

# Review of compliance

East Sussex Hospitals NHS Trust  
Uckfield Community Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Uckfield Community Hospital Framfield Road Uckfield East Sussex TN22 5AW
<b>Type of service:</b>	Surgical Procedures
<b>Date the review was completed:</b>	16/02/2011
<b>Overview of the service:</b>	Uckfield Community Hospital is located on the edge of the town centre of Uckfield. It has ten beds for day surgery patients and is run by a dedicated team of staff.

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Uckfield Community Hospital was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews of NHS organisations. The review covered the entire East Sussex Hospitals Trust, but this report focuses on our findings at the Uckfield Community Hospital site.

### How we carried out this review

We reviewed all the information we hold about the Trust, carried out a visit to Uckfield Community hospital on 16 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the Trust's records, and looked at the care records of people who use services.

We visited the out patient day surgery unit, and Trust Headquarters.

### What people told us

Patients using the day surgery unit were very satisfied with the care and treatment they received. Patients said they had been fully consulted about their treatment during their clinic visit and had been given leaflets and specific information about their operation.

Patients commented "I would like more information on aftercare" "I received an information pack prior to my visit today, the information was very well written".

Patients reported they had been given time to think about their surgery and to give their consent.

Patients told us that they felt their privacy and dignity had been well respected by staff who ensured privacy was maintained by drawing the curtains around them.

They spoke highly of the attitude of staff who they felt understood and were responsive to their needs.

Patients told us that they had no complaints about the standard of cleanliness and reported that they had seen staff washing their hands and using hand gel. Patients reported that they were swabbed for MRSA infection on arrival at the unit. All patients were satisfied with the number of staff on duty on the day of our visit and some commented that staff were not rushed and were able to spend time going through things with them.

## **What we found about the standards we reviewed and how well Uckfield Community Hospital was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall we found that Uckfield Community Hospital is meeting this essential standard .

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

- Overall, we found that improvements are needed for this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall we found that Uckfield Community Hospital is meeting this essential standard .

### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

- Overall we found that Uckfield Community Hospital is meeting this essential standard .

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

- Overall we found that Uckfield Community Hospital is meeting this essential standard .

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

- Overall, we found that improvements are needed for this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

- Overall we found that improvements are needed for this essential standard.

**Action we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
We spoke with 4 patients who told us that they had been fully consulted about their treatment during their clinic visit. Patients had also been given leaflets about the hospital and specific information sheets about their operation. Comments from 2 patients were, 'I would have liked more information on aftercare', and 'I received an information pack prior to my visit today. This information was very well written.'  
We also spoke to patients about their privacy and dignity being maintained whilst they had been in the hospital. One patient told us, 'I have definitely had no problems with my privacy and dignity being respected; staff have pulled the curtains around so I had privacy.'  
One patient told us, 'I must say that the nurses have been very kind since I came here this afternoon and have given me all the information that I have asked for. They have also respected my privacy and dignity.'

**Other evidence**

The Trust declared compliance against this outcome in their provider Compliance Assessment in January 2011 with the exception of one element. Policies that are in place and referred to throughout the assessment are undergoing review either currently or planned through 2011.

The CQC Quality and Risk Profile found a single related issue: The proportion of respondents to the Outpatient survey who stated that while in the outpatient's department there were not any information about their treatment or condition was much worse than expected.

We talked to four staff who told us that patients are given information relating to their treatment and surgery at the pre-assessment clinic. Staff told us that prior to surgery patients are also sent information about their treatment and surgery by post. We were shown information that is given to patients including specialised information about surgical procedures. There was a range of leaflets and information for patients and their carers freely available to all that referred to day surgery, hand hygiene, privacy and dignity and listening to patients. We observed staff spending time with patients, talking to them in a friendly and professional manner.

People told us that their privacy and dignity was respected throughout their time in the unit.

**Our judgement**

Patients are given all the information they need prior to their operation. They have their dignity and privacy respected at all times by the staff.

Uckfield Community Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**There are minor concerns** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
We talked to four patients in the day surgery unit who told us that they had given their consent to the treatment they were about to have or had received. Risks and benefits of their operations had been discussed with them and were also in the information pack they had been provided with. Patients told us that they had been given time to think about their decision to consent to treatment.

We spoke to 2 patients whose comments were, 'I had a couple of months before the appointment was made and I had time to think about the operation.' The clinic consultant spoke to me about my options and after discussion I came to a decision about the best course of treatment to follow. I was then shown a laminated diagram of the surgical procedure. I have been asked to sign a consent to treatment form this was done on the day I visited the clinic. Today a nurse has told me that she will come and read my consent to treatment to me and I will be asked to verify that I still consent to this operation.

**Other evidence**

The Trust declared compliant against this outcome in their Provider Compliance Assessment in January 2011 with the exception of two elements. Two audits of junior doctors 'Survey of Doctors in Training to Determine Consent Practice at ESHT' in January 2009 and June 2010 have indicated that when consent is delegated in the trust to junior doctors a significant minority (26%) are not capable of performing the procedure for which they are taking consent. 32% of doctors indicated that they had not received some form of training on consent and a 'small minority' of doctors were taking consent for procedures that they are not capable of performing and for which they have received no training. This goes against National health Service Litigation Authority recommendations and trust policy.

