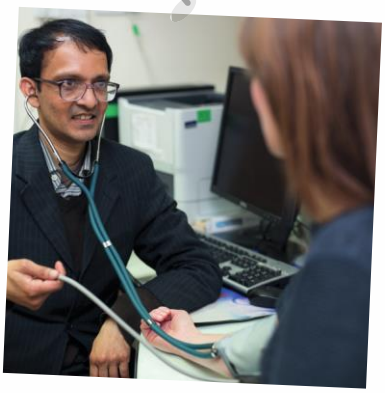
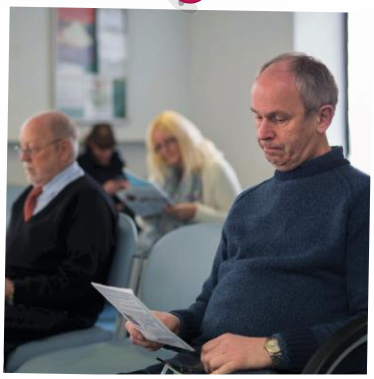
healthwatch
North East
Lincolnshire






Healthwatch North East Lincolnshire

Annual Report 2016/17

Contents

Message from our Chair

"I am pleased to be able to reflect on our fourth year as a local Healthwatch and my second year as Chair "

I believe that we can look back with a real sense of pride in the recognition and the respect that we have achieved. We have seen our influence grow in terms of our involvement with the local health and social care system. A good example has been feedback from the local Clinical Commissioning Group where a representative passed on the positive comments made within the organisation about our Enter and View reports, noting that there had been excellent communication and how professional, consistent and invaluable the structured reports had been.

We welcome such accolades but recognise that we continue to `punch above our weight' with a small staff team of three and, in spite of some changes over the year, only around twenty active volunteers. I want to again put on record my thanks for all the hard work and dedication of our staff team and volunteers over the year but the obvious point is that we could do so much more for local people with more help and that is why we continue to make volunteer recruitment a priority in 2017/18 (Year 5).

Most readers will recognise that these are difficult times for the health and social care economy nationally and locally. Financial resources are constrained or dwindling and securing required staffing levels in key positions a frequent challenge for many organisations. In such circumstances, it is vitally important that the patient, service user and general public voice is not lost particularly in any difficult decisions that may need to be taken. As a local Healthwatch, we will continue to ask that there is openness and transparency as we go forward, so that you can have your say to make sure that your experience informs the future direction of local service provision.

Michael Bateson

Chair

Highlights from our year

75% increase in website views along with a 29% increase in numbers of followers on twitter

Our volunteers help us with everything from admin to public events and Enter & View

21 visits and 11 completed reports under our Enter & View programme

21 requests for information challenging current provision

This year we've had over 142,000 interactions via social media

20% increase in attendees spoken to at events

Who we are

We gather your views and experiences about local healthcare and use them to show services what they are doing well and where they could improve.

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and social care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Healthwatch North East Lincolnshire is a project of North Bank Forum, the `host body' that was awarded the contract by North East Lincolnshire Council to deliver a Healthwatch locally from 1 April 2013 (contracted extended into 2016/17 and 2017/18).

Our vision

Our vision for North East Lincolnshire is that local communities and service users are provided with safe and high quality health and social care services which have been developed and respond to community and service user needs.

Our mission is to give a strong voice to local people and community and voluntary groups so they can influence the way their health and social care services are planned, purchased and provided.

Healthwatch has three primary roles: signposting, influencing and advocacy (with complaints advocacy support provided under a separate contract to the Carer's Federation).

Healthwatch aims to be trusted and respected by patients, the public, partner organisations, and commissioners. Where needed, we can escalate issues to make the collective views, experiences, and needs of local people known to the relevant organisations.

Our priorities

Our strategic aims remain unchanged:

+ To effectively engage with the people of North East Lincolnshire, including hard-to-reach groups, in order to represent their interests in the provision of health and social care services and to facilitate the engagement of users of health and social care services with the providers of care services, particularly in respect of commissioning, provision, and scrutiny of care services.
+ To effectively engage with those bodies responsible for regulating, commissioning and providing relevant local health and social care services in order to represent the interests of the people of North East Lincolnshire and support service improvement.
+ To provide a comprehensive and meaningful advice, information and signposting service to enable the people of North East Lincolnshire to access appropriate health and social care services.
+ To give authoritative evidence-based feedback to stakeholders in order to support improvement in health and social care services provided to the people of North East Lincolnshire.
+ To provide an effective, economic and efficient local Healthwatch service for the people of North East Lincolnshire.

