

Nottinghamshire County LINK

Dementia Strand 1 – The experiences of carers, friends and relatives of patients on Ward B47, Queen's Medical Centre Campus, Nottingham University Hospitals NHS Trust

March 2011

Contents

Acknowledgements	4
What is Dementia?	4
Task and Finish Group origin	5
Background to Ward B47	6
Participants and partners involved in the group	6
Aims and Objectives.....	7
What we did.....	8
Regular Meetings.....	8
Presentations / Updates	8
Enter and Views / Informal Visits.....	8
Reports from Informal Visits to Ward B47.....	8
Informal Requests for Information	12
Planning for the Engagement Coffee Afternoons	12
Methodology	13
Verbal feedback, observations and benefits to being on Ward B47	13
Verbal feedback from visitors and patients	13
Observations made by LINK participants.....	14
Benefits of the LINK participants being on the ward	14
Questionnaire Results.....	14
Conclusions.....	20
Recommendations and expected outcomes	21
Monitoring	24
Appendix 1: Joint City and County Health Scrutiny Minutes	25
Appendix 2: NIHR Medical Crises in Older People: better mental health /medical and mental health unit workstream	30
Appendix 3 – Questionnaire	35
Appendix 4 – Poster	39

Acknowledgements

The partnership approach to this piece of work has enabled the task and finish group to collate findings and information from friends, relatives and carers of patients on Ward B47 at the Nottingham University Hospitals NHS Trust, Queen's Medical Centre Campus.

We would like to thank the following; Nottingham University Hospitals NHS Trust Queen's Medical Centre Campus, staff on Ward B47, Simon Hammond Clinical Nurse Specialist in Dementia Care, Nottingham and Nottinghamshire Joint Health Scrutiny Committee, Nottinghamshire Healthcare NHS Trust and Alzheimer's Society.

We would also like to thank the carers, friends and relatives of patients on Ward B47 for taking part in this project.

What is Dementia?

Dementia is a syndrome (a group of related symptoms) that is associated with an ongoing decline of the brain and its abilities. These include:

- memory
- thinking
- language
- understanding
- judgment

People with Dementia may also become apathetic, have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change or they may see or hear things that other people do not, or have false beliefs. Most cases of Dementia are caused by damage to the structure of the brain. People with Dementia usually need help from friends or relatives, including help in making decisions.

Usually Dementia occurs in older people, however it is also known to occur in younger people. Dementia is slightly more common in women than in men.

Listed below are the different types of Dementia:

- Alzheimer's disease. Where small clumps of protein, known as plaques, begin to develop around brain cells. This disrupts the normal workings of the brain.
- Vascular Dementia. Where problems with blood circulation result in parts of the brain not receiving enough blood and oxygen.
- Dementia with Lewy bodies where abnormal structures, known as Lewy bodies, develop inside the brain.
- Frontotemporal Dementia. Where the frontal and temporal lobes (two parts of the brain) begin to shrink. Unlike other types of Dementia, Frontotemporal Dementia usually develops in people who are under 65. It is much rarer than other types of Dementia.
- Dementia is a common condition. In England alone, there are currently 570,000 people living with Dementia. That number is expected to double over the next 30 years.¹ Other figures suggest this number to be much higher at between 750,000 – 820,000 people currently living with Dementia.

Task and Finish Group origin

The subject of Dementia Care in Hospitals was discussed at the Nottingham Joint City and County Health Scrutiny Committee in January 2010 (see Appendix 1 for an extract of the minutes). A presentation was delivered by Professor Harwood from Nottingham University Hospitals NHS Trust about the Trust's Dementia services.

At the following Health Scrutiny Committee meeting in February 2010, carers of people with Dementia were invited to share their experiences of Dementia care. Subsequently, a number of recommendations were made to Nottingham University Hospitals NHS Trust.

The following recommendations were also made to Nottinghamshire County LINK:

"Resolved that the following issues be forwarded to the City and County Local Involvement Networks (LINKs) to consider including in their work plan, exploration of:

- a) The experience of patients and carers on the pilot Dementia ward at Nottingham University Hospitals (NUH);*

¹ NHS Choices Website

b) The standards of nursing care for Dementia patients.”

The Dementia Task and Finish Group were involved with engagement and the planning of a consultation for relatives friends and carers of Dementia patients. The group worked in partnership with the Nottinghamshire County LINK's Consultation Co-ordination Panel.

The Nottinghamshire County LINK's Dementia Task and Finish Group took forward two strands of work;

1. Ensuring that experiences of carers and patients on Ward B47 are captured and used to shape service delivery
2. Exploring the quality of Dementia services in Nottinghamshire and monitoring systems

This report focuses solely on the experiences of family, friends and carers of patients on Ward B47, Nottingham University Hospitals NHS Trust Queen's Medical Centre Campus. A further report focusing on monitoring systems within Dementia care services will be published in May 2011.

Background to Ward B47

In July 2008 a team at Nottingham University Hospitals NHS Trust (NUH) and Nottingham University researchers were awarded a £2M research trial grant by The National Institute of Health Research (NIHR), to carry out a piece of work entitled Medical Crises in Older People.

The focus of this research was older people admitted to NUH as emergencies, who were also presenting with mental health needs. This included people with Delirium (confusion caused by a physical illness), people with Dementia (or other mental health problems) who have some other physical illness, or people with non-specific presentations (such as falls or not coping) where the contributions of physical and psychiatric problems are unclear.

The trial is an individual patient randomised controlled trial. The target population is elderly people with combined mental and physical health problems, who have been admitted as medical emergency patients. Currently, the ward is 18 months into a three year project.

Participants and partners involved in the group

The following table includes LINK participants involved in the Dementia Task and Finish Group and partners who registered an interest.

Participant Name / Role	Organisation (If applicable)
Glen Swanwick (Joint Group Lead)	LINK Executive Board Member
Tom Turner (Joint Group Lead)	LINK Executive Board Member
Margo Heyhurst	LINK Participant
John Kerry	LINK Executive Board Member
Cheryl Barthorpe	LINK Participant
Jean Carr	Carer, LINK Participant
Brenda Cartledge	Carer, LINK Participant
Malcolm Cooper	Carer, LINK Participant
Shirley Inskip	LINK Executive Board Member
Mike Osborne	LINK Participant
Mollie Smy	Carer, LINK Participant
Norma Shore	Carer, LINK Participant
Jane Stubbings	LINK Executive Board Member
Barbara Venes	LINK Executive Board Member
Joe Ward	LINK Executive Board Member
Julie Bryant	LINK Participant
Rachael Print	Alzheimer's Society
Gladys Bombek	Nottinghamshire Healthcare
Alison Cargill	Nottingham University Hospitals
Jane Cashmore	Nottinghamshire County Council
Sarah Clarkson	Nottinghamshire County Council
Simon Hammond	Nottingham University Hospitals / Nottinghamshire Healthcare
Mary Spencer	NHS Bassetlaw
Penny Spice	Nottinghamshire County Council
Caron Swinscoe	Nottingham University Hospitals
Sharon Watts	Nottinghamshire County Council
Trevor Wright	Nottinghamshire County Council
Katy Jeffery	Community Engagement Worker, LINKs Support Team
Laura Thomas	Senior Community Engagement Worker, LINKs Support Team

Aims and Objectives

The overall aim of this project is to ensure proper engagement with patients and their carers on Ward B47 at Queen's Medical Centre Campus through joint working with professionals.

The objectives for this project are as follows:

- To explore and share examples of best practice
- To measure patient and carer experience
- To develop a method to capture patient and carer experience
- To use feedback from patients and carers to influence service changes

What we did

Regular Meetings

- Monthly Task and Finish Group meetings with LINK participants, stakeholder partners, and LINK support staff.
- Regular Dementia Carers Group meetings in partnership with Nottingham University Hospitals NHS Trust.
- Engagement planning meetings with Nottingham University Hospitals Trust regarding Ward B47, Queen's Medical Centre Campus.

Presentations / Updates

- Updates provided to Nottingham City and County Joint Health Scrutiny Committee.
- Update provided to the Mental Health Services for Older People Patient and Public Involvement Reference Group.
- Exhibitions stand at the NHS East Midlands 'We're in it together.' East Midlands Dementia Strategy Conference.

Enter and Views / Informal Visits

- A series of informal visits were carried out on Ward B47 to speak with staff, plan engagement and to have a tour of the ward and the facilities within it. These visits took place on many occasions throughout the project, with a number of participants and staff involved.

Reports from Informal Visits to Ward B47

Informal Visit to Ward B47, 19th July 2010

How many staff are on duty? RMNs/RGNs

There are generally six to eight staff on the ward at any time which are made up of a mixture of general nurses and mental health nurses, this is a combination of two thirds qualified staff and one third unqualified. The ward employs three mental health nurses and shifts are divided so that there is usually a mental health nurse on duty at all times. Registered general nurses working on the ward are given extra training in Dementia and person centred care.

