healthwatch Darlington

Hospital Discharge Report

January 2019/March 2019

Contents

Background

Healthwatch Darlington have produced this report following information gathered from our 'What's important to you?' survey and community outreach where people are able to leave comments about services. The information gathered from this survey was fed into our decision-making process for the work plan 2018-2019 and because of the concerns raised in relation to Hospital Discharge it was decided to look into this further and to produce a report.

This report highlights the lack of communication regarding all aspects of discharge from those working within the area and the patients, relatives and carers going through the discharge process.

The report has used several different methods of gathering and analysing the information which has enabled us to capture quantitative and qualitative data which is important when exploring the complexities of a patients discharge journey.

Healthwatch Darlington would like to thank all of those involved for their time and contributions to this report.

Introduction

Healthwatch Darlington Ltd (HWD) is a strong independent community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington. HWD believe that no matter who you are, where you live or what age you are, you do have a voice and you have the right for that voice to be heard.

Our Strategic Duties include:

Information Gathering

- Gathering views, experiences and needs of local people about their health and social care, focusing on those who are under-represented in decision making or face barriers to influencing the system.
- Gathering and monitoring other key information that tells us how the local health and social care system is working for people.

Influencing

- Influencing services and their commissioners to consider and act upon the views, experiences and needs we present.
- Championing the involvement of Darlington residents in the development and evaluation of services.

Informing

- Enabling people to get the most out of the current system by providing information about service provision, the rights people have in relation to their care, and opportunities they have to influence what care looks like.

What is hospital discharge?

Hospital discharge is a process used by hospitals to effectively discharge patients from their care in a supportive and timely manner.

Most wards will have a nurse or discharge coordinator that oversees the discharge of patients. They are responsible for ensuring the patient has the correct information about what will happen with their discharge when they enter the ward. The nurse will ensure that the patient is informed about when and how they will leave the ward. They will also ensure that the correct medication is in place or has been ordered.

In a complex discharge they will have liaised with other agencies. For example; care homes, social worker, occupational therapists, primary care, GP's, housing and community mental health practitioners.

Some hospitals provide a lounge area for people to wait before they can leave hospital. This is to free up bed space and for them to have a comfortable area while waiting for medication, ambulance transport service or relatives/carers.

About County Durham and Darlington NHS Foundation Trust (CDDFT)

"County Durham and Darlington NHS Foundation Trust is one of the largest integrated care providers in England, serving a population of around 650,000 people. We are a high performing organisation with a track record of success. The Trust has been an integrated acute and community services provider since 2011, and a foundation trust since 2007. We provide acute hospital services at Darlington Memorial Hospital and University Hospital of North Durham.

Bishop Auckland Hospital is a centre for planned care, and we provide community services from six community hospitals and 80 other community-based locations. We have a dedicated, 8,000 strong workforce and are committed to our vision - 'with you all the way' - whether in hospital, home or the community."

County Durham and Darlington NHS Foundation Trust – (CDDFT) Discharge and Going Home policy

County Durham and Darlington NHS Foundation Trust (CDDFT) provide a comprehensive Discharge and going Home policy below are some extracts that give brief information about the policy.

The policy is intended to assist all staff, working across all sites within County Durham and Darlington Foundation Trust, who are involved in the discharge process. It aims to improve and strengthen discharge planning and the timely discharge of patients from the Trust.

This policy applies to:

- All CDDFT staff involved with the discharge of patients, including the multi professional discharge team and partner agencies.
- All discharges from any ward or department within County Durham and Darlington NHS Foundation Trust.
- Those patients being discharged home, or to their usual or new place of residence.

Although discharge from hospital should take place between 8am and 9pm, there are occasions when discharge will occur outside these times. This policy is to be followed out of the stated hours also.

The policy aims to ensure that unplanned re-admissions do not occur as a result of poor discharge planning.

Discharge Planning will commence at the pre-admission stage for elective cases. For unplanned admissions discharge planning will be initiated within 24 hours of admission. All discharges including complex discharges should be planned to take place before midday. If there are delays and patients are waiting for transport, they should be asked to wait in a suitable area on the ward if appropriate.

One of the main themes of patient dissatisfaction and patient complaints in relation to preparation for going home is poor communication and involvement. All professionals involved in the care of patients will make every effort to communicate and involve the patient at every opportunity, together with their relatives and carers (as appropriate) to plan for the patients' discharge.

It is the responsibility of all individuals involved in the patients care to maintain effective and consistent communication.

Your Ticket Home

Gives information about expected discharge date, what will be given to take home, discharge letter, as well as information on who is at home, valuables, travel home and outpatient appointments.

Methodology

Healthwatch Darlington used a variety of methods to gather information from staff, patients, carers and relatives.

A survey was produced and launched on Facebook, Twitter, on the Healthwatch Darlington website and in our own Healthwatch e-Bulletin.

Our Health Connectors also took the survey out to events and community outreach sessions around the town directly talking to individuals. Some examples of these include;

- St Herbert's D-Caf
- Health & Wellbeing Event organised by Darlington College at the Cornmill Centre
- Café JJ
- Volunteer Fayre at the Dolphin Centre
- Darlington Carers Support Group
- Parkinson's UK Group
- Hollies Restaurant at Darlington Memorial Hospital

Two focus groups were conducted with Headway Darlington and Wesley Court Community Group. This was a set of open questions asked to participants giving them the opportunity to discuss and give feedback on their experiences of hospital discharge.

We also gathered professional engagement feedback and observations from wards 23, 43 and the discharge lounge located at Darlington Memorial Hospital, using questionnaires, observations and surveys.

Findings

We conducted two small focus groups with local groups in Darlington. This was the perfect opportunity for Healthwatch Darlington to understand the differing experiences that patients may be facing when leaving hospital.

The first group we visited was a group of five service users who regularly attend Headway Darlington a local support charity for individuals and their families living with a brain injury.

Headway Darlington – Focus Group Feedback

All five of our group members had similar experiences and feelings towards their hospital discharge at Darlington Memorial Hospital, along with other hospitals in the area.