Making your view count

Your views on health and care

Listening to local people's views

We rely on what people tell us to inform our activities and our priorities. You can get in touch with us in a number of ways

- Direct with the office team by telephone, by letter, by email, by visiting the office or by leaving a message about your experience on our website.
- At our stand events such as the one we hold monthly at Diana Princess of Wales Hospital, Grimsby or when we join others at events.
- When we visit partner organisations to talk formally or informally about our work.

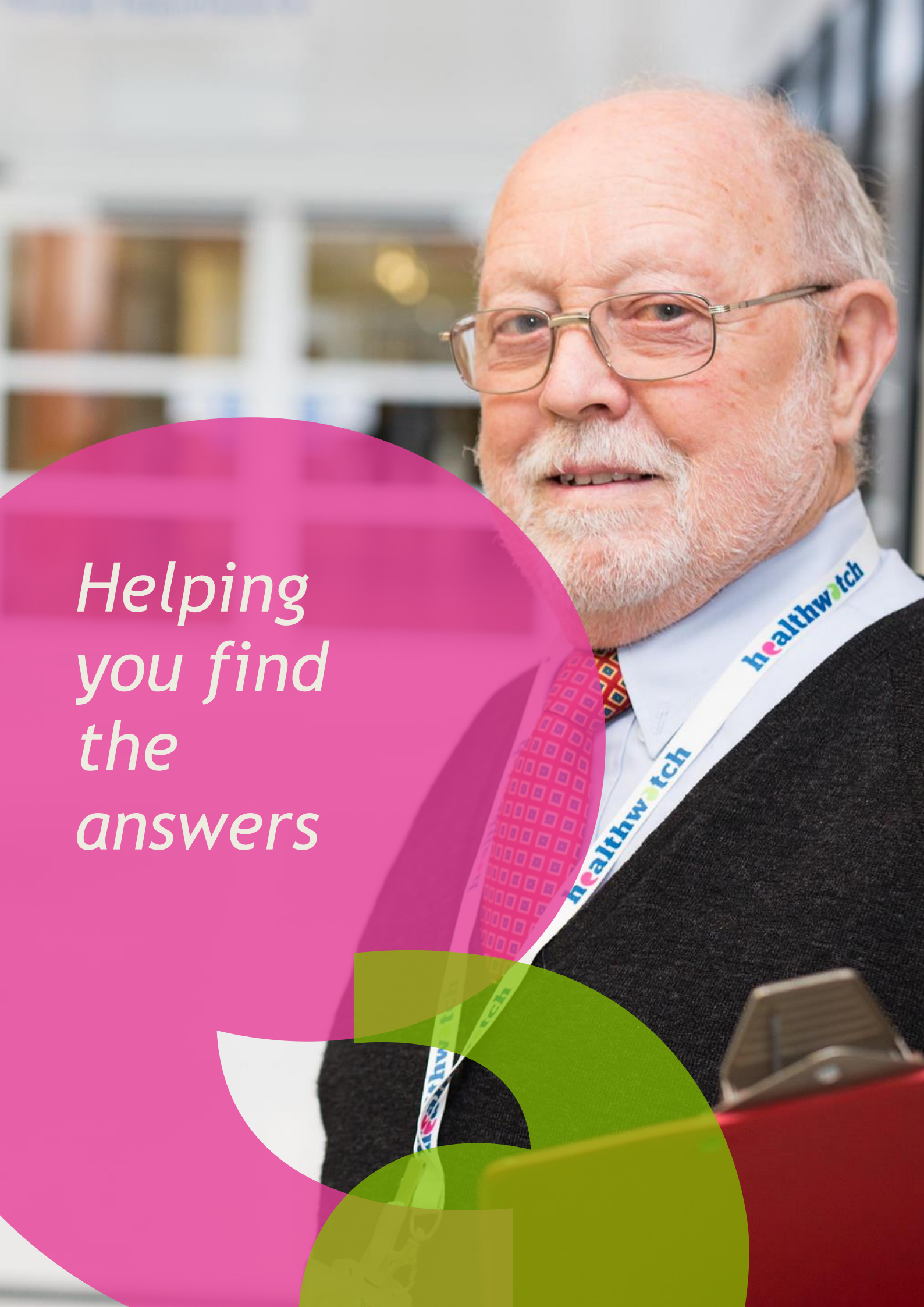
One of our aims as a Healthwatch is to engage with diverse groups and communities in our local area. For example, we did make attempts during this year to start a dialogue with some of the ethnic communities represented within Communities Together but, to date, this has not led to any sharing of information.

