## Supplementary Questions and Answers: The Northumbria, Specialist Emergency Care Hospital

#### Transport

	Question	Response by Northumbria Healthcare NHS Trust
1	Is there going to be a direct bus services from Wallsend to NSECH because at the moment you have to go to Newcastle?	We are not aware of any plans for there to be a direct bus service from Wallsend to The Northumbria, however we would be keen to work with the bus companies re timings etc if they were willing to commission such a service.
2	Can you provide further details on how up to date public transport information is made available to people across the borough through your hospital settings?	The latest public transport information is available on both Nexus and the trust's websites. There is a travel screen in the reception area at The Northumbria which shows all latest information.
3	People have fed back that the shuttle bus from Rake Lane is very helpful. Can you elaborate on the timing of the shuttle bus from Rake Lane to The Northumbria? We also would like information about uptake of this service if it is monitored.	Visitor shuttle times from North Tyneside General Hospital are:  • 14:05 leaving North Tyneside  • 16:35 leaving The Northumbria  • 18:00 leaving North Tyneside  • 19:25 leaving The Northumbria  The uptake of the visitor service is extremely low since The Northumbria opened in June and the trust is regularly monitoring this.
4	People have reported that parking is difficult at the hospital. There have also been reports that staff are using the public car park. Can you describe what is being done to address this and what happens if people are forced to park on double yellow lines?	There are over 700 car parking spaces at The Northumbria and since the hospital opened in June there has been no car parking management system in place as well as no parking charge. In our experience this does lead to a busier car park.  From 1 April 2016, there will be a pay on exit barrier system in place and this will ensure that only our staff, patients and visitors who have paid to park use the hospital car park. This will also make sure

		that our staff are parking correctly in the staff car park and this will be closely monitored.  The parking charge at The Northumbria will be set at a flat rate of £1.00 per day. Blue badge holders will continue to receive free parking and special exemptions for patients and visitors will also continue.
5	You mentioned that under certain circumstances patients may use the hospital taxi account if they are stuck. Could you elaborate on the types of circumstances that this may be allowed and how the taxi usage is being monitored?	Taxi usage is monitored on a monthly basis and has to be approved by a senior member of staff. Instances where taxis are used include last minute cancellation of patient transport services, or where patients have been brought into hospital by ambulance and have no money / cash cards to pay for transport home.
6	We are aware that under certain circumstances people can reclaim monies for travel to the hospital. Can you confirm if the details of how to claim are available to patients within the hospital?	Information about the Healthcare Travel Costs Scheme is included in all appointment letters. There are also posters at North Tyneside General Hospital outside the cashiers office and in the pharmacy. There will be a poster going up outside the cashiers office at The Northumbria very shortly.  Information on how to access this scheme is available through GP practices, other NHS service providers, community and voluntary sector organisations, and through the NHS website www.nhs.uk/nhsengland/healthcosts/pages/travelcosts.aspx
7	What is the impact on ambulance services of this back and forward movement of patients?	The transfer of patients between The Northumbria and base sites is supported via a separate patient transport service (ERS) that has been commissioned by the trust.

# Quality of Care

	Question		Response	
8	What percentage of people who attend NSECH are admitted and what is the average length of stay?	The percentage of people at department that are admitted that average length of stay is Northumbria and excludes a	ed is 47.0%. s 1.9 days (this is the	
9	What are the rates of readmission within 30 days?	Emergency readmissions wit from The Northumbria). The Care Information Centre (20 readmission rate as 11.78%.	e latest data publish	ed by Heath & Social
10	What are the criteria for transfer to other hospitals and do you have data on how many people are transferred and to which hospital?	A patient will have been assessed and treatment started and it will be the consultant who decides that their patient is ready to transfer to another hospital (Hexham, Wansbeck or North Tyneside general hospitals or one of the community hospitals). A plan of care is handed over to the receiving team for each patient.		is ready to transfer Tyneside general plan of care is
		Transfers to:	No. of transfers	Mean daily no.
		North Tyneside	3109	16
		Wansbeck	2873	14
		Hexham	437	2
		Other Northumbria site	672	3
11	At the moment, the hospital service is being delivered over 3 sites with inpatients being transferred between NSECH, Wansbeck and Rake Lane and back to NSECH.	Patients continue to be revieus practitioners, nurses, special within all our hospitals, with	ilist nurses and allied	l health professionals

	Why is this happening and what is being done to safeguard patients from relapse?	followed. Inpatient services are also provided in our community hospitals.  Unexpectedly, there can be a deterioration in a patient's condition; if there was a change in a patient's condition there are algorithms for all teams to follow (NEWS and base site transfer algorithm). This will initiate immediate senior medical advice regarding the patient's care and treatment.
12	What is the process of discharge to another hospital?  Should patients be given a discharge meeting before they leave Cramlington or is the expectation that this will happen from the receiving hospital?	It is not a discharge, but transfer to another Northumbria Healthcare hospital and there are leaflets available to all patients and relatives explaining this process.  This is not a discharge but a transfer. Many patients at The Northumbria will be discharged directly home and do not require any discharge planning meeting. Others that will be returning to a care setting or to their own home with a care package already in place which will have involvement of the 'Hospital to Home to Team' to
13	If a patient is a care home resident, is it hospital policy to discharge late at night?	ensure all is in place for safe discharge home.  We would never discharge a patient late at night from a ward unless they specifically requested it and it was deemed to be safe. Elderly patients who have received treatment in the emergency department and do not need to be admitted may, after discussion with the
		There have been some long waits for the patient transport service to pick up patients to return home and at times we have had to admit overnight to ensure that these patients remain safe.

