

Enter & View Report

Queens Hospital:
Inpatient Discharge Lounge Tuesday 25 April
Outpatient Discharge Lounge Wednesday 26 April

King George Hospital
Discharge Lounge Tuesday 25 April

This report is available to download from our website and can be made available in a plain text version, **Large Print**, in Braille or audio versions if requested.

Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk

Visit Details

Service Provider	Inpatient Discharge Lounge Queens Hospital Barking, Havering & Redbridge University Trust (BHRUT) Rom Valley Way, Romford, Essex, RM7 0AG
Contact Details	Senior Sister: Christina Szentes 01708 435000
Date/time of visit	25 April 2017 1pm-3pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Representative - Naina Thaker Representatives - Ogechi Ejimofor & Elaine Freedman

Service Provider	Outpatient Discharge Lounge Queens Hospital (BHRUT) Rom Valley Way, Romford, Essex, RM7 0AG
Contact Details	Alison Franklin 01708 435000
Date/time of visit	26 April 2017 1pm-3pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Representative - Sarah Oyebanjo E&V Representatives - Hyacinth Osborne & Elaine Freedman

Service Provider	Discharge Lounge King George Hospital (BHRUT) Barley Lane, Goodmayes, Ilford, IG3 8YB
Contact Details	Comfort Ajagbe 01708 435000
Date/time of visit	25 April 2017 1pm-3pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Representative - Sarah Oyebanjo Enter & View Representative - Thomas Thorn

Contact details	Healthwatch Redbridge 5 th Floor, Forest House 16-20 Clements Road Ilford, Essex IG1 1BA 020 8553 1236
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Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Queens Hospital Inpatient Discharge Lounge for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visits made on **25 & 26 April 2017**.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained Healthwatch volunteers & staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what a service does well.

Introduction

Healthwatch Redbridge (HWR) conduct E&V visits to the discharge lounges at Queens's hospital, King George Hospital & Whipps Cross Hospital to review and understand the discharge procedures used within hospitals primarily serving the Redbridge area.

The visits were planned as part of our work programme as concerns have been raised by a number of service users regarding hospital discharge processes.

Purpose of the visit

Healthwatch Redbridge has used the visits as part of a project responding to concerns raised by local people regarding safe hospital discharge. A number of concerns have been identified such as discharges being completed late in the evening & long waits for medications. Further concerns have been raised by a number of Care homes, who have told us that, in their opinion, some residents have been discharged too early leading to them needing to be

readmitted or they were sent home with little or no information about their diagnosis.

These visits are also in response to findings in regards to our project looking at Intermediate Care in Redbridge. Some concerns were raised that there is no clear discharge pathway for services users that live in the west of Redbridge.

The results of the visits will allow us to review, understand and report the discharge protocol within the three hospitals.

Strategic Drivers

- BHRUT & Barts Health Discharge Protocols
- HWR Intermediate Care Review
- Part of the HWR Work Plan 2016-17
- Reporting to Redbridge Health Scrutiny Committee in regards to safe hospital discharge in the borough

Methodology

Prior to the visits, we conducted a review of our signposting log and database systems to identify discharge issues raised by patients and relatives. A number of key concerns were raised during the last year, such as patients (or their relatives) feeling they had been discharged too early which, in some cases, had led to readmission; and long waiting times for medications to be organised.

In July 2015 Healthwatch Havering conducted an Enter & View Visit to the discharge lounge at Queens Hospital¹ and the Ambulance Waiting Area² (Outpatients Discharge Lounge). Our visit was also seen an opportunity to assess if any changes or improvements had been made to the service since the recommendations made by Healthwatch Havering.

Questions were written to reflect the issues identified. Additional questions were added relating to the Accessible Information Standard³. The standard is there to ensure people who have a disability, impairment or sensory loss, receive information in a way they can understand and any communication support they may need.

The visits were was approved by the HWR Enter & View Task Group.

¹ http://www.healthwatchhaverling.co.uk/sites/default/files/full_report_final_-_discharge_1.pdf

² http://www.healthwatchhaverling.co.uk/sites/default/files/full_report_final_-_ambulance_1.pdf

³ www.england.nhs.uk/accessibleinfo

The visits to Queen's hospital took place on 25 & 26 April and the visit to King George hospital was conducted on 25 April. All establishments were informed by email two weeks prior to the visits taking place.

On arrival at Queen's hospital, the lead representative informed reception staff of their visit and requested to speak to the delegated staff member. As the visits were announced prior to attendance; a member of the Patient Experience team and the discharge lounge manager met representatives escorted them to the lounges.

Representatives were shown around the different areas of the discharge lounge by the ward manager. Two representatives spoke to patients and staff whilst another spoke to the ward manager.

At King George Hospital the team made their own way to the discharge lounge. On arrival at the discharge lounge, representatives introduced themselves to staff and informed them of the purpose of the visit. They then spoke to staff and patients in the lounge.

A leaflet explaining the role of Healthwatch was left with each person spoken to.

At the end of the visit the representatives thanked the staff members and told them that the draft report would be sent shortly.