They all reported that their home setting and safety was not discussed at the decision to discharge and they **were not given a care plan.** An employee at Headway Darlington stated that only three out of fifty Headway service users reported being given a care plan at discharge.

One gentleman reported that after his discharge post brain haemorrhage, he wasn't given help or information other than handed 2 leaflets on local support groups, but did however state that 6 months later, when discharged after a stroke that the discharge process was "fantastic" and was given follow up referrals at discharge. He felt that head injury was very different to other serious illness, **the 'going home passport' needs to be more specific to patients needs** and there was no care pathway in place for this. He also felt the doctors focus was that patients could meet physical targets and were extremely occupationally driven. He stated, "as soon as you're up and walking and not wobbling too much they want you out of the ward".

Another service user agreed with this, she felt her physical issues were addressed well. But went on to state that it was common practice to have junior staff at discharge and all **staff needed more knowledge into brain injury**.

One lady was a staff member at Darlington Memorial when she had a fall in the car park and fractured her skull. She later asked to go home as she had felt embarrassed, but states she was discharged with only a post-concussion card, and it took a year for a follow up ENT referral to be made. She told us there was no discharge care plan and nobody took the time to explain to her the new medications prescribed. She feels she was better educated at Headway and had arranged private psychological care.

One service user reported that her single parent sister had a brain tumour and was discharged from hospital a few days before Christmas. She was **discharged without information on her discharge medication**, which included a controlled drug (liquid morphine). Hospital staff advised her to speak to her GP for further help, but her GP advised that she needed to speak to hospital staff. On his first visitation, her brother was asked if he could provide the patient transport on that day, without prior planning or warning to the patient's main visitor. She also joked that she had received more information after having a tooth removed at the dentist, than from her brain tumour.

Another service user gave some feedback about her experience of hospital discharge. She has found that **no support is given to the patient's carer or loved one**, and that the family need more information into what to expect, as there are changes to patient's cognitive side and also to their personality. Sometimes they have found the wellbeing of the loved one is worn down due to lack of information and support, which in turn gives pressure to the injured patient. She felt strongly that head injury symptoms are vast and are completely different to other discharges, and this should be reflected in a care pathway designed for brain injuries. She also stated that the hospital care is good, but once discharged this goes "great to nothing". The patient's new needs are not added to the discharge report because "there are no services out there to add to the discharge report" and she feels that if the needs were added regardless, this would help the GP have a better knowledge of the patient's new personal needs and that this can be investigated further.

Wesley Court Community Group – Focus Group Feedback

The second focus group was a group of six West Asian individuals living in Darlington who regularly attend a community group session in a local community centre.

One lady reported that she was admitted to Darlington Memorial Hospital ward 31, then transferred to ward 32, and finally transferred to University Hospital of North Durham, totalling a 5-week admission. The patient states her discharge was not discussed until 2 weeks into admission and a care plan was not discussed at all due to the patient having her daughter home from Dubai to visit. Hospital staff communicated poorly with the daughter, despite the daughter visiting daily. The patient also describes her stay at Darlington's Ward 31 as "really bad" due to "rude nurses" and generally feeling mistreated. However, goes on to say that Darlington's Ward 32 provided good care and that her Doctor on discharge at University Hospital of North Durham was "very nice".

Another service user was admitted to Darlington Memorial Hospital with a broken arm. The Patient felt her **discharge was rushed** and she was advised by staff that her GP would arrange her care plan. Unfortunately, the patient feels her care package (which was cut to just 4 weeks) was not as helpful or punctual as she had hoped but does recall being offered rehabilitation at Barnard Castle.

Three separate stories included visitors and other patients on the ward feeding a patient due to a lack of encouragement from staff, it was also mentioned several times that the quality and quantity of food was poor.

Another common theme was that patients would like more questions asked and an improvement in communication between the staff and patients. For example, checking patient transport.

It was raised by one group member that upon visiting a patient, the visitor found the patient distressed and soiled. The visitor allegedly dressed the patient and changed bedding.

One patient who had stayed in Darlington Memorial for one day had good care after being discharged. Her daughter providing her transport home.

Important points: Following on from discussions with the two focus groups it became evident that hospital discharge is a wider problem across all hospitals and NHS Trusts.

Ward 23 – Discharge Nurse Visit

During Healthwatch Darlington's research we felt it was important to engage with health professionals working within Darlington Memorial Hospital. Healthwatch Darlington was invited to shadow a discharge coordinator/nurse on ward 23 and ward 43. This provided the team with an insight into the daily role of a discharge coordinator based on a hospital ward. Two of Healthwatch Darlington's volunteers conducted these shadow visits. One staff member and two volunteers also visited the discharge lounge to speak to staff members and patients.

- **What's the biggest problem you face as a discharge nurse?**

"The biggest problem is that my job is to work 2 days a week on the discharge service. The other Discharge Nurse is on sick leave, so I am doing 5 days work in 2. More people with complex needs being admitted partly due to older population. This makes it more important to get the right support for people, especially if they are going home."

- **What elements of your role do you enjoy?**

"Getting people home, especially if their families want them to go into a residential home. I get a sense of achievement if I can arrange a support package for them to return to their own home (which is what they want). I like advocating for people."

- **Do you feel you know enough about third sector/community organisations that may be able to help a patient? Where would you signpost to?**

"I do know quite a bit about the support that is available. I refer to SPA (Single Point Access), RIACT or Care Connect."

- **What support do you get in your role as a discharge coordinator?**

"There is a discharge sister who I can contact. There are good supportive staff on the ward at all levels, including doctors. I also get regular supervisions."

- **What could help in your role?**

"A 5-day service (current situation due to circumstances).
I would like to start talking about discharge sooner and using other staff."

Ward 43 – Discharge coordinator visit

- **What's the biggest problem you face as a discharge coordinator?**

"Unrealistic expectations from the families. There are not enough beds for rehabilitation and people sometimes have to be sent away from Darlington for an available bed. Things can be slowed down waiting for medication when being discharged."

- **What elements of your role do you enjoy?**

"Everything! I love it all. There is nothing I don't like."