B47 benefits from the following staff in addition to standard care staff:

- a dedicated Discharge Co-ordinator
- an Activity Coordinator
- an extra Occupational Therapist specialising in mental health
- two sessions per week from a Dementia Speech Therapist

How many patients? / What is the capacity?

There are 28 beds on the ward, and the ward is usually at full capacity. The average stay is six days, although the longest stay to date has been four months

How many rooms?

- 1 double side room (either male or female – not mixed)
- 2 single side rooms (either male or female)
- 2 male bays
- 2 female bays

Side rooms are usually used for patients with infections or for those who are more distressed.

What are the visiting hours?

- Official visiting hours are 2:30pm – 8:30pm, although meal times are protected between 5-6pm. Relatives, friends and carers still visit during this time as it is just protected time for the nursing staff to allow them to meet the nutritional needs of the patients.

Is there flexibility for visiting?

There is open visiting for patients on the pathway to end of life and staff are usually flexible with visiting hours. Only nurses, healthcare assistants and carers are on the ward during mealtimes.

There is also a family room on the ward which patients, friends, relatives and carers can use at their discretion.

Are carers encouraged to support the care?

Carers are encouraged to support personal care and mealtimes. Carers are also encouraged to bring snacks and favourite food in for the patient. Volunteers also assist with mealtimes.

Are carers given the opportunity to speak to staff?

Always – the ward staff operate an open door policy.

How are carers kept informed of care plans?

Always – carers are welcomed to sign care plans.

What activities are there for patients?

There are physical activities for those who are able e.g. carpet bowls. Activities are co-ordinated by the Activity Co-ordinator, Healthcare Assistants and volunteers. Activities are run between 10am and 12pm and patients are encouraged to stay in the activity room after the session to eat lunch together. Carers are encouraged to take patients outside for fresh air where possible. Opportunities for better access to fresh air are currently being explored.

Are there regular carer meetings?

Carers meetings take place for those with more complex needs with relatives and carers invited to come to ward rounds. Carers and relatives are able to contact the nursing, medical and allied health professionals at anytime by telephone should they need to discuss anything or have any concerns.

How are families and carers consulted about the service?

Research Team Nurses visit the ward daily to speak to carers and patients about the trial, to establish whether they wish to take part in the research trial and to gain carer feedback. There is staff and patient feedback information on a ward white board.

Not all patients on the ward take part in the trial as some choose not to. Nursing staff are not aware who is included in the trial as this may affect results.

Other comments

- There are similar wards set up in Carlisle and York and one is being created in Birmingham.
- Light boxes are being installed for sensory stimulation.
- Memory boxes have been installed so that patients can keep their personal items on view safely.
- Patients who could potentially be included in the trial are placed onto the randomised computer system, where beds are available for the appropriate sex – the computer then selects whether the patient should be included in the trial or admitted to standard care. Once on Ward B47, the Research Team Nurses then talk to the patient and carer to establish whether they wish to take part.
- If patients develop complex medical needs, they are transferred to a more suitable ward e.g. Stroke, Ear Nose and Throat, and are transferred back to B47 when ready.
- Mini Mental State Examinations are undertaken on admission and discharge.

- Drugs are used at a minimum on the ward and medication is reviewed daily in accordance with care plans.
- Ward B47 has a dedicated Discharge Co-ordinator in line with other wards for this age range.
- Delayed discharge occurs at a similar rate to standard care wards. There are weekly directorate meetings where staff discuss issues such as delayed discharge.

Informal Visit to Ward B47, 22nd October 2010

A sub group of the Dementia task and finish group met with Simon Hammond, Clinical Nurse Specialist on Ward B47 to discuss the project and gain insight into Ward B47. During the meeting the group gained the following information:

- Alzheimer's Society visits the ward weekly, and are sometimes called in to help if there is a dispute between staff, patients, carers and family members.
- Independent Mental Capacity Advocates (IMCA's) are sometimes called in on Mental Capacity matters if a patient has no carer, friends or relatives.
- Staff endeavour to make strong links with carers of patients on the ward.
- Professor Rowan Harwood, ward Consultant is considering setting up a carer's clinic at some point in the future.
- Simon Hammond believes that any compliments, concerns and/or complaints are very useful as they allow the opportunity to review practices and aid staff in driving up standards of care. By raising concerns no matter how small to the attention of ward staff, many issues can be resolved as they arise before matters escalate. Simon believes that allowing LINKs the valuable opportunity to undertake an anonymous survey on Ward B47 gives relatives the chance to provide feedback. It is very useful for people who usually don't feel confident approaching staff with any of their complaints, concerns and/or compliments. Any information relayed to LINKs will be treated as confidential, and those completing questionnaires are informed of this.
- There are two Psychiatrists and Geriatricians attached to Ward B47.
- Patients are given a full physical check before a Dementia diagnosis is given.
- Three Activity Co-ordinators were recruited. There is also three volunteers.
- Patients who are well enough will be encouraged to use the day room.
- Ward policy is that the patients are not given anti-psychotic drugs whilst on the ward (unless it is absolutely necessary, but is reviewed daily).
- The 'red tray' method is used to identify those patients who find it difficult to eat.
- The length of the patients stay on the ward is usually until their physical illness has been treated sufficiently to allow discharge.
- A consultant psychiatrist visits the ward.
- Ward staff have made some changes to the ward: removing coloured strips on the floor (which patients can confuse with steps), providing a male urinal, boxing in the fire extinguishers, memory boxes above each bed, soft closures on doors and bins.

Informal Visit to Ward B47, 4th January 2011

Representatives from the Nottinghamshire County LINK Dementia Task and Finish Group and staff from Ward B47 met to discuss a plan for engagement opportunities, and to design a questionnaire in partnership. It was also agreed that the focus for the engagement and consultation would be upon carers, friends and relatives of patients on the ward. This is because the ward carries out patient satisfaction surveys, and it is important to cause minimum disruption to patients.

Informal Requests for Information

The following informal requests for information were made and responded to, making statutory letters unnecessary in these cases:

Date	Recipient of request	Purpose of request
27/05/2010	Nottingham University Hospitals	To obtain background information about Ward B47.
03/06/2010	NHS Nottinghamshire County	To establish current work undertaken by NHS Nottinghamshire County regarding the local Dementia Strategy and opportunities for joint working.

Planning for the Engagement Coffee Afternoons

It was agreed that the group would run a series of Engagement Coffee Afternoons to gain the thoughts, views and experiences of friends, relatives and carers visiting patients on Ward B47.

These sessions would take place over four different days during visiting hours from 2.30pm-8.30pm. During these times visitors would be encouraged to speak to members of the LINK Task and Finish Group about their thoughts and opinions in a safe and confidential environment, and complete questionnaires (see appendix 3). Patients were also welcome to talk to LINK volunteers if they wished to. The Engagement Afternoons were advertised on and around the ward for a week before the sessions were due to take place (see appendix 4). The task and finish group designed posters to advertise the sessions and provided copies of the questionnaire and a response box to the nurse's station for anyone who wanted to complete the questionnaires prior to the Engagement Afternoons.

The questionnaires were designed by the task and finish group in partnership with staff on Ward B47 and quality checked by the Nottinghamshire County LINK Consultation Co-ordination Panel. Questions included consultation on care, the

treatment of patients, eating and drinking and the availability of information on the patient's condition and care.

Methodology

In order to gain the views, thoughts and experiences of carers, friends and relatives of patients on Ward B47, the Dementia group did the following:

- Spent a total of 24 hours on the ward engaging and consulting with visitors, patients and staff.
- A total of six volunteers and one member of LINK support staff attended the Engagement Coffee Afternoons on a rota system.
- A LINK desk was set up on the ward in a communal area containing information about the LINK, merchandise and an opportunity to complete questionnaires personally, or with the support of the volunteers present.
- Staff on Ward B47 were friendly and helpful to all volunteers whilst on the ward, and encouraged visitors to complete questionnaires.

Verbal feedback, observations and benefits to being on Ward B47

Verbal feedback from visitors and patients

Some visitors on the ward chose to give LINK volunteers verbal feedback rather than completing questionnaires and said the following;

Concerns were raised on a few occasions regarding the loss of patient's personal belongings. The ward encourages patients to wear their own clothes whilst on the ward. However LINK volunteers were told that this has led to belongings going missing.

'The patient had to wear disposable clothes because their own clothes had been captured by another patient.'

The visitor involved said that they found this extremely distressing for the patients and themselves who had brought the clothes into the ward.

