

Enter & View Scunthorpe General Hospital

Discharge Lounge

Date of visits: 8th - 14th May 2017

Date of publication: 30th October 2017

HWNL Representatives: Kirsten Spark, Annabel Tindale, Jo Rees, Mike Pinnock, Linda Byrne, Denise Fowler, Helen Kirk

Disclaimer: This report relates only to the service viewed on the dates visited and is representative of the views of the service users who contributed to the report on those dates.

Main Purpose of Visit

This visit was intended to:

- Gather feedback from patients, families and visitors about their experience of using the discharge lounge.
- Give hospital staff an opportunity to have their say on the service and general care provided.
- Give an external perspective on the Discharge Lounge - environment / experience of patients.
- Observe the routine of the Discharge Lounge.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health and Social Care providers, provide an opportunity to demonstrate that service providers support user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

Whilst the notice boards in the Discharge Lounge contained relevant material; information to patients, their families, friends and carers about service user discharge appeared to be inconsistent. In addition not all patients knew who to contact once they got home, if they had further questions after their hospital stay.

Staff in the discharge lounge made respondents feel welcome and helped people as required. Most patients spoken to were satisfied with their care and felt ready to be discharged.

Issues regarding the patient transport service were raised. One patient mentioned a problem over the consistency of accessing hospital transport and a senior nurse highlighted an instance where Thames Ambulance Service vehicles had not been available when needed due to staff absence. Amvale vehicles had not been of sufficient dimensions for wheelchairs to be transported.

Finally, patients confirmed that all their belongings and medications were returning home with them.

Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically:

- Strategic Context and Relationships
- Community Voice and Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice and Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Previous feedback on home from hospital discharge:

Healthwatch North Lincolnshire (HWNL) worked with Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire to produce a joint report on hospital discharge.

Part of the study included an Enter and View visit to Scunthorpe General Hospital's Discharge Lounge. Unfortunately neither of the patients present were able to comment

(one was unwell and the other asleep). However, observations were still made and recommendations created, these were to:

- Look at providing information in alternative formats including languages and large print.
- Consider installing a hearing loop system.
- Increase the opportunity for feedback by providing pens next to comment cards.
- Encourage people to leave comments by providing secure comment / suggestion boxes next to comment cards.
- To maximise the discharge lounge's efficiency, establish whether more information is required for staff situated in other wards and departments around the hospital.

The lack of patients' views prompted further Enter and View visits. In order to increase the number of responses and gauge the usage of the Discharge Lounge seven more visits were carried out over a week at different times during the day (one a day).

Main Findings

Environment

Three Enter and View representatives felt that the furniture and décor was clean and to a satisfactory standard. However, one representative felt that:

“The staff have done their best with what they have but the lounge looks institutional and care-worn”

It was noted that visiting family members of those still in hospital were able to use the discharge lounge when unable to be on the wards.

Context

During the Enter and View visits a total of 16 patients were interviewed:

- Seven were in hospital for less than 24 hours
- Five were in hospital longer than 24 hours but less than five days.
- Four were in hospital for surgery, four for medical treatment, four for diagnostic tests, one due to an accident and three for other reasons.
- A significant number of admissions to hospital were arranged through A&E (12), two from planned admissions and two were referred from a GP.
- Areas admitted to include: Wards (10, 25, 27 and 28), Clinical Decisions Unit (CDU), A&E and Coronary Care Unit (CCU). 11 respondents remained in the same areas for the duration of their stay.

Care

All patients spoken to said that they were satisfied with the care they received whilst in hospital, examples of comments received include:

“Staff across the board were 1st class, friendly, professional and very helpful”

“Very happy. Cheerful staff”

“Yes, couldn’t wish for better”

All respondents felt ready to be discharged from hospital with a significant number saying that they had been involved in the decisions or planning for discharge. Only one said that they were not involved and four did not comment.