Young Healthwatch

HWNEL has an ambition to establish a Young Healthwatch and has met with a range of individuals and organisations that interface with young people. This included the Humberside Police Lifestyle team at Cromwell Road, Grimsby to explore Healthwatch links to the outcomes of Operation Lifestyle activity with vulnerable groups e.g. children and young people and older people.

The Police team acknowledged that project groups had not always reported back in past in any detail on their outcomes but they agreed that information about letting Healthwatch know would be included in the literature, provided it was Humberside wide. Following that meeting we drew up and agreed with the other Healthwatch in Humberside a form of wording to be included in the information packs that go out to prospective young people's teams. This encourages those involved in health or social care related projects with vulnerable groups to let Healthwatch know about their work and findings. We will also represent the other local Healthwatch at the Lifestyle Awards event in November 2017.

Since the appointment of Amy Hallett as Project Support Trainee in December 2016, Young Healthwatch has been identified as a specific project for her. Amy has already led on a young people's online survey with local schools and is now drawing up an action plan for the year 2017/18 building on contacts already made.



Helping you find the answers

Here are some brief examples followed by a case example of how we have helped the community to access the care they need:

- We took up concerns about the loss of a venue on a bus route for renewal of bus passes and highlighted this with the council. A new site has been set up at Age UK at Wardall Street, Cleethorpes.
- We were asked by Northern Lincolnshire & Goole Foundation trust to promote the use of `passports' for people with dementia or a learning disability who are admitted to hospital. We have raised this at the Dementia Action Alliance and Learning Disability Forum and plan to highlight the matter in Dementia Awareness Week in May.
- We were twice asked by a local group to inquire into epilepsy support provided by Northern Lincolnshire & Goole Foundation Trust and were able to clarify local access arrangements.
- We escalated an issue of emergency ambulance response times to the Health Scrutiny Panel and joined in questioning the representative of East Midlands Ambulance Service who highlighted that all waiting patients are continually risk monitored.

Children discharged from the Child Development Centre

Through our contacts with the North East Lincolnshire Parent Participation Forum (NELPPF), we were notified that 15 year old children with special but not complex needs were being discharged from the Child Development Centre (CDC) back to the care of their GP. Parents were concerned that these were children in transition and that they were without effective support until they were picked up by the Community Team for Learning Disabilities (CTLD).

The CDC confirmed that they were continuing to support young people with complex needs but they were closing other cases on the basis that any issues could be picked up by a GP or by referring to CAMHS. There was an indication that historically the CDC had kept children with special needs on the books and had monitored them even though there were no medical issues. This was now deemed to be an inappropriate use of a scarce resource so some young people were being discharged `in line with guidelines'.

However, some concerned parents felt that their child did have complex needs and so should have been kept under the CDC. We therefore asked for sight of the guidelines referred to and for clarification about what makes 15 the age at which they withdraw support. We also raised concerns about what happens to medication needs, such as for melatonin, being met where GPs are reluctant or do not have the skills to prescribe safely. We were told that if any young person has a medication need that a GP cannot meet, then they should be referred back to the CDC.

We also spoke to the CTLD who indicated that, while they receive CDC discharge letters on such young people, they would not normally get involved with then until around 17.5 years of age. This remains an area of concern around the need for a smooth transition which we will investigate further.

Making a difference together

What we've learnt from visiting services

In this section, we report on the reasons why we decided to carry out Enter & View activity and further actions that we took as a result of undertaking this activity.

During this year we have carried out 21 visits and completed 11 reports under our Enter & View programme. We continue to work our way through the list of local residential and nursing care homes in North East Lincolnshire but have also responded and prioritised visits where local people have highlighted concerns about particular homes.