It should be noted that this is a problem often shared across other hospital wards.

A relative raised concerns over the implications of 'bed hopping' as patients are encouraged to walk around the ward.

Simon Hammond, Clinical Nurse Specialist clarified that Ward B47 and NUH has a wrist band with the individuals details on them including name, date of birth, hospital number etc and these details are rigorously checked each time medication is administered. Each individual is assessed each time they are given their medication

as to whether they need help to take their medication and if they will only take medication from a particular family member then the relative will be encouraged to help out where possible.

This is the same for eating and drinking, where Ward B47 has evolved beyond the red tray system. Individual needs are quickly identified, documented and communicated within the team and to family and carers.

A comment was also made regarding the activities held on the ward. Although we had positive comments regarding the range of activities, and the fact that this differentiates this ward to others on the Queen's Medical Centre Campus, LINK volunteers were told by one individual that they felt a lot of the activities are aimed at Dementia patients, which results in them not always being appropriate for all patients.

Staff on Ward B47 confirmed that activities are not necessarily aimed at patients with Dementia. The Activity Co-ordinator decides on the activity depending on which patients are suitable for the activities on the day.

Observations made by LINK participants

During the Engagement Coffee Afternoons LINK participants made the following observations:

When talking to visitors on the ward, LINK participants observed that very few people appeared to know that the ward was a controlled trial ward.

LINK participants observed a great deal of interaction between staff and patients throughout the ward and often saw groups of staff and patients taking part in activities together. The ward appeared to be a friendly and relaxed environment for patients and visitors.

Benefits of the LINK participants being on the ward

The benefits of LINK volunteers being present on the ward was that patients, visitors and staff were able to gain a visual awareness of LINK volunteers and all LINK branding. It also gave a background to why the LINK were doing this piece of work. This gave people the opportunity to approach volunteers directly to share their thoughts and opinions, and gave the reassurance that the work is being carried out independently and confidentially.

Questionnaire Results

During the Engagement Coffee Afternoons, LINK volunteers were surprised at the low number of visitors accessing the ward over the four days and that it was difficult to encourage people to share their views at times. LINK Participants were also very

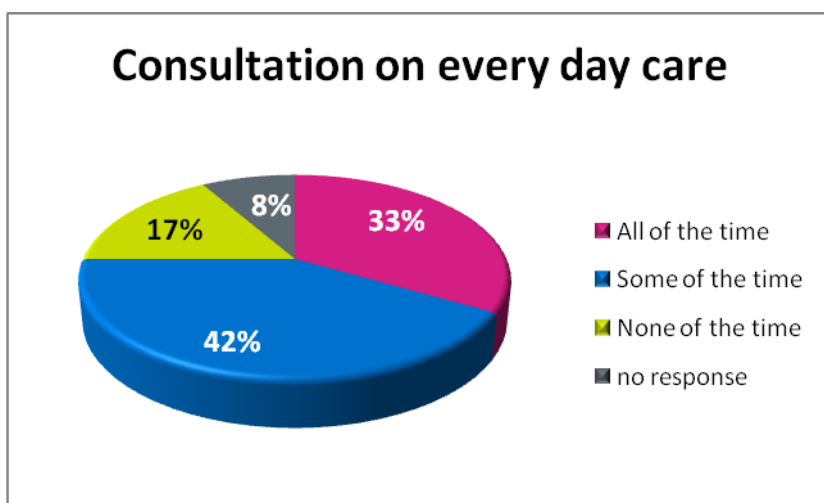
aware of the fact that they were trying to access information from people at what could have been an extremely sensitive time so approaching people sitting around patient's beds was avoided unless ward staff had already spoken to the individuals to gain their consent.

A total of 12 questionnaires were completed, one case study and numerous verbal comments were recorded.

All percentages below are taken from the total number of questionnaires completed.

The responses from the questionnaires said the following;

Q1 Do you feel that you have been consulted on the everyday care of your friend/relative whilst on Ward B47?



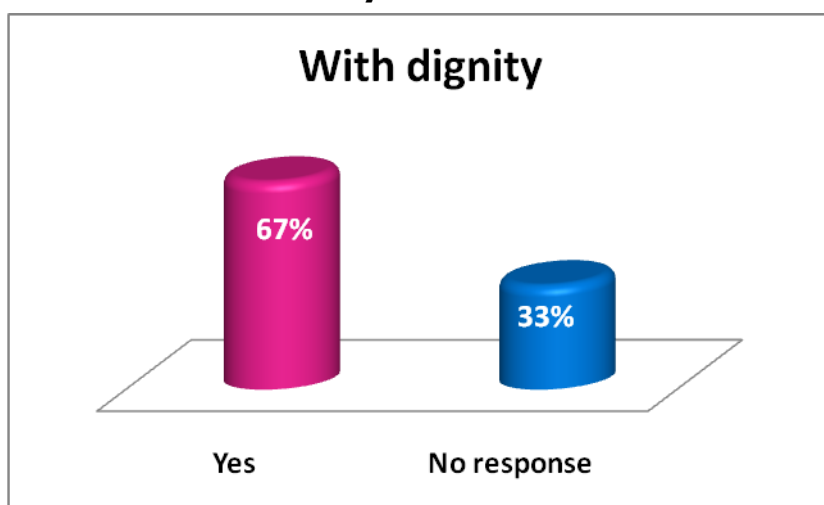
The chart to the left indicates the responses to question one asking respondents to indicate if they feel they have been consulted on the every day care of the patient. The chart shows that a total of 75% (9) of respondents felt that they had been consulted all of the time or some of the time, with 17% (2) of respondents indicating that they were

consulted on care none of the time. Only one respondent said that no nurse gave any information.

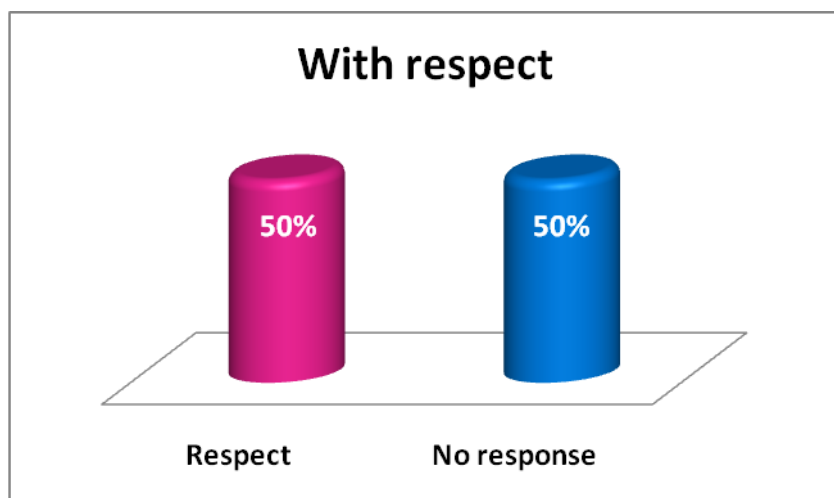
Q2 How do you feel the patient has been treated by staff?

Q2a With dignity

The chart to the right indicates that 67% (8) of respondents felt that patients were being treated with dignity whilst on Ward B47.



Q2b With respect

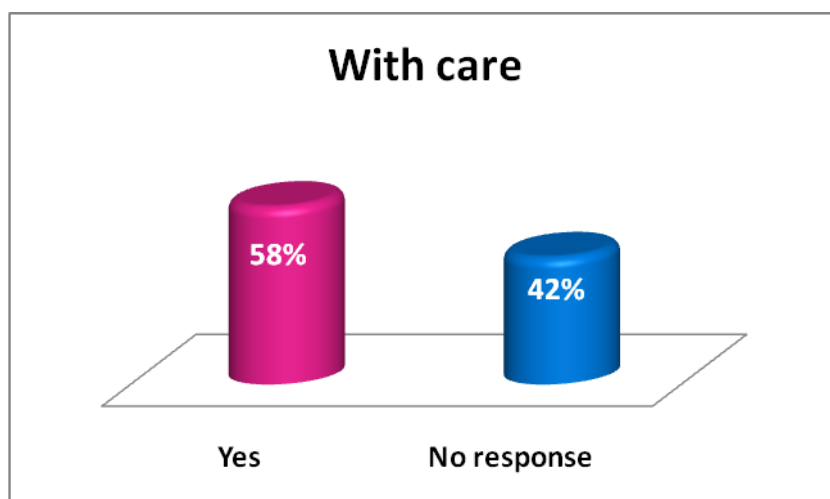


The chart to the left shows that 50% (6) of respondents felt that patients on Ward B47 are treated with respect.

Q2C With care

The chart to the right indicates that 58% (7) of respondents felt that patients on Ward B47 are treated with care.

