

RIFEVALE COMMUNITY HEALTH COUNCIL

Visit to Oak Ward, Rife Hospital

Visit undertaken on 1 December 1994 by CHC members Eleni Xanthou and David Powell.

1. Purpose of visit:

- a) routine CHC monitoring visit to Ward not previously visited
- b) to learn about needs of patients in a Ward whose service is due to be relocated as part of the closure of Rife Hospital.

2. Finding the service:

The Ward was adequately signposted within the grounds of the hospital, and unofficial car parking space was available on grass. The Ward was some distance away from official car parking areas. Access for relatives without transport involves a link up of trains and the hospital bus, and there is a long walk through the grounds. The journey would be difficult for elderly or frail relatives.

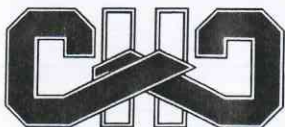
3. General summary:

The Ward offers care to 20 men whose ages range from 71 - 88. All suffer from physical disease or dementia requiring hospital care. The demands on nursing staff are heavy in the areas of psychiatric care and general nursing. There are two members of nursing staff on duty at night, and four or five at other times, together with a nursing aid and a care assistant during the busiest part of the day. The Ward allocated one nurse during the week days to undertake occupational therapy.

The Ward struck us as cheerless in appearance, though it was adequately maintained and in good decorative condition. We were informed that the behavioural problems of some patients made carpets and other extras impracticable, but we wonder if more imaginative use of colour on walls might improve the general appearance. Furniture was suitable and in good condition, and we noted that the hospital has been able to supply a Pegasus bed.

4. Fabric of the ward:

Despite a high degree of incontinence the Ward smelt fresh.



REPORT ON AMBULANCE SERVICE IN MARESFIELD AND NETHERHALL

MARESFIELD & DISTRICT CHC

June 1995

Introduction

The Service Provision Committee decided at its March meeting to look into the ambulance service in Maresfield and Netherhall. The CHC has dealt with seven complaints about the service in the past year: figures for the two previous years were one and zero. Reports in the local press also suggested that the service was experiencing problems.

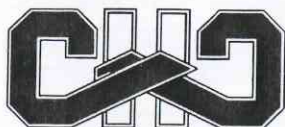
Two committee members, Ann Halsall and Belinda Obeng, undertook the study. We visited the two stations, and interviewed both station managers. Both were extremely helpful in providing statistical records and internal reports. Each of us then 'shadowed' an ambulance crew for an entire shift: Ann Halsall at Maresfield and Belinda Obeng at Netherhall.

Resources

Maresfield station has three ambulances, and three two-person crews on duty for each shift. Netherhall has two vehicles and two crews per shift. This level of resources has been the same for at least twelve years.

The county ambulance service aims to have a paramedic and an ambulance technician in each emergency ambulance. Although not all calls are emergencies, in practical terms this means that every crew should have this combination of skills. In reality there are only three paramedics at Maresfield and two at Netherhall. This means that two-thirds of all ambulances go out without a paramedic.

We were told that the county had cut back on the paramedic training programme in the past year, for financial reasons. Maresfield and Netherhall have fewer paramedics than any other station in the county, and are therefore the most disadvantaged by the cut.



REVIEWS

The 1991 AGM/Conference of the Association of Community Health Councils endorsed a paper, entitled 'Community Health Council Core Activities'. This concluded that:

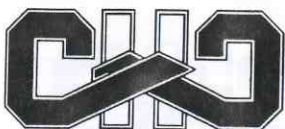
'CHCs should review their work at least once a year to assess how well they are meeting the objectives they have set themselves and their progress against their work programme. Again the whole CHC should be involved in the process. It may also be appropriate to bring someone from another CHC into this process to help make sure that the CHC is being rigorous in its own assessment of its work and so that an "external" viewpoint can be brought to bear on the CHC's activities.'

A model Review Day agenda

1. Introduction and outline of the day
2. Review of the previous year
3. As we see ourselves now and what we would like to be
4. Purpose statement
5. Demands
6. Resources
7. Core services
8. Aspirations
9. Priorities
10. Ways forward

The model programme begins with a brainstorm of the **previous year's activities** and how effective they were. It is a review of the year just past which helps everyone remember, or perhaps even realise for the first time, everything the organisation has done over the previous year.

Next comes a standard exercise such as asking the group to suggest what animal they would picture the organisation being at present and what animal they would like it to be in the future. This is surprisingly helpful as a warm up exercise and as a non-threatening way of allowing people to express their views of the organisation.



- Attend the User Quality Forum of the University Hospital Trust.
- Seek involvement with similar User Quality Forums in the new Trusts.
- Regularly monitor the objectives set out in this Strategic Plan, and organise a detailed evaluation of our work in early 1993. Again we will use the expertise of CHCs outside of Region to help us evaluate our work.

TRAINING

Lead: members

We will:

- Continue to encourage member involvement in planning and facilitating training events for other members.
- Provide 4 half-day training sessions for members on issues which members have identified an interest in, or need for further information.
- Continue to provide training on the role of CHCs to interested groups/organisations. The main responsibility for this rests with interested members.
- Continue to offer training sessions to NHS Trust Boards on the role of CHCs and working together.
- Develop training links with
(Eastern) CHC
Regional Association of CHCs
CHCs outside of Region
in order to share skills and expertise.
- Ringfence a specific amount in our budget for staff and member training, at the same time as continuing to press for more resources for training.

DEVELOPMENT RACE AND HEALTH

Lead:

MEMBERSHIP

We will:

- Continue in our efforts to secure a membership which is more representative of the different cultures in our geographical area.
- Aim to fill the 3 places reserved on the CHC for members from racial minority groups.
- Aim to fill the co-opted place reserved for a member from racial minority groups.
- Produce materials for the new members' Information Pack on the health needs of racial minority groups in the city.
- Provide training sessions on racial awareness for members.

EAST BIRMINGHAM COMMUNITY HEALTH COUNCIL MEMBER ACTIVITY SHEET

NAME _____

OTHER ACTIVITIES

Training/
Conferences

Representation on
outside bodies

Advocacy

Other