There were 9 Enter & View visits made to care homes in 2016. Out of the 9 Enter & View care home reports that were published in 2016 there were 39 recommendations made by Healthwatch volunteers in in these reports. 23 out of the 39 were actioned immediately.

Other recommendations can take longer to be actioned and this is why we carry out a six month follow up visit on all of our reports to discuss if the original recommendations have been actioned.

In addition to our visits to residential and nursing care homes, we have continued to visit Diana Princess of Wales Hospital, Grimsby and have completed two Enter and View reports, one on the Discharge Lounge and another after revisiting the main Out-patient Zones and talking to patients there on two occasions. Our work on the Discharge Lounge highlighted the importance of producing timely discharge letters and the ward staff team have now been monitoring where the patient waits four hours or more for this or other reasons.

Our visits to out-patients drew attention to the variable wait experiences in both getting an actual appointment and the wait on the day. We asked that all information boards on wait times were kept up to date and that all zones allow patients to be given a bleeper so that they can go to the cafeteria but be called back without losing their appointment slot. We also asked that waiting in the corridor in Zone 4 be sorted and are delighted that a new waiting area has now been created. In total we made 16 recommendations in both hospital reports, all of which have either been addressed or form part of wider pieces of work now underway (see also Case Study on page 16).

Our Enter & View volunteer team, as at 31st March 2017, is Elaine Flower, April Baker, Mary Morley, Carol Watkinson, John Revill, Richard Lau, Sue Hobbins, Freda Smith, Ruth Creasey, Joanne Sinton and Kyla Loraine. Thanks to all of them for their helpful contributions. Staff members, Paul Glazebrook and Tayo Davenport are also trained to deliver this activity. Finally, Enda Wicks stood down as an Enter & View volunteer during the year, and we would like to thank her for her contribution.

Case Studies

This section gives case study examples of situations where Healthwatch locally has intervened over local health and social care concerns during the year.

Case Study 1 - Mental Health Crisis Work

In late 2015, HWNEL logged three situations where individuals and/or their carers were unhappy with the level of response to perceived crises. These included attempted or threatened suicide situations where the professional response appeared to be `take them to A/E'.

We decided to investigate this further by speaking to other service users at Open Minds and MIND in early 2016. This threw up some graphic accounts including someone who was twice put in a cage in the back of a Police van and taken to Harrison House only to be allowed to leave each time within an hour.

Discussions were initially held with the Clinical Commissioning Group (NELCCG) and we agreed to pursue issues with NAViGO and then to consider taking this to the Mental Health Crisis Care Concordat. We asked NAViGO to explain the patient pathway for crisis care and in what circumstances they provide a direct assessment response (as opposed to telephone decisions). NAViGO explained that they were facing an increase in crisis referrals and a shift in type with an increasing dominance of patients on legal highs (drugs). The staffing for assessment, admission and care are the same team so that there is no `dumping' of the problem from one team to another.

NAViGO produced data to show that just over half of crisis referrals occurred out of hours and that responses were within national 4 hour targets. 21.7% of those are with Police involvement, a mix of Place of Safety and informal handovers, with a different procedure for each. All exercises of a Place of Safety have a risk assessment and 32% were admitted either formally or informally.

Subsequently, we were given a copy of Independent Research carried out on behalf of the Mental Health Crisis Care Concordat which indicated a significant minority expressing dissatisfaction with their experiences in crisis and which affirmed the need for:

+ consistently treating users and carers with dignity and respect
+ better communication across the system
+ better promotion of crisis care service

Following an update at our March Board meeting, a Board member will now be joining the Crisis Care Concordat Group.

Case Study 2 - Orthodontics

We became aware that patients were experiencing delays in securing appointments in Orthodontics at Diana Princess of Wales Hospital, Grimsby. For example, standard next appointments, previously set at six weeks, were slipping to three months or more. A large proportion of those affected were teenagers being fitted with braces and, as timing is crucial for this activity, delays could impact on successful intervention.