Two comments were provided for this question stating 'very good care given at all times,' and 'he was allowed to walk about in just underpants.'



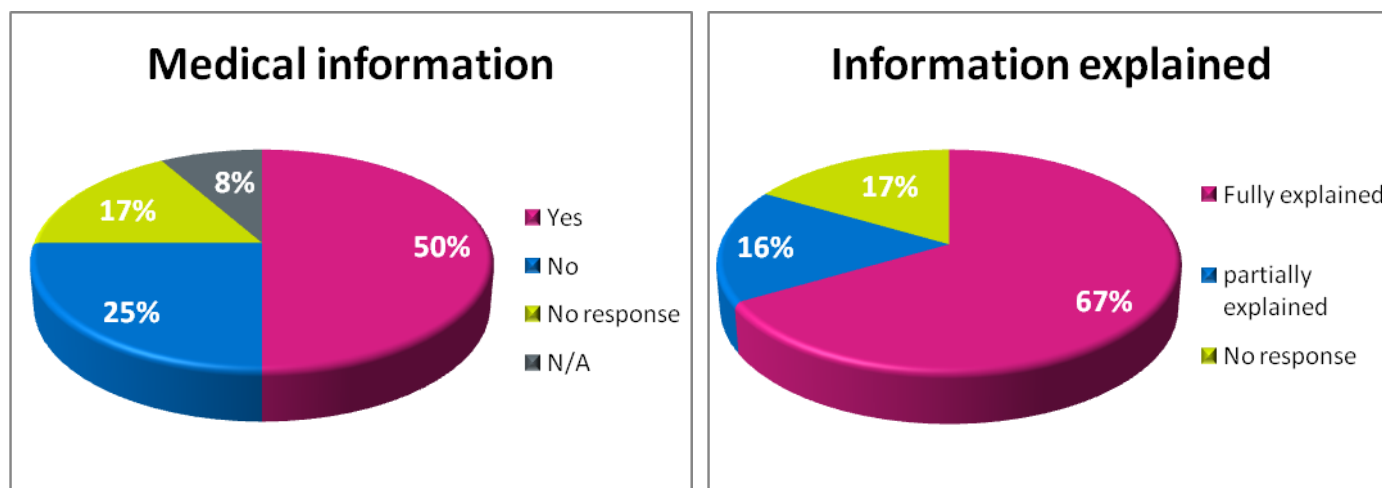
Q3 Have you had any of the following? a) a carers assessment b) signposting to other services c) don't know/unsure

Question three asked respondents to indicate if they or the patient had received a carers assessment, been signposted to other services or if they were unsure if they had received any of these services.

17% (2) of respondents had received a carers assessment, 8% (1) of respondents had been signposted on to other services, and 58% (7) of respondents were unsure if they had received any of these services.

Comments on this question included, 'not at this admission. Previous admission nearly 2 years ago, my husband was allowed 2 carers per week,' and 'he was sent to Derby Community Hospital.'

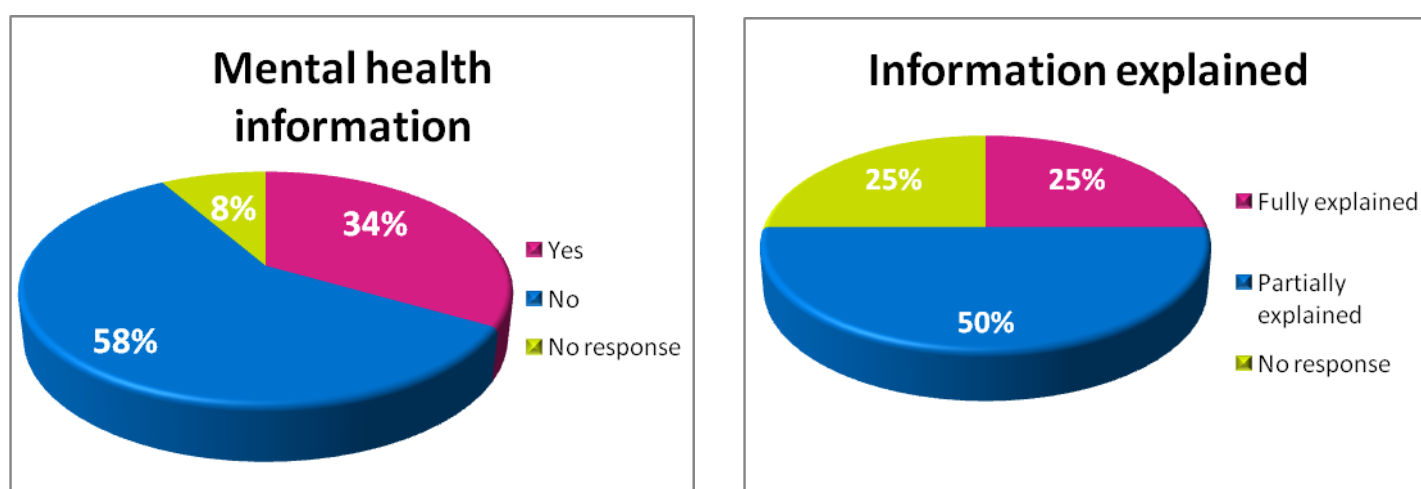
Q4 Have you been given medical information about the patient?



Question four asked respondents to indicate if they had been given medical information about the patient, and if so, was this information explained to you. A total of 50% (6) of respondents had been given information, and 67% (8) of those people said this information had been fully explained.

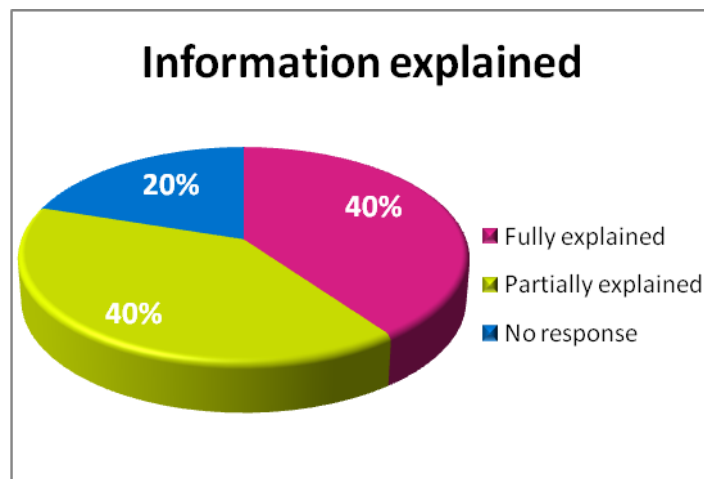
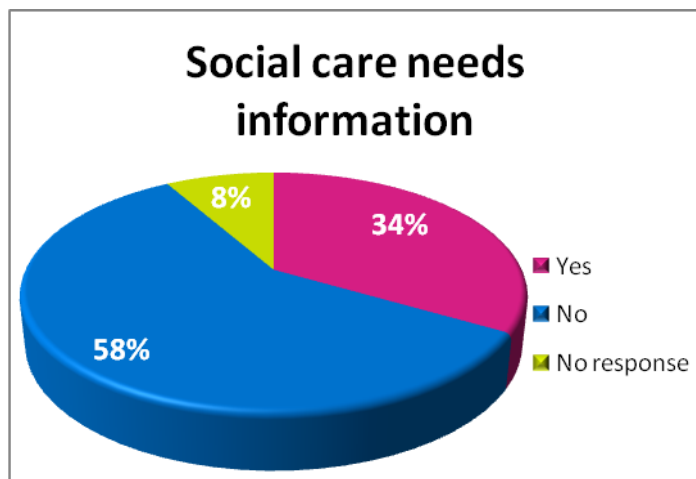
One comment was included on the questionnaire which said, 'no one discussed his condition with me and no medical information was given.'

Q5 Have you been given information on the patient's mental health?



