include but not be limited to:

- Creating a model which robustly delivers the outcomes set out in the Health Bill to put the people who use services at the heart of care by strengthening the voice of both individuals and the public. We want to instil a culture of active responsibility where everyone, including local HealthWatch, is empowered to ask, challenge and intervene. This will help ensure that resources are used effectively to deliver better health and social care.
- Establish a constructive relationship with the GP consortia who themselves will have a duty to involve patients and the public in decisions and will need to engage them in both the commissioning and delivery of services. Local HealthWatch will help with this engagement by providing evidence about what local people need and want.
- Putting greater emphasis on more personalised services in order to achieve the best outcomes for service users AND their carers in relation to Social Care. Enact the vision and the 'Update of the Carers Strategy' by making clear that there will be 'No Decision about me without me!'
- Consider Utilising social media such as Facebook and Twitter to engage with the public to compliment our engagement activity
- Work with the emerging health and wellbeing board to ensure we avoid duplication of resources and decision making is underpinned by the JSNA, balanced between partners and achieves optimum customer confidence.

Activities as part of the pathfinder will be evaluated and learning shared as part of the Department of Health programme.

Dementia Event – 'Positive Living'

As part of our work to raise awareness of 'Dementia' Hartlepool LINk held a very successful event in October of 2011 and the following feedback is testimony to its success:

Category	1	2	3	4	5
1) Information on Hartlepool LINK	0	0	3	10	11
2) Clarity of Information Presented	0	0	1	10	13
3) Usefulness and relevance to issue of dementia	0	0	1	11	12
4) Opportunity to contribute to discussions	0	0	3	8	13
5) Opportunity to raise /be informed of H+C issues	0	0	1	9	14
6) Venue	0	0	4	12	8
7) Refreshments	3	5	6	8	2
8) Means of influencing providers – e.g HBC, PCT Hospital Trust etc	0	0	6	12	6
9) Appropriateness of IAG you received to your needs	0	0	1	12	11
10) Cumulative Ratings	3	5	26	92	90

1 = poor
2 = below average
3 = average
4 = good
5 = excellent

Comments
Panel session was excellent (3)
Excellent awareness raising around the issue of dementia (2)
Fruit was not cut (4)
Fruit was not ripe (2)
Need P/A System (1)
Hard to hear some presentations (2)
A very good event (4)
Very well organised (1)
Would have liked more handouts (2)
Some abbreviations I did not understand (1)
Good networking
Very good presentations
Lots of useful information (2)
Use plastic spoons and semi skimmed milk please

Hartlepool LINk was instrumental in working with Health Overview and Scrutiny Forum in the reconfiguration of Accident & Emergency Services, which were reluctantly closed at Hartlepool Hospital following a referral to the Secretary of State. Hartlepool LINk attended the review facilitated by the North East Strategic Health Authority and the following are some of the key questions put to the Trust by Hartlepool LINk:

Q: What happens to stroke patients with thrombolysis who are taken to North Tees when they are discharged? Concerns raised around transport arrangements and costs.

A: We would expect that a stroke patient with thrombolysis would need to stay in hospital for at least 48- 72 hours. Appropriate arrangements would be made to ensure that any patient is cared for when being discharged from hospital. Some patients go straight home after their stay at the University Hospital of North Tees. If a patient from Hartlepool or Easington is felt to need a longer time in hospital to recover then they would be transferred by ambulance to the stroke unit at the University Hospital of Hartlepool.

Sub Q: Will there be transport support for patients who are taken to North Tees Hospital to travel back to Hartlepool and will any support given be means tested? Will this include people accompanying them to hospital who may also need to get back to Hartlepool?

A: North Tees and Hartlepool NHS Foundation Trust (NTHFT) carried out a survey to see how people travel to accident and emergency. The survey found:

- 70% travelled by car
- 17% travelled by ambulance
- 6% travelled by taxi
- 1.3% travelled by public transport (505 people)
- 5.5% travelled by other means

It is considered likely that people travelling by public transport are those who have a minor injury or ailment. Therefore, NTHFT thinks half of these people will have a shorter distance to travel once the services are transferred to One Life Hartlepool.

NTHFT is extending its shuttle bus* to seven days a week running from 6am to 10pm between the University Hospital of Hartlepool and the University Hospital of North Tees. It will make this free service available for:

- patients attending appointments,
- patients travelling for urgent care,

- patients who are discharged from the accident and emergency unit at the University Hospital of North Tees after treatment,
- people who need to get back to Hartlepool after they have come to hospital in an ambulance with a relative who has been admitted, and
- visitors.

** The shuttle bus is available free of charge to the above categories of people for health-related journeys only. It is not insured for other purposes.*

People on benefits can claim transport costs and staff will help people to do this. However we understand it is very difficult for some people and, in those cases, we will arrange transport. This is likely to be late at night or at weekends when other transport is limited.

Q: With regards to the Out of Hours GP service, is a GP present at One Life Hartlepool all night?

A: Northern Doctors Urgent Care (NDUC) provide the GP Out of Hours service across Teesside, which in Hartlepool is based at One Life. The service includes full coverage of the Hartlepool area between all operational hours, that is 18:30 – 08:00 Monday till Thursday and from 18:30 Friday till 08:00 Monday. During the 'out of hours' period, NDUC provide a range of support to patients, including advice and information, referral to healthcare facilities and home visits. As appropriate, appointments are arranged for patients at One Life or a GP can visit patients as necessary. NDUC provide an integrated service across the Tees area and geographically allocate resource dependant upon patient activity and demand whilst maintaining cover so, for example, if there is increased activity in Hartlepool an additional GP can be mobilised to the area.

Q: What will happen if an older person calls 999 if they were unsure where to go- would an ambulance respond?

A: When a 999 call is made, the handler will take the patient's location details to mobilise an ambulance as soon as possible. A number of questions, which have been developed in partnership with the former Ambulance Patient and Public Involvement Forum, are then asked to determine clinical need. This need is then categorised into a priority of responses:

1. Potentially life-threatening conditions – NEAS respond to 75% of these cases in 8 minutes or faster
2. Non life-threatening conditions – NEAS response ranges from paramedic call-out to telephone advice.

If the caller needs an ambulance, one will be dispatched to them as quickly as possible and they will be taken to the most appropriate

hospital for treatment. If the patient does not need an ambulance, the call handler will try to determine where they need to go for help and facilitate that as much as possible. In some cases, a paramedic may be dispatched to carry out a further face-to-face assessment to determine where best to refer the patient onto.

Q: What will happen if there is a major incident in Hartlepool, where will people be taken?

A: There is a major incident response plan for Tees. This plan would be implemented in the event of a major incident, in the same way as it would be now. For example, when there was a crash involving children at English Martyrs School the most seriously injured children were airlifted to The James Cook University Hospital (flight time four minutes); the children with broken bones who may have needed an operation or a stay in hospital were taken to the University Hospital of North Tees; the walking wounded were taken to the accident and emergency department at the University Hospital of Hartlepool. After 2 August the only change will be that the walking wounded will be taken to the urgent care centre at One Life Hartlepool.

Q: From the patient numbers currently being seen at UHH A&E (as given in the presentation) it would seem that there is a need for the A&E department at UHH to remain open.

A: We have been trying to recruit senior doctors to work in accident and emergency at the University Hospital of Hartlepool for quite some time now without success. This has led to a situation where there is a lack of senior medical cover at night and at weekends, this compromises patient safety and is clearly unacceptable.

Changes in the way junior doctors are trained and, quite rightly, ever increasing safety standards demanded by the royal colleges and the Department of Health mean the current system cannot be sustained.

People will still have most of their urgent and emergency care needs met in the town of Hartlepool, either in the urgent care centre at One Life Hartlepool or in the emergency assessment unit at the University Hospital of Hartlepool. However, healthcare continues to advance all the time and it is the responsibility of the Trust and the wider health service to ensure that we can respond to ensure patients have access to the appropriate team of experts and therefore have the best chance of survival and a good recovery. For example, if a patient has a heart attack the paramedics carry out an ECG at the scene. They send the EGC to the coronary care unit at The James Cook University Hospital. From there the cardiologists can assess what type of heart attack it is. If the patient is suitable for primary angioplasty (unblocking the blockage with a small device fed through an artery into the affected blood vessel) they will ask for the patient to be sent straight there. Cardiologists from North Tees and Hartlepool NHS Foundation Trust also work at The James Cook University Hospital's cardiac catheter lab

and they are also on the out of hours on call rota. This way of treating certain types of heart attacks saves lives and provides a greatly improved chance of recovery for the patient.

Additional Comments/ Suggestions

- Include transport as part of the presentation in future.
- Leaflet distribution- include GP surgeries, libraries and carers.

Hartlepool LINk was involved in 3 proposals for Improvement Goals to be included within NHS Tees Commissioning for Quality and Innovation (CQUIN) Schemes as follows:

Name of LINk:	HARTLEPOOL LINk
Named contact in relation to this particular proposal:	Christopher Akers-Belcher
Contact details of named contact:	**Hartlepool Voluntary Development Agency Limited** **Rockhaven, 36 Victoria Road, Hartlepool TS26 8DD** **Telephone: (01429) 262641** **Fax: (01429) 265056** **E-mail: c.akersbelcher@hvda.co.uk** **Website: www.hartlepoollink.co.uk**

Proposed areas for quality improvement:

Quality Improvement Goal: Please provide a description of the area in which you would like to see quality improvement.	Accessibility – Hartlepool LINk would like to see some developed targets that are meaningful and will afford more patients the opportunity to attend appointments previously they could not.
Provider: Is there a particular provider that you would like to aim this goal towards (i.e. Acute Trust,	North Tees and Hartlepool NHS Trust Tees, Esk and Wear Valley Mental Health Trust NHS Tees – NHS Hartlepool/CCG

Community Services, Mental Health Trust)	
Rationale: Please explain why you feel this goal should be included within a Commissioning for Quality and Innovation (CQUIN) scheme. Provide the evidence base where possible.	Hartlepool LINk has since its inception petitioned the Trust to more widely advertise services available to patients and the wider public in connection with the Department of Health's Financial Assistance scheme so patients may attend allocated appointments. Take-up is still relatively low and the Trust's have repeatedly failed in ensuring each and every appointment includes clear guidance in making use of the said scheme. Other schemes are also poorly advertised such as the frequent flyer. In other areas of the North East a mere appointment letter provides immediate free access to public transport and the high levels of deprivation in Hartlepool together with reconfigured services are acting as a barrier to addressing real public health inequalities and health improvements.
Priority: If you are submitting more than one proposed goal, please number these in order of priority (i.e. '1 of 6' would be the highest priority out of 6 proposed goals).	1
Baseline: Please provide details **(where possible)** of the baseline position if this is known i.e. what percentage is currently being achieved?	Each Trust, together with data from the North East Strategic Health Authority, will know how much assistance is claimed each year together with the numbers of applicants. Also each provider will keep a record of those patients 'did not attend' (DNA)
How will we measure an improvement? Please provide details **(where possible)** of the data source that can be used to measure an improvement i.e. patient experience survey/	Increased take-up of financial assistance scheme Greater use of shuttle bus and/or other modes of transport Frequency and amounts of DNA's should fall.

Hospital Episode Statistics/ local or national clinical audit data etc.	

Name of LINk:	HARTLEPOOL LINk
Named contact in relation to this particular proposal:	Christopher Akers-Belcher
Contact details of named contact:	**Hartlepool Voluntary Development Agency Limited** **Rockhaven, 36 Victoria Road,** **Hartlepool TS26 8DD** **Telephone: (01429) 262641** **Fax: (01429) 265056** **E-mail:** **c.akersbelcher@hvda.co.uk** **Website:** **www.hartlepoollink.co.uk**

Proposed areas for quality improvement:

Quality Improvement Goal: Please provide a description of the area in which you would like to see quality improvement.	Dementia – In particular screening and meaningful diagnosis of patients admitted into Acute Care for e.g. falls/fractures where they require care/support for their underlying condition of dementia/parkinsons or other long term condition.
Provider: Is there a particular provider that you would like to aim this goal towards (i.e. Acute Trust, Community Services, Mental Health Trust)	North Tees and Hartlepool NHS Trust Tees, Esk and Wear Valley Mental Health Trust NHS Tees – NHS Hartlepool/CCG
Rationale: Please explain why you feel this goal should be included within a	Many patients admitted to hospital due to falls/fractures receive quality care for their primary admission but there is little investment in

Commissioning for Quality and Innovation (CQUIN) scheme. Provide the evidence base where possible.	care/support for the dementia aspect of their treatment/care for the duration of their stay. Some staff have little or no skill in this arena when treating for reason of admission.
Priority: If you are submitting more than one proposed goal, please number these in order of priority (i.e. '1 of 6' would be the highest priority out of 6 proposed goals).	2
Baseline: Please provide details **(where possible)** of the baseline position if this is known i.e. what percentage is currently being achieved?	Number of patients currently diagnosed and treated by sole dementia nurse within the Trusts.
How will we measure an improvement? Please provide details **(where possible)** of the data source that can be used to measure an improvement i.e. patient experience survey/ Hospital Episode Statistics/ local or national clinical audit data etc.	More diagnosis Increased awareness, reprioritising budgets to address this anomaly in person centred care. Staff training and increased collaborative working with community based services. Analysis and evaluation of patient care by carers upon discharge

Name of LINk:	HARTLEPOOL LINk
Named contact in relation to this particular proposal:	Christopher Akers-Belcher
Contact details of named contact:	**Hartlepool Voluntary Development Agency Limited** **Rockhaven, 36 Victoria Road,** **Hartlepool TS26 8DD** **Telephone: (01429) 262641**

	Fax: (01429) 265056 **E-mail:** **c.akersbelcher@hvda.co.uk** **Website:** **www.hartlepoollink.co.uk**

Proposed areas for quality improvement:

Quality Improvement Goal: Please provide a description of the area in which you would like to see quality improvement.	Podiatry – In particular parity amongst services provided to the people of Hartlepool as with those in East Durham. Vastly reduced waiting times required for second and first appointments.
Provider: Is there a particular provider that you would like to aim this goal towards (i.e. Acute Trust, Community Services, Mental Health Trust)	Services commissioned by NHS Tees – NHS Hartlepool/CCG Services provided in Nursing Care Homes and Residential Homes
Rationale: Please explain why you feel this goal should be included within a Commissioning for Quality and Innovation (CQUIN) scheme. Provide the evidence base where possible.	Many patients admitted to hospital due to falls/fractures may be a result of poor foot care and podiatry. Does not fit with falls awareness agenda. Waiting times for initial appointments 8 weeks but only 3 weeks in East Durham subsequent appointments are up to 52 weeks but four weekly in East Durham. No person centred care having regard for patients with complex needs, learning disabilities or autism.
Priority: If you are submitting more than one proposed goal, please number these in	3

order of priority (i.e. '1 of 6' would be the highest priority out of 6 proposed goals).	
Baseline: Please provide details **(where possible)** of the baseline position if this is known i.e. what percentage is currently being achieved?	Number of patients currently treated in various community settings as well as initial and subsequent appointment waiting times. This data available from current commissioned providers and comparable data should be available from neighbouring providers.
How will we measure an improvement? Please provide details **(where possible)** of the data source that can be used to measure an improvement i.e. patient experience survey/ Hospital Episode Statistics/ local or national clinical audit data etc.	Reduced waiting times. Reduction in hospital admissions due to falls caused by poor foot care.