We contacted both Northern Lincolnshire & Goole Foundation Trust and NHS England and it became clear that the major problem was the difficulty in recruiting a consultant to take this work forward, compounded by the departure of a locum. A new locum consultant was, however, recruited and the pathway amended so that new referrals

could be triaged by a primary care dentist, as many of the young people being seen in secondary care could actually be treated in primary dentistry settings provided the clinician was suitably trained. Additional support for specialist needs was also to be offered by the maxillo-facial consultant at Hull Royal Infirmary. New patients were to be contacted by phone to be updated on these changes.

Case Study 3 - Home from Home Service

In September 2016, we were informed by different sources that the future of the Home from Home Service for people with dementia out of Diana Princess of Wales Hospital was under threat due to a gap in sustainable funding. The service was jointly provided by NAViGO and Northern Lincolnshire & Goole Foundation Trust. We knew from other feedback we had received from the local community that this facility had developed a good reputation and had delivered improved outcomes for local older people with dementia. We also felt that this was one of only a few developments under `Healthy Lives Healthy Futures' (HLHF) that demonstrated partnership and so should not be lost.

We initially asked the CCG to explore any options, including changes in referral pathways and responsibilities that might free up monies to allow this initiative to continue. The CCG responded agreeing that every possibility needed to be explored, and that they had been facilitating a number of discussions between the providers involved in the scheme over recent months. We were informed that the scheme was established through a business case developed by the providers that anticipated the service change would be self-financing. However, shortly afterwards, NAViGO advised us that, in spite of a positive first year evaluation, national award recognition, and three months of negotiation, all partners had been unable to release funds to allow the service to continue and NAViGO had been left with no alternative but to close with immediate effect.

Although this appeared a `fait accompli', we felt that this decision brought into question the validity of local transformational change and the willingness of all parties to really share the experience. We argued that there was now an urgent need to understand how the functionality of home from home could be delivered within N E Lincs in the future.

We therefore produced a press release on the subject and were invited to and agreed to speak to `Look North' on the matter. We also felt this was an item that needed to be subject to public scrutiny and were pleased that the Health Scrutiny Panel chose to call an extraordinary meeting with a single item agenda on this issue.

We sought permission to ask questions at the Panel and highlighted that this decision threw us back to earlier arrangements where patients with dementia were `absorbed' across the wards. We noted that, nationally, 25% of acute beds are filled by patients with dementia and pointed out that two recent patient experiences logged by our team had cited the difficulties that hard-pressed nursing

staff had in effectively caring for confused patients with recuperating patients sometimes having to intervene.

We have asked that future planned developments can have greater in-built sustainability especially around funding streams and genuinely integrated working and have been told that this will be revisited under the Accountable Care Partnership (`Together') for this area.

Case Study 4 – Experiences of People with a Learning Disability of local health services

We were conscious as a Healthwatch that, apart from some survey work near the end of our first year in 2013/14, we had not further questioned people with a learning disability in a focussed way. Our Partner Programme link with Foresight gives us an opportunity to test out views and, after checking content with others, we drew up an `easy read' survey which Foresight kindly agreed to assist with by informing their users and their carers, where appropriate.

A total of 58 service users completed the survey and overall the findings appeared quite encouraging inasmuch as:

+ **79.3% of respondents said that they went for an annual health check (in comparison nationally, in 2013-14, 44.2% of eligible adults with a learning disability had a GP health check).**
+ **82.8% felt they could talk to their doctor about how they feel**
+ **80.0% go to the dentist regularly for check-ups**

One reason for these positive results that was pointed out by Foresight was that a large proportion of their service users are in supported living arrangements and that support staff tried to make sure that they kept health appointments. However, these findings also need to be set against the fact that all people registered with their GP as having a learning disability are entitled to an annual health check and 20.7% were not going. 17.2% felt they could not talk to their GP about how they felt or were not sure they could. In addition, all service users on benefits should qualify for free NHS dental treatment (provided they can find a practice that will take them on) and 20.0% were not going for regular dental check-ups.

The sections on hospital care showed that a significant proportion of those interviewed (43.1%) have been in hospital in the last year. This appears to resonate with the national finding that people with a learning disability are 2.5 times more likely to have health problems than the general population.

We circulated our findings to interested parties but in later discussions in the Learning Disability Forum it became clear that, while the majority of those interviewed may have seen a GP in the last year, the actual uptake of Annual Health Checks locally is low and this is something that the Clinical Commissioning Group is pursuing further with local GP practices.