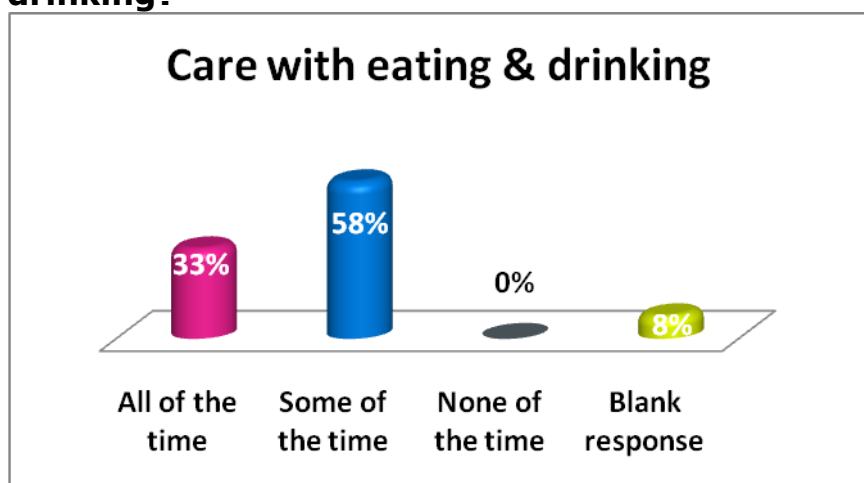
Question five asked respondents to indicate if they have been given information on the patients mental health. A total of 34% (4) said that they had been given this information, with a total of 75% (9) of these respondents saying that this had been fully or partially explained. One additional comment was made which said, 'no one explained what was happening.'

Q6, Have you been given information on the patient’s social care needs?



Question six asked respondents to indicate if they have been given information on the patients social care needs. A total of 34% (4) of respondents indicated that they have been given this information, and 80% (10) of those people said this had been fully or partially explained. One additional comment was made which said, 'no one explained what was happening.'

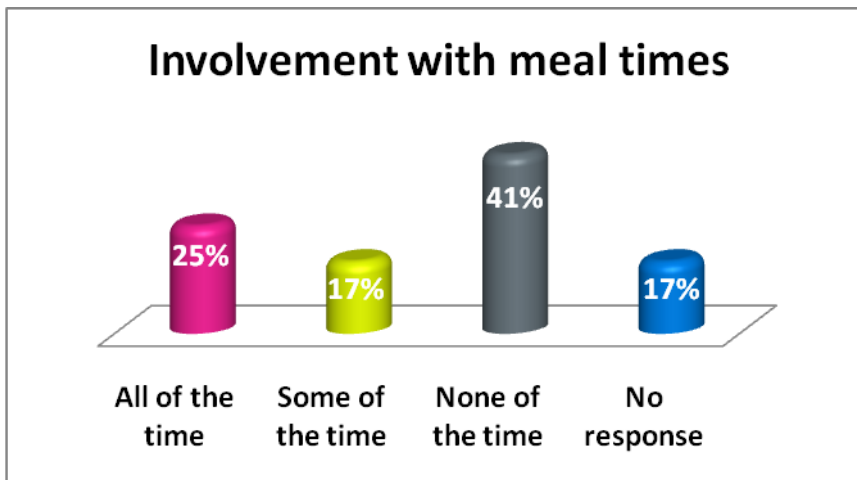
Q7 Do you feel the patient is getting the right care when eating and drinking?



The chart to the left shows responses regarding care when eating and drinking. A total of 91% (11) of respondents said that patients on Ward B47 were given the right care when eating and drinking either all of the time or some of the time.

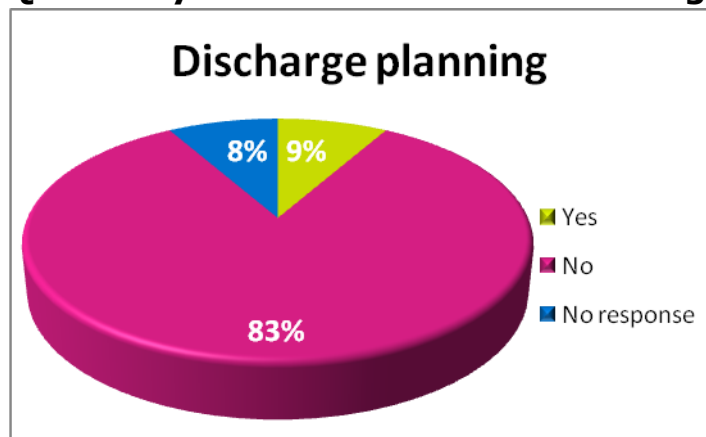
Q8 Have you been given the opportunity to get involved with meal times?

Question eight asked respondents to indicate if they got involved with patient meal times. A total of 42% (5) of respondents said that they had been involved either all of the time, or some of the time. One additional comment was made which said, 'you are not allowed in at meal times.' Ward staff confirmed that carers and relatives are



encouraged to get involved with all aspects of the patients care. Some carers are heavily involved, and others appreciate being asked.

Q9 Have you been involved in discharge planning?

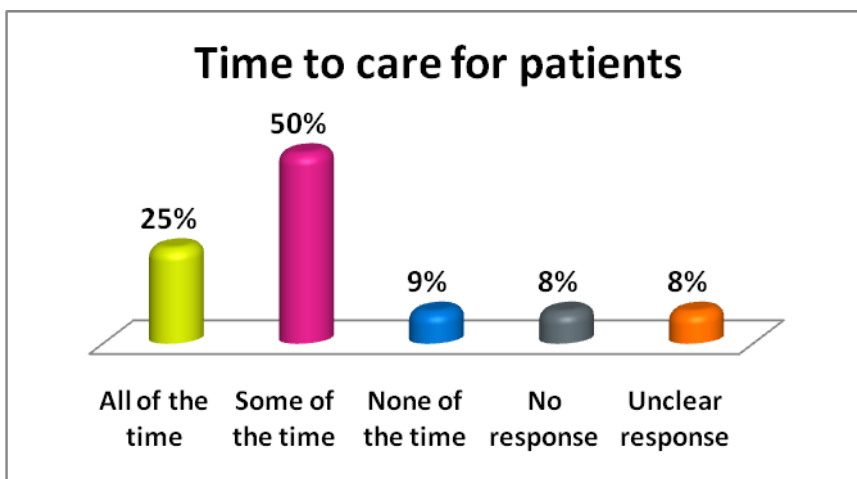


Respondents were asked to indicate if they had been involved in discharge planning. Only 9% (1) of respondents said that they had been involved, and also found this useful.

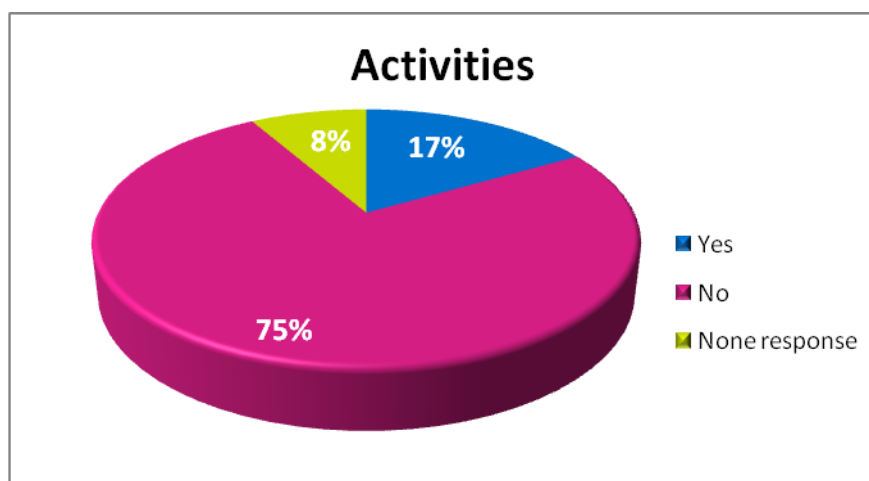
Staff on Ward B47 confirmed that where possible, Care Plans are always planned and designed in partnership with the patients, carers and relatives.

Q10 Do you feel that the ward staff have enough time to spend caring for the patient?

Respondents were asked to indicate if they felt ward staff have the time to spend caring for patients. A total of 75% (9) of respondents said that they felt staff had the time to care for patients either all of the time or some of the time.



Q11 Are you aware of any meaningful patient involved activities that take place on Ward B47?



Finally, respondents were asked if they were aware of any meaningful patient involved activities that take place on Ward B47. A total of 75% (9) of respondents were not aware of any activities.

Additional information was provided for this question which said the following;

'play your cards right, games, puzzles and bowling, arts and crafts, music, DVDs, quizzes, board games, painting, reminiscing,' and 'have not noticed any.'

Ward staff confirmed that currently activities are taking place in the mornings which is why carers and relatives are not always fully aware of what activities are taking place. However staff are currently looking into extending activity times.

Conclusions

This piece of work could not have been completed without using a partnership approach. Staff on Ward B47 were extremely keen to work with the LINK to ensure that independent and meaningful engagement took place with relatives, friends and carers of patients on the ward. Staff encouraged visitors to share their views and experiences with LINK participants and have supported the design and implementation of the questionnaire.

Although the numbers of visitors on the ward during the Engagement Coffee Afternoons was less than expected, it is still felt that the volunteers were able to gain an invaluable view on the thoughts and experiences of visitors during that time.