One Healthwatch representative was told, by a member of staff in the discharge lounge, that the problems of the ward got ‘shunted’ to the unit. The representative witnessed this during a visit (see case study below).

Case Study: An older man was brought into the Discharge Lounge around lunchtime. He appeared agitated. Once he was settled the HWNL representative explained the purpose of the visit and the patient was happy to talk. He had attended A&E in the early hours of that morning believing he might be about to experience a cardiac arrest.

The patient was clearly distressed at the way in which he had been discharged from the ward where he had spent the night, which he believed to be the CCU. The patient felt that he had been rushed from the ward and given little time to get dressed and collect his possessions. His appearance confirmed this as both his shoe laces were undone. He said that he had not had chance to finish his dinner, although this was later brought down to him.

Information

Information was displayed on noticed boards in the Discharge Lounge, including material about: Community hubs, HWNL and how to make a complaint.

Nine respondents said they were given information about the discharge process, three said that they did not receive any information and three did not know.

11 mentioned that relatives, friends or care providers had been informed that they were being discharged compared to two who said that their relatives, friends or care provider were not aware. Three did not comment.

“Not given enough time to make proper arrangements!”

“Consultant came at 11am...if still ok by 3pm I can go home. Was fine and in discharge lounge by 4.15pm”

Patients were asked whether they had been provided with the details of who to contact once they got home, for any questions regarding their stay in hospital. Of the 12 people who replied, eight said yes, three said no and one was unsure.

Healthwatch were visiting the Discharge Lounge during the NHS cyber-attack and saw staff at the Discharge Lounge informing patients about slight delays which may occur.

Safety

No slip or trip hazards were identified during the visits. There were also no objects lying around that might be a hazard to patients.

Belongings

14 patients said that they had all their belongings with them, two did not comment.

Medication

12 patients indicated that they had all their medications with them. The other four patients either did not comment or felt that the question was not applicable to them as they had not brought any medications with them or been issued with any.

Transport

One Enter and View representative was informed by a senior nurse of issues around the transport service provided by Thames Ambulance Service, including vehicles not being available when required because of staff absence and no alternative provision made by the company. This resulted in Amvale being brought in. However, staff reported that there were no Amvale vehicles large enough for wheelchairs to be transported.

11 of those spoken to were set to return home using hospital transport, four had relatives or friends collecting them and one patient was unsure.

Case Study: One patient was waiting to see if they could get hospital transport, otherwise they would be using a taxi. They had used a taxi that morning to get to hospital at a cost of 20 pounds, plus tip. Previously they had qualified for patient transport due to their cardiac condition. This time they had been informed that they did not fit the criteria, yet they still had the same condition. The patient did not understand and wondered why the criteria was not applied consistently.

During HWNL's visit the patient was told that they could return home with Thames Ambulance Service after intervention by hospital staff.

Clothing

One representative noticed a person in pyjamas who was being discharged. That person had been admitted to hospital as an emergency and had been in for several days. They were dressed how they had arrived. During HWNL's previous Enter and View it had been noted that basic clothing was available for patients who required them on discharge.

HWNL clarified with the hospital's lead for Patient Experience as to what should happen if a patient does not have appropriate clothing when discharged. She said that staff would try to obtain clothes via the patient's family and friends if possible. However, funds have now been obtained from a local company and "dignity boxes" have been placed in both Hospitals' discharge lounges. These boxes contain clean, new clothes for patients "to ensure a dignified discharge".

Staff (Discharge Lounge)

Patients were asked whether staff in the discharge lounge had made them feel welcome. 14 people replied, all saying yes. Comments included:

"Everyone is lovely and lounge is like a posh hotel"

"Been ever so good couldn't wish for better"

"10 / 10 very helpful"

Staff were observed interacting with patients, for example, giving them drinks and offering food. One elderly lady was given assistance by a member of staff who helped her to eat a yogurt and drink her tea.

Staff also wore uniforms and had name badges.