In addition Hartlepool LINk submitted a joint CQUIN proposal on behalf of the Tees Valley Local Involvement Networks as follows:

Name of LINk:	Tees Valley Sub Regional LINks
Named contact in relation to this particular proposal:	Christopher Akers-Belcher, Anne Frizell, Tracy Emery & Heather McLean
Contact details of named contact:	Hartlepool LINk – 01429 262641 Middlesbrough LINk – 01642 234434 Redcar LINk – 01642 636 161 Stockton LINK – 01642 636162

Proposed areas for quality improvement:

Quality Improvement Goal: Please provide a description of the area in which you would like to see quality improvement.	Communication Enhance patient experience through increased and timely communication.

Provider: Is there a particular provider that you would like to aim this goal towards (i.e. Acute Trust, Community Services, Mental Health Trust)	North Tees and Hartlepool NHS Trust NHS Tees Tees, Esk and Wear Valley Mental Health Trust
Rationale: Please explain why you feel this goal should be included within a Commissioning for Quality and Innovation (CQUIN) scheme. Provide the evidence base where possible.	• Pathways need to be improved, which will increase patient safety • Increased and more meaningful communication will reduce wasted medication • Enhanced communication should reduce the incidence of complaints • The improvements fits with the Government's Re-ablement agenda and may ultimately reduce the readmissions • The improvements in communication processes will allow for the early diagnosis of dementia and other long term life limiting conditions • This will also allow for the early identification of 'Crisis' • Communication being enhanced is pivotal to person centre care and must have regard for allocated and the most appropriate designated carers and cuts across the National and Local Carers Strategy.
Priority: If you are submitting more than one proposed goal, please number these in order of priority (i.e. '1 of 6' would be the highest priority out of 6 proposed goals).	This priority we aim to be a conduit to assisting the meeting of local CQUIN priorities identified by the above individual LINks in the Tees Valley.
Baseline: Please provide details **(where possible)** of the baseline position if this is known i.e. what percentage is currently being achieved?	Current level of complaints and dissatisfaction PALS/ICAS data Linkages to community and patient engagement strategy across Trusts and emerging Clinical Commissioning Groups.

How will we measure an improvement? Please provide details **(where possible)** of the data source that can be used to measure an improvement i.e. patient experience survey/ Hospital Episode Statistics/ local or national clinical audit data etc.	This may be judged by a reduction from the current level of readmissions with the hospital Trust. A reduction in the level of complaints and date relating to dissatisfaction The annual spend allocated to prescriptions in particular 'repeat' prescriptions should fall Measuring a reduction in prevalence of abortive appointments

User Involvement - What we did:

Quarter 1

1. MAIN AREAS OF WORK

(a) Engagement Activities
(b) Publicity
(c) Policy, Procedures & Development
(d) Enter and View
(e) 50+ Forum

2.1 ENGAGEMENT ACTIVITIES

2..1 Hartlepool LINk continued to work with the view of engaging with community groups that are seldom heard. One particular event involved the promotion of Hartlepool LINk via our 'Positive Living' event at the Belle Vue Centre where we were able to promote financial inclusion given the direct correlation between health inequalities and deprivation. We also supported the Community Development work undertaken by 'Connected Care' who have undertaken health audits in a number of areas.

2..2 Hartlepool LINk also attended and presented at the 'Sails' event with the Owton Manor area to further engage with the community.

2..3 Hartlepool LINk had 2 meetings of the LINk Executive in both April and June. The April meeting was used to consider amendments to the Hartlepool LINk 'Governance' arrangements and organise our LINk AGM. The meetings were used to seek approval for the LINk's activity and utilised as an arena for disseminating current work within the network e.g. Enter and View. These meetings also allowed all members to participate in providing feedback regarding ongoing activities.

2..4 In June it was decided to hold a joint Acute Care & Elders Themed Group meeting to consider the future work item of 'End of Life' care.

2..5 Host staff attended the mental health themed group through MIND's Community Consultation Group. As a LINk we also continued meeting with other key staff within MIND and with Tees, Esk and Wear Valley NHS Foundation Mental Health Trust to progress our work stream surrounding Veterans and Stewart House 'Enter and View'.

2..6 Staff and LINk members continued with collaborative working as there are now no meetings of the Local Implementation Team meetings for Older People and Mental Health. The Mental Health LIT failed to be relaunched and it was felt we have a distinct lack of representation for the theme of 'Mental Health' services in Hartlepool. Hartlepool LINk has been unable to devote a great deal of time to their road show out in the community but have endeavoured to attend alternative events such as the GP 'Time Out' event and GP Practices.

2.2 PUBLICITY

2.2.1 The Hartlepool LINk website has been updated to reflect our monthly meetings and includes our 2010/11 'Enter and View' activity.

2.2.2 Reports have been issued to the Care Quality Commission (CQC), NHS Tees and the Overview & Scrutiny Committees of Hartlepool Borough Council. The Care Quality Commission were able to utilise our reports to shape their recent

visit to Hartlepool Hospital to look at service delivery focusing on nutrition and dignity.

2.2.3 We also utilised the local press to raise the profile of our work in particular we were looking for people to come forward and share experiences of care provided by Care Homes and whilst hospitalised.

2.4 POLICIES, PROCEDURES and DEVELOPMENT

2.4.1 The 'Guide to Hartlepool LINk' was updated to reflect the amendments of our Governance arrangements.

2.4.2 Governance arrangements were also clarified to specifically identify how work of the LINk will be allocated and ratified.

2.4.3 A working agreement was reviewed with NHS Tees and is due to be ratified by the LINk Executive in July.

2.5 ENTER AND VIEW

2.5.1 This quarter saw more joint working on 'Enter and View' visits with Stockton LINk. This included the Children's Ward at North Tees hospital. Feedback from the Hospital trust is extremely positive, as always, praising the professionalism of the 'Enter and View' team and welcoming the recommendations. All recommendations are actioned within the consultation period and will be published once ratified by the LINk Executive.

2.4.2 Further referrals have been made regarding care homes within Hartlepool and these are still being consulted upon. One referral has not been progressed regarding Queens Meadow Care Home due to the circumstances and evidence supplied. The referral was made via the Local Authority and a mechanism was already agreed to address concerns but Hartlepool LINk would progress should they receive and future direct referrals.

2.6 50+ FORUM

2.6.1 Work with the Development of the Older Persons Strategy has included a redraft of the key actions to focus on some key outcomes. These will cover an annual older person's event, refresh of the Older Persons Strategy and greater work on Falls Prevention.

2.6.2 During the 50+ Development Officers last 3 months in post she has also engaged in the following activities:

- Arranged, attended and supported three 50+ meetings
- Engaged new members of the forum increasing core membership 72
- Supported the Link Team at the Link AGM and the Positive Living event.
- Supported members of the 50+ Forum to attend the 18th National Pensioners Parliament in Blackpool
- Attended and supported and made presentations to a number of themed meetings, public events and groups of older people.
- Improved communication among groups of older people within the town through further promotion of the 50+ Newsletter.

3 OUTPUT MEASURES

3.1 Attendance at Executive meetings has been 8 and 13 respectively. Attendance at the Elder Persons themed group was 12 and 18 for the joint LINk Acute and Elders group.

3.2 Attendance at the Primary Health and Social Care group increased from previous quarters. They were 20 in April, 16 in May and 20 in June. Attendance at the Acute Care themed group meetings was 17 & 18 respectively.

3.3 Hartlepool LINk was invited to participate in the national NHS assurance visit upon the Strategic Health Authority. This recognised the work of Hartlepool LINk within the region as a site of good practice.

3.4 Hartlepool LINk hosted a successful event promoting 'Positive Living' which was attended by 40 attendees. This event ended with a successful panel question and answer session.

3.5 LINks Members continue to attend the 'Essence of Care' meetings, the Hospital Trust's Quality Standards Steering Group and the North East Ambulance Service forums.

3.6 Work continued on our work stream regarding the National Carers Strategy. Hartlepool LINk has now joined the Regional Carers' Strategy group.

3.7 Attendance at the Hartlepool LINk Annual General Meeting 20110 was 46.

4 ANNUAL GENERAL MEETING

4.1 The AGM was held 27th May 2011 at the Historic Quay with the key speakers Sue Smith and Julie Gillen from the North Tees and Hartlepool NHS Foundation Trust. The LINks Coordinator also provided a presentation on the key achievements of Hartlepool LINk over the last year and what the future may hold as we move towards Local HealthWatch.

4.3 This year saw the re-election of Margaret Wrenn and a new Vice Chair Ruby Marshall as well as the remaining executive posts. Two posts remained vacant following the AGM and will subsequently be filled by co-opted members at future LINk Executive meetings.

5. LOCAL HEALTHWATCH – Pathfinder application

5.1 Hartlepool Borough Council and Hartlepool LINk submitted an application to the Department for Health to be a pathfinder for Local HealthWatch.

5.2 The aim of the Hartlepool HealthWatch pathfinder is to focus on 4 key areas:

- The relationship with new bodies such as the GP commissioning consortium and the local authority Health and Wellbeing Board
- The role of HealthWatch in respect of public health issues particularly in relation to a review of the Joint Strategic Needs Assessment
- The role of HealthWatch in provision of support to access information and exercise choice
- Understanding the role of the HealthWatch and being able to present it to partners, stakeholders and the local community

Quarter 2

1. **MAIN AREAS OF WORK**
   (a) Engagement Activities
   (b) Publicity
   (c) Development
   (d) Enter and View

(e) 50+ Forum

2.1 **ENGAGEMENT ACTIVITIES**

2.1.1 Hartlepool LINk has continued to fulfil its ambition of engaging with the wider community and ensuring they are actively involved in the shaping of Health and Social Care Services in Hartlepool. A number of community events were attended in addition to our regular attendances at the Hospital Trust's 'Essence of Care' meetings with a particular emphasis on dignity.

2.1.2 3 events involving the promotion of Hartlepool LINk within the community were the Manor Residents Community Carnival within the Owton Manor ward, a mental health promotional event covering the central area of the borough and a patient panel meeting located in the north of the borough via Hartfields Manor. All 3 events were well attended and we took the opportunity to distribute literature on Hartlepool LINK and promote active involvement by new members of the community.

2.1.3 Hartlepool LINk also attended and presented at the new Clinical Commissioning Group formerly known as the emerging GP Consortia.

2.1.4 Host staff have been actively involved in the development of the shadow Health and Wellbeing Board, facilitated by the local authority with the key focus of developing a model which will promote patient and public confidence in the future commissioning of services. Following acceptance of our own involvement key stake holders welcomed Hartlepool LINk as the sole reference group to undertake engagement and consultation

2.1.5 Hartlepool LINk continued with their road show out in the community and attended the Central Library once again to engage with potential new members.

2.1.6 Hartlepool LINk also worked collaboratively with the Council and the 50+ Forum to hold a celebration day called 'Full of Life', which also afforded members the opportunity to review the older person's strategy.

2.2 **PUBLICITY**

2.2.1 The Hartlepool LINk website experienced a number of problems but we were are able to start uploading all of our reports again

2.2.2 Our Annual Report was published and issued to the Secretary of State for Health, Care Quality Commission (CQC), NHS Tees, Hartlepool & North Tees Foundation Trust and the Overview & Scrutiny Committees of Hartlepool Borough Council.

2.2.3 Hartlepool LINk was been considered a site of good practice and the Department of Health recognised Hartlepool LINk in their assurance visit to the North East Strategic Health Authority in their final publication.

2.2.4 Hartlepool LINk also organised a sub regional consultation meeting, with all Tees Valley LINks, to collate a response to NHS Tees regarding 'Commissioning for Quality and Innovation'.

2.3 POLICIES, PROCEDURES and DEVELOPMENT

2.3.1 The 'Guide to Hartlepool LINk' was updated to reflect the LINk Executive's decision to only undertake work, which has been ratified by the LINk Executive. This followed a number of requests to carry out work on behalf of the Tees and Hartlepool Vulnerable Adults board.

2.3.2 LINk staff and members attended a number of events to consider the various background knowledge they required for their current work plans i.e. End of Life and Dementia.

2.3.3 The LINk Coordinator provided training to the new intake of development workers based within Manor Residents association. These staff members work collaboratively with Connected Care and may provide further referrals to be utilised within the LINk. The training promoted the work of Hartlepool LINK and provided the staff with the skills to sign post members of the public to the correct Health and Social care providers.

2.4 **ENTER AND VIEW**

2.4.1 Two 'Enter & View' visits were undertaken with North Tees and Hartlepool NHS Foundation Trust. These were referred to Hartlepool LINk for visits to look at staff attitudes and patient care on the Children's Ward of North Tees Hospital and the Maternity Services across both hospital sites.

2.4.2 A follow-up visit was made to the One Life centre and further visits were scheduled surrounding the Minor Injuries Unit (MIU) and the Out of Hours (OOH) service.

2.4.3 Responses from all visits were awaited by the service providers and reports will subsequently be ratified by the LINk Executive before being published and distributed.

2.5 50+ FORUM

2.5.1 The 50+ Development worker continued to engage and support the older people within the community. She arranged, attended and supported a further three 50+ Forums, subsequent to 3 pre agenda meetings with the Chair of the 50+ Forum.

2.5.2 Community engagement was enhanced by the provision of 3 home visits and a number of further meetings to progress the older person's celebration event 'Full of Life' to recognise and review the work of the Older Person's Strategy. As part of our commitment to promote development one Forum member was supported to attend the National Pensioners Conference in Blackpool. This member subsequently disseminated her findings to her fellow Forum members.

2.5.3 The 50+ trade stand continues to be taken to a number of community events to promote their work and engage with potential new members. Events included the Stranton Ladies Club with members of Food and Friends to promote their work.