14	What impact has the centralisation of maternity service had on the number of North Tyneside residents choosing to have their babies in hospitals managed by neighbouring trusts?	We are aware that a lot of North Tyneside residents are choosing to have their babies at The Northumbria and since the hospital opened last June there have been over 500 deliveries.
15	I am a carer and have a hospital passport and health action plan for the person I care for. I have never been asked to produce it. Is there any way this can be added to a list of always asked questions when people need emergency care?	We have a flagging system to identify patients known to have a learning disability on the Patient Administration System (PAS). A protocol developed regionally via the North East Regional A2A network 'A collaborative approach to caring for patients with a learning disability in the acute hospital setting' has been adopted locally. Pathways of care including the acute needs assessment, learning disability documentation, care pathways and hospital passport to support reasonable adjustments have been agreed locally.
16	Is there a way the hospital passports can be made readable for people with learning disabilities?	The North of Tyne Hospital Passport was developed with people with learning disabilities and their carers as a standardised way of communicating important routines, health and communication needs to health staff to overcome issues around the use of various easy read formats which did not provide the information which needed to be shared.
17	Can you have signing available for someone who is deaf?	We have a contract with ITL based in Gateshead to access a range of translation, signing and braille services.
18	What training are staff given about autism?	Autism awareness training is available to staff as part of an ongoing programme of face-to-face training. Guidelines for managers supporting disabled staff include a case study of a member of staff with autism.

19	Is it the case that patients admitted to the Emergency Hospital following heart attacks are not able to have Angiography examinations there and that it is not possible to have the insertion of cardiac stents if required?	The trust is commissioned to undertake angiography, but not on patients who have had an acute myocardial infarction (MI) and not to insert stents. There are a small number of inpatients who could have their angiography at The Northumbria, but an acute MI will have been ruled out.
	Can you confirm that patients have had to wait for 3 days for transfer to the Freeman for this procedure?	For patients suffering from an acute myocardial infarction, when 999 attends the patient's home an ECG is recorded and they are taken straight to cardiothoracic unit as immediate surgical invention may be required. Some patients may require transfer to the Freeman from The Northumbria for further investigations/treatment and at times we have to wait for the Freeman to have a bed available to take the patient.

#### Information about services

	Question	Response
20	Is the hospital going to be extended with more services?	There are no plans currently to extend services on The Northumbria hospital site. As you are aware the site is predominantly for emergency admissions so the range of services are limited to those delivered / considered to be an emergency. There is some planned work that is undertaken on the site, but this is predominantly of a surgical nature that may require the use of critical care.
21	Is it possible to have open days or evenings to let people have a look around?	As we are sure people appreciate, The Northumbria is a specialist emergency care hospital which is fully operational 24 hours a day seven days a week. It isn't appropriate to arrange visits to the hospital / clinical areas where there are very poorly people receiving treatment and care.

		We have produced a short video <a href="https://youtu.be/D2gPDH1_2Lo">https://youtu.be/D2gPDH1_2Lo</a> which will show you around The Northumbria.
		If you are thinking about having your baby at The Northumbria then you can call 0191 607 2018 to arrange a visit around the Birthing Centre.
22	Twice someone had to return home as the equipment was not available to move them for their scan despite this being known in advance. Are there sufficient hoists and slings readily available for moving and handling?	Every hospital site has a full range of hoists and slings. We also have manual handling advisors available to all sites and they also hold a supply on each site of more specialist slings, such as bariatric and those suitable for patients with amputees. We rely on GP booking patients for investigations to supply any specific requirements.

#### Environment

	Question	Response
23	We are aware that work is underway in the trust on improving accessibility for patients and carers through your 'engagement forum' which is looking at current NHS guidelines. Can you share plans/ report back on this work?	We will be holding an engagement forum on Thursday 18 February which will be attended by Patrick Price, Equality and Diversity Lead for the trust. We will be updating the forum on the work that is taking place to improve accessibility, including the development of an toolkit called 'creating the right environment' designed to cover a range of accessibility issues, it can be used in a self-assessment of services involving patient group representatives.  In addition, the trust sensory team is in the process of conducting an access audit of all main sites beginning with base sites with a particular focus on access for deaf and hard of hearing patients.

### Other

	Question	Response
24	Original proposals set out that health improvement would be an outcome of the development of the hospital. The Trust informed LINk in 2009 that they would set targets for improved mortality rates and	The trust is tracking a number of metrics associated with the change in model of emergency care which includes mortality rates, admission numbers, length of stay, efficiency.
	develop a number of other quality measures to demonstrate the value of the hospital. What progress has the trust made on this issue and is publication of an evaluation report planned?	Given the hospital has only been functioning for seven months it is difficult to make any firm conclusions from the data at this time as the time frame is considered too soon.
		The trust will be writing an evaluation report but it is expected that at least data for a year will be required - in order to make this information meaningful.
25	What opportunities are there for North Tyneside residents to share their experiences and participate in any ongoing discussions about how to improve the hospital?	We have a feedback channel called 'We're listening' which gives patients, staff and the public an opportunity to tell the trust what they think. Cards and post boxes are available at all trust sites and online cards are available on the trust website and intranet.  In addition, people living in North Tyneside are welcome to join the trust as members so they can help shape local healthcare services and have the opportunity to stand as a governor for their local public constituency.