- **What 3rd sector organisations do you feel may be able to help a patient and how do find out about these organisations?**

"I give numbers and leaflets for self-referral to other organisations. We have a duty of care towards the homeless, so we follow up on that. There is information on the board for everyone to see. There is also liaison with mental health if necessary."

- **What support do you get in your role as a discharge coordinator?**

"There is a very good team on the ward, and we support each other. I also get regular supervisions."

- **What could help in your role?**

"More available places for people in rehab. I would like to see fewer hold ups. Often doctors are wanting people to be better, but nurses think that there should be an acceptance for a condition and deal with it that way."

Discharge Lounge Visit

Some of Healthwatch Darlington's team visited the discharge lounge at Darlington Memorial hospital. We were made to feel welcome by staff, they talked to us about their job, as visitors we felt that there had been poor communications as the nurse in charge had no idea Healthwatch were visiting. Healthwatch Darlington had arranged the visit through the administrator. The room was fairly quiet, and we observed good care being taken of what appeared to be dementia patients. Staff were encouraging a person to eat and drink and were happy to help them settle in the area. The room was bright and airy with magazines to read.

The staff within the discharge lounge are responsible for preparing a patient for discharge. They will liaise with hospital wards and carers/families to keep everyone updated on a patient expected discharge time. They can check medications, communicate with rehabilitation units and care homes and arrange hospital transport. They start their morning by having a Multi-Disciplinary team (MDT) meeting to discuss frail and elderly patients.

When we spoke to the staff, they told us that they feel 'winter pressures can make a difference to the discharge process for patients.

They told us that they try their best to keep patients informed of their expected discharge time to go home. They have started to warn patients about the waiting process for discharge to avoid any unrealistic expectations.

The discharge lounge will deal with discharges from all wards apart from the chemo ward. If a patient is deemed clinically fit to go home discharge will be arranged. They do this as soon as possible as they appreciate doctors and nurses have other priorities.

One staff member told us they would prefer for doctors to complete/produce discharge letters to alleviate the waiting time for patients before they arrive at the lounge.

Another concern for discharge staff is the lack of rehabilitation beds available in Darlington. If the limited beds available fill up, Darlington residents can then be sent further afield to places such as, Sedgefield and Barnard Castle. They believe there are only five beds available in Darlington. Patients can become frustrated with this news which can then lead to resistance.

The discharge manager for the hospital told us she believes Darlington is a complicated area as patients can be discharged to County Durham, Darlington or North Yorkshire and services are different in these three areas.

Healthwatch Darlington reminded the staff of our statutory duties to provide information and signposting. We said if we can help with signposting, they are more than welcome to get in contact. We left our leaflets with the discharge manager.

"It's one of our statutory duties to provide information & to signpost"

Survey Results

Healthwatch Darlington conducted a survey which was shared online via our website and social media platforms. Staff and volunteers encouraged service users to take part during community outreach sessions. 57 people took part in our survey it's important to note that some individuals skipped questions or didn't complete the full survey which reflects in the results.

1. **Please tell us which Hospital you or someone you care for was discharged from?**

45 people answered this question with most patients indicating Darlington Memorial Hospital was the service they were discharged from.

Cramlington	1
Darlington	31
Woodlands	2
Durham	3
James Cook	5
Richardson Community	1
North Tees Hospital	1
Hundens Lane Darlington	1
Bishop Auckland	1

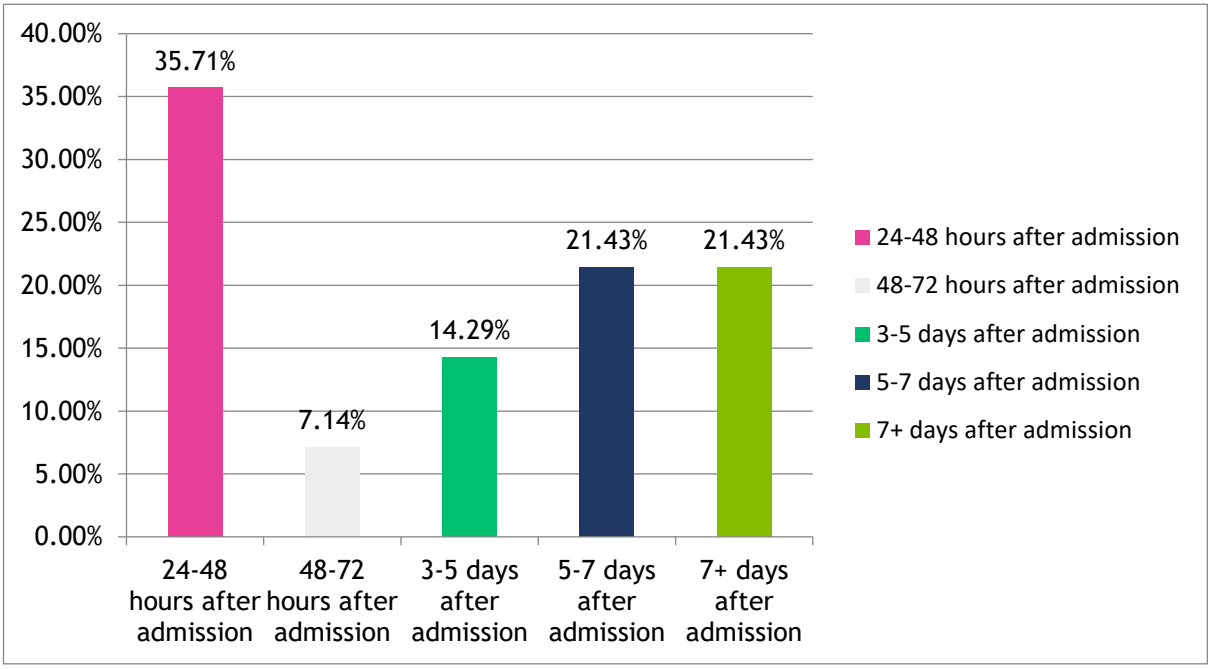
2. **When were you or someone you care for discharged from Hospital?**

46 people answered this question with 25 people experiencing hospital discharge in the last 6 months. A further 10 people were discharged from hospital nine months ago.