2.5.4 Overall there has been an increase and improvement in the communication to groups of older people within the town through the development of the monthly 50+ forum newsletter and this has been assisted by the newsletter being further advertised and distributed by the Home Library Service. This also meets our target of engaging with those older people who are hard to reach through illness, disability or infirmity. Overall distribution of documents and public engagement has resulted in contact with over 1000 older people within the community.

2.5.5 Future work plans include the continued involvement in the Adult and Community Services Scrutiny Forum looking at re-ablement services. We also wish to widen and formalise the distribution of the Newsletter which covers national, regional and local issues.

2.5.6 The development work must also have regard for our commitment to explore options for the 50+ Forum to run as a constituted group.

3. **OUTPUT MEASURES**

3.1 Attendance at the LINk Executive monthly meetings had seen a slight fall with attendances being 11, 11 ad 12 respectively. Regard must be given to the fact we no longer have a BME or LGBT representative albeit we now have recently appointed a LGBT rep from Hart Gables.

3.2 Attendance at the Acute Care themed group monthly meetings saw an increase to approximately 20 members attending regularly. These meetings were utilised to progress Enter and View activity and consider the content of the Trust's Annual report for next year.

3.3 The Elders group and the Primary Health & Social Groups also met monthly and developed work plans covering End of Life and Cancer Care services.

3.4 Hartlepool LINk worked collaboratively with the Health Scrutiny Forum with a view to a promoting the reconfiguration of Accident & Emergency services within Hartlepool.

3.5 Hartlepool LINk continued with the consultation group focusing on 'Positive Living'. The ethos of the group is to promote the Health and Wellbeing of anyone with a learning disability, physical disability or life-long condition. This group will provide further key public meeting for this sector of community themed on Dementia, User Led Organisations and Local HealthWatch.

3.6 Hartlepool LINk successfully made their own response to Government on the allocation of monies for the proposed Local HealthWatch. These have been acknowledged and will form part of the Government's deliberations in the creation of Local HealthWatch, which will supersede the Local Involvement Networks.

3.7 Hartlepool LINk was involved in the redesign of additional paperwork circulated by the Hospital Trust for patients with learning disabilities.

4. **FUTURE WORK**

4.1 There will be continued involvement by the LINks Coordinator on a national level regarding the HealthWatch Advisory Board and a task & finish group developing a framework for what makes a good local Healthwatch

4.2 There are to be further 'Enter and View' visits including those requested by North Tees and Hartlepool NHS Foundation Trust, to town's walk-in clinic and Minor Injuries Unit (MIU).

4.3 In October Hartlepool LINk will jointly host an event with the borough Council to consider options in the development of Hartlepool's Local HealthWatch.

Quarter 3

1. **MAIN AREAS OF WORK**

(a) Engagement Activities
(b) Publicity
(c) Development
(d) Enter and View
(e) 50+ Forum

2.1 **ENGAGEMENT ACTIVITIES**

2.1.1 Hartlepool LINk continued to engage with the wider community and ensure they are actively involved in the shaping of Health and Social Care Services in Hartlepool. A number of community events were attended in addition to our regular attendances at the Hospital Trust's Quality Standards Steering Group. All of our work continues to focus on dignity and the rights of patients.

2.1.2 3 events involving the promotion of Hartlepool LINk within the community were held at Hartlepool Hospital, Catcote School and Connexions via the Integrated Youth Service. On all 3 occasions we met with new people and were able to positively promote the good work and excellent track record of the LINk. We also took the opportunity to distribute literature on Hartlepool LINK and promote active involvement by new members of the community.

2.1.3 Hartlepool LINk attended and presented at the new Clinical Commissioning Group, albeit concern was raised in feedback to Hartlepool LINk at the proposal to have an overarching Clinical Commissioning Group for north of the Tees covering Hartlepool and Stockton. Assurances were given by the Clinical Commissioning Group lead that a strong local focus group would be retained as decision maker.

2.1.4 Host staff and the Chair of the LINk Executive have been actively involved the shadow Health and Wellbeing Board, facilitated by the local authority with the key focus of developing a model which will promote patient and public confidence in the future commissioning of services. Following acceptance of our own involvement key stake holders welcomed Hartlepool LINk as the sole reference group to undertake engagement and consultation. Hartlepool LINk has been very vocal in raising concerns over the imbalance of membership i.e. Local Authority to other key statutory partners.

2.1.5 Hartlepool LINk continued with their road show out in the community and attended the Centre for Independent Living to promote our work with specific User Led Organisations and once again engage with potential new members.

2.1.6 Hartlepool LINk also worked collaboratively with all our key partners to host a Mental Health event to review, promote and continue our work stream around improving the 'Crisis Resolution Service'.

2.2 PUBLICITY

2.2.1 The Hartlepool LINk website again experienced a number of problems and we have removed a number of reports with a view to again uploading a new comprehensive report detailing the total 9 month action plan to date around 'Enter and View'.

2.2.1 Hartlepool LINk having been considered a site of good practice was asked to be a key speaker at the North East Vonne event held in partnership with the North East Strategic Health Authority. This event was hailed a huge success with Hartlepool receiving excellent feedback around our role in engaging with the community.

2.2.2 Hartlepool LINk also submitted a report on behalf of all sub regional Tees Valley LINks, with a response to NHS Tees regarding 'Commissioning for Quality and Innovation'.

2.3 POLICIES, PROCEDURES and DEVELOPMENT

2.3.1 The 'Guide to Hartlepool LINk' was again reviewed and it was accepted that it will need to be updated over the coming year to reflect the evolvement of Hartlepool LINk into a corporate body and subsequently Local HealthWatch i.e. HealthWatch Hartlepool.

2.3.2 LINk staff and members continue to attend a number of events to consider the various background knowledge they required for their current work plans i.e. End of Life and Dementia.

2.3.3 The LINk Coordinator continues to actively work with the Health & Wellbeing Board and Clinical Commissioning Group to develop a strategy for Hartlepool and a clear and credible plan for 2013.

2.4 **ENTER AND VIEW**

2.4.1 Two 'Enter & View' visits were undertaken with North Tees and Hartlepool NHS Foundation Trust. These were referred to Hartlepool LINk for visits to look at patient care and dementia on the Emergency Assessment unit of North Tees Hospital and the Minor Injuries Unit at the One Life centre.

2.4.2 A follow-up visit was made to the Havelock practice within the One Life centre and further visits have been made around the Out of Hours (OOH) service delivered by Northern Doctors Urgent Care (NDUC).

2.4.3 Responses from all visits and reports will subsequently be ratified by the LINk Executive before being published and distributed.

2.5 **50+ FORUM**

2.5.1 The 50+ Development worker has continued to engage and support the older people within the community. The worker arranged, attended and supported a further three 50+ Forums, subsequent to 3 pre agenda meetings with the Chair of the 50+ Forum.

2.5.2 Community engagement was enhanced by the provision of home visits and a number of further meetings to finalise the older person's celebration event 'Full of Life' to recognise and review the work of the Older Person's Strategy.

2.5.3 The 50+ trade stand continues to be taken to a number of community events to promote their work and engage with potential new members. Events include our well received work plan around 'Falls Awareness' located in a number of sheltered accommodation properties throughout the town.

2.5.4 Overall there has been an increase and improvement in the communication to groups of older people within the town through the development of the monthly 50+ forum newsletter and this has been assisted by the newsletter being further advertised and distributed by the Home Library Service. This also meets our target of engaging with those older people who are hard to reach through illness, disability or infirmity. Overall distribution of documents and public engagement has resulted in continued contact with over 1000 older people within the community.

3. **OUTPUT MEASURES**

3.1 Attendance at the LINk Executive monthly meetings has remained consistent. The LINk has been able to recruit members from both the BME and LGBT community. On a number of occasions the Executive have had to enact the governance procedures to remove members who fail to attend 3 consecutive meetings without due apologies.

3.2 Attendance at the Acute Care themed group monthly meetings has seen an increase to approximately 20 members attending regularly. These meetings have been utilised to progress Enter and View activity and consider the content of the Trust's Quality Account for next year.

3.3 The Elders group and the Primary Health & Social Groups have also met monthly and progressed their work plans covering End of Life and Cancer Care services.

3.4 Hartlepool LINk has worked collaboratively with the Health Scrutiny Forum with a view to a promoting the annual work of Hartlepool LINk at their final meeting of the municipal year.

3.5 Hartlepool LINk has continued with the consultation group focusing on 'Positive Living'. The ethos of the group is to promote the Health and Wellbeing of anyone with a learning disability, physical disability or life-long condition. This group has provided further key public meetings for this sector of community themed on Dementia and User Led Organisations. These events have been attended by 36 and 28 members of the public respectively and we have utilized the events to promote the shadow Health & Wellbeing Board and Clinical Commissioning Group.

3.6 Hartlepool LINk successfully participated in the Council's consultation 'Caring for our Future'.

3.7 Hartlepool LINk was involved in the review of the patient pathway around 'Discharge' and asked to participate in the renewal of the catering contract with the North Tees & Hartlepool Foundation Trust.

4. **FUTURE WORK**

4.1 There shall be continued involvement by the LINks Coordinator on a national level regarding the HealthWatch Advisory Board and a task & finish group developing a framework for what makes a good local Healthwatch

4.2 There are a number of further 'Enter and View' visits including those requested by concerned members of the public around Emergency Assessment and potential neglect/abuse within care home in the town.

4.3 In October Hartlepool LINk hosted an event with the borough Council to consider options in the development of Hartlepool's Local HealthWatch. This was a modeling day to establish the key components in any commissioning for Local HealthWatch. The latest announcement from the Secretary of State for Health indicates the commencement date for Local Healthwatch will now be some 6 months later i.e. 1st April 2013. Work undertaken by the LINk's Coordinator nationally has established the 7 key functions of Local HealthWatch will be:

1. Gathering views and understanding the experiences of patients and the public.

Local HealthWatch will achieve this function in a number of ways:

⊙by gathering the information that is already available and working with other local voluntary and community groups to understand local views and experiences of health and care services
⊙by actively seeking the views of those who don't generally come forward
⊙by publicising information using good information governance, including confidentially, through a range of channels
⊙by working in collaboration with the CQC
⊙by developing the skills to understand and interpret different kinds of data and information

⊙by collating information as evidence to support recommendations to HealthWatch England and/or the CQC

2. Making people's views known - In order to do this effectively, Local HealthWatch will:

⊙identify and use existing arrangements to avoid duplication
⊙develop systematic methods of gathering views from local and national sources, where there are currently gaps
⊙be responsive to what it finds out and report back on developments
⊙publish findings and make them fully accessible
⊙identify causes for concern and celebration amongst the local community and feedback on these findings to the CQC as part of an ongoing, regular dialogue
⊙use people's views to influence the relevant decision-making bodies including local commissioning groups, health and wellbeing boards and, through HealthWatch England and the CQC, the national regulators and the Secretary of State

3. Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.

If it is to promote the involvement of local people in decisions about health and care provision, Local HealthWatch will need to be completely independent and able to demonstrate its credibility, knowledge and successes. To this end, it will be a highly visible organisation that ensures it:

⊙is easy to reach – for example, by having a local contact number
⊙is inclusive of all groups within its local community
⊙respects, involves and collaborates with existing networks
⊙provides adequate reimbursement and suitable indemnity for its members
⊙offers support and training to its staff on, for example, equality and diversity legislation, safeguarding and interviewing
⊙practices and promotes "enter and view" through support and training
⊙prioritises the need for continuous dialogue with its members and local community
⊙develops a strong relationship with the local authority health and wellbeing board, acting as a constructive "critical friend"

4. Recommending investigation or special review of services via HealthWatch England or directly to the Care Quality Commission (CQC).

The exact relationship between HealthWatch England and Local HealthWatch organisations is to be determined through the Statutory Instruments/delegated legislation. However, some requirements are already clear, such as the need to:

⊙agree, establish and ensure timely two-way information flows between HealthWatch England and Local HealthWatch organisations
⊙use protocols for good information governance
⊙ensure that urgent concerns are escalated
⊙use the rights of NHS and social care staff to act as "whistle-blowers"
⊙enshrine the NHS Constitution as the benchmark of NHS service-users' rights
⊙Work to "Think Personal, Act Local", and use other policy applying to social care

5. Providing advice and information about access to services and support for making informed choices.

Local HealthWatch will have to meet specific criteria that will be set out in their contracts. To carry out this function effectively, Local HealthWatch will:

- identify what information already exists and how to access it
- identify unmet needs so gaps in information can be plugged
- have its finger on the pulse of the latest information and news and know where to direct people
- fully understand and champion the NHS Constitution
- build people's knowledge of Local HealthWatch as an information and advice resource, ensuring visibility and ease of access
- develop relationships with commissioners and providers
- make information available in many different formats e.g. electronic, hard copy, Braille, multiple language translations
- have the capacity and systems to direct people to services they require
- ensure that it provides feedback to individual members of the public and other partners

6. Making the views and experiences of people known to HealthWatch England and providing a steer to help it carry out its role as national champion

A timely two-way information flow will be established between HealthWatch England (HWE) and Local HealthWatch organisations. The role of Local HealthWatch will be to:

- have robust protocols for keeping HWE up to date with issues and concerns
- ensure that contacts are more than 'a conversation'.
- exercise its influence in steering and directing the emphasis of HWE's work
- ensure that accountability is a central principle in all exchange with and from HWE
- inform HWE of local matters relevant to wider public health agendas, OSCs, NCB, Monitor, FTs, ADASS, Ministers and the Secretary of State.
- ensure that HWE audits the evidence of Local HealthWatch's contributions to improving health and care outcomes nationally
- foster its own independence by enshrining clear rules of engagement, self-assessment tools etc.

7. NHS Complaints Advocacy

- Local authorities will continue to commission Social Care Complaints Advocacy. They will take a decision on how they wish to commission NHS Complaints Advocacy and this may or may not be commissioned from Local HealthWatch. However, Local HealthWatch will support any complaints function by:

Signposting people to NHS Complaints Advocacy services, in a timely and appropriate manner, if not provided in-house.

Quarter 4

1. **MAIN AREAS OF WORK**

(a) Engagement Activities
(b) Publicity
(c) Development
(d) Enter and View
(e) 50+ Forum

2.1 **ENGAGEMENT ACTIVITIES**

2.1.1 Hartlepool LINk has continued to fulfill its commitment of engaging with the wider community and ensuring they are actively involved in the shaping of Health and Social Care Services in Hartlepool. A number of community events have again been attended in addition to our regular attendances at the Hospital Trust's 'Essence of Care' meetings, Quality Standards Steering Group with the Hospital Trust and the North East Ambulance Service liaison meetings. Additionally Hartlepool LINk is represented at the Teeswide Vulnerable Adults Board and the Hartlepool sub group of the same.