Case Study 5 - Community Dentistry

HWNEL was invited to join with other Healthwatch in the Yorkshire/Humber region in carrying out a survey of users of community dentistry. In North East Lincolnshire, these clinics are run by NLaG at Cromwell Road and St Hughs Medical Centres. Although the timeframe of two weeks was tight, we were able to make two visits to each site and completed 26 questionnaires.

The regional findings showed that, of those people who used the service, three quarters were repeat users who were returning for treatment within a year, with the majority of people in the 19-50 age range. Over half the people spoken to consider themselves to have a disability of some sort. Overall most people were very happy with the service they received and very happy with the staff at the clinics.

There were a few comments from patients wanting longer or more frequent appointments though not in this area. Parking also seemed to be an issue for some as did location of the service but not here. However, some respondents in North East Lincolnshire did raise issues around lack of staff in reception and telephone calls not being answered. Access for wheelchair users was an issue in one location, not locally, with doors not wide enough and manoeuvrability difficult.

Overall there seemed a good level of satisfaction with the services offered. There was a high satisfaction rate (73%) with patients saying that the dental staff understood their complex needs. There were a lot of helpful suggestions such as calming music in the dental surgery when attending appointments. The full report was included in a media release and has been put on our website.

Meet the team

Left to right: Amy Hallett, Karen Smith, Paul Glazebrook & Tayo Davenport

Paul Glazebrook continues to lead the local team but his designation has changed from Partnership Co-ordinator to Delivery Manager. Tayo Davenport continues in his role as Volunteer & Engagement Worker. Kelvin Dixon, Project Support Assistant, left the team in July 2016 and we thank him for his contribution. Part of this post is now assigned to central North Bank Forum support around communications and the website. We therefore recruited Amy Hallett as half-time Project Support Trainee in December 2016 (Amy also supports Sector Support North East Lincolnshire on a half-time basis).

In addition, the Independent Complaints Advocate, Karen Smith, is based with the team. Karen is employed by the Carers Federation but is part of the Healthwatch arrangement and supports anybody who needs help in writing a complaint about health or social care services.

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Your voice
counts

How your experiences are helping influence change

Below is an example of where we have used our report and recommendation to indicate how services might be improved and where this has resulted in tangible change for the better.

Out-patients at Diana Princess of Wales Hospital

We revisited out-patients in Diana Princess of Wales Hospital in August 2016, having drawn up an initial report following a visit in 2015. We made ten recommendations, most of which have already been actioned and impact upon the quality of patient experience. For example:

- All out-patients can access a bleeper to allow them to go to the cafeteria without compromising their appointment slot.
- Patient boards informing them of wait times are all now being kept up-to-date.
- Additional clinic time has been created in Ophthalmology to try and clear back-logs over wait times.
- More magazines are now available in waiting areas.
- Ventilation in more stuffy areas has been checked.
- A new waiting zone has been created in Zone 4 so that out-patients no longer have to wait in a long corridor.
- New artwork has been introduced in waiting areas.
- New emergency pull cords have been fitted in disabled toilets.

Working with other organisations

In this section we highlight examples of using a collaborative approach with service providers, commissioners, regulators and other local system partners to bring about change.

We have regularly responded to requests for intelligence from the Care Quality Commission prior to their announced and unannounced inspections including information in respect of Northern Lincolnshire and Goole Foundation Trust, NAViGO, East Midlands Ambulance Service and Lincolnshire Partnership Foundation Trust (Child and Adolescent Mental Health Services).

Through our regular reporting of enter and view activity, we are able to highlight any areas for concern with the Care Quality Commission (above and beyond publication of the individual report which the CQC receives). This might, for example, include issues that the CQC has expressed concerns about in their last report and which we have also observed on our visits. We have passed on such concerns on at least three occasions during the year. In turn, we will check on the last CQC inspection report prior to our enter and view visits and highlight any concerns that they might need to check out during their observations.

We also observe matters or have situations reported to us which are about safeguarding vulnerable residents and we ask all those who have directly observed such incidents to contact the Adult Safeguarding Team direct. This has happened on three occasions during the year.