The Trust's policy and procedure for consent to treatment that is kept in the office was viewed. Four staff were spoken to on the day of this visit who confirmed that they were aware of the consent policy and procedure. They reported that they are aware that there are three different consent forms, one for children that their parent or legal guardian has to sign, one for adult patients and one for people who do not have the capacity to understand what their treatment procedures will be or to sign to consent themselves in this event the consent form requires two doctors to sign on the patients behalf.

Four care pathways were reviewed and it was seen that they contained a detailed medical history, pre-operative assessment and a discharge details checklist. All patients had a surgical safety checklist for pre, during and post operation and that risk assessments had been undertaken and consent to treatment forms had been completed and signed.

**Our judgement**

Patients are given detailed information prior to signing a consent form for treatment. Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients.

Although we identified no concerns specific to this site around outcome 2, Trust – wide information indicates that the Trust is challenged in meeting this outcome.

We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
We talked to four patients who told us that they had found the staff to be professional, friendly and efficient. One patient commented, 'I found the care to be excellent, I received painkillers when I needed them and staff responded quickly when I pressed the buzzer.' Patients told us that staff understood their needs and that after the operation pain relief was given before the anaesthetic had worn off.

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with a single exception. The Liverpool Care Pathway (LCP) has not been rolled out in 6 areas clinical areas in the trust and still requires greater involvement of senior clinicians to initiate LCP.

The CQC Quality and Risk profile included data items from the CQC NHS staff survey. These showed one related key high risk area rated at red. The Trust scored in the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the trust as a place to work or receive treatment.

Four staff were interviewed who told us that a care pathway was in place for each

patient, but that they had not received any formal training on how to use the pathway. Staff told us that there was a procedure for discharging patients and a check list within the care pathway to ensure that they were discharged safely.

Four care pathways were reviewed which contained a detailed medical history, pre-operative assessment, an intra-operative section, post operative observations and discharge details, with a section for next day follow up when the patient has returned home. It was seen that medicines had been given at the correct time and signed by a member of staff. All patients had a surgical safety checklist for pre, during and post operation and that risk assessments had been undertaken. All patients had signed and completed consent to treatment forms.

**Our judgement**

Each patient has their own care pathway that includes pre-assessment, during, post operative and discharge details. Patients on the day of this visit spoke highly of the care they had received in the unit.

Uckfield Community Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
We talked to four patients' who told us that they had no complaints about the cleanliness of the ward areas and bathrooms, and had seen doctors and nurses wash and gel their hands. We spoke with 2 patients who commented, 'this hospital has a good reputation in cleanliness compared to the district general hospital.' 'There is a really good standard of cleanliness in this unit and that it really important. Prior to coming here today I was asked to give a MRSA swab, to make sure that I was not a carrier of this infection, this is excellent practice.'

**Other evidence**  
The trust declared compliance in its Provider Compliance Assessment in January 2011 against criterions 1,3,4,5,6 with minor areas for planned and monitored improvement taking place against criterions 7, 8 9 and 10. However the trust rated itself amber against criterion 2 describing a partial compliance with National Cleaning Standards with a need for additional resources being identified. The trust also acknowledged a backlog in the maintenance programme. Environmental audits undertaken by the Infection Control Team, Clinical Matrons and Estates staff of ward areas showed urgent action required to improve compliance. A detailed action plan was provided with evidence of an implementation programme in place.

On interview the Infection Control (IC) lead stated that "infection control has become a separate department in their own right and has its own governance meetings." The team reports fortnightly to the Clinical Board including details of reduction rates

and compliance. Infection control training is mandatory and is included in the induction programme. Performance against training is “running at 80-85% and the trust are desperately trying to get this figure higher”. She stated that training needs to be above 90% and that more e learning is being built in. In particular there are ‘problems with ‘out of hours’ staff. The IC lead stated that there had been a ‘massive reduction’ in Clostridium Difficile rates which have been maintained. She reported that there are sufficient resources in the IC team but that there “is a lack of analytical support at the moment with an informal agreement for analysis when necessary”.

We talked to four staff who told us they had a cleaner for the ward on a daily basis including the weekend. Staff said that they help with some of the cleaning tasks especially the cleaning of equipment and trolleys. Trolley mattresses are wiped down after each patient and the mattress covers are checked monthly to ensure there is no leakage from the mattress cover into the mattress. Staff told us that there was an infection control link nurse on the unit and that she gave staff up to date information about infection control procedures. All staff spoken to told us that they received infection control training annually and knew how to access the infection control policies and procedures on the unit.

The unit was observed to be clean; the bathroom for surgical patients was large and well equipped. We looked at cleaning schedules and saw that areas that had been cleaned were signed off by the cleaner on duty on the day of our visit. We saw that six staff were following the trust policy that all healthcare staff in clinical contact are to be ‘bare below the elbow.’ However, three members of staff were wearing wrist watches or bracelets contrary to Trust policy.