2.1.2 Hartlepool LINk worked in partnership with the Neighbourhood Development Officers in the 'Central' area of the town to examine the findings/results from the two health audits undertaken in the Burbank and Town Centre areas of the Borough. As a result at the final meeting collective recommendations ensured the findings and expectations for the future of Health and Social Care in these two specific areas would be presented at the Shadow Health and Wellbeing Board as part of the review required upon Hartlepool's Joint Strategic Needs Assessment.

2.1.3 Hartlepool LINk attended the Intra-Health event aimed at raising the profile and knowledge within the community surrounding Chronic Obstructive Pulmonary Disease (COPD), also known as chronic obstructive lung disease (COLD). The event was held at the Joseph Rowntree Foundation's Retirement Village Hartfields Manor and we took the opportunity to showcase the role of Hartlepool LINk and encouraged the community to become more involved in shaping Hartlepool's future regarding Health and Social Care. The event was very well attended throughout and we were able to recruit some additional volunteers

2.1.4 Hartlepool LINk also attended a number of community events at the Centre for Independent Living (CIL) formerly known as the Havelock Day Centre. A meeting was held with one of the User Led Organisations of the town as part of our engagement activity required under the 'Pathfinder' for Local HealthWatch. A further workshop event was held at the same venue to examine how communication and information sharing can be improved in the arena of Health & Social Care. Both meetings were well attended by both service users and LINk members respectively. This again promoted the involvement and participation of LINk members in the wider community.

2.2 **PUBLICITY**

2.2.1 The Hartlepool LINk website was further updated with the 'Enter and View' reports and a summary of the 2010/2011 reports was uploaded onto the site for ease of access. Many of the reports need reformatting in order that they can be viewed electronically within the public domain for 2011/2012 and a further summary document will be completed for this period over the next quarter.

2.2.2 Hartlepool LINk circulated the results of the consultation paper surrounding a Review of Children's Congenital Heart Services titled 'Safe and Sustainable', together with updates around the judicial review.

2.2.3 In keeping with our commitment to shape our work around patient experiences we have contacted the local radio station with a view to publicising the outcomes of our 2011/2012 workplan and seek further storyboards to shape our future work.

2.2.4 A request has been made to showcase our Annual report to the Health Overview and Scrutiny Forum and members have actively engaged in the work of this forum and that of Adult & Community Services.

2.2.5 As LINks Coordinator I have accepted a number of requests to publicise the work of Hartlepool LINk and our pathfinder status for Local HealthWatch (LHW). The latest event involved the Tees, Esk and Wear Valley NHS Mental Health Trust's Governors Day, which was well received and Hartlepool was praised for our proactive approach in shaping the future delivery of Health Services.

2.3 **POLICIES, PROCEDURES and DEVELOPMENT**

2.3.1 Further training has been sought for LINk members around 'safeguarding' and an 'Enter and View' refresher session. Dementia training was also provided that proved extremely popular amongst some 25 members who attended.

2.3.2 LINk staff and members attended a number of events to consider the implications of the Government's highly controversial Health & Social Care Act, which received Royal Assent 27th March 2012. These included an event on the Health and Wellbeing Boards, tendering as a corporate body and leadership as part of the Local Healthwatch learning sets commissioned by the Department of Health.

2.3.3 The LINks Coordinator has continued to work with the Care Quality Commission and the Department of Health by attending the National HealthWatch Advisory Board, which is shaping the transition plan and developing visions statements for both Healthwatch England and Local HealthWatch. Summary findings from these meetings have been circulated to both LINk members and host organisations across the region in order to share information with peer groups.

2.4 **ENTER AND VIEW**

2.4.1 Two 'Enter & View' good practice visits were undertaken with Gretton Court as part of our Dementia work plan.

2.4.2 Two further unannounced hospital visits have been planned for April as are two planned Primary Health visits upon GP practices.

2.4.3 An unannounced visit was made to Sheraton Court following a referral from a resident's concerned relative and much dialogue with the Local Authority around dignity and safeguarding.

2.5 **50+ FORUM**

2.5.1 The 50+ Development worker has continued to engage and support the older people within the community. She arranged, attended and supported a further three 50+ Forums, subsequent to 3 pre agenda meetings with the Chair of the 50+ Forum.

2.5.2 As part of our commitment to promote development forum members have been nominated to attend the Annual Pensioners Conference with a view to disseminating information to the whole forum.

2.5.3 Consideration must also be given for our Annual Event, which will be held on National Older Peoples Day 1st October. Initial thoughts are to host this event at the One Life centre and promote the take-up and opportunities for Flu jabs.

3. OUTPUT MEASURES

3.1 Attendance at the LINk Executive monthly meetings has been 15 and 14. One of these meetings included a presentation on the Equality Delivery System by Reema Sachendina and Sally Lagan (North Tees and Hartlepool NHS Hospital Trust). No LINk Executive meeting was held in March 2012.

3.2 Attendance at the Acute Care themed group monthly meetings have been 13, 11 and 12 respectively. These meetings have also involved attendance by representatives from the North East Ambulance Service to address members concerns around patient transport.

3.3 The Elders group and the Primary Health & Social Care Groups have also met monthly and developed their work plans for the coming year.

3.4 Hartlepool LINk has continued to work collaboratively with the Health Scrutiny Forum and actively participated in the ongoing review surrounding the reconfiguration of services delivered between the Hospital Trust's Hartlepool and North Tees sites.

3.5 Hartlepool LINk has formerly been invited to take up a two positions on the Hartlepool sub group of the North of Tees Clinical Commissioning Group and continues to be an active participant in the shadow Health and Wellbeing Board.

3.7 Hartlepool LINk is working with the Integrated Youth Service (ITS) and their 'Your Welcome' team of young inspectors as part of our pathfinder work in preparation for Local HealthWatch. This will cover more collaborative working around meaningful representation for Children and Young People as we review Health and Social Care Services. A joint event to evidence our work plan will be planned and held in July 2012.

4. FUTURE WORK

4.1 There shall be a further planned public meeting as our 'Positive Living' work programme to cater for the needs of those requiring advice and guidance around cancer awareness and early detection.

4.2 There are to be the further 'Enter and View' visits to the University Hospital of Hartlepool covering the wards 2 and 9 as well as 2 planned visits to doctors' surgeries.

4.3 The LINk Co-ordinator is presently utilising information from the Department of Health's Transition Plan to work with HVDA and the Local Authority (LA) and build a case for securing Local HealthWatch.

4.4 The next few months should also see the presentation of our key findings around our all Health and Social Care activity within our Annual report and some key recommendations for the coming year.

4.5 Future work will also include supporting members of the public in making choices about health care and complaints.

4.6 Hartlepool LINk members shall also attend the events around the recommendations that came out of the Clinical Review of Hartlepool

Hospital's Accident and Emergency unit. These will be joint events with the Health Scrutiny Forum.

Enter and View visits 20011/12

Appendix A details the full detail of our ambitious programme of 'Enter and View' activity together with associated recommendations.

'Enter and View' – Outcomes:

Enter and View Visits, Storyboards and Other Key Themes

As well as Enter and View Visits Hartlepool LINk has had a tremendous amount of feedback from its members, and health service users in general, regarding their experiences of all Health & Social Care services across the town.

Acute Care – Hospitals, Ambulances and Transport
Feedback has predominantly been of a positive nature but some areas of concern have consistently come through in the following areas-

- All patients should be made aware of the procedures in respect of how to make complaints
- Families in Hartlepool are experiencing extreme difficulty with regard to cost, availability and excessive time spent travelling
- Patients comments suggest the frequency of the television service breaking down is unacceptable
- Consideration should be given on the time children spend on Accident & Emergency prior to admission
- Ambulance service personnel appear to be confused as to who they take to the Minor Injuries Unit and which patients should be taken to North Tees Hospital

Primary Gare – G.P's, Pharmacies, Opticians and Dentists

The general view is that services provided are of a high standard and in most instances patients are treated with respect. Areas of concern are:

- Some patients feel waiting areas are too small
- The 'Out of Hours' service continues to be the main area of concerns it would appear their availability has changed since

opening at the One Life centre and G.P.'s only now come to the One Life centre through the triage system

- Some further work is needed to raise awareness of services within the One Life centre and members are particularly concerned that the very young and vulnerable are asked to attend the One Life centre, through the triage system, at the early hours of the morning rather than be afforded a home visit. Traffic flows in and around the One Life centre continue to present patients with problems.
- Appointment systems operated within some practices continue to be an area of concern for some patients

Social Care

Overall homes seem to be well run by caring staff and experienced managers, with highly motivated staff who are able to demonstrate cheerfulness and care towards residents. Areas of concern are:

- There needs to be parity between the accommodation and facilities available to all residents i.e. bathrooms, showers and décor
- Consideration for the utilising of red toilet seats, cups, saucers etc., which are extremely helpful to residents' with Altzheimer Disease and Dementia

What else we achieved as Hartlepool LINk:

Clinical Review of Hartlepool's Accident and Emergency Services.

Hartlepool LINk worked with Hartlepool's Overview and Scrutiny Forum to provide key evidence in their initiated review of Accident and Emergency services delivered from the Hospital Trust's Hartlepool site. Our input predominantly covered Evidence about public acceptability. Below is the relevant extract from the final review document:-

"Representatives of the community, members of LINK, made it very clear that they were passionately opposed to the closure of the Hartlepool A&E. They gave evidence of their recent day-time visit to the department which they were happy to report had given them no concerns. They paid particular attention to the problems local people would have with transport to and from Stockton if the Hartlepool A&E was to shut. The local bus service was inadequate – indeed a "Hospital Bus" service between the hospitals was about to be cut. Late at night there was no public transport service. The vast difference in cost of using a taxi was raised, where the cost of a journey to Hartlepool Hospital was obviously much less than a return taxi journey to Stockton. Furthermore, the difference, both in cost and time, of "a good neighbour" (for example) giving someone a lift in their car could mean patients calling 999 where previously they were helped to get to the local hospital by family or friends. Basically, they felt Hartlepool Hospital A&E was near and convenient to use, Stockton was far, inconvenient and costly to use. Some concerns were also raised about public transport access to the One Life Centre although it was acknowledged that for many local residents this was a more convenient site than Hartlepool Hospital itself. Some members of staff, speaking in their capacity as residents of Hartlepool, also spoke passionately about the need to keep open a local A&E. Again, they compared the journey times from most of the town to Hartlepool Hospital with journey times to Stockton."

Responses to Department of Health – A Response was made by Hartlepool LINk regarding the formulae to be adopted when calculating the allocation of monies in respect of the delivery of services for Local HealthWatch by Local Authorities.

Working Agreements were again agreed with:

- NHS Tees
- North Tees & Hartlepool NHS Foundation Trust
- Tees, Esk & Wear Valley Mental Health Trust

Acute Care

When genuine concerns have been expressed we have continued to undertake our 'Enter and View' visits to both the University Hospital of North Tees and University Hospital of Hartlepool. At all times we have been well received and given full support from staff with both announced and unannounced visits, resulting in consultations and reports, in how concerns are dealt with and improved.

Future areas of concern – Momentum Pathways to Healthcare

- relocation of outpatients services from the hospital to the One Life centre
- Monitor transition July 2012 to January 2013
- Transfer causing concern and needs to be monitored

Margaret Goulding – Chair Acute Care themed group

Primary Health & Social Care

The monthly meetings of this forum have been well attended by members who have connections to many of the hard to reach groups. Even when we have had to change venues a number of times this year, our members have still attended. Considering we have members who are elderly, disabled or have a long term illnesses, finding venues with good access, hearing loops and suitable parking has been a problem for our support staff.

Once again, we have looked at a wide range of issues including podiatry services, cancer screening and diagnosis, out of hours G.P services and have taken a keen interest in the ongoing development of primary health services at the One Life Centre.

The presentations arranged by the support staff have been very informative and good preparation for Hartlepool Local HealthWatch. Our Enter & View visits have over the year given our members the opportunity to help both Primary Health and Social Care Service providers. This has given them an awareness of

what their patients, service users, carers and close family members think about the quality of service.

Finally, I would like to thank everyone who has attended Primary Health and Social Care meetings for their inputs and support and in particular my Deputy Liz Carroll who has ably stepped in and Chaired several meetings in my absence.

Ron Foreman – Chair Primary Health and Social Care themed group

Elders Group

This year has again been an extremely full and active one for the Elders Group with significant progress made in all areas of our ongoing work programmes but I would particularly like to mention three key areas -

Dementia Services
A main focus of our work has been around dementia which has been identified as a key area of concern. Significant progress has been made in developing an understanding of dementia and in particular developing awareness of LINk members who are involved in the Enter and View work of Hartlepool LINk around good practice in dementia care. This has been made possible partly as a result of the ongoing work that has taken place with Gretton Court. This work has included two "good practice Enter and View visits to Gretton Court which proved to be very successful in giving visiting teams an insight into how care can be provided with professionalism, compassion and dignity in a residential care home setting which specialises in providing care for residents with dementia.

End of Life Care and Support
The Elders Group received an excellent input from Mel McAvoy from the North Tees and Hartlepool Hospital Trust regarding the work he is doing around the patient end of life care pathway and in particular the relatives/carers diary for patients who are on the End of Life Pathway. The group felt that this is an important step and an important step in allowing the relatives and families of patients to input into the care a loved one is receiving during this distressing time. As a result of the presentation, concerns have been identified with regard to how family members and patients with learning difficulties or dementia are afforded similar opportunities and this

issue is being picked through joint work with the Learning Disability Partnership Board.

Extra Care and Sheltered Housing

Work is also continuing with Housing Hartlepool around provision of extra care and sheltered housing services in the town. Further visits to Laurel Gardens and three sheltered schemes are scheduled for the summer. We are also working with officers from Housing Hartlepool and the North Tees and Hartlepool Hospital Trust in piloting the development of a Discharge Card which will allow the Hospital to inform social housing and residential care providers of the date and time that a resident will be returning home and enable them to ensure that all necessary care arrangements are in place.

Acknowledgements

I would like to thank everyone who has been involved in the work of the Elders Group and all of the guest speakers who have taken time to come along to our meetings and have provided us with valuable information about a wide range of issues.
Finally, I would particularly like to thank Maureen Lockwood who has taken on the role of Chair on occasions when I have been unable to attend meetings due to family commitments, Carol Sherwood and LINks Development Officer Stephen Thomas for their ongoing help and support throughout the year.

Jean Hatch - Chair of Elders themed group

Mental Health

The last year has been clouded by the worsening economic situation and in particular the impact it has had on organisations delivering mental health services in the community sector at a time when the demand for such services is increasing.