Staff from Ward B47 have reported that colleagues from other wards across the campus are constantly in touch with them asking for patients to be transferred on to Ward B47. This is due to the facilities and expertise on the ward. This is clear evidence that the good practice on the ward is well known across the campus and staff are keen for patients to receive the best possible care in the most appropriate place. They can benefit from the different language of approach, and person centred model used on the ward.

New NUH staff receive one hour of Dementia awareness training as part of their initial qualification training. Staff based on Ward B47 have received a supported and comprehensive training package put together by one of the Deputy Sisters on the ward. Mental Health nurses based on Ward B47 have noted that they have seen a change in staff attitudes since working on the ward and a move more towards prevention and forward thinking adopting new styles of language and communication.

Since beginning this report, two more activity co-ordinators have been employed and activities will now be encouraged in the afternoon and early evening.

Staff on Ward B47 are also currently looking at the facilities of the day room to make this space more user friendly for Dementia patients.

This report has helped to highlight the need for fully trained mental health nurses to be employed onto wards such as B47. This can be evidenced thorough the strong support from staff on other wards to refer patients onto Ward B47, and the person centred care currently in place on the ward.

Recommendations and expected outcomes

Following the completion of this project, the Dementia task and finish group would like to make the following recommendations;

Recommendations	Expected Outcomes	To whom
1) To improve communication and information sharing where appropriate with relatives and carers. a) This includes information on the care of the patient. b) Any changes to the patients care or condition. c) Expected dates of discharge d) Any changes to care on discharge.	To improve communication between hospital staff and relatives and carers. To further include relatives and carers in the care of the patient. To reduce the number of patients needing a readmission. To improve patient, carer and relatives experiences of care on Ward B47.	Ward B47 – Queen’s Medical Centre Campus
2) To ensure that information is shared with relatives and	To improve communication between hospital staff and	Ward B47 – Queen’s Medical

Recommendations	Expected Outcomes	To whom
carers on the patients social care needs.	<p>relatives and carers.</p> <p>To further include relatives and carers in the care of the patient.</p> <p>To reduce the number of patients needing a readmission.</p> <p>To improve patient, carer and relatives experiences of care on Ward B47.</p>	Centre Campus
3) To continue to monitor through the Public and Patient Involvement group, and the Patient Advice and Liaison Service, trends in compliments, concerns and complaints regarding Ward B47.	To improve patient, carer and relatives experiences of care on Ward B47.	Ward B47 – Queen’s Medical Centre Campus
4) To continue to encourage carers and relatives to support patients during meal times.	<p>To improve patient, carer and relatives experiences of care on Ward B47.</p> <p>To improve the comfort of patients whilst in hospital.</p> <p>To encourage good practice following discharge.</p>	Ward B47 – Queen’s Medical Centre Campus
5) To improve relative and carer involvement in all elements of discharge, and discharge planning.	<p>To further include relatives and carers in the care of the patient.</p> <p>To improve patient, carer and relatives experiences of care on Ward B47.</p> <p>To encourage good practice following discharge.</p>	<p>Ward B47 – Queen’s Medical Centre Campus</p> <p>Nottinghamshire County Council</p> <p>Nottingham City Council</p>

Recommendations	Expected Outcomes	To whom
	To reduce the number of patients needing a readmission.	
6) To encourage the involvement of carers and relatives in creating an appropriate care package.	<p>To further include relatives and carers in the care of the patient.</p> <p>To improve patient, carer and relatives experiences of care on Ward B47.</p> <p>To encourage good practice following discharge.</p> <p>To reduce the number of patients needing a readmission.</p>	<p>Ward B47 – Queen’s Medical Centre Campus</p> <p>Nottinghamshire County Council</p> <p>Nottingham City Council</p>
7) To allocate a social worker to Ward B47.	To meet the health and social care needs of patients.	<p>Nottinghamshire County Council</p> <p>Nottingham City Council</p>
8) To promote the activities carried out with staff and patients on a daily basis, encouraging relatives and carers to take part in these activities where appropriate.	<p>To further include relatives and carers in the care of the patient.</p> <p>To improve patient, carer and relatives experiences of care on Ward B47.</p> <p>To further improve knowledge of the good practices already in place on the ward.</p> <p>To improve quality of life for patients, carers and relatives.</p>	Ward B47 – Queen’s Medical Centre Campus
9) To ensure that engagement activities on the ward are appropriate to all patients.	To improve patient experience.	Ward B47 – Queen’s Medical Centre Campus
10) To reduce the losses of personal property on the ward.	Reduce patient, relative and carer distress.	Ward B47 – Queen’s Medical Centre Campus

Recommendations	Expected Outcomes	To whom
	To improve patient, carer and relatives experiences.	
11) To develop more focused training on Dementia Care for general nursing staff and Healthcare assistants.	To improve staff attitudes, awareness, knowledge and skills in Dementia Care.	Nottingham University Hospitals NHS Trust
12) To improve access to specialist Dementia Care support for all general nursing staff in line with the Dementia Strategy.	To introduce and develop the Liaison Service.	Nottingham University Hospitals NHS Trust
13) To develop a system of improved language and dialogue with Dementia patients.	To improve patient dialogue with Clinicians.	Nottingham University Hospitals NHS Trust

Monitoring

Ongoing monitoring of the above concerns and recommendations will be undertaken by the Nottinghamshire County LINK. The Task and Finish Group will reconvene in six months to begin measuring progress and the results of this monitoring will be included in appropriate LINK publications and fed back to communities and relevant organisations. The recommendations will also be passed on to HeathWatch when it is established.

Appendix 1: Joint City and County Health Scrutiny Minutes

JOINT CITY AND COUNTY

HEALTH SCRUTINY COMMITTEE

MINUTES

of meeting held on **12 JANUARY 2010** at the
Council House from 10.15 am to 11.40 am

Nottingham City Councillors

- ✓ Councillor G Klein (Chair)
- ✓ Councillor E Dewinton
- ✓ Councillor P Griggs
Councillor E Heppell
- Councillor I MacLennan
- ✓ Councillor T Marshall
- ✓ Councillor D Smith
- ✓ Councillor T Spencer

Nottinghamshire County Councillors

- ✓ Councillor V Dobson (Vice-Chair)
- ✓ Councillor G Clarke
- ✓ Councillor J Clarke (from minute 44 inclusive)
- Councillor S Garner
- ✓ Councillor E Kerry
- Councillor S Saddington
- ✓ Councillor P Tsimbiridis (from minute 44 inclusive)
- ✓ Councillor B Wombwell

✓ indicates present at meeting

Also in Attendance

Ms K Pocock	- Acting Overview and Scrutiny) Nottingham
	Team Leader) City Council
Ms C Ziane-Pryor	- Committee Administrator)
Mr M Gately	- Scrutiny Officer) Nottinghamshire
Mr A Jackson	- Research Officer) County Council
Ms G Oliver	- Head of Mental Health / Older People	- NHS Nottinghamshire County
Prof R Harwood	- Clinical Lead in Geriatric Medicine) Nottingham University Ms A
Treadgold	- Assistant Director of Commissioning) Hospitals
Ms M Taylor	- Management Trainee	- NHS Nottingham City
Ms J Warner	- Executive Director Strategy and Improvement	- Sherwood Forest Hospitals NHS Foundation Trust
Mrs B Venes	- Nottingham City LINK	

44 DEMENTIA CARE IN HOSPITAL

(a) Report of Acting Head of Overview and Scrutiny (Nottingham City Council)

Further to minute 19(3) dated 15 September 2009, consideration was given to the report of the Acting Head of Overview and Scrutiny (Nottingham City Council), copies of which had been circulated, outlining the condition of Dementia , the National Strategy and hospital care. Also attached to the report was the scope for the review of Dementia care in hospital.

RESOLVED that the report be noted.

(b) Presentation by Nottingham University Hospitals (NUH)

Professor Harwood was in attendance to give a presentation, copies of which had been circulated, which briefly explained the condition and informed the Committee

that there were several types of Dementia , including Alzheimer's disease and vascular Dementia .

It was noted that the number of Dementia sufferers in the United Kingdom was predicted to double during the next thirty years to approximately 1,400,000. There was a huge range of Dementia severity but it was more prevalent in older people and while it was relatively rare in people of working age, about 15,000 were affected nation wide. Currently an estimated 25% of hospital beds were taken by patients with Dementia. Ms Oliver informed the Committee that there were 11,000 Dementia patient beds in the County, this equated to 1% of ward beds and predicted that the same percentage would apply to the City population. Professor Harwood reported that there were 450 Dementia beds at NUH.

A range of disappointing patient and carer experiences had been reported across the board but NUH care was just a small part of the NHS community, with Mental Health Trusts, Primary Care Trusts and Adult Social Care also having roles in diagnosis and support.