1 week ago	1
2 weeks ago	3
1 month ago	8
3 months ago	8
6 months ago	5
9 months ago	10
1 year ago	1
1 plus years ago	10

3. During the Hospital stay when did a health care professional begin discussing a discharge plan?

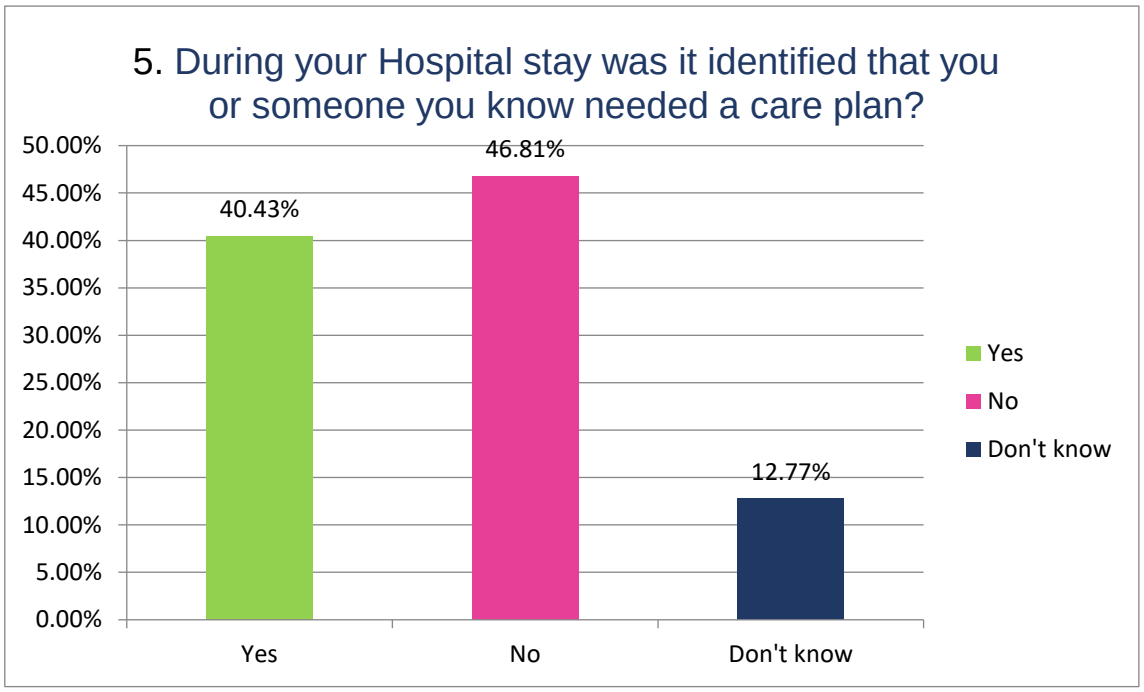
28 people answered this question with 35.71% of survey respondents telling us that their discharge plan discussions started 24-48 hours after admission. However, in total 42.86% of these respondents told us they don't recall discharge discussions starting until 5 days or more after admission.



4. How long did you or someone you know stay in Hospital?

51 individuals answered this question with most respondents indicating they stayed in hospital for no longer than 1 week however, 4 individuals experienced a long hospital stay for 1 month or more.

Less than 24 hours	5
48 hours	2
72 hours	4
24 hours	9
1 week	17
2 weeks	9
3 weeks	1
1 month or more	4



23 individuals shared further comments about their care plan with some examples below:

- *"I had hip replacement 6-8 weeks ago, no care plan as far as my carer was aware."*

- *"I was told that I may bleed for a few days but should be back to normal in 4/5 days on discharge I was given a telephone number to contact if required. As it became obvious that something was wrong, I tried to phone the no., only to be told to contact my GP, I did that, and she explained that I needed the services of a colorectal specialist and requested an appointment for me."*

- *"They did not initiate any discussions about care plans until I did."*

- "It was identified that ongoing specialist OT (neuro) and psychology was needed but that it was not an option as there are zero outpatient services in this area (apart from headway in Darlington or private services)."

- *"I had been scheduled for a private operation at the Woodlands Hospital for September 2018 but had to have emergency surgery at Darlington Memorial, as my hernia was strangulating. Luckily for me, my private consultant had discussed my after-care plan with me in great detail. On the day of my surgery, I was admitted to the Clinical Decisions Unit and the whole day was a nightmare., I gave full details to the Patient Experience Team. Nobody discussed after care with me. There was a shift change in the evening and a new nurse came over and told me I could go home. My husband was with me and we asked about after care. She said the doctors hadn't mentioned anything. I said I'd been told by my private consultant that there was a 6-week recovery period, during which I had to be very careful - no sit ups, roll out of bed, no straining. No lifting even a kettle for the first 2 weeks, have the wound checked by my GP, and no driving. The nurse said the doctors didn't mention anything. We were shocked and asked her to double check. She came back and simply said No Heavy Lifting for 6 weeks. She gave me a discharge form signed by a doctor. There is no after care advice on the form. I complained to the Patient Experience Team on 12 December 2018 because if I hadn't been seen privately and been advised on after care, I could've done untold damage. I complained to ensure that nobody else was sent home without an after-care plan. The Patient Experience Team rang me in February to say the CDU had not responded and they were having a problem. The Patient Experience Team replied to my complaint on 1 March. CDU state that, there were follow up plans, along with details of the procedure, in the discharge letter. CDU also reiterated that a post-operative care plan was in place. This is not true and has greatly upset me."*

- *"Had already a care plan but social worker did not update this as he deteriorated so did not get the appropriate help."*

6. **Were you sent to an appropriate specialist for ongoing treatment after discharge from hospital (For example Occupational Therapist, Physiotherapist, Rehabilitation?)**