The reports are sent to each provider so that they have an opportunity to request any factual inaccuracies be corrected prior to publication.

Results of Visit

Representatives spoke with patients, relatives (where available) and staff, using a standard set of questions. Representatives took the time to explain who they were and why they were there. They confirmed with individuals that they were happy to speak with them and that their responses would be confidential and anonymised before publication.

Where appropriate, each visit has been reported separately and recommendations identified for each lounge.

A comprehensive response is shown at the

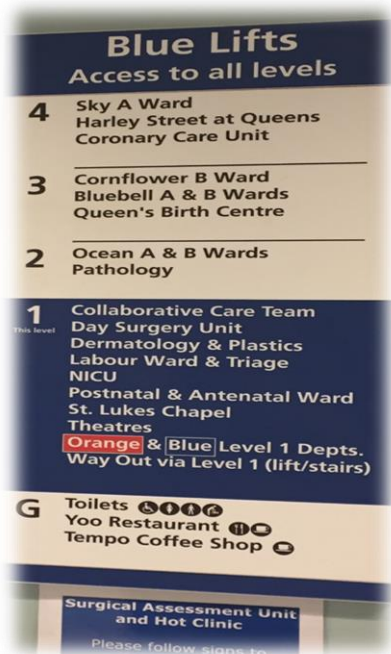
Inpatient Discharge Lounge - Queens Hospital

The visit was conducted in two parts. The Lead Representative met with the discharge lounge manager or the person in charge at the time of our visit, to confirm the details below.

Questions	Responses
What are the opening times of the discharge lounge?	8am to 8.30pm Monday to Sunday.
How many patients can the lounge accommodate?	Chair area - 23 patients but if some patients remain in their wheelchairs then 2 to 3 more patients can be accommodated. Bed area - 5 patients
What are the current staffing levels in the discharge lounge?	3 qualified nurses 3 Health Care Assistants
Which areas of the hospital do the patients in the discharge lounge come from?	Inpatient wards, Accident & Emergency (A&E), Medical Receiving Unit (MRU) & Elderly Receiving Unit (ERU)

Observations at the premises:

(Please see Appendix 1 for further information)



- No clear signage to the discharge lounge seen when entering the main hospital reception.
- No clear signage by the lifts that led to the discharge lounge.
- Accessible parking is available at the hospital however the lounge is located on the first floor some way from this area. Representatives were told that patients are taken in a wheelchair by a porter or ambulance staff to the ambulance or the pick-up point.



- The first sign representatives noted was on the wall immediately outside the discharge lounge.
- On arrival, representative noted that there were 3 patients waiting in the seating area of the lounge and another patient in the bed area. When representatives were leaving they noted the chair area had filled up significantly.

Speaking with the Manager:

(Please see Appendix 2)

Discharge process

- The manager said that the discharge lounge is used for patients who need transport or are waiting for a relative to collect them. The patients are also often waiting for their medication.
- The ward contacts the discharge lounge to make them aware they have a patient that is ready for discharge.
- At this stage the nurse will check the discharge summary has been finalised on the computer system and, once confirmed the patient is accepted by the discharge lounge and a porter will bring them down. The porter will also bring any equipment that the patients may have to take home, such as a walking frame or commode etc.
- When the patient arrives at the lounge the nurse will check their any medications they may have and secure them for safe-keeping until the patient transport is available or a relative comes to collect them.
- The health care assistant or nurse will then complete a comprehensive handover form.
- The relatives or the place to which the patient is going are also informed at this time that the patient is in the discharge lounge. If the medications are not ready and the relative is happy to come back and collect them, then they can collect the patient at any time.
- Patients going to a nursing, care or residential home are prioritised as there often is a cut off time that they will be accepted there. However, if the facility is happy to accept them without their medications then the medications will be sent on later by taxi. Patients with learning disabilities or dementia are also prioritised.

- When a patient is ready to be discharged, they are provided with a discharge summary which is also emailed to their GP at the same time. Their medications will be checked with the patient prior to leaving the discharge lounge.
- When asked which service causes the biggest delay in the discharge process, the manager said it can be a range of different things but communication between departments is often a problem. Sometimes medications can cause a delay.
- The manager told representatives that discharges have been delayed due to medication not being ready or the cut off time for a residential or care home has been reached. This has occasionally led to a patient being kept in overnight when they are medically fit to be discharged.
- When the manager was asked which day is the busiest in the discharge lounge she said it is often a Monday or Friday but this can vary.

Take Home medication

- When a patient requires medication to take home, the pharmacy is informed electronically that the patient is in the discharge lounge.
- Medication can be tracked by nursing staff on the discharge lounge. When it is ready it will be collected by a porter.
- If the pharmacy does not have the medication in stock the pharmacist will speak to the patient and arrangements will be made for it to be collected the next day.

Ambulance service

- If the patient requires hospital transport they are booked onto the system with the proviso that the patient is still awaiting medications.
- The amount of time the patient may have to wait depends on their needs. If a patient is in a wheelchair or needs to take equipment with them they will need more space in the ambulance and may wait longer. However, if the patient can sit in the ambulance chair they may not need to wait as long.