All these enter and view reports are also sent to Healthwatch England. During the year we have also assisted in the national survey of Social Care Assessments submitting information provided by Focus. In many parts of the country, there have been significant delays in carrying out such assessments but the figures locally suggest a much better position with over 70% being seen within 14 days of referral.

During this last year, two providers (of residential care) failed to respond to our recommendations made within the twenty working days given (in spite of several prompts).

We are pleased that we have been able to maintain a strong working relationship with the main health commissioner, the Clinical Commissioning Group, through a first point of contact and regular meetings. Similar arrangements exist for the key public sector providers: Northern Lincolnshire & Goole Foundation Trust, NAViGO, Care Plus Group, Focus and East Midlands Ambulance Service.

We have also been working with the Clinical Commissioning Group through the year over people's experiences of domiciliary care support. Although we had originally planned to carry out our own investigation with co-operation from the three main contracted providers, we deferred this when we knew that the CQC were carrying out their own visits. Their reports indicated that while only a small sample of recipients and their carers had been interviewed, they were generally complimentary about the service received. The CCG then indicated that they were planning a new pilot way of working based on a team covering a neighbourhood flexibly and Healthwatch locally went to the launch event for the new service in Humberston in March 2017. We continue to monitor progress and have asked to be part of any independent evaluation.

We continue to use our Partner Programme as means of listening to the voice of local people and of identifying issues and we would want to thank our partner organisations from the local voluntary and community sector for their co-operation and assistance in this:

+ Alzheimer's Society
+ Positive Activities
+ Foresight
+ Age UK NEL
+ Friendship at Home
+ Harbour Place
+ Booth Lifehouse
+ VANEL
+ Class Act Theatre Arts and Community Trust
+ CARE
+ Carers Support Service
+ Diabetes Support Group
+ Centre4
+ Care4All
+ YMCA Humber.

Volunteers

How we've worked with our community

In this section we describe how we have promoted or supported the involvement of local people in the commissioning, provision and management of local health and care services.

Our Chair, Mike Bateson, is our representative on the local Health and Wellbeing Board. We receive Board papers about a week in advance which allows for discussion and agreement on lines we will take over specific agenda matters. In addition, Mike and Paul meet with the Chair of the Health and Wellbeing Board on a regular basis to discuss matters of mutual concern. Paul also attended the Joint Strategic Needs Assessment (JSNA) Delivery Group (now stood down) and was able to pass over information from the local voluntary sector about food poverty in our area which has been included in the revised JSNA reports published later in 201617.

Our volunteers

Healthwatch North East Lincolnshire has three paid staff and so relies heavily upon the contribution of its volunteers to make an impact. We have eleven trained volunteers (named on page 12) who carry out our Enter and View work with two members of staff also trained to do this work. This has allowed us to carry out our visits and reporting in respect of residential and nursing care homes and the local hospital. We also have two people who provide administrative support, Neil Johnson and Victoria Leake, and one who assists in community engagement, Jennifer Clarke.

Our Board volunteers

We currently have five Executive Board members with one vacancy. In addition to attending Board meetings, they also have lead roles in helping deliver our Work Plan. For example, one Board member, Sam O'Brien, sits on the Adult Safeguarding Board and reports back at Board meetings. Our Executive Board during the year has been made up as follows:

+ Chair – Mike Bateson – re-appointed to April 2018
+ Board Member – Sam O'Brien – re-appointed to November 2017
+ Board Member – Jane Mansfield – re-appointed to May 2018
+ Board Member – Marie Fitzgerald – appointed to June 2018
+ Board member - Emily Reseigh - resigned December 2016
+ Board Member – Sue Hobbins - appointed December 2016 for 2 years


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Here we provide examples of where someone has raised an issue, usually on behalf of others, the actions we took and the outcomes that have changed or improved that situation. Carol Watkinson is one of our Enter and View volunteers but also regularly visits her sister who is in a local care home. This is her story:

Patient Transport

I was contacted late one evening by staff at a local care home where my sister resides to say she had had a fall and cut her head open. My sister has dementia and other medical problems. Patient Transport had just returned another resident to the home and so were able to give initial first aid. I went over to the home and at 11.15 p.m. we were both taken by that ambulance to the Emergency Care Centre at Diana Princess of Wales Hospital where my sister was treated.