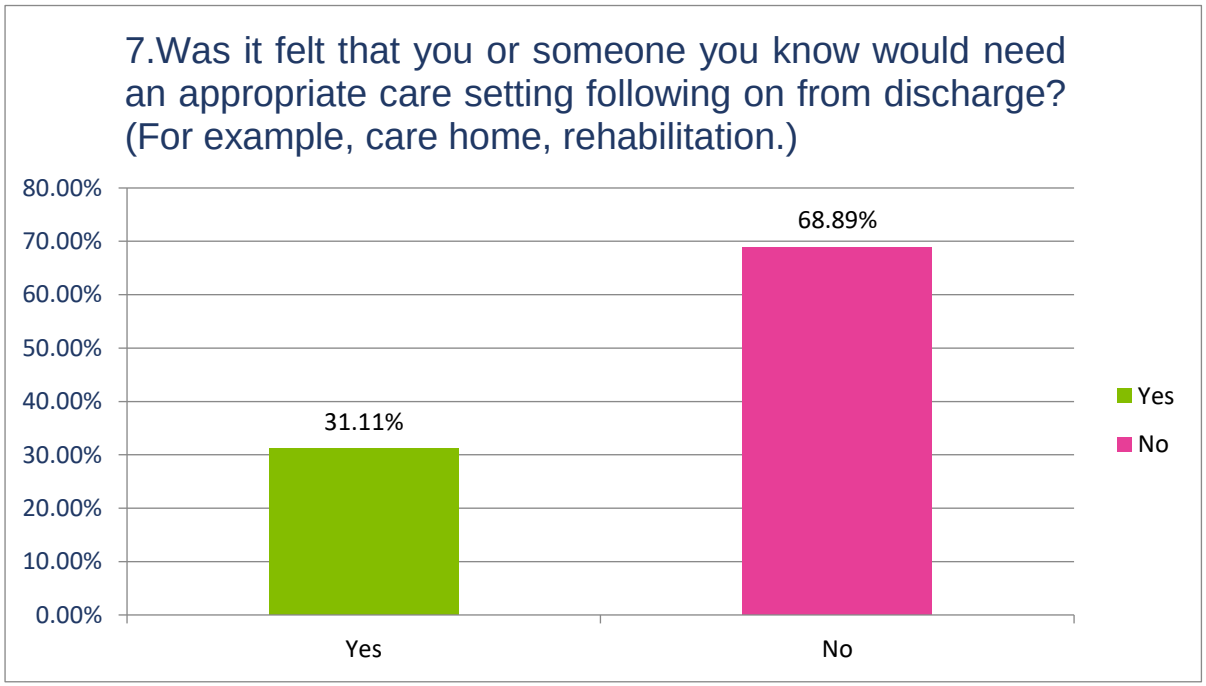
When analysing the response to this question we had a number of people who did receive referrals but some of these individuals indicated not all referrals happened or none were made at all. Some individuals didn't need referrals following on from their discharge.

23 – Yes
19 - No
3 – Don't know
3 – Not applicable

Rehabilitation was a referral route for four individuals who took part in this survey. A further five individuals were referred to physiotherapy however one of these individuals told us they were expecting occupational therapists and the physio didn't start until ten weeks after the discharge, *"O.T never turned up, had physio after 10 weeks for 4 sessions".*

One individual didn't receive any referrals requested but did say *"No but eventually got sent to the continence nurse."*

Furthermore, one individual told us, *"No referrals made, they told me I would need to social care myself."*



12 people shared additional comments to question seven. Some examples of comments feature below:

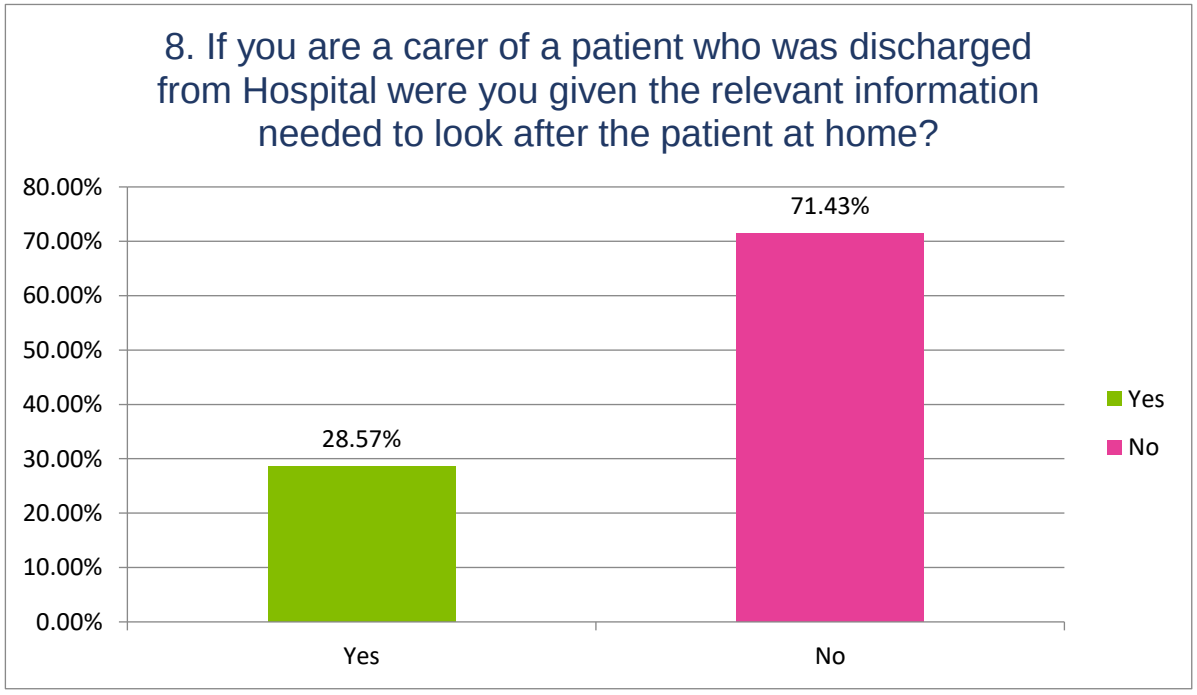
- *"My mother was sent to Barnard Castle, 12 miles from my home town Darlington."*

- *"Discharged to Springfield care home but a delay of seven days, hence a stay in Richardson."*