However, it has been another active year, with a further event being organised and successfully delivered around Crisis Services. The event brought together all agencies and stakeholders involved in the organisation and delivery of Crisis Services in Hartlepool. It proved to be an effective networking and information dissemination session and the model has been adopted and followed in other parts of the Tees Valley as part of an ongoing review of crisis functions Tees wide.

An Enter and View visit was carried out at Stewart House. This piece of work is still ongoing as actions which have resulted from the recommendations of the visiting group are still ongoing. The visit has been recognised as being a positive and successful piece of work by all involved.

Representatives of both Hartlepool LINk and Hartlepool MIND attended an information and advice day at Finchale College which focused on a service which has been set up to help forces veterans who have mental health or associated problem. This was very informative and information from the event has been passed on to other organisations and useful links have been made which will be of benefit to forces veterans in the Hartlepool area in future.

A “Positive Living” event was held around the issue of dementia. The day was extremely successful with almost 40 delegates attending and subsequently some extremely important work around dementia has taken place within Hartlepool LINk which has been led by the Elders Group.

LINk members attended a” Mental Health in Hartlepool” event which was organised by Hartlepool Borough Council and focused upon key issues around service provision, consultation and involvement processes and the way forward. The day was well attended and a further meeting of this group is scheduled to take place in July.

Finally, I would like to thank everyone who has been involved in the work of the Mental Health group and in particular thank Terry Kelly and Stefan Wright from MIND for all their help and support and wish well in their new roles.

Zoe Sherry – Mental Health representative to LINk Executive

Training & Development

The following LINk members continued our commitment for continuous training and development in line with their role within Hartlepool LINk:

Introduction to Enter and View
Gordon Johnson
Stella Johnson
Stefan Wright

Margaret Metcalf
Jean Mckenna
Sylvia Tempest
Judy Gray
Brian Bailey
Evelyn Leck

Dementia Awareness

Phyl Rafferty
Ruby Marshall
Liz Fletcher
Zoe Sherry
Eucharia Anyanwu
Stella Johnson
Gordon Johnson
Evelyn Leck
Joan Steel
Brian Bailey
Val Crow
Margaret Goulding
Carol Sherwood
Jean Hatch
Margaret Wren
Marjorie Marley
Maureen Lockwood
Brenda Loynes
Margaret Metcalf
Judy Gray
Bob Steel
Stephen Thomas
Ron Foreman
Jean McKenna

Enter and View Refresher – Adult Safeguarding

Ruby Marshall
Stella Johnson
Gordon Johnson
Brian Bailey
Stephen Thomas
Margaret Goulding

Report Writing

Stella Johnson
Gordon Johnson
Judith Gray
Margaret Metcalf

Requests for information

Compliance:

All ‘Enter and View’ reports were responded to within the statutory 20 working days. Our reports in relation to Acute Care were utilised by the Care Quality Commission and were confirmed as a basis for their visits upon the Hospital site in Hartlepool when examining ‘Nutrition’ and ‘Dignity’. Hartlepool LINk also sought to engage with North Tees and Hartlepool NHS Foundation Trust and Tees, Esk & Wear Valley Mental Health Trust regarding their Quality Accounts.

Non-Compliance:

- Hartlepool LINk made no requests for information, which were not acted upon or failed to meet the statutory deadline.

Income and expenditure

HARTLEPOOL VOLUNTARY DEVELOPMENT AGENCY	
DEVELOPMENT AND ESTABLISHMENT OF LINk's	
INCOME EXPENDITURE REPORT 2011/12	
EXPENDITURE	
Staffing Cost	£ 56,479
Management/Training and Supervisory costs	£ 10,149
Office costs	£ 8,082
Ancillary Administration/overheads	£ 6,312
LINk participant expenses	£ 1,686
Communication costs/translation	£ 6,297
/accessibility of written materials/newsletter	
Development Outreach work	£ 1,874
TOTALS	**£ 90,878**
Brought forward form 2010-11	**£ 3,861**
Hartlepool Borough Council	**£ 90,474**
Carry forward to 2012/13	**£ 3,457**

The future and next steps:

2012 to 2013 will see our transition to Local HealthWatch what we hope will be our 'HealthWatch Hartlepool'. It is accepted that we have a great deal of work to do so that we can maintain the momentum of Hartlepool LINk yet be in a state of readiness to meet the challenges of Local HealthWatch. Our pathfinder is our primary focus in achieving this goal and much has already been achieved, which commenced with our Local HealthWatch modeling day. This gave us a focus for shaping the commissioning intentions that will meet the needs and aspirations of Hartlepool whilst narrowing the gap on health inequalities.

For this reason we have prepared documents to assist our transition i.e. a new Governance Framework and an Action Plan encompassing the themes of the Joint Strategic Needs Assessment.

HEALTH SCRUTINY FORUM

29 November 2012

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO THE JSNA TOPIC OF 'SEXUAL HEALTH' – EVIDENCE FROM THE PORTFOLIO HOLDER FOR ADULT AND PUBLIC HEALTH SERVICES AND THE YOUNG INSPECTORS - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that the Portfolio Holder for Adult and Public Health Services and the Young inspectors have been invited to attend this meeting to provide information in relation to the investigation into the JSNA topic of Sexual Health.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 23 August 2012, Members agreed the Scope and Terms of Reference for their forthcoming investigation into the JSNA topic of Sexual Health.

2.2 The Portfolio Holder for Adult and Public Health Services has been invited to attend this meeting (subject to availability) to share his views on the questions outlined below:-

(a) In your opinion, is the current level and quality of sexual health services meeting the needs of Hartlepool residents?

(b) What more could be done to raise awareness of the importance of good sexual health?

(c) What recommendations in relation to sexual health could be helpful in informing the development of the Health and Wellbeing and commissioning strategies?

(d) What other advice / information are you able to provide to this Forum, that would assist this scrutiny investigation?

2.3 The Hartlepool Young Inspectors carried out seven mystery shops at the One Life Centre in Hartlepool during November 2011. The overall conclusions were positive in terms of booking an appointment, the environment of the clinic and the skills and attitudes of the staff both reception and clinical. Some negative points were that people's names were called when the nurse was ready and this was felt to be a breach of confidentiality - a number system would ensure that confidentially could be maintained. Recommendations from the Young Inspectors included:-

- Mentioning confidentiality at the beginning of each consultation so that young people are reassured.
- Clinic times to be reviewed due to buses not operating in the evening and young people find it difficult to come back into the town centre.
- A drop-in clinic specifically for young people.
- There could be more to do when waiting for your appointment - TV could be on and magazines could be available[1]

2.4 The Young Inspectors will be in attendance at today's meeting to present their findings.

2.5 During this evidence gathering session, Members should be mindful of the Marmot principle 'Strengthen the role and impact of ill health prevention'.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Health Scrutiny Forum consider the evidence presented at this meeting and seek clarification on any relevant issues where required.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
e-mail: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

[1] Hartlepool Joint Strategic Needs Assessment

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Sexual Health – Scoping Report' Presented to the Health Scrutiny Forum on 23 August 2012.

(ii) Minutes of the Health Scrutiny Forum held on 23 August 2012.

(iii) Hartlepool Joint Strategic Needs Assessment - http://www.teesjsna.org.uk

YIYAT Inspection Report Template – Initial Inspection

Local support worker name: Andy Facchini		**Area:** Hartlepool
Young inspectors' names: Robert Maiden, Dylan Beresford, Shauna Hanley, Beth Hanley, Bianca Gascoigne, Leonie Chappel, Martin Burnside, Katie Bartle, Steph Dinoyios, Sam Holland		
Service inspected: One life centre (Sexual Health)		**Who requested the inspection? One life centre**
Name and contact details of the person who requested/commissioned the inspection: Andy Facchini YIYAT Co-ordinator IYSS Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ (01429) 523617		
Inspection start date: 7/12/2011	**Inspection end date: 7/12/2011**	**Report date: 10/11/2012**
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		

Observation(s) conducted? **Yes** **What/who was observed?** **The centre, facilities and staff** **How were observations recorded? Notes, photos** **What were the findings including strengths and areas for further development?** **See below**	**Interviews conducted? Yes** **What was the focus of the interviews? Mystery shop by inspectors** **Who was interviewed? N/A** **Individual or group interviews? N/A** **How were the interviews recorded?** **Notes** **What were the findings including strengths and areas for further development?**	**Surveys conducted? No** **What was the focus of the surveys?** **N/A** **Who were they given out to?** **N/A** **What type of survey was it – paper, electronic? N/A** **What were the findings including strengths and areas for further development? N/A**

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

– Making the appointments

When finding One life's contact details it was very easy as we just searched one life Hartlepool into the internet, and straight away all possible contact details we may need where found.

When calling the service whoever was working on reception didn't answer the first phone call I made, but they answered the phone the second time I called.

When I was speaking to whoever it was on reception over the phone they kept misunderstanding me when I said I only needed to make one appointment as we were going in together, and continued to make me feel patronized until I gave up and agreed that I needed two appointments.

Making the appointment was very straight forward, I got the number from the poster about the sexual health centre and rang up, the receptionist was very relaxed and kind although she did ask what I was going in for which I thought was breeching confidentiality, as it was not a question I would of liked to share the answer with the receptionist. I was asked what time and date I would like and it worked around my schedule which I thought was helpful. When I was at the one life sexual health clinic I went on to make 2 more appointments and was told I couldn't go on a Thursday because I was wanting to see the nurse about contraception and they didn't do it on the Thursday, although was offered a different time and date and the appointment was made.

When I phoned up the one life centre to make an appointment I used the number off the poster (01429) 285719, it was quick and easy and I got an appointment the next day, they where friendly on the phone.

We went back for our appointment and we had to wait 35 minutes to be seen even though there wasn't anybody else there when we arrived. The seating was ok and the colour scheme wasn't that bad. There was plenty of poster and leaflets to read while you where waiting. They had a radio playing while you waited but there wasn't a great deal of magazines/newspapers to read. The tv in the waiting area was switched off and it would have been nice to have it on.

– Phone call

The person on the phone didn't even ask me why I was making the appointment so would not of known what we were going into the sexual health clinic for.

We had to change our appointment times from 6.30pm to 2.30pm in order to accommodate our needs, yet when I rang and said both appointments needed changing it turns out she had only changed Beths and not martins, it was martin who was supposed to be getting condoms, which added an extra 30 minutes unnecessarily onto our waiting time.

When I rang up It didn't take long for the woman to answer, she was very polite and I got a suitable appoint for the next day. It was really easy and quick to make the appointment and the woman on the phone was very welcoming.

When I first phoned up I started telling her my request and what I was phoning for and it was the receptionist from the actual one life centre and not the sexual health services, however the number I had was the number from the poster for the sexual health service. However when I got put through to the sexual heath clinic the woman was helpful and give me an appointment for both of us for the next day at which times best suited us. I did find one thing uncomfortable in the phone call was they asked me what I was going to visit the nurse for because I didn't know who I was speaking to and it would be the actual nurse dealing with my problems, not the receptionist

- Consultation

When we were finally seen by the nurse she was very helpful and friendly, she asked us all of the appropriate questions and knew how to handle her self around young people, which was the same with the lady on the reception when we had to fill in our forms. The nurse asked us both if we were up to date on our Chlamydia test which was really helpful, however she didn't ask us if we wanted any other forms or any information on other forms of contraception. The

nurse didn't explain to us that the service was fully confidential.

When I went into the room the woman did not tell me that anything I said was going to be confidential after this the nurse asked me questions for example, how many times have I been sexual active in the last 2 weeks? I explained that I had come for some contraception and was given I bag of condoms but was Also asked do I want any other contraception?. At this point I asked if I needed to make a separate appointment to do a Chlamydia test but was told no and then the nurse told me where the toilet was and asked me to do my Chlamydia test and bring it back, she asked me if I needed help with anything else which I didn't and to phone up the sexual health clinic in 7 days for my results if I didn't hear anything.

When entering the room the woman was very kind and polite, she offered me and seat and made me feel comfortable straight away, I asked her if she could give me information about the contraceptive pill and me and my boyfriend where ready to have sex, she give me all the information I needed and answered any questions I had, she also gave me a leaflet and written a phone number in. she explained to me that if I needed any more advice or any emergency contraceptive if I rang that number they would help me. she also gave me information on other types of contraceptive just in case I would ever want to try them. she also explained that I should use condoms as they would protect me from STI's. In addition she also mentioned that my boyfriend could of came with me for support if I needed it. She told me that if my boyfriend had already had a sexual relationships before that it would be best that he got tested just in case he had any STI's, just to make sure that I wouldn't get one. She gave eye contact and also spoke in a way that I could understand. Furthermore she also asked me how I take my pill to make sure I was doing it correctly and gave me information about when I should take it and when I should stop. She also asked how long I had been on the pill and if I had any problems while being on it. She gave me a lot of advice, information and support.

When I was seen to the woman was very friendly, she gave me advice about the implant, however as a nurse I thought she would have the expertise and knowledge to tell me everything but she had to go and ask another nurse a question which I asked her, she then left me in a room with unlocked cupboards and draws with injections and medications in which in my opinion I thought was unprofessional. However she gave me a leaflet and lots of appropriate advice. I also got a screening test which I felt uncomfortable with somebody else doing and she give me the option to do the swab myself which I didn't know could happen until she made me aware of it because I was quite put off at somebody else doing because of what my friends had told me and that they had said it was uncomfortable. She gave me lots of advice and told me what would happen if I did or didn't have STI's or STD's and how I would be informed about it. She made me feel comfortable and was really helpful she also give me some condoms to take away with me for protection.

When I entered the room she wasn't very welcoming because she didn't greet me properly. She asked me if I had been there before and I replied no but had forgotten I had been there and then she cockily replied with 'yes you have you have been for a Chlamydia test.' she then carried on asking me questions and asked me a really personal question which I didn't think was necessary to ask so I declined to answer, which I received a mucky look in return. She then handed me the test and she explained to me what to do but I couldn't understand her as she never spoke clear English. I also did not know where the toilets where as

she didn't point it out which led me to go to the public toilets and walk past everyone again with the test in my hand. When I came back as I couldn't understand her properly I done the test wrong. I then asked her again to tell me how to do it properly and I asked her where the correct toilets where and she replied with 'I will show you, I couldn't be bothered to get of my chair last time.' After the second test I returned to the room and she told me about when I would hear from my test results and if I never heard back what to do so she gave me some advice but not all the advice I was looking for

The woman came out late, called out our names but didn't really greet us that well.
When we were actually in the consultation room it was very bright and tidy.
The woman then asked us what we were there for and we replied with, we just want some condoms. Then she gave us them, asked if we had any problems and also if we knew how to put them on.
She would have demonstrated if we didn't know after that we were free to go.