Accessible information

- The manager said that they are informed in the handover and when they come onto the discharge lounge if a patient has a communication impairment. There is also a section on the booking form that allows staff members to input information about an impairment.

- If they have a hearing impairment or visual impairment they are asked if a sign can be displayed near them to alert staff (see below).



- If a patient has a visual impairment then staff will speak to them. However, if the patient is deaf/blind then a relative will be contacted to discuss medication. The learning disability nurse can also be contacted to enable communication.
- The discharge lounge does not have a hearing loop.
- There is a notice on the nurse's station which provides 10 top tips for communicating with people with hearing impairments which staff should follow.

If a patient is able to write then they will be provided with pen and paper to make the communication process easier.

- A patient with a learning disability should come to the ward with a Learning Disability passport which should have been completed on the ward. There is also a Learning Disability nurse available.
- Representatives noted there were no signs to advise patients that information can be made available in other formats such as large print.

Complaints Procedure

- Representatives did not see a complaints/compliments procedure on the wall/board during the visit. However, the manager said that if a patient has a complaint then staff will try to deal with it.
- If the patient is still not happy then the Patient Advice & Liaison Service (PALS) is contacted. If this happens then the sister in charge will also be contacted by the discharge lounge staff.

Refreshments

- Patients are regularly asked if they would like any refreshments.
- Tea/Coffee and snacks are available anytime. If a patient comes to the lounge at a meal time (1pm & 4.30pm), hot meals are also available.
- Carers or relatives are also offered refreshments.

Speaking with staff:

(Please see Appendix 3)

- A representative spoke to one Health Care Assistant on the day of the visit to ask them about their role in supporting patients using the lounge.
- When asked about how they would identify a patient with an impairment they said they would do this through communication with the patient as it is often not clear from the notes.
- When asked what they felt caused the most discharge delays they said delays to medication and hospital transport.
- The staff member said the latest time a patient is discharged from the lounge is 7pm to 7.30pm. If they are still there after this time they are transferred to the observation ward.
- The staff member told representatives there were no written complaints information but if a patient had a complaint they would do their best to resolve it. If they were unable to deal with the issue they would be escalate it to senior staff.

Speaking with patients:

(Please see Appendix 4)

Authorised representatives spoke to six patients during their visit.

- Four patients had been admitted and two had arrived at the hospital that day. All the patients had been admitted through the A&E department and were unplanned admissions.
- On average, the representatives noted the patients in the lounge appeared to wait about 2 hours.
- The patients' experience of the discharge process was variable.
 - One patient being discharged to a residential home stated that no discussion had occurred regarding their discharge.
 - Two patients stated that no discussion had taken place regarding their discharge, however when asked about medications and services it appeared that a discussion may have taken place.
 - One patient knew the name of the person who was responsible for their discharge.
 - A patient that is a regular user of the hospital was familiar with the process and knew their visit would be for the morning and the ambulance for the return journey home was booked prior to the appointment.
- Of those who needed medication, all were waiting for it.

- Two patients indicated that their discharge had been delayed by the wait for medication.
- One patient's delay was caused by waiting for a porter and another had to wait for a trolley.
- Three patients stated that they had not been informed of the reason for a delay.
- Three patients going to their own home said that they had been involved in deciding what care and support they needed.
- Two patients returning home who did not require any support had no discussion, neither did the patient returning to a residential home.
- Further support requirements varied; one patient was told what to do on returning home whilst another was given a selection of leaflets indicating the existence of further charitable provision. One patient was referred to the Intensive Rehabilitation Service⁴.
- None of the patients spoken to required additional equipment when they returned home.
- Patients who had spent some time in the discharge lounge stated that the service and the food was good.
- Patients were asked if they had any further comments. One patient said there were not enough ambulances and another said they had to wait a long time for transport. One patient said that the medication process takes too long and it is worse on a Sunday as the pharmacy closes early.
- Of the patients we spoke to only one had a sight impairment, but he was not asked by the staff in the discharge lounge if he had a communication impairment.

⁴ Intensive Rehabilitation Service (IRS): delivers intensive rehabilitation within a patients' home.

Recommendations

- Signage for the discharge lounge should be clearer. Directions to the lounge should begin at the entrance to the hospital.
- All information should be made available in different formats for those with communication impairments (easy read, online, large print, BSL videos etc). Patients should be made aware that information can be provided
- BHRUT has recently been awarded the Deaf-Aware Quality Mark by the Royal Association of Deaf People (RAD⁵).
 - We were disappointed with the lack of information or support available for patients with a hearing impairment.
 - The hospital should consider installing a hearing loop in the discharge lounge.
 - The hospital might wish to consider asking its own Deaf Access Group to review the discharge lounge and make recommendations.
- The complaints/compliments procedure should be clearly visible and available for all patients. The procedure should be available in a range of accessible formats.
- The length of time patients are waiting for their medication needs to be reviewed. Better systems could reduce discharge delays.
- The staff should ensure that patients are made aware of the reason for any delay in their discharge.
- The hospital should ensure that all patients are involved in discussions regarding their discharge arrangements.