- *"It seems Darlington Memorial hospital have no procedures in place for when things go wrong, other than shutting down all communications with a patient. They give you a contact number but when you phone it, it tells you to go to your GP. Why do not they just state contact your GP on the discharge document I this is the case."*

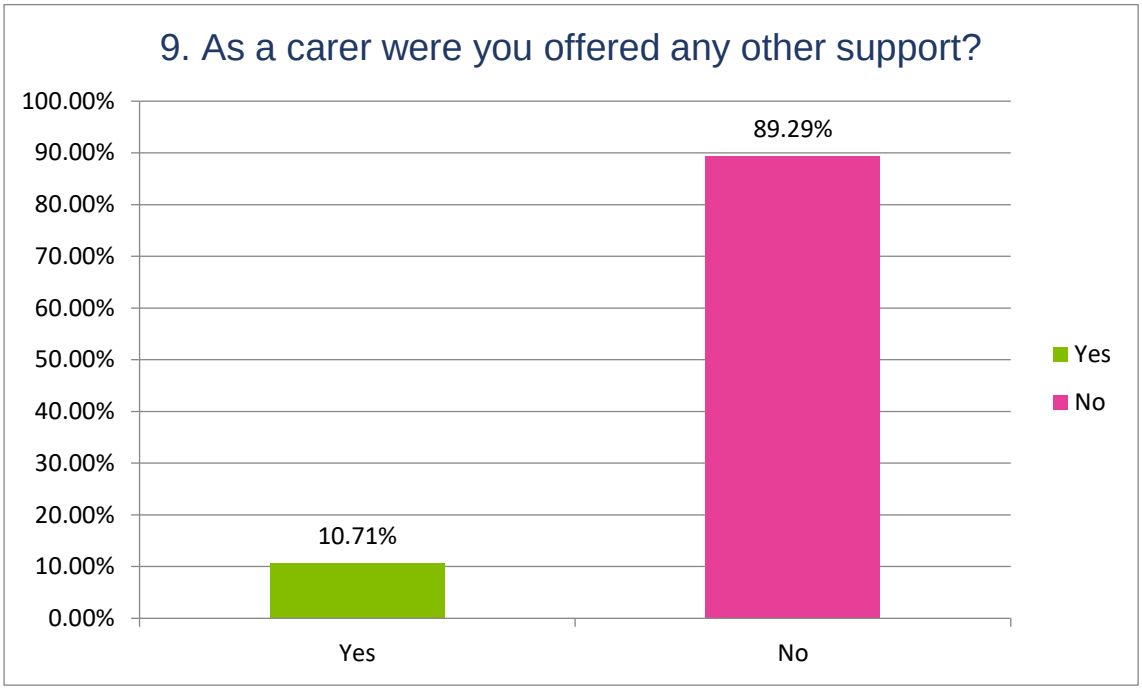
- *"The team believed I (his wife) could manage him at home but this subsequently meant I had to give up my job and become a carer. I get zero help from statutory services."*

- *"Community rehabilitation was needed but none available in the area."*



26 individuals shared further comments when responding to question eight. Some examples are shared below:

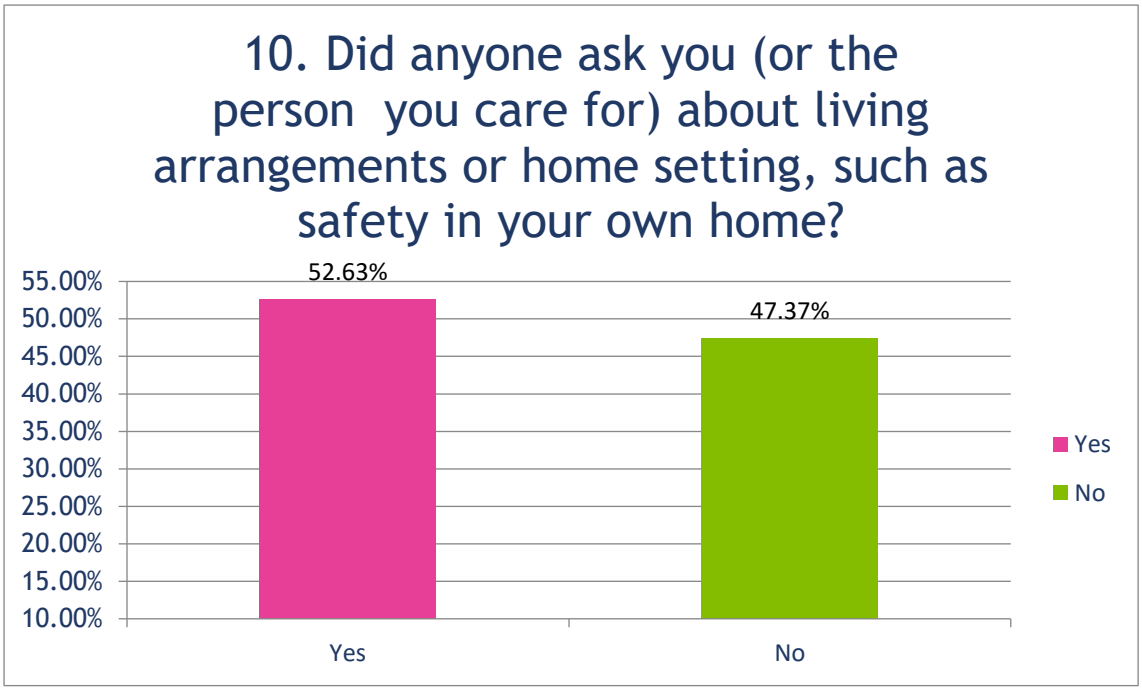
- *"Sourced own my information after discharge on after care."*
- *"I was given information."*
- *"Waited for up to 8 hours for information, no communication from staff felt a nuisance to them."*
- *"I received a post discharge leaflet advising on no lifting etc."*
- *"Not even a leaflet, my husband has severe cognitive impairment."*
- *"After the first discharge my husband experienced many falls despite asking for OT to come on several occasions this didn't happen. He eventually ended up back in Hospital."*
- *"I badly needed information for my husband following on from a brain injury but was given nothing, I felt totally adrift."*
- *"Just a small card."*
- "My carer was not involved in anyway."
- *"Leaflets, website, telephone number – Electronic iPad for patient information, not good for communication. NHS language is very complicated."*
- *"Incontinence service information after prostate cancer diagnosis."*



Only 28 people identified as a carer and answered question nine. A large 89.29% of these respondents told us they were not offered other support.