When I was next to see the nurse they shouted out my name to come in and I thought that was not very good as I may not of wanted people to know my name or if I was there. But when entering the room with the nurse she offered me a seat and I queried the information I was given at the desk about not being able to attend the centre on a Thursday for contraception and asked why, she said they did do it but there are very little nurses available on that day, and other days would have been fully booked. I was asked by the nurse if I would like and additional services before I went and took the pregnancy test, the nurse showed me where the toilet was, although there were also signs to point this out. When I got back she was very quick and sincere when dealing with the pregnancy test and didn't hesitate to tell me the results, she then asked if I would like any contraception or If I was already taking contraception. I answered her questions and I was directed out of the clinic and went home happy with the service.

– Accessibility

The One life service was very easy to access as it is right in the centre of town and has reasonable opening and closing times.

The service is very clean and welcoming to anyone no matter their problems.

We walked in and tried to see the sexual health nurse. We got told we had to make an appointment, so we did. When we where making the appointment there was no sense of confidentiality as we heard the staff talking about other people and commenting on them. When we where making the appointment we had to tell the receptionist our details out loud and everyone else could hear you saying them.

– Conclusion

To conclude we think the service is very accessible for all members of the public and is very clean and welcoming; also the staff were clearly well trained on how to deal with young people and couples.

When I attended the one life it was very easy to access as it is in the centre of the town and is not far from all bus stops so young people can travel to access the service. In the actual centre there was signs placed in clear view and directions so I knew where I was going. In the sexual health section it was very quiet and an enclosed area with quiet music played in the back ground. There was leaflets and posters placed all around the room and toys for children if they where with their parents to keep them occupied, and magazines to read if you where waiting to see the nurse.

I thought the service was very good, the woman at the counter was friendly, and seemed non judgemental. However when making a further 2 appointments I was told i couldn't receive contraception on the following Thursday as they didn't do it on those days. When I went to check in for my appointment I made the day before, the woman asked my date of birth, the last 3 digits of my phone number and if I had attended the service before, because I had I didn't have to fill out any forms and was directed to have a seat straight away.

There was a big sign saying what the service was and I also witnessed leaflets and flyers on show for young people to take away. When I visited the service the décor was young people friendly, the décor was plain but sill appealing to young people and also had a TV on the wall but was not switched on.

I think that the service is accessible as it is placed right in the middle of the shopping centre however the sexual health clinic on Monday and Wednesday isn't accessible as the buses' stop running at 6:00pm but this no fault of the service, but this could be took into consideration and times could be changed so young

people can access the service.

Overall I think the service was easy to book an appointment and feel that the staff on the phone and also at the sexual health clinic were welcoming. It was clear to see what the service offered and was also leaflets and information to take away. I feel the décor was nice and would not change it but would have been good if the TV was turned on. The location of the place is accessible but as the buses now stop at 6:00pm this will become a barrier to people attending after this time. I feel the nurse who I seen was knowledgeable and friendly but would have felt more comfortable if confidentiality was mentioned at the start.

There where many posters and leaflets available for you to read while waiting. There where kids toys also available so people could come with their children and they would be amused. There was music playing and magazines for people to read while waiting, the music and magazines where also young people friendly, the decoration was very young people friendly and was appealing, there was a T.V on the wall however it wasn't switched on.

When entering the one life it was very easy to see where it was due to the amount of signs. However we noticed that the drop in time started at 6, the number 6 bus stops at half 6 so this wouldn't be accessible for some people. The location however is very accessible as it is in the middle of the town where many bus routes do go to. Also the T.V in the clinic was also turned off, some information could be put on the television for people to read while waiting. When I was greeted the woman was very friendly and give me a form to fill out, when I couldn't fill out, or didn't understand parts of the form she was happy to help and give me support while completing it. However I unfortunately had to wait 15 minutes even though I had made an appointment.

Overall I believe that the service is very welcoming and young people friendly, the staff where friendly and caring and knew what they where talking about. It was really easy to make an appointment and to find the clinic. During my consultation the woman didn't mention anything about confidentiality and I would of felt a bit more comfortable if it was mentioned beforehand. The leaflets and posters where very young people friendly and easy to understand and they were available to look at and to read. Due to the bus times the drop isn't as accessible to some people and could stop people from coming.

Overall I think that the service is welcoming in some manners and was very helpful, they have lots of information leaflets to give out and lots of advice for young people. Some of the members of staff make you feel comfortable and welcoming, and a minority don't in others opinions. All in all we were pleased with our visit in some ways and I would definitely go back again, there is some improvements to be made.

I think that the number system should be put back into place because we didn't like the fact that our names got called out in front of everyone as it makes you feel uncomfortable in front of other people. Another recommendation I would say is some of the nurses should speak a bit clearly and explain instructions better and show their patients where to go.

When we arrived we asked the woman at the information desk where the sexual health clinic was and she told us clearly.
There were also signs saying where it was.
In the waiting room there could have been a bigger variety of things to read as there was very little of magazines.

There was a big lack of confidentiality which needs to be sorted out, because some people are insecure. Staff should keep to their appointment times so that there isn't a big delay at the end of the day.

To conclude the service, it is okay but we think that the times need to be kept to and staff need to be more confidential with information.

– Recommendations

As young inspectors we recommend you to make sure the people on reception have set questions they must ask when people phone up to make appointments, and they try their hardest not to make the person on the other end of the phone feel uncomfortable.

We also recommend that the nurses offer every single thing they can do even if a person going for a Chlamydia test could then be offered other forms of tests or contraception, not saying they may need it, however it is always good to have the option incase needed.

We also recommend that each nurse explains to every person who uses the service that it is 100% confidential unless the nurse needs to take things a step further.

A recommendation would be to be given a number when you check in instead of your name being shouted out for everyone to here. I would also recommend the nurses to mention that they have to keep confidentiality unless they need to break it, as I feel that would put you at more ease in speaking with the nurse.

Consider changing the opening times to accommodate young people who do not drive by not closing at 3:00pm on a Monday & Wednesday and staying open up to 6:00pm so people can still access the service via public transport

When entering the clinic the T.V was turned off, I would recommend to put some information on the T.V that people can read while waiting. I also think that when people make an appointment their waiting time should be at a minimum and they should not have to wait long. I would also consider mentioning confidentially during the consultation to make young people feel more comfortable about talking about their situations. I would also recommend changing the drop in times to make them more accessible to young people, maybe change them to times where the buses are still running so people can still attend the drop in service.

There should be a variety of magazines/newspapers to read.

The TV should be on with information on the screen.

When making an appointment you should be able to fill the form out your self just incase you do not want your information to be over heard by other people.

HEALTH SCRUTINY FORUM

29 November 2012

Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

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1. PURPOSE OF REPORT

1.1 To provide the opportunity for the Health Scrutiny Forum to consider whether any item within the Executive's Forward Plan should be considered by this Forum.

2. BACKGROUND INFORMATION

2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Executive's Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made.

2.2 This would not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 As Members will be aware, the Scrutiny Co-ordinating Committee has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, Scrutiny Co-ordinating Committee monitors the Executive's Forward Plan and delegates decisions to individual Forums where it feels appropriate.

2.4 In addition to this, the key decisions contained within the Executive's Forward Plan (December 2012 – March 2013) relating to the Health Scrutiny Forum are shown below for Members consideration:-

DECISION REFERENCE: CE46/11 – Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle' Nature of the decision

Key Decision - Test (ii) applies

Background
Following a review Cabinet has agreed the future approach of the Local

Authority to community and stakeholder involvement and engagement and the Local Strategic Partnership, including theme partnerships at their meeting on 18th July 2011. This was previously in the Forward Plan as decision reference CE43/11.

At the end of June the Government responded to the NHS Future Forum report. In their response they outlined that as the statutory Health and Wellbeing Board "discharges executive functions of local authorities'" it should operate as equivalent executive bodies do in local government. At the time of Cabinet agreeing the future approach it was unclear exactly what this meant and the implications that this would have on the structure proposed. In response some decisions were requested to be made 'in principle' and that these would be confirmed once guidance was issued on the implementation of the statutory Health and Wellbeing Board.

At their meeting on 15th August 2011 Cabinet agreed for a shadow Health and Wellbeing Board to be established by the end of September 2011. This shadow Board will develop into the statutory Health and Wellbeing Board which is expected to be established by April 2013.

The Health and Social Care Bill, which sets out the statutory requirement to introduce a Health and Wellbeing Board, has now completed its passage through Parliament. It received Royal Assent on 27th March 2012 and has now become an Act of Parliament i.e. the proposals of the Bill have become law.

Consultation on the Secondary Legislation which will set out the technical regulations for Health & Wellbeing Boards closed on 29th June 2012. The publication of the Statutory Guidance on Health and Wellbeing Boards is therefore expected in the near future.

The 'in principle' decisions related to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership. It is these decisions that are the subject of this Forward Plan entry. They will be confirmed or reviewed dependent upon the guidance issued for the statutory Health and Wellbeing Board.

Who will make the decision?

The decision will be made by Cabinet however some elements will require Council agreement for changes to the Constitution.

Ward(s) affected

The proposals will affect all wards within the Borough.

Timing of the decision

At the Cabinet meeting on 18th July 2011 it was agreed that a further report would be brought to Cabinet once the statutory Health & Wellbeing Board guidance had been issued. If the 'in principle' decisions that Cabinet have taken are unaffected then they will be agreed for implementation. If those 'in principle' decisions are affected then Cabinet will be asked to consider alternative proposals which reflect the new position. It is expected that the guidance will be published in the near future and a report will be taken to Cabinet following the publication date. This is not expected to be until February 2013. The detailed timescales for this are currently unclear and may be subject to change.

Who will be consulted and how?
Cabinet will be asked to consider the implications of guidance on the development of the statutory Health and Wellbeing Board on the 'in principle' decisions relating to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership.

Information to be considered by the decision makers
Cabinet will be presented with detail from the guidance on the development of the statutory Health and Wellbeing Board and how this will impact, if at all, on the 'in principle' decisions that they made on 18th July 2011.

How to make representation
Representation should be made to:
Andrew Atkin, Assistant Chief Executive, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 523003.
Email: Andrew.atkin@hartlepool.gov.uk
Catherine Frank, Performance & Partnerships Manager, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 284322.
Email: catherine.frank@hartlepool.gov.uk

Further Information
Further information can be obtained from Catherine Frank, as above.

DECISION REFERENCE: CAS138/12– ESTABLISHMENT OF HEALTH AND WELLBEING BOARD
Key Test Decision (ii) applies

Nature of the decision
To seek approval to establish a Health and Wellbeing Board. The Health and Social Care Act 2012 requires local authorities and key partner agencies to establish a Health and Wellbeing Board. The key functions of this board will be to develop a Joint Strategic Needs Assessment, a Health and Wellbeing Strategy and work collectively to commission services.

Who will make the decision?
The decision will be made by Cabinet

Ward(s) affected
All wards

Timing of the decision
The decision will be made on March 2013

Who will be consulted and how?
Scrutiny, Cabinet and Key partner agencies, including the Clinical Commissioning Group.

Information to be considered by the decision makers

Previous Cabinet paper on Shadow Health and Wellbeing Board August 2011.

How to make representation
Representations should be made to Louise Wallace, Director of Public Health, Civic Centre, Victoria Road, Hartlepool, TS24 8AY. Telephone 01429 284030, e-mail: louise.wallace@hartlepool.gov.uk

Further information
Further information can be sought by contacting Louise Wallace as above.

2.5 A summary of all key decisions is listed below:-

TIMETABLE OF KEY DECISIONS

Decisions are shown on the timetable at the earliest date at which they may be expected to be made.

1. DECISIONS EXPECTED TO BE MADE IN DECEMBER 2012

CE 44/11 (page 9) Workforce Arrangements Cabinet / Council
CE 53/12 (page 14) Localisation of Council Tax Support – Consultation Proposals Cabinet / Council
CE 54/12 (page 16) Local Welfare Support / Social Fund Localisation Cabinet / Council
CAS 131/12 (page 23) Schools' Capital Works Programme 2012/13 (Phase 3) Portfolio Holder
CAS 133/12 (page 24) Hartlepool Playing Pitch Strategy Cabinet
CAS 135/12 (page 25) Reablement Strategy 2012-15 Cabinet
RN 13/09 (page 37) Disposal of Surplus Assets Cabinet / Portfolio Holder
RN 70/11 (page 39) Innovation Fund Cabinet
RN 89/11 (page 41) Former Brierton School Site Cabinet / Portfolio Holder / Council
RN 90/11 (page 43) Mill House Site Development and Victoria Park Cabinet / Council
RN 98/11 (page 45) Acquisition of Assets Cabinet / Portfolio Holder / Council
RN 5/12 (page 49) Seaton Carew Development Sites – Results of Joint Working Arrangement with Preferred Developer Cabinet
RN 10/12 (page 51) Acquisition of the Longscar Building, Seaton Carew Portfolio Holder
RN 18/12 (page 55) Leasing of land to a Wind Turbine Developer for the erection of wind turbines on land at Brenda Road Cabinet
RN 22/12 (page 59) Choice Based Lettings Policy Review 2012 Cabinet
RN 25/12 (page 61) Gambling Act – Statement of Licensing Principles Council
RN 26/12 (page 62) Review of Waste Management Services Cabinet
RN 30/12 (page 66) Community Pool 2013/14 Cabinet
RN 31/12 (page 68) City Deal Cabinet / Council
RN 32/12 (page 70) Empty Property Purchasing Scheme – Local Authority Flexible Tenancies Cabinet

RN 36/12 (page 78) Landlord Accreditation Cabinet
RN 38/12 (page 81) Community Energy Collective Switching Cabinet

2. DECISIONS EXPECTED TO BE MADE IN JANUARY 2013

RN 74/11 (page 40) Former Leathers Chemical Site Cabinet
RN 99/11 (page 47) Community Infrastructure Levy Cabinet
RN 11/12 (page 53) Public Lighting Strategy Portfolio Holder
RN 20/12 (page 57) Selective Licensing Cabinet
RN 27/12 (page 64) Coastal Communities Fund Round 2 Application Portfolio Holder
RN 33/12 (page 72) High Street Innovation Fund Portfolio Holder
RN 34/12 (page 74) Adoption of the Review of the Long Term Coastal Management Strategy covering the frontage from Crimdon to Newburn Bridge Cabinet / Council
RN 35/12 (page 76) European Commission 'Youth Guarantee Scheme' Cabinet

3. DECISIONS EXPECTED TO BE MADE IN FEBRUARY 2013

CE 46/11 (page 11) Review of Community Involvement & Engagement (including LSP Review) : Update on decisions taken 'in principle' Cabinet / Council
CAS 129/12 (page 21) Collaboration in Child and Adult Services Cabinet / Council
CAS 136/12 (page 26) Updated Child Poverty Strategy and Action Plan Cabinet
CAS 137/12 (page 28) Health and Wellbeing Strategy Cabinet / Council
RN 37/12 (page 80) Early Morning Alcohol Restriction Order Council
RN 39/12 (page 83) Town Wall Coastal Works: Construction of set-back flood defence wall and associated works Cabinet
RN 40/12 (page 85) Review of Concessionary Fare Payments to Bus Operators for 2013-2014 Cabinet

4. DECISIONS EXPECTED TO BE MADE IN MARCH 2013

CAS 106/11 (page 19) Priority Schools Building Programme Cabinet
CAS 138/12 (page 29) Establishment of Health and Wellbeing Board Cabinet
CAS 139/12 (page 30) Provision for Pupils with Moderate Learning Difficulties Portfolio Holder

2.6 Copies of the Executive's Forward Plan will be available at the meeting and are also available on request from the Scrutiny Team (01429 5236437) prior to the meeting.