Many patients were admitted to hospital for other reasons and it was often only after probing and asking a range of questions, that Dementia was suggested as an underlying condition to the primary admission reason. It was estimated that up to half of the elderly patients admitted for broken hips could have some level of Dementia. On admission for a different primary condition, delirium, a confused state of mind due to an underlying illness, could be mistakenly diagnosed as Dementia and this could put patients on the wrong treatment pathway. It was vital that awareness was raised and further training given to doctors and nurses to ensure that Dementia was recognised beyond any primary condition.

Sometimes patients on a general ward, with Dementia as a secondary condition, could be aggressive, noisy and wander off. There had been very little research into the effects on the other patients in the wards and how a patient's Dementia affected diagnosis and recovery from the primary condition, but work was under way to gauge this. The merits of single sex wards were also to be considered as part of the investigation. It had been noted that some male only wards had become more disruptive, especially with younger males, but if an older lady was placed on that ward, this had a calming or inhibiting influence. Also, if there were only a few confused patients on the ward then the other patients tended to assist them.

The 'Living well with Dementia: a National Dementia Strategy' had been launched in February 2009 and there was to be an audit in March 2010 which would allow

comparisons with other Trusts which treated people with Dementia. Currently there was not an integrated Dementia care policy at NUH. A 'liaison service' which linked organisations and services would be of great value but would need to be commissioned by the Trusts.

As in most large organisations, there were competing priorities and targets to be met, including moving patients quickly through the Emergency Department. However Trusts needed to address the targets efficiently to ensure that discharges were effective and safe. Where a secondary condition, such as Dementia, was present, it was beneficial to everyone that this be identified and appropriate support be put in place. This may prevent further admissions to hospital for similar primary conditions. One of the Trust's key successes had been the establishment of an integrated discharge team which had been effective in providing a full assessment and advice to determine the best timing for discharge.

Further work was required to establish links within the community. Sometimes admission to a care home was the most appropriate pathway for a few patients but generally people responded better if they remained in their own homes and in familiar surroundings with support. The 'number of days at home' approach was one of the gauges for success for people diagnosed with Dementia. People with Dementia who were not diagnosed and discharged may impact on their community and family as further issues arose.

End of life care for people with Dementia was very different to that of cancer, for example, because of its slower and more uncertain progression. Dementia patients were assessed in the same way as other patients and if their condition was suitable, they could be discharged to home care if that was what the patient and their carers preferred.

NUH aimed to improve the hospital experience for Dementia patients and their carers. Progress could be achieved with an integrated strategy although there were challenges to implementing this across all hospital services.

Councillors expressed concern that while information sharing between formal partners varied in its success; it appeared that the voluntary sector was often omitted completely, even though voluntary organisations provided a substantial amount of support to the elderly. Including such organisations in information sharing would be beneficial to all parties.

RESOLVED

- (1) that the thanks of the Committee to Professor Harwood for his detailed and honest presentation be recorded;**
- (2) that Ms Oliver be requested to forward to Ms Pocock, details of the number and percentage of Dementia patient admissions and hospital bed days per year in the City and the County;**
- (3) that improved communication between formal and voluntary sector organisations in contact with potential Dementia sufferers be considered by all parties;**
- (4) that, following publication of the findings of the national Dementia audit, the Clinical Lead in Geriatric Medicine and representatives of the East Midlands Strategic Health Authority, NHS Nottinghamshire County and NHS Nottingham City, be requested to submit a report to this Committee in approximately six months time.**

Appendix 2: NIHR Medical Crises in Older People: better mental health /medical and mental health unit work stream

Prof Rowan Harwood, Nottingham University Hospitals NHS Trust, 8.5.9 rev 27.1.10

rowan.harwood@nuh.nhs.uk

1. NIHR programme.

In July 2008 a team of NUH and Nottingham University researchers were awarded a £2M programme grant by NIHR, entitled Medical Crises in older people. The NIHR contract is with the NUH NHS Trust. Work commenced in August 2008.

There are 3 work streams, concerning crises in care homes, frail older patients seen on the Medical Admissions Unit, and older people with mental health problems admitted as emergencies to the acute Trust.

Each work stream has 3 parts, the first 2 running concurrently:

- Observational study, establishing a register or cohort of patients, describing and measuring them, and following them up for outcomes and resource use, using a common core dataset. This work is underway.
- Developing an intervention, in this case a dedicated medical and mental health unit on Ward B48, Queens Medical Centre.
- Evaluating the intervention by randomised controlled trial, for 2 years (after a maturation and pilot trial period of 12 months)

2. Better Mental Health observational study

In addition the NIHR Service Development and Organisation programme are funding (£0.5M) enhancements to the observational and development work in the mental health work stream.

The focus is older people who are admitted to NUH as emergencies, who also have mental health problems. This will include people with delirium (confusion caused by a physical illness), people with Dementia (or other mental health problems) who have some other physical illness, or people with non-specific presentations (such as falls or not coping) where the contributions of physical and psychiatric problems are unclear. Up to half of older people admitted to medical or trauma/orthopaedics specialties at NUH fall into these groups.

The observational studies are taking place on 12 medical, geriatric and orthopaedic wards at QMC and City hospital campuses, screening patients admitted to those wards for mental health problems, and then studying those with possible problems in greater depth. A sample of these patients, and their carers, will be recruited to the

study, assessed for different health problems and characteristics, then followed up to see what interventions they have, what resources they use, and what their outcomes are. These outcomes include days spent at home over 6 months (thereby taking into account a key aim of management, successful discharge home, length of stay, readmission, deaths, care home admission), discharge destination, disability, behaviour and quality of life, and carer strain and psychological well being.

Some participants (and/or their carers) will be interviewed in depth once they get home to describe their expectations and experiences, and what they found to be helpful or unhelpful about being in hospital. We will also recruit some people without mental health problems to find out what it is like being on the same ward as confused or behaviourally disturbed people.

On some wards we will also be collaborating with occupational psychologists to study staff reactions to managing these patients. We want to know how well prepared they feel for doing so, and what problems they encounter.

Update 27.1.10: The cohort finished recruitment (n=250) in November 2009, follow up is 40% complete. Documentation for trial (interview schedules, questionnaires) will be almost identical to cohort, for which it therefore forms a pilot. Medical and psychiatric sub-studies data collected, analysis pending. Patient and carer interview study almost complete, analysis ongoing. Workforce study considerably behind schedule.

3. Medical and mental health unit development

Ward B48 is an acute geriatric medical ward with 28 beds. There is a small patient sitting area, but otherwise patients spend most of their time by their beds, often in pyjamas. As with other similar wards, about half the patients admitted currently have mental health problems, with a range of severities. Nursing establishment is that of an acute medical ward. There are 5 consultant PAs (including ward rounds, relatives' consultations, administration and discharge communication), and 3 junior doctors (all of whom spend about 40% of their time on acute medical duties). There is one junior Physiotherapist and one junior Occupational Therapist (both band 5).

The unit must be sufficiently different from standard care plausibly to lead to measurable differences in outcomes, that can be demonstrated in the Randomised Controlled Trial. Without this the RCT becomes pointless, unethical and a waste of NIHR money. Part of this difference we hope will accrue from interest, organisation and developing experience and expertise. But it is unlikely to be achieved without additional staffing, processes and some environmental modification. The philosophy is that of comprehensive geriatric assessment, exemplified by the development and evaluation of specialist stroke units.

Advice from a similar units elsewhere is that this patient group needs space, in particular to minimise confrontation when agitated or wandering. Our literature

review (in progress) has identified environmental enhancements that represent current best practice.

We envisage a model in which potential cases for the ward are assessed by a consultant, SpR or RMN nurse specialist (who over time will hopefully take over leading this role). Cases are likely to be complex, are likely to take longer on ward rounds, need more relatives consultation (cognitive history and discharge planning) and there will be a greater than usual need for assiduous and timely communication with primary care and other agencies (i.e. proper discharge summaries).

In discussion with stake holder clinicians we initially estimate we need, in addition to the standard ward staffing, additional nursing (senior RMN to provide strategic leadership, ward based RMNs, HCAs to allow more supervision and one-to-one attention); mental health experienced senior OT (to facilitate timely and potentially risky discharges), PT assistant (in anticipation of more cases needing 2 therapists to assess and treat); extra consultant time (initial assessments of referrals, advice on patients not transferred to the ward, timely and in depth consultation with relatives and families, and discharge summaries).

The process is exploratory and evolutionary and it is not possible to be certain what the staffing needs will be from the outset, hence a need for periodic reviews.