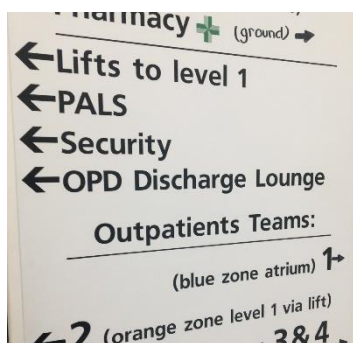
⁵ <https://www.bhrhospitals.nhs.uk/search/text-content/queens-becomes-the-first-hospital-in-the-country-to-receive-deafaware-quality-mark--1562>

Outpatient Discharge Lounge - Queens Hospital

Questions	Responses
What are the opening times of the discharge lounge?	7:30am- 6pm Patients typically arrive at 9:30am
How many patients can the lounge accommodate?	Chair area - 40 patients maximum Bed area- none
What are the current staffing levels in the discharge lounge?	3 staff members: 1 staff nurse/ Healthcare assistant, 1 front of house and 1 manager
Which areas of the hospital do the patients in the discharge lounge come from?	Outpatients department

Observations at the premises:

(Please see Appendix 1 for further information)



Signage from the reception to the lounge says 'OPD Discharge lounge' and this might confuse patients who are unsure about what OPD means.



Outside the lounge, there is signage which says 'Outpatient Discharge Lounge' which is large and easy for patients to see.

The complaints/ compliments procedure wasn't available on the board/ wall during the visit.

On arrival to the ward, the manager and one staff member were at reception and a nurse could be seen attending to a patient. The nurse was easily identifiable by her uniform.

Speaking with the Manager:

(Please see Appendix 2)

Discharge process

- The manager said that the outpatient discharge lounge is a waiting area for those who need ambulance transport and no other services are available. The pharmacist can talk to the patients directly if necessary.
- The booking form for transport is completed and sent to the team online. Patients are then brought down by the porter and they aim for the patients to leave within the hour.
- The manager said that they have more patients on the days that the anti-coagulation clinics are run. This is on Monday, Wednesday and Friday.
- Staff in the discharge lounge are not responsible for booking follow up appointments. The clinics book the patients in directly for their follow up appointments. In some cases, patients call in enquiring about a service and they are directed to the relevant department.
- The booking system for the ambulance service is completed online by the Trust. The bookings are signed off by the clinicians.
- On average, the patients are discharged from the lounge by 5:30pm.
- There is a priority system for those who are severely unwell.

Accessible information

- The manager said that majority of their patients are regular users of the service so they know their needs and how to support them.
- There is also a section on the booking form that allows staff members to input information about their disability.
- The manager said that she would support someone with a visual impairment by speaking clearly to them.
- If a patient has a hearing impairment then staff would ensure that the patient can see them so that they can lip read. Patients with learning disabilities usually have an escort with them.
- There was a hearing loop available but the manager was not sure how to use it.

Complaints procedure

- If the patient has a complaint then they are directed to the manager or PALS. The manager said that most of the complaints are about patients that have not been booked in for the ambulance service and staff in the discharge lounge do not deal with these bookings.

Refreshments

- On arrival, the nurse makes the patient a cup of tea and also gives them biscuits. If the person is there for a while a packed lunch can be ordered for them from the kitchen.

Speaking with Staff:

(Please see Appendix 3)

- The lead representative spoke to one Healthcare Assistant and one front of house staff member on the day of the visit.
- Both staff members said that their role is to support the patients whilst they are in the discharge lounge. The patient's information is sent to them then patients wait in the lounge for transport.
- When asked about how they would identify someone with an impairment, one staff member said that she would know when speaking to the person. Another staff member said that most of their patients have already been to the clinics so this would have been identified at the clinic and they would have an escort with them.
- If a patient has a visual impairment, then staff would speak to the person clearly and ensure that they are standing in front of them.
- If a person has a hearing impairment, they would use eye contact and lip reading.
- If a person has a learning disability, the staff would respond to them depend on the individual's needs and they would adapt the information that may be required. Both staff members mentioned that people with learning disabilities usually come with a carer.
- They were both aware of the hearing loop but were unsure about how it works.
- Both staff members said that they stop accepting patients at 5pm and most patients leave before 7pm. If the patient is still waiting to be discharged after this time then a staff member will wait until all the patients have left the lounge.
- There was no physical copy of a complaints procedure but staff members said that they would direct patients with complaints to the manager or PALS.

Speaking with patients:

(Please see Appendix 4a)

Authorised representatives spoke to seven patients during their visit.

- The average waiting time was 30 minutes. The maximum waiting time during our visit was 1 hour.
- Of the seven patients that we spoke to, none of them had been told about the waiting time for the transport.
- Six patients that we spoke to require a follow up visit and this had been arranged for them by the clinic that they visited.
- Four of the patients that we spoke to had a communication impairment, however, none of them had been asked about this.
- Many of the patients were regular users of the service and said that they do not have an issue with the discharge lounge. However, sometimes waiting for transport can be a long process.
- An authorised representative observed an elderly woman get up from her wheelchair to go to the bathroom by herself. It would be useful for patients to have a buzzer or bell to enable them to alert staff if they require any support.
- With regards to providing refreshments, one diabetic service user said when he asked for another biscuit, staff refused as they said they only serve one courtesy biscuit.
- Overall, the patients were happy with the service because they said that staff were friendly and offered them refreshments when they entered the lounge.