3. RECOMMENDATIONS

3.1 It is recommended that the Health Scrutiny Forum:-

(a) considers the Executive's Forward Plan; and

(b) decides whether there are any items where value can be added to the decision by the Health Scrutiny Forum in advance of the decision being made.

CONTACT OFFICER – Laura Stones – Scrutiny Support Officer
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BACKGROUND PAPERS

The following background paper was used in preparation of this report:

(a) The Forward Plan – (December 2012 – March 2013)

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

10th September 2012

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

The Mayor, Stuart Drummond - In the Chair

Statutory Members

Councillors: Councillors: Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder)
John Lauderdale (Adult and Public Health Services Portfolio Holder).

Jill Harrison, Assistant Director, Adult Social Care
Louise Wallace, Assistant Director, Health Improvement

Non Statutory Members: -

Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust
David Turton, District Manager, Cleveland Fire Authority

In attendance as substitute:-

David Brown as substitute for Martin Barkley, Tees, Esk and Wear Valley NHS Foundation Trust
Denise Ogden as substitute for Dave Stubbs, Hartlepool Borough Council
Iain Caldwell as substitute for Keith Bayley

Also Present:

Ian Wolstenholme, Local Authority & Criminal Justice Partner Liaison Officer, Cleveland Police Authority
Tracy Woodall, VCS representative
Andy Graham, Public health registrar

Officers: Amanda Whitaker, Democratic Services Team Manager

82. Apologies for Absence

Councillor Paul Thompson, Finance and Corporate Services Portfolio Holder, Sally Robinson, Assistant Director, Prevention, Safeguarding and Specialist Services, Chris Willis, Chief Executive, NHS Hartlepool
Nicola Bailey, Acting Chief Executive
Keith Bayley, HVDA
Martin Barkley, Chief Exec, Tees and Esk Valley NHS Trust
Simon Featherstone, Chief Exec, North East Ambulance Service
Dr Paul Pagni, Clinical Commissioning Group
Dave Stubbs, Director of Regeneration and Neighbourhoods

83. Declarations of interest by Members

None

84. Minutes of the meeting held on 30th July 2012

Confirmed

85. Public Health Funding Response

Further to minute 79, the Director of Public Health advised that a response had been submitted to the Department of Health, from the Local Authority and through NHS routes, expressing concern at the implications of a potential for a reduction in Public Health funding. A response had been submitted also from the Association of North East Councils in terms of the implications for the region.

Decision

The update was noted.

86. Health and Wellbeing Consultation

Further to minute 80, the Director of Public Health provided an update on the consultation process for the Joint Health and Wellbeing Strategy. It was noted that the consultation included an online survey and a health priorities exercise which was being conducted at various locations in the town. A face the public event had also been held. Elected Members of the Council had been contacted in relation to ward priorities and features had been included in the local press.

Following the conclusion of the consultation period, outcomes would be considered. A report would be submitted to the next meeting of the Shadow Board proposing a process for identifying priorities for health and wellbeing in Hartlepool, on which to base the Hartlepool Joint Health and Wellbeing Strategy. Reports would be submitted also to various other decision making bodies.

Decision

The update was noted.

87. Local Government Association Offer to Health and Wellbeing Boards

Further to minute 76, the Director of Public Health referred to an opportunity for Shadow Board Members to attend a Health and Wellbeing Board Simulation Event in Manchester on 26 September.

Whilst recognising that statutory guidance had not yet been received, issues relating to development of the Board were discussed.

Decision

The update was noted.

88. Clinical Commissioning Group Authorisation Process

It was noted that apologies had been submitted on behalf of Clinical Commissioning Group (CCG) representatives who were unable to attend the meeting due to unforeseen circumstances. An update was, therefore, provided by the Director of Public Health on the CCG Authorisation Process. A number of senior appointments had been made nationally. As reported to the last meting of the Shadow Board, Cameron Ward had been appointed to the Durham and Tees Local Area Team and staffing structures were expected to be announced in due course.

A copy of the draft Clear and Credible Plan would be submitted to the next meeting of the Shadow Board to ensure consistency with the Joint Health and Wellbeing Strategy.

Decision

The update was noted.

89. Interaction between Shadow Board and Police Commissioners Officer

Ian Wolstenholme, Local Authority & Criminal Justice Partner Liaison Officer, presented a report which highlighted the opportunities and requirements of the office of the Police and Crime Commissioner to work

with and pay regard to Health and Wellbeing Boards. The report set out areas of commonality and identified areas of partnership working. In view of the complexity of funding structures, the advantages of joint commissioning and partnership working were highlighted. It was concluded that participation with the Health and Wellbeing structure could play a pivotal role in informed service provision.

Members of the Shadow Board sought clarification on issues which had been highlighted by the report. Concern was expressed regarding the potential implications of the allocation of funding streams to Police and Crime Commissioners. The Shadow Board was advised that in relation to the Early Interventions Grant, only the element of the grant relating to youth offending would be allocated to Police and Crime Commissioners. In terms of Community Safety Partnership Funding, the Mayor explained the current approach to allocation of funding.

Decision

The update was noted.

90. Stay Safe and Warm Campaign 2012-2013

Details of the Stay Safe and Warm Campaign 2012-2013 had been circulated to members of the Shadow Board. Jill Harrison, Assistant Director, Adult Social Care provided further details of the Campaign at the meeting. The Scheme was led by Cleveland Fire Brigade and supported by local statutory members of the Teeswide Safeguarding Vulnerable Adults Board. The annual campaign aimed to raise awareness of the dangers faced by people who struggled to keep warm during the cold months and to highlight the help and support available to them. Case Studies had shown some excellent case studies and benefits to those who had used the service.

It was highlighted that although this year's campaign would commence on 3 October 2012 and operate until 31 March 2013, Cleveland Fire Brigade would offer assistance with heating and fire safety matters throughout the year.

Board Members spoke in support of the Campaign. Discussion took place regarding the availability of resources to support the Campaign and the potential increase in demand arising from changes in the benefits system. Board Members noted that link with hospital discharges had been established previously and was currently being considered with Trust community staff.

Following a suggestion made at the meeting, a link to the Campaign with free cavity wall and loft installation initiatives would be considered.

It was noted that a report would be submitted to the next meeting of the

Shadow Board relating to the Cold Weather Plan.

Decision

That further update reports on the Campaign be submitted to the Shadow Board.

91. Regional Assurance Framework

The Director of Public Health provided the Shadow Board with assurances in relation to attendance at regional group meetings for the workstream on Health and Wellbeing Boards across the North East. The Shadow Board agreed that the Director should continue to complete surveys on behalf of the Board.

Decision

The update was noted.

92. Health Protection Agency Annual Report

The Director of Public Health highlighted the production of the Health Protection Agency Annual Report. Reference was made to the presentation which had been made by Health Protection Agency at a previous meeting of the Shadow Board when key health protection issues had been discussed.

Decision

The update was noted.

93. Joint Strategic Needs Assessment (JSNA)

(i) JSNAs and Joint Health and Wellbeing Strategies – Draft Guidance – Proposals for Consultation

(ii) Presentation by Director of Public Health on JSNA Refresh

Proposals for consultation, produced by the Department of Health, had been circulated to members of the Shadow Board. The statutory guidance explained duties and powers for Health and Wellbeing Boards in relation to JSNAs and Joint Health and Wellbeing Strategies. The document included a number of consultation questions. It was noted that the consultation was running from 31 July 2012 to 28 September 2012. The Board agreed that there was nothing new for Hartlepool processes in the Guidance that justified forwarding a response from the Shadow Board. However colleagues were urged to continue to consider the JSNA as part of their work.

The Director of Public Health provided a demonstration of the web based JSNA (www.teesjsna.org.uk). Members of the Shadow Board acknowledged that details included on the site would be fundamental to developing the Joint Health and Wellbeing Strategy together with the outcomes of the current consultation exercise. It was recognised, therefore, that it was essential for the Board to take ownership of the website and to ensure information was updated regularly.

Decision

The update was noted.

94. Mental Health and Wellbeing
(i) Mental Health and Social Care
(ii) Mental Health and Health Services
(iii) Voluntary Sector Perspective

Jill Harrison, Assistant Director, Adult Social Care made a presentation on mental health services from a social care perspective. The Board was advised of key issues and was informed that Hartlepool has a 40% greater need in relation to mental illness compared to England. In 2010, 2,274 people had accessed secondary mental health services compared to 5.2% for the North East and 5.1% for England. The number of people with mental illness is predicted to remain at similar levels over the next 15 years but would increase by 30% for dementia and depression in older people. It was highlighted that mental ill health was linked with inequality and deprivation (Marmot 2010). It was noted also that Hartlepool has higher than average levels of long-term unemployment, deprivation, drugs use and alcohol related harm.

In terms of data specifically relating to Hartlepool, Members of the Board were advised that 700 people were on mental health registers with serious mental illness and approximately 2,200 were accessing secondary mental health services. There were 9,000 people with common mental disorders and 1,030 people with dementia. The Child and Adult Mental Health Service (CAMHS**)** had received 600 referrals in 2011 which was a 7% increase from 2010. Other key data for Hartlepool was highlighted including percentage in settled accommodation (80%), employment (8.7%), residential/nursing placements (43) and personal budgets. It was noted that Hartlepool Borough Council contributed approximately £2 million and Tees Esk and Wear Valley Trust contributes approximately £4million including direct inpatient services. Average allocated spend for mental health per head is £216 (compared to England average of £182). Improving Access to Psychological Therapies was well used with a recovery rate of 79%. The Assistant Director concluded her presentation with details of the focus on JSNA 2012-2014 in terms of mental health services.

Following the presentation Board Members discussed issues which had been raised including clarification of the reference to 'recovery rate'. The potential impact of changes to the benefits system, in terms of mental health, was highlighted together with the possibility of a role for the Police Commissioner in terms of commissioning mental health services.

The Shadow Board also received a presentation from David Brown, Tees Director of Operations, on key issues affecting mental health services from a NHS provider perspective. The presentation covered background information in relation to the geographic spread of the Tees, Esk and Wear Valleys Trust, the services provided and facts and figures relating to population, employment and finance affecting the Trust. The presentation also included details of the 2012/13 Operating Framework for the Trust in terms of the Financial Framework and Service Issues. The top 10 priorities for the Monitor Plan were highlighted. In summary, key issues were identified including improving quality of services, patient experience, patient outcomes, GP feedback, staff morale and development, meeting expectations of stakeholders and reducing costs. Discussion followed in relation to issues associated with patients not attending appointments.

The Voluntary Sector perspective was presented by Iain Caldwell from Hartlepool and East Durham Mind. The current context for the voluntary sector was set out in terms of issues associated with Any Qualified Provider, Multiple competing providers, reduction in funding grants, Social Care dis-investment and the establishment of the Clinical Commissioning Group. The impact on the voluntary sector of strategic partnerships, mergers and takeovers was presented together with the impact of the reduction in 'informal partnerships', the closure of small to medium voluntary sector, management of risks and the change of culture from patients/clients to customers. Further impacts were highlighted in terms of innovation, business approach and identification of new funding streams. Board Members were also advised of details of World Health Mental Health Day and highlighted that an event had been organised to take place at the Historic Quay on 10th October. In response to clarification sought from a Board Member, Mr Caldwell clarified the event aimed to raise awareness of mental health issues, launch new initiatives, provide details on availability of services and raise the profile of mental health issues.

The risks for small voluntary groups were highlighted and the view was expressed regarding the potential for groups to act as a consortium. Concerns were expressed that specialist services could potentially be lost which are not picked up elsewhere.

The Shadow Board was advised that mental health collaboration commenced that week to improve dementia services. The importance of working together was highlighted together with crisis intervention issues.

Decision

The presentations were noted.

95. Future Agenda Items

It was agreed that the dementia initiative should be included on a Shadow Board agenda early in the new year.

The meeting concluded at 11.55 a.m.

CHAIR

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

1 October 2012

The meeting commenced at 9.00 am in the Civic Centre, Hartlepool

Present:

Dr Paul Pagni, Clinical Commissioning Group - In the Chair

Statutory Members: -

Councillors: Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder)
John Lauderdale (Adult and Public Health Services Portfolio Holder).

Nicola Bailey, Acting Chief Executive
Dave Stubbs, Director of Regeneration and Neighbourhoods
Jill Harrison, Assistant Director, Adult Social Care
Louise Wallace, Assistant Director, Health Improvement
Christopher Akers-Belcher, Hartlepool LINK Co-ordinator

Non Statutory Members: -

Alan Foster, Chief Exec, North Tees and Hartlepool NHS Foundation Trust
Martin Barkley, Chief Exec, Tees and Esk Valley NHS Trust

Also Present:

Dr Andy Graham, Public Health Registrar
Ali Wilson, NHS Tees / Clinical Commissioning Group
Sarah Bowman, Acting Consultant in Public Health

Officers: -

Catherine Frank, Performance and Partnerships Manager
David Cosgrove, Democratic Services Team

96. Apologies for Absence

The Mayor, Stuart Drummond, Councillor Paul Thompson (Finance and Corporate Services Portfolio Holder), Margaret Wrenn, Hartlepool LINK Chair, Chris Willis, Chief Executive, NHS Hartlepool, Nicola Fairless, Chief Executive, North East Ambulance Service

97. Declarations of interest by Members

None.

98. Minutes of the meeting held on 10 September 2012

Deferred to the next meeting of the Board.