15 people left further comments and some examples of these are below:

- *"No other support was offered."*
- *"I had to ask twice for help and then was granted a carer in the morning to held dress and wash him."*
- *"Only by red cross."*



27 individuals shared further comments to question ten and some examples are shared below:

- *"It was agreed stair rails would be fitted to stairs and showers – this never happened."*
- *"A lady put safety aspects in place."*
- *"Was sent home at 11pm at night into independent living. Care home was not informed. I was brought back today in an ambulance. I was found by staff in the morning. No overnight staff has call system."*
- *"I was asked if relatives lived with me."*
- *"The neurophysio asked if we needed anything."*
- *"OT input for equipment, nothing about the emotional or cognitive difficulties my husband would face at home. Pressure on me was enormous"*
- *"I was asked if I lived on my own."*

11. On the day of discharge was this conducted on time and did you have the appropriate transport arrangements put in place?

48 individuals answered question eleven. Some respondents only answered yes or no whereas other provided further detail. The responses were mixed with positive and negative experiences shared.

Yes -14
No – 9

- *"Nobody discussed my discharge until the nurse told me I could go home, at approximately 20.45 pm"*

- *"Yes - had phone call from ward but had to arrange someone to pick up patient. I do not drive, was not offered transport."*

- *"Yes, a volunteer driver was able to drive me back from the Christie Hospital (Manchester) back to Darlington. The driver arrived before the documents and medication was ready."*

- "Taxi was arranged with 1 to 2 hours wait."

- "Transferred from hospital to care home via taxi."

- "No timetable long waits for paperwork and medication. 'On time' medication was not delivered."

- "I was taken home in an ambulance and put into bed, but it was too cold as I didn't have my electric blanket."

12. Do you have any further comments or suggestions for improvements?

31 individuals shared additional comments highlighting final thoughts and any ideas for improvement.

- *"They were fantastic, and I didn't have any problems."*
- *"Occupational health never contacted me the day or weeks after discharge to come and fit the needed equipment even though they weren't originally going to let me home without them."*
- *"It was so long ago I can't remember but my father was in and out of hospital, first to A&E department and then the ward. It was only a few years later that I heard about community matrons and how this could have been avoided."*
- *"Yes, my mother was sent too far away from her home town. I wasn't consulted. She was very confused at being sent away to another town. It brought on her dementia."*
- *"It is vital that the lack of care and support provided by REACT is exposed*
- *I am very distressed that CDU are adamant I had a post-operative care plan. I did not."*
- *"Was not an inpatient, but really broke my shoulder so needed help at home and REACT were brilliant and I was grateful the hospital organised them to call on me."*
- *"The wait for medication is too long but that's because nurses are under serious pressure but generally it is very good in Darlington Memorial Hospital."*
- *"Find out if someone is there at home when you get discharged. Better discharge today but 1st one caused a lot of upset. Was not given call alarm on return to home."*
- *"No improvements required."*
- *"Funds to access support if possible."*
- *"Fire brigade very helpful in referring to others after coming to fix smoke alarms*
- *Moved to Darlington hospital. 3 days later discharged if bed needed. discharged before it arrived. Woodlands hospital had better care."*
- *"Speed up pharmacy."*
- *"He gets a follow up letter, always goes to doctors."*
- *"Better communication between services and the relatives."*
- *"Discharge process not conducted in accordance with the discharge framework."*
- *"Wasn't ready to go home after 4 days."*

- *"Waiting times need to be improved, simpler language to explain things and improved waiting times for appropriate medications to enable discharge from hospital."*
- *"At no time was I told of the risks involved or that at my age the procedure was possibly not advised. It was left to me to research this on the internet And I now have to find out how to get some relief from the results of this procedure. Is there a way I can flag this doctor as an unsafe operator?"*
- *"They would no communicate any updates to my family members when they visited which found unhelpful."*
- *"There should be a standard advice/care pack given to the patient or carers before discharge."*
- *"More care needed when discussing discharge plans. Staff were prepared to discharge without a care plan or package despite repeated admissions. Need immediate follow up on discharge from community nurses; not a couple of days later."*
- *"The new day/short stay unit at DMH is a vast improvement. I had a letter published in The Northern Echo to tell about this. It is not unusual for discharge letters to be wrong, I've been in before. Spelling mistakes shouldn't happen either.*
- *"Cannot fault anything about the Woodlands."*
- *"I feel l have to push for the things l need."*
- *"Talk more to the patients, explain correctly what they are entitled to and ask THEM what they feel they need. they are told what other people think they need."*

- *"No actual support was made available. The district nurse to check a dressing four days after discharge. Without a friend's care and support, I was left to care for myself as 'ineligible' for support after 10 hours surgery to remove upper and lower ementa, appendix and bowel resection; mobilization of liver and spleen followed by heated intra-peritoneal chemotherapy."*

- *"Brain injury is extremely complex and very often misunderstood by generic medical professionals including OT and GP. The ongoing needs can be vast and both survivor and carer and both need ongoing support, education etc. It's bizarre that local independent organisations that can provide this (headway Darlington) are not given funding to implement this with more people and help people move on and adjust.*
- *"A proper care plan and discharge report needs to be prepared with recommendations on the needs of the patient and their families but there is NO REHABILITATION INPUT IN THE COMMUNITY."*
- *"More referrals support for outside of Hospital."*
- *"Everyone involved in the patient's care should be involved in discharge."*
- *"Having meds prepared for discharge has caused me problems in the past and this could be better."*

Conclusion and Recommendations

Throughout this process Healthwatch Darlington has listened to the patients, carers and staff to ensure we have captured their thoughts and feelings around the discharge process. The same frustrations from all parties seems to run clear throughout the report particularly around the lack of rehabilitation beds that are available in the town.