Recommendations

- The hospital should ensure that abbreviations are not used such as, 'OPD' for 'Outpatients Department' as service users may not be aware of what the acronym means.
- The complaints/ compliments procedure should be clearly visible and available for all patients. The procedure should be available in a range of accessible formats.
- The staff should be provided with training on how to communicate effectively with people with communication needs.
- BHRUT had recently been awarded the Deaf-Aware Quality Mark by the Royal Association of Deaf People (RAD)
 - We were disappointed with the lack of information or support available for patients with a hearing impairment.
 - The hospital should ensure that staff receive adequate training in using the hearing loop in the discharge lounge.
 - The hospital might wish to consider asking its own Deaf Access Group to review the discharge lounge and make recommendations.
- Patients should be informed about the waiting time for the transport and kept informed about any delays.
- Patients should be asked if they have a communication need when they arrive in the lounge as this will ensure that they are treated in a way that suits their needs.
- Support should be provided for those patients in the lounge that may require it.
- Adequate refreshments should be available for service users, especially for those patients that may require them due to their health condition.

King George Hospital Discharge Lounge

Questions	Responses
What are the opening times of the discharge lounge?	8am to 8.30pm Monday to Sunday.
How many patients can the lounge accommodate?	Chair area - 8 patients Bed area - 4 patients If a woman is admitted in the bed area then they wouldn't admit any men and vice versa.
What are the current staffing levels in the discharge lounge?	2 staff members: 1 staff nurse and 1 support worker
Which areas of the hospital do the patients in the discharge lounge come from?	Inpatients, Outpatients & Haematology department

Observations made at the premises:

(Please see Appendix 1 for further information)



The hospital has a large map near the reception of the hospital however the map does not show the discharge lounge.

The discharge lounge is close to the entrance of the hospital thus making it easy to access disabled parking.

Signage in front of the discharge lounge identifies the area as a 'departure lounge'.



The complaints/ compliments procedure wasn't available on the board/wall during the visit. Staff mentioned that they usually have leaflets informing patients of the procedure, however there were none available on the day.

On arrival at the discharge lounge, there were three people in the waiting area and a further two people arrived during our visit.

Speaking to the Manager: *(Please see Appendix 2)*

Discharge process

- The manager explained that prior to the arrival of the patient to the lounge, staff members from the other ward will call to provide them with all the relevant information. The ward informs the patient that the discharge lounge is just a waiting area thus ensuring that everything is in place before the patient arrives.
- The discharge summary, package of care and key safe arrangements must be ready before the patient comes in to the lounge. The patient is provided with a discharge summary containing any information for medication if applicable.
- The manager said they do not have a specific day that is always busy. This can change every week.

Take home medication

- After the handover, the request is faxed to the pharmacist.
- Medication can be tracked by staff on the computer system. If necessary, they can call the pharmacy to ascertain the reason for the delays. The pharmacist usually delivers the medication. However, if they are busy then it will be collected by staff from the discharge lounge.
- On the previous weekend, we were told there was a three hour wait for medication from the pharmacy.

Ambulance service

- This service is booked online for patients. Staff call the team to find out how long the waiting time is. The maximum time is 4 hours but on the day of the visit it had been 30 minutes to an hour. The average waiting time depends on how busy they are.
- Staff said that this service is one of the reasons for the delays in discharging patients on time. During the Easter holiday, there was a situation where a patient waited for 6/7 hours for an ambulance but this is a rare incident.

Accessible information

- The manager said that patients would be asked prior to coming to the discharge lounge about their communication needs.
- When providing accessible information for someone with a visual impairment, staff ensure that they talk to them and explain information clearly.
- If a patient has a hearing impairment, staff write down the information or speak to them face to face.
- People with a learning disability are provided with easy to read information that has pictures. The information is provided in a way that the patient can understand so it is suited to the patient's needs.
- The manager showed the lead representative the communications book used to communicate with patients who have a learning disability.
- Staff said that they do not have a hearing loop for people who use a hearing aid.

Latest discharge time

- The manager said that staff normally finish at 8:30pm but it is sometimes delayed to 9pm. They inform the site manager at 8pm to ensure that whoever is waiting in the discharge lounge is prioritised. The last person to leave the discharge lounge on the day prior to our visit was at 8:10pm.
- The manager showed the representative the discharge time book and within the last month, patients have generally been discharged before 8pm.

- Priority is given to patients from care homes who have a cut off time in which they must arrive back to the home.
- The manager said that the pharmacy and ambulance service are the two reasons for the biggest delays in discharging patients.

Refreshments

- Patients are offered a cup of tea and a choice of biscuits and fruits when they arrive in the lounge.
- Patients are encouraged to ask for refreshments whilst they are in the lounge.