99. Draft Health and Wellbeing Strategy (*Director of Public Health*)

The Director of Public Health and the Acting Consultant in Public Health presented to the Board the Draft Hartlepool Joint Health and Wellbeing Strategy 2013-2018. Copies of the draft strategy document were tabled at the meeting. The draft strategy would also be considered by the Clinical Commissioning Group (CCG) and Cabinet; Cabinet would also refer the strategy to Scrutiny.

The document presented to the meeting contained feedback from the recent eight-week consultation period and a further paper was tabled at the meeting setting out the responses received during the consultation process. The consultation feedback had influenced the key strategic priorities and objectives and the document also reflected the Council's adoption of the Marmot Principles.

A further report would be submitted to the Board meeting scheduled for 22 October which would look to the establishment of the key priorities.

Board Members noted that the consultation feedback was heavily weighted towards prioritising key services to children. Officers indicated that this outcome could be expected when some of the consultation venues were children's centres but it was also a clear outcome from other consultation venues as well. It was also noted that there was a high level of response prioritising parenting skills. There was also comment made that tackling issues around employment had the knock-on effect of dealing with many of the issues surrounding child poverty and they should not be ignored in any targeting of priorities towards improving children's start in life.

The Board also discussed the general issue a round budget constraints and the effect these may have on the implementation of the finalised strategy. The strategy had a five-year lifespan yet none of the partner organisations that would be delivering the strategy had knowledge of their budgets much beyond the next two years. It was understood that the local authority funding would be ring-fenced for the first two years but what would happen after that was still unknown. The Acting Chief Executive indicated that indicative budgets would be available in early December but definitive budgets would not be known until mid-February.

The reflection of the Marmot Principles was welcomed and while the consultation outcomes were quite clear, what was not known was how these would/could affect the operation of services. The full range of services would still need to be delivered and there would need to be further 'conversations' with the public in how that service delivery and their priorities could align.

The Board welcomed the draft strategy document and the Director of Public Health thanked the officers involved in the development of the document and the consultation exercise. The next meeting would look to the identification of priorities for the next stages of the strategy's development

Decision

That the Draft Hartlepool Joint Health and Wellbeing Strategy 2013-2018 be received.

The meeting concluded at 9.45 a.m.

CHAIR

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
8th October, 2012

PRESENT:-

Representing Darlington Borough Council:
Councillors Newall (in the Chair), H Scott and J. Taylor.

Representing Hartlepool Borough Council:
Councillors Fisher and Hall.

Representing Middlesbrough Council:
Councillor Dryden.

Representing Stockton-On-Tees Borough Council:
Councillors Wilburn and Mrs M. Womphrey.

APOLOGIES – Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Cole and Mrs Pearson (Middlesbrough Council), Councillor Carling and Mrs Wall (Redcar and Cleveland Borough Council) and Councillor Javed (Stockton-On-Tees Borough Council).

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), L. Stones (Hartlepool Borough Council), J. Ord (Middlesbrough Council), M. Ameen (Redcar and Cleveland Council) and P. Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

Stephen Childs, Managing Director, North East Commissioning Support;
Sarah Ferguson, Senior Delivery Manger Designate, Hambleton, Richmond and Whitby Clinical Commissioning Group;
Jill Moulton, Director of Planning; Dr Ruth Robson, Consultant, Children and Adolescent Services and Associate Medical Director and Fran Toller, Divisional Manager, Women and Children DivisionSouth Tees NHS Foundation Trust.
Mr Bob Aitken, Consultant Obstetrics and Gynaecology and Clinical Lead; Tracy Hardy, Associate Chief Operating Officer and Edmund Lovell, Associate Director Commissioning and Marketing, County Durham and Darlington NHS Foundation Trust.

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

16. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

17. NOTES – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 10th September 2012.

AGREED – That the Notes be approved as a correct record.

18.NORTH EAST COMMISSIONING SUPPORT – The Managing Director Designate, Stephen Childs, North East Commissioning Support introduced a PowerPoint presentation providing the meeting with a brief background and status of the North East Commissioning Support (NECS), details around the transition to a Customer Focus Business; the lines of accountability and timeline, risks and challenges ahead. It was confirmed that Primary Care Trusts (PCT) would handover to Local Area Teams from 1st October 2012 and the lead for the Durham and Darlington/Tees Valley Team is Cameron Ward. There is one Commissioning Support Unit for the whole of the North East and Clinical Commissioning Groups (CCG) are able to freely choose a provider of commissioning support and there are memorandums of understanding in place with CCG Customers and the four PCT Clusters.

Mr Childs explained the three Strategic Aims to be a sustainable and profitable business, to create loyal customers delighted with excellent services and to make NECS an inspiring and fulfilling place to work. He outlined the unique selling points of NECS including providing local, specialist knowledge and technical expertise, expert powerful influence through strong local relationships, build tailored business intelligence systems, deliver system wide quality improvement and an expert, nationally recognised healthcare procurement service. Mr Childs added that the difficulty would be changing the mind set of staff to a customer focused organisation and provide details of the transition programme.

It was noted that the Managing Director Designate of NECS accounted in person to the PCT Chief Executives at their formal monthly meetings and produce reports of delivering transition. Accountability for Transition to PCT include informal updates on progress to be reported and independent assurance being sought from DH Business Development Unit continuous assessment (Balanced scorecard from July 2012). With regards to the accountability for delivery to PCT, the NECS Link Director and Operational Locality Lead account to the nominated PCT Cluster Director on a monthly basis. There is a draft memorandum of understanding in place and key performance indicators and closed down responsibilities will commence from July 2013. Accountability for delivery to CCGs involves the NECS Link Director and Operational Locality Lead being account to the nominated CCG AO designate/Lead GP on a monthly basis. There is a memorandum of understanding in place and service specifications. Key performance indicators are in development and will be superseded by formal contract from 1st April 2013.

Mr Childs outlined NECS key challenges being managing the day job, preparing for mobilisation, cost improvement and investment plans, preparing for hosting (governance etc.), business expansion opportunities, strategic partnerships/joint commissioning, supporting public health, growing threat of competition and preparing for ‘externalisation’ (independence).

Members queried the relationship that NECS would have with Overview and Scrutiny Committees and North East Primary Care Services Agency. Members were surprised to hear that NECS contracts is only for 18 months and expressed concern how that would impact on CCGs decision to commission some of NECS services.

AGREED – (a) That the Managing Director Designate be thanked for attending the meeting; and

(b) That a further update be received in six months' time.

19. OPTIONS FOR PAEDIATRIC AND OBSTETRIC SERVICES AT THE FRIARAGE HOSPITAL, NORTHALLERTON – The Director of Planning, South Tees Hospitals NHS Foundation Trust submitted a report (previously circulated) briefing Members on the options for paediatric and obstetric services at the Friarage Hospital, Northallerton. The report also addressed Members concerns at the impact the decision would have on James Cook University Hospital (JCUH).

The Director of Planning Jill Moulton, reassured Members that the Trust in making the case for change to services at the Friarage, was very conscious of the need to ensure that services offered at James Cook Hospital would not be adversely affected and considered in detail the number of patients likely to seek their services from JCUH and other hospitals in future and the implication of the change for staffing and facilities. It was noted that the Trust is facing challenges in staffing its paediatric and maternity departments in a way which meets increasingly stringent standards on a consistent basis. The pooling of medical staff which will occur from the changes being consulted on will place the Trust in a stronger position to recruit, retain and deploy staff appropriately across both sites.

Ms Moulton reported that it was difficult to estimate the increased patient flow at James Cook Hospital as a result of the proposed changes and assumptions had been made based on travel times to the nearest hospital and other factors which might influence patient choice. Staffing numbers at James Cook Hospital would also be increased to cope with the transfer of activity. The paediatric and obstetric departments at James Cook Hospital deal with high volumes and the change in activity proposed is comparatively small in relation to total activity, however, there would be a transfer of medical and nursing staffing establishment from the Friarage to ensure that extra activity is safely managed and that patient experience is not compromised.

Ultimately some physical changes would need to be made to James Cook Hospital to deal with the increase in patient numbers and the Trust is working up plans for areas to provide the additional space required. It was reported that the estimated annual costs of the capital investment needed were taken into account when costs for each option were prepared.

The additional requirement for car parking at James Cook Hospital would be small but the Trust recognised that concerns about parking add considerably to the stress of a hospital visit. Plans are being developed with Middlesbrough Council to increase the number of car parking spaces available on site for patients (and for staff) and it is hoped that implementation will begin in 2013.

Mrs Toller responded to questions on the training of doctors, explaining the complexity of the current arrangements by which the Royal Colleges attempt to balance the number of doctors being trained against the number of consultant posts available..

In response to a question from a Member, it was noted that the Friarage Hospital is one of the smallest maternity units on the country.. It was noted that maintaining the safety standards at the Friarage was becoming difficult and based on the low numbers of women seen it would become difficult to sustain the skills set of consultants over the long term, based on the number of births. It was acknowledged that it was difficult to

sustain and apply national standards in small hospitals, as it was difficult to recruit, maintain competencies and skills, ultimately this would impact on safety standards and put patients at risk. Investment in more doctors would not address these issues. It was noted that the Friarage has maintained standards so far due to the dedication of the consultants and other staff.

Discussion ensued about the proposal for a Freestanding Midwifery Led Unit which would be staffed and run by midwives, offering care during delivery to low dependency women at low risk of complications in labour. Midwifery Led Unit births have not declined although, the number of problem births have risen and culturally some women just don't want to make a choice. Selling the benefits of a Midwifery Led Unit is sometimes tricky as women always remember the negative incidents. Within the Friarage catchment area it is estimated that 500 births could be delivered at the Unit but in reality it was estimated to be more likely to be 300 births. Mr Aitken advised that he was a strong supporter of Midwifery Led Units and believed that the Unit at Bishop Auckland General Hospital worked extremely well. He reported that there had never been a major incident there and acknowledged that the difficulty was selling the service. Mr Aitken said that Midwifery Led Units operate successfully if there is good ambulance support if emergency transportation is required, a high number of good well trained staff and a high number of births to deliver a model care experience of very high quality. It was commented that discussions needed to be held with both Trusts about whether CCGs would commission Midwifery Led Units or whether money could be spent elsewhere.

Senior Delivery Manager Designate, Hambleton, Richmond and Whitby Clinical Commissioning Group, Sarah Ferguson agreed that women should be able to choose where to give birth and that the Trust need to market the Midwifery Led Unit carefully. The CCG would be seeking views of new mums following their visit to the Friarage and a needs assessment would be carried out to assess the level of demand.

The Associate Director Communications and Marketing, County Durham and Darlington NHS Foundation Trust discussed how the proposals would impact on Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND), highlighting that maintaining quality and safety of service is paramount, ensuring that new standards are continually achieved and the services are sustainable for the future. He acknowledged that the proposals would strengthen the offer that the Trust can provide for women.

The Associate Chief Operating Officer, Tracy Hardy reported that the Trust have been having conversations with South Tees Hospital NHS Foundation Trust about the impact of the decision of the Friarage. Members were reassured that the Trust could manage the additional obstetrics and gynaecology and paediatric patients based on the estimated numbers and there was capacity at DMH to do so. In the short term arrangements would need to be out in place such as investments into a Pregnancy Assessment Unit, greater consultant presence on labour ward and the number of neonatal cots would need to be increased. Mr Aitken acknowledged that sustainability of services was the main concern and reliance about maternity networks will shape the future services and Trusts will be forced to work together. He suggested that continuing release of new guidance from the Royal College of Nursing and introduction of new initiatives, mean standards and practices continue to change and make services difficult be sustainable in the long term.

Mr Aitken advised that at DMH senior consultants were assisting junior doctors on night shifts to pass on their skills and knowledge, he said this was working well and hoped that it would future proof the younger generation of Consultants. He believed that DMH has a role to play in the options for viability of the future and raising standards.

Members queried whether there is value in creating networks, such as maternity networks across the Tees Valley given the direction of travel. Mr Aitken reported that there has always been successful working and networks across the Tees Valley, for example Gynaecology Caner Network has existed for years and has been successful. Members agreed that this was emotive subject which needed to be handled carefully and there needed to be clear consultation information. Members agreed that the consultation should be considered at the Joint Committee.

AGREED – (a) That Officers from County Durham and Darlington NHS Foundation Trust and South Tees Hospital NHS Foundation be thanked for their attendance at the meeting.

(b) That the presentations be noted; and

(c) That the consultation document be brought before the Joint Committee for consideration and a response.

North East Regional Health Scrutiny Committee

9th August 2012

Minutes

Apologies

Cllr Wendy Taylor, Cllr Eddie Dryden, Cllr Margaret Richards, Cllr David Tate.

Present

Cllr Todd (Durham County Council), Feisal Jassat (Durham County Council), Cllr Green (Chair) (Gateshead Council) Angela Frisby (Gateshead Council), June Hunter (Newcastle City Council), Paul Baldersera (South Tyneside Borough Council), Peter Mennear (Stockton Borough Council), Cllr Javed (Stockton on Tees Borough Council), Laura Stones (Hartlepool Borough Council) Cllr Hall (Hartlepool Borough Council), Cllr Taylor (Darlingtonton Borough Council), Abbie Metcalfe (Darlington Borough Council), Susan Forster (Newcastle Borough Council), Paul Allen (Northumberland Borough Council), Jon Ord (Middlesbrough Council).

Expansion of Cancer Services.

Members considered a presentation, covering the expansion of radiotherapy services in the North East. Members heard that whilst the recent expansion of Cancer Services at JCUH was to be welcomed, even further capacity for cancer treatment would be needed in the North East in coming years.

The presentation centred on the evidence supported that expansion, location options for the expansion and how the services may be procured. The update was welcomed and it was noted that the Joint Scrutiny Committee would require further work on the topic in early Spring 2013.

Public Health Funding

Prof. Peter Kelly (Regional Director of Public Health) spoke to the Joint Scrutiny Committee about proposals to alter the public health funding formulae. The Joint Scrutiny Committee heard that if the funding formulae was implemented as proposed, the North East would lose significant amounts of public health funding. Figures mentioned indicated that the region could have public funding reduced from around £177m to £124m. Examples of the worse case scenario indicated that County Durham could lose around 46% of its public health funding and Middlesbrough around 43%.

Mention was made that ANEC, as well as individual local authorities, were currently lobbying central government and putting forward the merits of alternative funding formulae.

The Joint Scrutiny Committee resolved to keep the matter under a close watching brief, to support ANEC and individual local authorities in arguing the case for the North East.

Health Scrutiny Regulations Consultation

The Joint Scrutiny Committee noted that the Department of Health was consulting on the powers of Health Scrutiny. The Joint Scrutiny Committee resolved to draft a regional response and submit it to the Department of Health consultation process.