Update 27.1.10: All requested additional staff are funded (from a combination of PCT and R&D support and NUH charity). However appointments processes have been very slow. 2 senior RMNs and OT, 2 HCAs now in post. Consultant time agreed including 1PA psychiatry. Admission pathway secured and successful, in the event, mostly directly from the acute medical unit. Activity is fairly well maintained (ave LOS 15 dyas). Education programme well advanced. Environmental transformation limited. Work on documentation and relatives strategy ongoing.

4. Randomised controlled trial

After the MMHU has been operational for a year, giving it time to develop and mature, we will subject to evaluation by randomised controlled trial. The constraints of time and funding within the NIHR grant dictate that this will strictly be a pilot trial, and may not give definitive results. However, with a target size of 240 patients per arm, it will be large in terms of evaluations of complex ward-based health services (such as stroke or orthogeriatric units), and there may be scope for extending it if interim analysis suggests results are positive but inconclusive because of lack of statistical power.

The trial will be an individual patient randomised controlled trial. The target population is elderly people with combined mental and physical health problems, who have been admitted as medical emergency patients. Patients will predominantly have cognitive impairment (delirium, or Dementia with actual or suspected co-morbid physical disease).

The 'intervention' arm will be a specialist medical-psychiatric ward with both physician and psychiatric medical and nursing staff, and mental health-experienced therapists. Practices and procedures will be modelled on successful units operating elsewhere. Emphasis will be on early and accurate diagnosis, multi-disciplinary management, rigorous communication and goal setting, meticulous medicines management, discharge planning, and interface with community services. The 'control' arm will be standard care.

Outcomes will be studied from the perspective of the patient, carers and the hospital. The primary outcome will be number of days spent at home in the 6 months following randomisation. We will also measure length of hospital stay, proportion of participants at home at 3 and 6 months, and various scaled health status outcomes, including the Neuropsychiatric Inventory (behavioural disability), Demqol (Dementia quality of life), London Handicap Scale (generic quality of life), activities of daily living (Bristol), and carer psychological function (Carer strain and General Health Questionnaire, GHQ-12). We will also undertake a qualitative analysis, to seek wider and deeper perspectives on care received, and to understand better how any improved outcomes emerged. The perspective of the economic analysis will be that of health and social services. Data will be collected by interview of participants and their carers, and scrutiny of hospital and other records.

We aim to randomise 240 patients to the specialist unit over 24 months. With an equal number of controls, this should be sufficient to measure, with 90% power, a 17% increase in the proportion of participants discharged home (e.g. 33% to 50%), and a 4 to 6-day reduction in length of stay.

Update 27.1.10; Protocol finalised and Ethics committee date arranged. Design has had to be modified to meet operational constraints of service (bed pressures, 4h waits). Now intended a controlled clinical trial, random allocation to MMHU, but with study population sampled. Extensive consultation with academic department and carer/advocacy representatives about design (happy) and Clinical Trials Unit (suspicious).

5. Issues

- 1) MMHU development. This is progressing well, but has been slow, and very hard work. Still awaiting appointment of 2 band 5 RMNs and half a band 6 PT. Reality of introducing person centred care in acute setting is challenging, and we are still working out how to do this. However, already marked reduction in use of sedative drugs. We will initiate some rounds of Dementia Care Mapping next month. Original ward environment proving inadequate for purpose. Options on moving to ward with more space under discussion. A culture of development probably as important as fully elaborated final model.

- 2) Trial. Working out a logistically and operationally practicable design has proved a major challenge. We have a plan, which sacrifices possible loss of rigour (post randomisation sampling, risk of bias) for practicability. There may be some ethical contentiousness (random allocation to unit by clinical service), but lay consultees have not been unduly worried by this. Due to commence July 2010.
- 3) Resource use data. The health economists are very optimistic that they can retrieve resource use data from electronic service databases. If this is successful it will be a very powerful tool. However, we collecting CSRI (a questionnaire based inventory of service use) just in case.

Appendix 3 – Questionnaire**Ward B47 Pilot Project
February 2011****Family, Friends and Carers Questionnaire**

The Nottinghamshire County LINK consults with the community on a regular basis to ensure that the LINK is up to date with the health and social care views of the community. We would be grateful if you would take the time to complete this consultation. You are also free to speak to us as at one of our coffee afternoons, the dates of which are distributed around the ward. We want to hear your views on the treatment of patients on Ward B47. We are totally independent of the NHS and any staff involved with this ward. Anything you say to us will be totally anonymous and will not have any repercussions on the treatment by staff of any patients.

Q1. Do you feel that you have been consulted on the everyday care of your friend/relative whilst on Ward B47? (Please circle as appropriate)

- a. All of the time b. Some of the time c. None of the time

Comments

Q2. How do you feel the patient has been treated by staff? (Please circle as appropriate)

- a. With Dignity b. With Respect c. With Care d.
Other (please specify)

Comments

Q3. Have you had any of the following? (Please circle as appropriate)

- a. A Carers Assessment b. Signposting to other services c. Don't
know/Unsure

Comments

Q4. Have you been given medical information about the patient?

Yes No (Please go to Q5)

Q4a. Has this information been explained to you? (Please circle as appropriate)

- a. Fully explained b. Partially explained c. Not explained

Comments

Q5. Have you been given information on the patient's mental health?

Yes No (Please go to Q6)

Q5a. Has this information been explained to you? (Please circle as appropriate)

- a. Fully explained
- b. Partially explained
- c. Not explained

Comments

Q6. Have you been given information on the Patient's social care needs?

Yes No (Please go to Q7)

Q6b Has this information been explained to you? (Please circle as appropriate)

- a. Fully explained
- b. Partially explained
- c. Not explained

Comments

Q7. Do you feel that the patient is getting the right care when eating and drinking? (Please circle as appropriate)

- a. All of the time
- b. Some of the time
- c. None of the time

Comments

Q8. Have you been given the opportunity to get involved with meal times? (Please circle as appropriate)

- a. All of the time
- b. Some of the time
- c. None of the time

Comments

Q9. Have you been involved in discharge planning?

Yes (Please go to Q 9a)

No I have not been involved (Please go to Q10)

9a. Did you find this useful? Yes No

Comments

Q10. Do you feel that the ward staff have enough time to spend caring for the patient? (Please circle as appropriate)

- a. All of the time
- b. Some of the time
- c. None of the time

Comments

Q11. Are you aware of any meaningful patient involved activities that take place on Ward B47? ie craft work, and games etc

Yes No

Please specify

Thank you for taking the time to complete this questionnaire

EQUAL OPPORTUNITIES MONITORING – this information is optional but will help the LINK to collate data about the local population

Age	<input type="text"/>	Gender	<input type="text"/>
Ethnicity	<input type="text"/>	Religion	<input type="text"/>
Sexuality	<input type="text"/>	Do you consider yourself to have any disabilities? If so, please could you give a brief description?	<input type="text"/>
Postcode (first part)	<input type="text"/>		<input type="text"/>

RESULTS

- All information and responses provided within this document will remain strictly confidential and anonymous at all times.
- Participants are also advised that it is not compulsory to answer any of the above questions, and any sections can be avoided at the participant's discretion.
- The results from this consultation will be published in a report, within the Nottinghamshire County LINK newsletter and on the website.
- Depending on the results of this consultation, the Nottinghamshire County LINK reserves the right to conduct further research, however participants may or may not be involved to their discretion.
- The Nottinghamshire County LINK will determine what actions will be taken on the results of this consultation and will duly inform the public using various forms of communication.
- For more information on this consultation and its results, please do not hesitate to contact the LINKs Team on 0115 975 4647, e-mail info@strongerlocalvoice.com or

DISCLAIMER

Your personal details will be stored on a database held by the Carers Federation on behalf of the LINKs team. Under the Data Protection Act 1998, the LINKs team has a legal duty to protect any personal information we collect from you.

- We only use personal information you supply to us to monitor equalities within this project.
- We only hold your information for as long as necessary to fulfill that purpose.
- We will share your personal information with the local council for contract monitoring purposes only. We will not pass your information to any other parties (including other departments of the Carers Federation) unless this is made clear to you at the time you supplied it.
- All employees and contractors who have access to your personal data or are

Appendix 4 – Poster

LINK Coffee Afternoon



We need your views on the quality of care that patients receive on B47

Please help us by:

Filling in a questionnaire and posting it in the box at the Nurses Station

or

Visiting one of our coffee afternoons between 2.30pm and 8.30pm on the following days:

**Tues 15th February
Wed 16th February
Thurs 17th February
Fri 18th February**



We look forward to hearing your views.

If you would like further information about the LINK or the work we are doing, please contact us on **0115 9754647** or e-mail **info@strongerlocalvoice.com**

**This report is dedicated to the
memory of
Malc Cooper
who played a vital role in this task and
finish group**