At 2.45 a.m. staff said we could go home if we had a car but that the patient transport ambulance was now at Goole and they did not know when it would be back in Grimsby. I do not have a car but at 3.30 a.m. I was told that my sister would be held on a ward until the ambulance arrived. I found that two other patients were also awaiting transportation there.

At 5.25 a.m. the ambulance drivers came to the ward but at 6.30 a.m. they said they were being instructed to take another patient to Louth before going to an `emergency' in Scunthorpe. I was told they would be back at 9.00 a.m. but they did not return until 10.40 a.m. (nearly 8 hours after being taken to the ward).

I contacted Healthwatch as I was unclear about the status of my sister (and the two others) as she had not been formally admitted and I was also dissatisfied with the delays in her being returned to the care home.

Healthwatch took up the matter and informed me of the response from the hospital which confirmed that there were three patients who had been seen in the Emergency Care Centre that night who had treatment completed and were awaiting transport home. As all needed additional support to go home, such as the use of a stretcher, they had to wait for ambulance transport. As some beds were available, the site manager at Grimsby had offered the opportunity for the patients to rest on beds which were more suitable than the ECC trolleys. This was not normal practice and the ward was only used because they had the capacity.

I was also informed that there was a gap in the provision of on-site transport at the hospital between the hours of 1am and 11am which meant one vehicle trying to cover all the Trust's hospital and home discharges across the area. The Trust took this up with the Clinical Commissioning Group who agreed to expand the patient transport to provide cover between the hours of 1 a.m. and 11a.m. which should prevent such delays and they are reviewing the hours and activity during that period of time to amend the contracted hours.

I am pleased that my raising this with our local Healthwatch has meant that a better response is now available for other patients.


Befriending
Information Drop-ins
Carer Groups & Activities
Counselling
Carers' Guide

What next?

What next?

Our priorities for 2017/18 are set out in in our Delivery/Work Plan which is considered at each bi-monthly Executive Board meeting. We have identified four key areas for the coming year:

- Volunteer recruitment.
- Working with children and young people (Young Healthwatch)
- Local community engagement on the Sustainability and Transformation Programme for this area.
- Listening to and representing the voice of patients with Northern Lincolnshire & Goole Foundation Trust as they work through being in special measures.

In addition, we will work further on the following issues:

- `Passport' information for people with dementia or a learning disability who go into hospital.
- Following up and helping evaluate a domiciliary care pilot.
- Commencing enter and view visits to St Hughs Hospital and St Andrews Hospice.
- Continue checking out local public awareness of our organisation.
- Joint activity with others around Dementia Awareness Week and Carers Week.

We are also anticipating production of Issue 2 of our Health & Social Care Signposting Directory in April and hope that it will be as successful and well received as issue 1.

Decision making

All our major decisions as a Healthwatch are taken in Board meetings which are always open to the public and held at various accessible locations in the Borough. We also publish our agenda and reports three working days in advance on our website. Our agendas include a Question Time item which allows members of the public to either raise an issue in advance or ask their question direct at the meeting. The actions taken as a result of each meeting are part of the agenda incorporating any updates on the outcomes of those actions.

How we involve the public and volunteers

We involve the local public by inviting them to comment on their experiences of local services. As we log these comments, we look for repeat issues which we may need to check out further. We would not normally act upon an individual concern unless the informant indicated that the issue affected a larger group of people. Where we investigate a matter further, we keep the informant updated on progress (unless they have made their comments anonymously).

The governance arrangements for Healthwatch North East Lincolnshire are approved by the Board in our public meetings but emerge through a process of engagement with others around best practice and focusing on issues not covered by our host body, North Bank Forum. In addition to our General Governance policy, we have local policies and strategies in respect of:

- Volunteering
- Escalation (risk/safeguarding)
- Communication & Marketing
- Engagement
- Enter and View
- Relevant decisions
- Complaints

Our finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	109,218.00
Additional income	Nil
Total income	109,218.00
Expenditure	
Operational costs	30,968.00
Staffing costs	70,247.37
Office costs	7,992.00
Total expenditure	108,217.37
Balance brought forward	1,000.63

Contact us

Get in touch

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, Care Quality Commission, NHS England, the Clinical Commissioning Group, Health Scrutiny Panel, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.