Speaking with Staff:

(Please see Appendix 3)

The authorised representative spoke to one staff member.

Discharge procedure

- The staff member said that the patient's information is sent from the ward. This would include information about medication and the handover sheet.
- The ambulance is usually booked by the ward otherwise the discharge team will book it.
- The patient is welcomed and offered a drink and some food.
- When the patient's medication arrives in the lounge, the patient is free to go if they have their own transport. If they require ambulance transport they would have to wait till it is available.
- The discharge summary is printed and given to the patient when they leave the lounge.

Accessible information

- Staff said that the handover sheet will provide information about the patient's communication needs.
- Patients with visual impairment would be spoken to clearly.
- The communications book will be used for people with hearing impairments and people with learning disabilities. Furthermore, those with learning disabilities will also have their learning disability passport.
- The discharge lounge does not have a hearing loop.

Latest discharge time

- Staff confirmed that the latest discharge time is 9pm.
- If the patient is waiting to be discharged after this time then staff will contact the ambulance team and the site manager.
- If the person came to the lounge from A&E then they will go back to minors. If the patient is from a ward then staff will come from the ward to sit with the patient.

Complaints procedure

- Staff said that patients are sent to PALS or given a leaflet if they wish to make a complaint.

Speaking with patients:

(Please see Appendix 4)

- On arrival at the discharge lounge, there were three patients waiting. The authorised representatives spoke to one patient as the other two were unable to complete the questionnaire for different reasons.
- During our visit, another two patients came into the discharge lounge however they were both unable to complete the questionnaire.
- The patient, who the authorised representative spoke to, had been waiting in the discharge lounge for 45 minutes. He was transferred from Queens's hospital 5 days ago. His admission in to the hospital was not planned and he was admitted through A&E.
- The patient said that he was spoken to about the arrangements for being discharged on the day that he was due to be discharged.
- He was not involved in planning his discharge from the hospital and his discharge was delayed due to waiting for medication.
- He was not aware of the name of the person responsible for his discharge but was provided with a reason for the delay.
- He was returning to his own home and all the different options were discussed with him.
- He said that he was not involved in deciding any care or support that he may need once he has been discharged from the hospital.
- Prior to coming to KGH, someone discussed the care and support available at Queens's hospital but did not follow up with this at KGH.
- He was not provided with any information about his recovery once he returns home.

- The patient was not provided with any emergency telephone numbers.
- The patient was not using hospital transport on the day of the visit.

Recommendations

- Directions for the discharge lounge should begin at the entrance of the hospital.
- The hospital should ensure that the signage is clear and the name on all the signs is the same so as not to confuse patients.
- The complaints/compliments procedure should be clearly visible and available for all patients. The procedure should be available in a range of accessible formats.
- BHRUT has recently been awarded the Deaf-Aware Quality Mark by the Royal Association of Deaf People (RAD)
 - We were disappointed with the lack of information or support available for patients with a hearing impairment.
 - The hospital should consider installing a hearing loop in the discharge lounge.
 - The hospital might wish to consider asking its own Deaf Access Group to review the discharge lounge and make recommendations.
- The length of time patients are waiting for their medications needs to be reviewed. Better systems could reduce discharge delays.
- The hospital should ensure that all patients are involved in the discussion regarding their discharge from the hospital.

Provider Response

Further to the recommendations made by your enter and view visit, we would like to thank Healthwatch for presenting key recommendations to be addressed. A number of the findings and recommendations relate to all of the areas visited and therefore, where relevant, this response responds to each issue across all areas.

Directions and signage:

It is recognised that there is not sufficient signage in either hospital for patients and visitors to locate the discharge lounges. For Queen's Hospital, a review of signage to the discharge lounges has taken place between the estates team, the patient experience team and the bed/site management team supported by our signage partner and agreement was reached regarding new signage. For KGH, there is a signage and wayfinding group meeting on 19th July 2017 and this group has been asked to undertake a similar review as a matter of urgency.

Complaints/compliments materials:

We have reviewed our current concerns/complaints poster and made this available in A3 size in the inpatient lounges. The complaints department are currently reordering their leaflets. In the meantime, all discharge lounges have been provided with a stock of PALS leaflets and advised how to reorder when needed. In addition, a comment card facility has been placed in both inpatient discharge lounges so that patients can feedback on their experience.

In addition, for the outpatient discharge lounge at Queen's Hospital, G4S have been asked to publicise their own complaint procedure.

Accessible information:

Although a significant amount of work has taken place to improve accessibility and communication for our patients, the findings of Healthwatch Redbridge during this visit are acknowledged. An audit has been undertaken at Queen's Hospital to identify all areas where a hearing loop is not in place and may be required. An immediate request has been sent to the estates team to have a hearing loop put into both discharge lounges at Queen's Hospital. At KGH, an order had already been placed for installation of hearing loops and the estates team have been asked to ensure one is put into the inpatient discharge lounge. Following installation, the estates team will undertake an audit of these areas to ensure all staff know how this works and that this is suitable signage for patients who use the hearing loop facility.

To support patients whilst in the discharge lounges, we have ensured that the "top tips for communicating with deaf people" poster is displayed in all

discharge lounges. We have also displayed the text service available for deaf people. We will create a further poster to make patients aware of their right to have their communication needs known and met.

The hospital also uses a communication book to support patients with communication needs. A reorder is being placed and all discharge lounges will be provided with a copy of this once received.

The Deaf Patient Access Group are going to be made aware of the Healthwatch Redbridge Enter and View Report at the next meeting and will be asked to support a further review/walkabout of each discharge lounge to ensure any further recommendations can be implemented.

We have ordered confidential patient information boards which are covered and not visible to the public where patient communication needs can be identified to staff by use of relevant magnets.

Keeping patients informed:

The Trust is aware of the challenges associated with discharging patients and there are value streams developed to investigate and implement solutions for this. However, it is essential that we keep patients up to date with what is happening and the reasons for delays. The bed and site management team have been asked to reiterate to all inpatient discharge lounge staff the need for regular and useful updates for patients. This helps to manage expectations and reduces anxiety.

Refreshments:

It was disappointing to read of the patient who had not been provided with an additional biscuit when they asked for it. Generally, patients refreshment needs are met on an individual basis however, G4S have been asked to reiterate to all their staff that this is an important part of the patient experience.

Medication:

The Trust has a value stream which is looking at the discharge process. During w/c 3rd July 2017, a Rapid Process Improvement Week (RPIW) was held with relevant staff and using The PRIDE Way methodology, a significant improvement in length of time it takes to request TTA medication from pharmacy once a decision has been taken to discharge a patient. Further RPIWs later in the year will look at the time it takes from dispensing medication to the patient receiving the medication to take home.

In the meantime, it is important that discharging nurses manage patient expectations and make them aware of the processes that need to be completed including medication before a patient can physically leave the

hospital. This will be taken to the Senior Sister/Charge Nurse meeting for cascade to ward staff.

ACTION LOG

An action log has been provided to Healthwatch Redbridge detailing the issues and actions being taken over the next three months to address the recommendations made in the report.

CONCLUSION

We would like to take the opportunity to thank Healthwatch Redbridge for undertaking this Enter and View visit and for the feedback provided in the report. We are addressing the issues raised and are managing these as part of the on-going aim to improve patient experience in relation to the discharge lounges.

Distribution

- BHRUT
- Care Quality Commission
- Redbridge Health Scrutiny Committee
- Healthwatch England

Appendix 1- Observation sheets for Enter and View

Observations for discharge lounge visit

What are you going to be looking for?

	Yes	No
<p>Representatives will be looking to assess whether there is:</p> <p>Please tick the appropriate box & add comments underneath.</p> <p>Is there sufficient & clear signage to the premises being visited?</p> <p>Comments-</p>		
<p>Is the signage clear, unobstructed, and easily readable; these may be room numbers, signs on doors, signs to toilets, signs to consulting rooms.</p> <p>Comments</p>		
<p>Is there accessible parking close to the discharge lounge?</p> <p>Comments-</p>		
<p>Is there an appropriate fire alarm - with flashing red light as well as the bell?</p> <p>Comments-</p>		

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	Yes	No
<p>Do you feel that staff were interacting with patients in a satisfactory manner; were they facing the patients whilst talking to them, using body language as well as verbal communication, was plain language being used?</p> <p>Comments-</p>		
<p>Do you feel that staff were treating patients as an individual, addressing their needs and were aware of what they needed to do to make communication easier and clearer for the patient</p> <p>Comment-</p>		
<p>Are staff easily identifiable; did they wear uniforms or names badges?</p> <p>Comments</p>		
<p>Is the written communication in accessible formats?</p> <p>Comments-</p>		
<p>Is the complaints/compliments information available in different formats?</p> <p>Comments-</p>		
<p>Please add any other observations you may wish to comment on.</p>		

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Appendix 2- Questions for Lead Staff

Hospital Discharge

Questions for Lead staff

What are the opening times of the discharge lounge?	
How many patients can the lounge accommodate?	
Please can you tell us about the discharge process?	
Is the discharge summary provided to patients?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide details. If NO, who is it given to?
How many staff are there in the lounge?	
Do you have any days that are busier than others?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please can you provide reasons for <u>this</u> .
Do patients have their take home medications with them when they arrive in the lounge?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what is the procedure for this?
How do you know if a patient in the lounge has a communication need? (Visual impairment, hearing impairment, learning disability)?	
If the patient has an impairment in what format would you provide information?	Visual impairment Hearing impairment Learning disability
Do you have a hearing loop?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you know how to use it?
With regards the ambulance service, please could you tell us how the booking system works?	