Furthermore, a strong theme for patients and carers has been highlighted who feel a lack of communication through information sharing is a problem. Many carers feel left out of the process and wish to be more involved. With this is mind Healthwatch Darlington thoroughly checked the local Trust's discharge policy which only mentions carers briefly. The 'your ticket home' features no mention of carers throughout the document. We are aware the policy was due for a review March 2019, but we have not seen this.

The report highlights some inconsistencies with some patients reporting a timely discharge, lots of post discharge information and effective referrals, whereas others report a somewhat negative experience in comparison and feel completely abandoned once safely home.

Recommendation 1

Communication issues for patients and carers is highlighted throughout the report and CDDFT also include this in their policy as one of the main complaints raised in discharge. Healthwatch Darlington recommends the policy and 'your ticket home' is reviewed to ensure best practice is being adopted when dealing with both patients and carer during the discharge process. Healthwatch Darlington suggest reviewing the policy if this hasn't already happened as part of the process. Healthwatch Darlington would like to also offer its assistance to help the Trust engage with carers in the development of documents and policies in this area. An example of a hospital discharge checklist has been produced by Healthwatch Surrey which can be found at:
https://healthwatchsurrey.co.uk/wp-content/uploads/2017/06/HWSy-Discharge-Checklist.pdf

Recommendation 2

Healthwatch Darlington recommends staff training should be considered to ensure everyone is trained to a standard so that when a person enters the system, all are working to get the best possible discharge for that patient. This could help staff understand the different discharge pathways for patients that need both their physical health and mental wellbeing addressed.

Feedback from commissioners and providers –

Darlington Clinical Commissioning Group –

"Thank you for sharing the Hospital Discharge report with us. We have reviewed the report and found the comments from patients in their words particularly helpful in illustrating in some of the key themes outlined.

The report is both welcomed and timely. A Discharge Symposium in relation to Darlington Memorial Hospital was held on the 16th October 2019 with the aim of improving current discharge processes involving multi-agency partners from across the town.

It is envisaged that following the event a multi-agency locality discharge group will be established for Darlington to take forward some of the issues highlighted on the day and the delivery of the national NHS England High Impact Model (HICM). Healthwatch Darlington will be invited to join this group.

We note the two recommendations within the report, namely:

Recommendation 1

Communication issues for patient and carers is highlighted throughout the report and CDDFT also include this in their policy as one of the main complaints raised in discharge. Healthwatch Darlington recommends the policy and 'your ticket home' is reviewed to ensure best practice is being adopted when dealing both patients and carer during the discharge process.

Recommendation 2

Healthwatch Darlington recommends staff training should be considered to ensure everyone is trained to a standard so that when a person enters the system all are working to get the best possible discharge for that patient. This could help staff understand the different discharge pathways for patients that need both their physical health and mental wellbeing addressed.

Following the publication of Healthwatch Darlington's report we will ensure these recommendations are taken through the new locality group as part of any discharge developments. This will ensure a local approach to improving the experience for both patients and carers. With regards to Healthwatch Surrey's Hospital Checklist, we will include this in our wider review and consideration of evidence and best practice.

Though not included within the recommendations, we also note the role and experience of carers in the report and hospital discharge process.

Thank you again for sharing this feedback with us."

County Durham & Darlington NHS Foundation Trust –

"The trust will work with Healthwatch to ensure that the general findings of the discharge survey are relayed to the Executive Patient Safety and Experience Forum ensuring wider understanding of senior management. The findings will also be disseminated to the operational discharge forum to ensure that any wider lessons can be understood and relayed to the frontline clinicians."

Darlington Borough Council -

"We would support the recommendations that "Communication" is key in relation to hospital discharge. This communication should be both face to face and also in writing, as families are often very stressed when a loved one is in hospital and do not always process what they are being told. To have this information in writing – "Your Ticket Home" would be very helpful.
It is also essential for the Discharge Team to work with families as "equal partners " in planning discharges, and not just assume that the family carer is able and willing to pick up the caring role, without additional support."

Next steps

Healthwatch Darlington understands the differing experiences of service users when going through the discharge process and we appreciate the responses received from both, Darlington Clinical Commissioning Group, County Durham & Darlington NHS Foundation Trust and Darlington Brough Council. Moving forward we will be monitoring the developments of the discharge process at Darlington Memorial Hospital and we look forward to attending the new multi-agency locality discharge group, so we can ensure the service users voice is at the heart of any changes in the future.

Acknowledgments

Healthwatch Darlington would like to thank County Durham & Darlington NHS Foundation NHS Trust for their contribution and insight into this report. Our volunteers really enjoyed visiting the hospital wards and finding out more about the role of a discharge coordinator/nurse. We would like to thank all of our health connector volunteers for their time and energy but in particular we would like to thank Lisa Coates, Gill Waite, Jamie Odgers and Patricia Martin for visiting the hospital and assisting with focus groups. Finally, we would like to thank local service users, carers and community support groups for sharing their experiences and suggestions for improvement.

References

Discharge and Going Home policy: Cddft.nhs.uk. (2016). [online] Available at: https://www.cddft.nhs.uk/media/498781/03.16.38%20patient%20discharge%20policy.pdf [Accessed 22 May 2019].

Your ticket home: Cddft.nhs.uk. (2016). [online] Available at: https://www.cddft.nhs.uk/media/498781/03.16.38%20patient%20discharge%20policy.pdf [Accessed 22 May 2019].

Healthwatch Surrey, Hospital discharge checklist: Healthwatchsurrey.co.uk. (2018). [online] Available at: https://healthwatchsurrey.co.uk/wp-content/uploads/2017/06/HWSy-Discharge-Checklist.pdf [Accessed 22 Jul. 2019].

Healthwatch Darlington Limited

Jubilee House,1 Chancery Lane,

Darlington, DL1 5QP

01325 380145 or 07525237723

email: info@healthwatchdarlington.co.uk

Website: www.healthwatchdarlington.co.uk

A company Limited by Guarantee. Company Number 8714438.

Registered Charity Number 1156388 HEALTHWATCH DARLINGTON LIMITED.