Conclusion

All 16 respondents were satisfied with the care they received during their stay and felt ready to be discharged. Staff in the Discharge Lounge had made patients feel welcome and were seen interacting with them, such as, giving drinks and offering food.

The majority of respondents had been involved in decisions / planning for being discharged. However, one patient appeared distressed over being moved hastily.

The information provided to patients regarding the cyber-attack was positive, however, information given to patients about their discharge was hit and miss and two respondents said that their relatives, friends or care providers were not aware of their discharge arrangements.

Concerns over the ambulance transport service were highlighted, for example, one member of staff mentioned issues with staff absences at Thames Ambulance Service and Amvale not having large enough vehicles for wheelchairs to be transported. One patient also raised concerns over the consistency of criteria applied in determining eligibility for hospital transport.

Recommendations

Overall, it is important to share with staff the findings of these Enter and View visits and to celebrate the areas of good practice. The following recommendations for improvement are based on the findings of the Enter and View visits on the days they were carried out:

- 1) North Lincolnshire CCG to ensure that NLAG are fully aware of which patients are eligible for patient transport under the service commissioned from Thames Ambulance Service. NLAG to ensure that this communicated to both NLAG staff and patients.
- 2) North Lincolnshire CCG to examine the purported incident whereby Thames Ambulance Service were unable to fulfil a transportation requirement. If this is upheld, ensure NLAG are aware of the appropriate reporting procedures in such circumstances.
- 3) NLAG to ensure that staff are clear of the different contracting and usage arrangements with both Amvale and Thames Ambulance Service. Additionally, NLAG to investigate the purported incident of Amvale vehicles being inappropriate to patient needs, and assess that processes ensure that correct vehicle requirements will be booked.
- 4) NLAG to implement a standard approach to ensuring that all patients discharged know who to contact once they return home, if they have any more questions regarding their hospital stay.

Signed on behalf of HWNL	<i>Kirsten Spark</i>	Date: 30/10/17
--------------------------	----------------------	----------------

Response from NLaG

The Trust is committed to providing all our patients with a safe and effective discharge and welcomes this report from our Healthwatch partners. The information contained within this report, and subsequent recommendations has supported the actions below.

Just to note that actions 1 and 2 are initially reliant on North Lincolnshire CCG providing information to then further develop these actions, we will continue to monitor this action plan in relation to this information being provided and may add additional actions based on this.

We would like to thank Healthwatch, NLaG staff and all our patients and families who supported this valuable piece of work.

Recommendation	Action	Lead	Timescale
1. North Lincolnshire CCG to ensure that NLAG are fully aware of which patients are eligible for patient transport under the service commissioned from Thames Ambulance Service. NLAG to ensure that this communicated to both NLAG staff and patients. -	Action for NLCCG - Feedback to be given to NLaG	NLCCG	NA
2. North Lincolnshire CCG to examine the purported incident whereby Thames Ambulance Service were unable to fulfil a transportation requirement. If this is upheld, ensure NLAG are aware of the appropriate reporting procedures in such circumstances	Action for NLCCG – Feedback to be given to NLaG	NLCCG	NA
3. NLAG to ensure that staff are clear of the different contracting and usage arrangements with both Amvale and Thames Ambulance Service. Additionally, NLAG to investigate the purported incident of Amvale vehicles being inappropriate to patient needs, and assess that processes ensure that correct vehicle requirements will be booked.	<p>Action – to provide update to ward and units areas re criteria and patient suitability issues once information is received from NL CCG as per the first action.</p> <p>Action - NLAG staff to Datix issues relating to inappropriate vehicle availability.</p>	Deputy Chief Operating officer	End of December 2017

4. NLAG to implement a standard approach to ensuring that all patients discharged know who to contact once they return home, if they have any more questions regarding their hospital stay.	Action – SAFER lead to address this as part of ensuring a safe discharge.	Vanessa Tasker	March 2018
---	---	----------------	------------