Hospital Discharge

(How long on average do patients have to wait, what problems can occur etc)	
With regards take home medications, how do you liaise with the pharmacy? (are the medications ordered prior to patient coming to lounge, do you have to order them etc)	Please provide some details.
Which service do you feel causes the biggest delay in the discharge process?	
What is the latest time a patient is discharged from the lounge?	
If a patient is still waiting to be discharged after this time what is the procedure?	
Are the patients in the lounge prioritised for any reason? (are patients for care homes prioritised etc)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.
Do you have a complaints procedure (If the staff member says No, ask how the patient could make a complaint)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please could you provide some details
What facilities are there for refreshments? (Are hot meals provided, is there a good choice, are all diets catered for etc)	
Is there anything else you would like to tell us?	

Appendix 3- Questions for other staff.

Hospital Discharge

	What is the latest time a patient is discharged from the lounge?		
	If a patient is still waiting to be discharged after this time what is the procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please could you provide some details	If, No ask how the patient could make a complaint.
	Do you have a complaints procedure (If the staff member says No, ask how the patient could make a complaint)		
	Is there anything else you would like to tell us?		

Hospital Discharge

Questions for Staff Job Role

Please can you tell us about the discharge procedure	
Is the discharge summary provided to patients	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details. If No, please can you tell me have the GP received it?
How do you know if a patient in the lounge has a communication need? (Visual impairment, hearing impairment, learning disability?)	
If the patient has an impairment in what format would you provide information?	Visual impairment Hearing impairment Learning disability
Do you have a hearing loop?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you know how to use it?
Which service do you feel causes the biggest delay in the discharge process?	Please provide some details.

Appendix 4- Questions for inpatient discharge

Hospital Discharge

Questions for Hospital Discharge - Patients

<p>Questions for Patient</p>	
<p>1. How long have you been in hospital?</p>	
<p>2. What time did you arrive in the discharge lounge?</p>	
<p>3. Do you have a visual impairment, hearing impairment, or learning disability?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify</p>
<p>4. Have the staff in the discharge lounge asked you if you have any communication needs? (hearing impairment, visual impairment, learning disability)</p>	<p>If No please go to question 5</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details of the way in which they communicate with you? (BSL interpreter, Communication Book, Large Print)</p>
<p>5. Was your admission to hospital planned?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. If NO were you admitted via:</p>	<p>GP <input type="checkbox"/> A&E <input type="checkbox"/></p> <p>Other (Please state)</p>
<p>7. Which ward are you being discharged from:</p>	
<p>8. Did anyone talk to you about arrangements for being discharged?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/></p>
<p>9. If YES, when was the first time your date of discharge was mentioned to you?</p>	<p>At time of admission <input type="checkbox"/></p> <p>The day after admission <input type="checkbox"/></p> <p>A few days before discharge <input type="checkbox"/></p> <p>On the day of discharge <input type="checkbox"/></p>
<p>10. Do you know the name of the person that was responsible for your discharge?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Hospital Discharge

<p>11. Were you, or a family member/ carer involved in planning your discharge from hospital?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide brief details.</p>
<p>12. Was your discharge from the ward delayed for any reason?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> <p>If YES, please provide brief details.</p>
<p>13. Have you been kept informed of the reason for the delay?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide brief details.</p>
<p>14. Where are you being discharged to:</p>	<p>Your own Home <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Care/Nursing Home <input type="checkbox"/></p> <p>Intermediate Care Ward <input type="checkbox"/></p> <p>Community Hospital <input type="checkbox"/></p>
<p>15. If you are not returning to the place from where you were admitted, were the different options discussed with you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Not Sure <input type="checkbox"/></p>
<p>16. Have you been involved in deciding what care and support you would need once you are discharged from hospital?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes (please provide some brief details)</p>
<p>17. What care and support have you been offered?</p>	<p>Reablement (independent living skills support at home) <input type="checkbox"/></p> <p>Supported Hospital Discharge (Intensive Rehabilitation Service) <input type="checkbox"/></p> <p>Home Care <input type="checkbox"/></p> <p>No support was required <input type="checkbox"/></p> <p>I was not offered any support <input type="checkbox"/></p> <p>Other (please state) <input type="checkbox"/></p>

18. Do you require any special equipment to be arranged for when you get home, for example a wheelchair, raised toilet seat, hand rail etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. If YES, can we call you in a few days to ask if the equipment arrived on time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Have you been provided with any information regarding your recovery once you were discharged from hospital? (E.g things you can and cannot do etc.)	Please provide contact details Name: Phone number:	
21. Have you been given any emergency telephone numbers, if you required them once you were discharged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Do you require a follow up appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Has it been arranged for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Have you been given any medication to take at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Are your medications ready?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. If they were not ready, were you given a reason for them not being ready.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please provide some details	

27. Do you understand the instructions/information you were given about the medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Did anyone talk to you about you are getting home/care or nursing home/intermediate care ward/community hospital or other (please choose the appropriate option based on the patient's response to question 14)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Are you using hospital transport today?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. If you are using hospital transport, can we contact you in a few days to ask how you how you felt about the service?	If No, how are you getting to the place you are returning to ?	
31. Please could you tell us about your experience in the discharge lounge today? (treatment, food, toilets etc)	N/A <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/> Please provide your contact details. (If not already provided) Name: Phone Number:	
32. Is there anything else you would like to tell Healthwatch?		

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