### **Our judgement**

Generally the unit was clean with good infection control procedures, but not all staff were seen to adhere to the Trust’s policy in relation to dress code. The patient’s views on the cleanliness of the unit were positive.

Uckfield Community Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
We talked to four patients who told us that staff came quickly when they pressed a buzzer and that they found staff quickly when entering the hospital to show them directions to the clinic. Patients felt that there were enough staff on duty to meet their needs. Two patients commented, 'The staffing numbers are good from what I can see. They are calm, bright, cheerful and unrushed and very willing to help if they can.' 'I came in here as an emergency patient. The nurse who came to talk to me spent time with me; she was not rushed and gave me time to ask questions. The nurse took time with me in filling in my assessment to make sure she had everything recorded correctly. She then took me through the consent form, and once I understood this she got me sign it.'

**Other evidence**  
The Trust declared compliance against this outcome in January 2011 in their Provider Compliance Assessment.

We have been given evidence by the Trust that they have significant staff shortages across the Trust.

There are staff shortages in surgery and theatres at consultant, (including anaesthetists) middle grades doctor level and operating department practitioners across the trust. On interview, the Deputy Chief Nurse stated that vacancies in this area at the present time are running between 20 and 25%. He stated that there were ongoing difficulties in recruitment and that the Trust is in the process of casting their net wider to attract the right staff. Staff shortages in this area has an impact on surgical waiting lists for patients. There is a high resulting dependency on locum staffing to keep the service going.

Interviews with four staff members on the day care unit told us that there is a shortage of staff. There is a bar on the use of agency staff and overtime is not paid. There is an informal arrangement that staff will cover the shifts for each other. Staff told us they like working at this particular community hospital. Three staff who were spoken to reported that they had never seen an executive or board member and did not know who they were and communication between management and staff in the unit is poor and their presence limited. One staff member told us there was a regular bulletin sent around the hospital.

There were ten patients in the day surgery unit on the morning of our visit. We saw that there was a senior sister, four staff nurses and a healthcare assistant on duty on the morning of our visit. The unit has a domestic on duty in the mornings five days a week and further domestic staff are employed at weekends. A notice board in the unit provided information about the numbers and staff on duty for that day. Duty rotas viewed showed that the unit is appropriately staffed.

### **Our judgement**

Staffing levels in the day surgery unit are good with an appropriate mix of qualified and unqualified staff. Patients were satisfied with the staffing levels on the day of our visit.

Uckfield Community Hospital is compliant in respect of the essential standards of quality and safety relating to this outcome

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**There are minor concerns** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
We did not consult people at Uckfield Community Hospital about this outcome

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment of January 2011 with the exception of two elements. There were areas highlighted as requiring further improvements around supervision, appraisals, training compliance assessments and monitoring.

Each staff member should be given an annual appraisal of their performance and have a personal development plan. However, across the Trust performance on completion of appraisals has dropped in the last quarter from 85% to 77%.

The Trust was unable to provide evidence of a formal process for ongoing supervision for qualified or unqualified front line nursing staff, across its services.

**Our judgement**  
Across the Trust there is evidence that inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies.

Although we did not find direct evidence of poor support at Uckfield Community Hospital there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.

We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

**There are minor concerns** with outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People who use this service made no specific comments about this outcome

##### Other evidence

The Trust declared compliance with this outcome in their Provider Compliance Assessment in January 2011 and cited a range of evidence to demonstrate that all relevant aspects had been met.

The trust stated that it has a robust Risk Management Strategy which acts as a framework for the way risks to the Trust are managed and is supported by a range of relevant policies.

The CEO has advised that there is to be a governance review commencing in April 2011 and that the specification has just been finalised.

The Chief Nurse in her interview stated that there are some governance structures that need to change more broadly. Although material is appropriately reviewed by the board, at times too much detail will go to the Trust Board and at others not

enough. This may compromise the appropriate degree of scrutiny.

### **Our judgement**

Although we did not find direct evidence of poor monitoring and audit at Uckfield Community Hospital there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.

We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Surgical procedures	Regulation 18	Outcome 2 Consent to care and treatment
	<p><b>Why we have concerns:</b> Patients are given detailed information prior to signing a consent form for treatment. Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients.</p> <p>Although we identified no concerns specific to this site around outcome 2, Trust –wide information indicates that the Trust is challenged in meeting this outcome.</p> <p>We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.</p>	
Surgical procedures	Regulation 23	Outcome 14 Supporting workers
	<p><b>Why we have concerns:</b> Across the Trust there is evidence that inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies.</p> <p>Although we did not find direct evidence of poor</p>	

	<p>support at Uckfield Community Hospital there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.</p> <p>We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.</p>	
Surgical procedures	Regulation 10	Outcome 16 Assessing and Monitoring the quality of service provision
	<p><b>Why we have concerns:</b></p> <p>Although we did not find direct evidence of poor monitoring and audit at Uckfield Community Hospital there is sufficient evidence to suggest that the Trust has organisation-wide challenges with this outcome.</p> <p>We therefore find that Uckfield Community Hospital is not fully compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to minor concerns.</p>	
	Regulation	Outcome
	<p><b>Why we have concerns:</b></p> <p>.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA