healthwatch Havering

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Enter & View Queen’s Hospital, Romford: Discharge Lounges

Second visit

Rom Valley Way

Romford RM7 0AG

13 February 2019

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
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What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

The Premises

Queen's Hospital, Romford is one of the largest hospitals in London and, certainly, one of the busiest. The hospital is provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT).

Discharge is, of course, a key function of any hospital: delayed discharge of in-patients is the cause of "bed blocking" – prolonged stays in hospital, beyond the time that is clinically necessary – while premature discharge can lead to people arriving home at unacceptable times or even needing to be readmitted within a few days as their condition had not been completely dealt with at the time of discharge.

Patients discharged from Queen's Hospital who require assistance returning home are taken from the ward to one of two discharge lounges. The ground floor lounge is operated by G4S, a private provider of ambulance services (as well as other services), and is used by outpatients who require transportation to and from the Outpatients Departments; the Level Two Lounge is operated by Queen's Hospital and is used by patients who are being discharged from a ward.

This visit was carried out by two teams – one visiting the Ground Floor Lounge, the other the Level Two Lounge.

Following the visit, BHRUT have provided an action plan to address a number of the recommendations in this report. The action plan is set out in full in the Appendix to the report, at the end.

Ground Floor Lounge - Outpatients

The team were met by the department manager, who has 30 years' experience of Patient Transport. The team had no doubt that her experience had been of great assistance in the running of the department.

The G4S discharge Lounge is located on the ground floor next to the Pharmacy. It is used by outpatients who are brought from home to attend the various Outpatient Departments and, after their appointments, wait for their return home. Occasionally, there would be changes/additions to this basic function including emergency transfers to other hospitals etc. some of whom would be stretcher cases.

The lounge is open from 7.30am until around 7.00pm; but the aim is to ensure that patients remain in it for as short a time as possible.

There are 82 operational staff and a Health Care Assistant is on duty to offer any personal assistance that might be needed (mostly with toileting) and to offer refreshments, such as tea, coffee, juice and biscuits, as required, from 9am to 5pm. Any patients present at lunch time are offered a sandwich. No volunteers are allocated to the department.

The team felt that the lounge offered more than adequate space to provide a service which might need to accommodate as many as 30 patients at any one time; at the time of the visit, there were 6 people awaiting transport. The area was furnished with both upright chairs and armchairs for those patients who were not wheelchair users. However, only magazines were available to provide any way of passing the time; no TV was available, but there were some posters and pictures on the walls.

There was a reception area where the three administrative staff work and where the manager's desk is sited. Additionally, there were toilets (suitable for all needs), a store room, ambulance drivers' sitting area and a kitchen where drinks could be prepared.

All staff have First Aid, basic life support, oxygen and manual handling training in addition to all statutory training. When asked about the 'manual' handling rather than 'moving and handling' which is the usual type of training, the team were told that ambulance staff may have no choice but to lift patients due to the layout of their homes.

The team enquired about the policy on accommodating escorts and were advised that it was a problematic area. Ambulances could only be authorised by a clinician, who would also confirm the need for an escort. This was particularly important because every escort carried meant there would be one fewer seat available for a patient. Most ambulances could carry 6 people - if each patient had an escort, the number of patients that could be carried would be reduced to 3 per vehicle, increasing the number of journeys required and the waiting time for an ambulance. The number that could be carried would be reduced even further if there were two crew members on a vehicle.

The "average" time between patient arriving in the lounge and being confirmed as "ready" to travel and leave for home was generally no more than an hour, with 95% leaving the department within an hour of being "ready" (i.e. having their medication to take away (TTA) with them delivered from the Pharmacy). Late delivery of medicine TTA was often the main reason for any delay in the patient leaving. The arrival of a patient in the department would be noted on the computer system and there was a traffic light system to indicate length of waiting time. The team were assured that the biggest hold up was waiting for the arrival of medication.

Even though space was available on the ambulance booking forms, very little information was available about patients coming to the department. It would be very useful to know whether they are confused/wanderers/have particular medical needs etc. This lack of information was particularly true for patients coming from oncology and radiotherapy.

When there were unforeseen delays patients were advised of the possible length of delays and the reasons. Incoming patients were contacted, usually by G4S head office, to confirm their bookings and were asked to be ready to travel two hours before their appointment times. Morning pick-ups usually began at about 9am. Some appointments were time-critical and these patients are afforded precedence - MRI, integrated care and physiotherapy etc. In response to a question about abortive journeys, the team were advised that the hospital provided lists of cancelled appointments on a regular basis (e.g. death lists!), which helped keep unnecessary journeys to a minimum.

When the team asked about ways in which the system could be improved, they were told that it would be beneficial if medical staff were reminded that, unless medically necessary, escorts could not be accommodated. Staff also expressed frustration at the number of patients who were brought in by ambulance but were suddenly able to go home independently when there proved to be longer delays than they found acceptable in arranging an ambulance.

Delays in the provision of medication were the biggest single problem as patients could not be confirmed as "ready" until medication had been received from the pharmacy; such delays could double a patient's waiting time in the department but were beyond the control of the staff and might also mean that ambulance staff had to wait around unnecessarily.

Patients' views

At the time of the visit only 6 people were awaiting transport; unfortunately, most of whom did not wish to talk to the team, although none had been waiting very long. One patient told them that she had a weekly appointment and had not experienced any problems with the waiting time for her journey home; she had a mobile phone which afforded her some entertainment.

The team were told that there were usually about 10-15 patients awaiting transport but that this could rise to as many as 30 during anti-coagulant clinics.

Whilst it did not appear to be a problem at the time of this visit, the lack of wheelchairs could cause problems. This appears to be a widespread problem throughout the hospital and requires urgent attention.

Crew accommodation

While carrying out the visit, the team noted that the area for ambulance crews on their break or awaiting their next job was a screened-off area of the lounge. While they appreciated that it was unlikely that members of the public would see crew members, the team felt it would be more appropriate that such rest accommodation should be located elsewhere than in the lounge – if patients did happen to see crew members "lounging around" (which would be quite legitimate!), it might convey the wrong impression and lead to complaints.

Recommendations

That:

1. Consideration be given to requesting volunteers for the department to supplement the duties of the HCA and to chat to waiting patients.
2. Consideration be given to the provision of a TV set - this could provide information as well as entertainment.
3. Consideration be given to arranging for nurses from the Outpatient Departments to spend time in the Discharge Lounge to learn how the system works, which would help prevent misunderstandings arising.

4. Investigation be carried out into the reasons for the delays in obtaining medication in order to reduce the amount of time patients wait before being declared "ready" to travel.
5. Management carry out a survey into the need for wheelchairs, possibly to encompass ways in which they may be secured (like supermarket trolleys) so that they must be returned to the collection point.
6. Consideration be given to re-locating the crews' rest area where there is no risk of patients or other members of the public inadvertently viewing it.

Level 2 Lounge – Inpatients from wards

On arrival, the team were welcomed by the Sister into the first-floor Discharge Lounge on Level 2. She was very open and honest with the team; she had only been in place for six weeks as part of a 3-month secondment.

There were two small areas in the Lounge, one containing 5 beds (no occupants at the time of the visit), the other being a seating lounge with staff attempting to implement procedures such as preparing the TTA's, by phoning wards, care homes, the Pharmacy, porters and ambulances. These time-consuming activities did not always appear to be the best use of their time.

On speaking with Sister, the team were told that the lounge had had a big overhaul and that a floor-coordinator was being engaged, as it could get very busy. Staffing levels on wards and constraints on bed availability meant that lounge staff had to support the necessary paperwork and medication needed before Patients could go home. They also had to care for some patients who would not be picked up until after 6pm by relatives when they finished work. Apart from the

delay in patients being picked up or released, the flow of patients through the area was at times held up by the Pharmacy; however there was now a Pharmacy Tracker and, if necessary Staff, would go down to collect medications and, at times, do their own porterage of patients. All hospital wards daily provided a list of definite and potential discharges for the following day which helped manage workload and flow.

The core operating time for the lounge was 8am–8:30pm. At the time of the visit, in addition to the Sister there were 5 permanent nursing staff, 6 HCA's and porters provided by Sodexo on duty. There were no volunteers but Sister agreed it would be a good idea to have some attached to the lounge, to make teas and talk to patients, which would take pressure off staff.

Training is covered by the normal Trust-wide programmes and also included end of life care, palliative care, dementia and communication skills to ensure that the Nurses' professional knowledge was up to date.

Prior to the patient's transfer to the discharge lounge, the majority of a patient's information was provided through a handover. There were times when the information might not be communicated accurately, such whether a patient lived alone, had carers or where their door keys were. Some patients were prioritised depending on which care home they were being transported to, because each care home had a cut off time for receiving patients in the evening: for most the cut off time would be 5pm. EDs (discharge forms) were now all completed electronically, facilitating liaising with ambulance crews but that still took time. An email was always sent to GPs on the day of discharge. At times, relatives were not prepared to wait for medication to be delivered from the Pharmacy and had to return later to collect it. The discharge lounges had a dedicated porter to collect the medication once it was ready. The only occasion where it would be delayed was

because the medication screening process had been delayed by late completion of the discharge summary.

The average time for patients waiting in the Discharge Lounge was 1-2 hours but could be longer in exceptional circumstances.

On discharge, patients whose carers would not be calling on them until the following day were supplied with essentials such as bread and milk.

Bookings for ambulances were completed online.

Sister advised that re-admittance of patients was quite common and was an ongoing problem.

Patients' possessions were documented on a check list and stored in ward safes; anything lost would also be documented.

The Sister felt the Red Bag scheme (for containing patients' possessions, medications etc) was excellent. However, there were not enough to go around and there was a risk that a Bag could be given to the wrong patient or sent to the wrong home at discharge. Patients came to the lounge not only from wards but from A&E, the Urgent Care Centre, and Ambulatory Care for discharge.

Patients' views

The Team spoke to a few patients in the seating area (none were awaiting discharge in the bedded waiting area) who had only been waiting 30 minutes, one of whom left while the team were there. Patients told the team that they had not been informed of the timescale and process of discharge. Drinks and food were available in the Discharge Lounge and a TV is available in the chair area. The Discharge Lounge was comfortable. Patients were distressed at being sent home without test results or medications.

Some patients mentioned confusion about when and how their stitches would be removed, and by whom.

Recommendations

That:

1. Volunteers be allocated a role in this department during the afternoons.
2. Steps be taken to discourage those patients who do not really need to make use of ambulances from doing so.
3. Steps be taken to ensure that patients' discharge paperwork and medications prepared prior to leaving the hospital shows the time the last medication was administered so that carers and homes are aware of when the next doses need to be administered.
4. Discharge procedures be communicated clearly to patients.
5. Consideration be given to installing a television set in the Discharge Lounge, to provide entertainment to patients awaiting discharge.
6. Liaison with care homes be improved to ensure that there are no unnecessary delays in completing discharges.
7. The arrangements for removing stitches be communicated more clearly to patients.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visits on 13 February 2019 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

APPENDIX

ENTER AND VIEW – DISCHARGE LOUNGES

ACTION PLAN

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
1	Ground Floor Lounge	Consideration is given to requesting volunteers for the department to supplement the duties of the HCA and to chat to waiting patients.	A Franklin	31/08/19	A Franklin to liaise with Trust Volunteer dept. to request support for this suggested role.	
2	Ground Floor Lounge	Consideration be given to the provision of a TV set - this could provide information as well as entertainment.	J Murphy	30/06/19	JM to seek clarification over TV licensing - Where to put TV as cannot be put on wall, how to secure if licensing is possible.	
3	Ground Floor Lounge	Consideration is given to arranging for nurses from the Outpatient Departments to spend time in the Discharge Lounge to learn how the system works, which would help prevent misunderstandings arising.	A Franklin	31/07/19	AF to drive this with Sister of OPD & Ward staff. Look to run fortnightly workshops for bookings/operations/ requirements/understanding.	
4	Ground Floor Lounge	Investigation is carried out into the reasons for the delays in obtaining medication in order to reduce the amount of time patients wait before being declared "ready" to travel.	N/A	N/A	Short delays on OPD meds can lead to a 30 minute delay. No further investigation is required at this time although if required individual incidents can be investigated.	

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
5	Ground Floor Lounge	Management carry out a survey into the need for wheelchairs, possibly to encompass ways in which they may be secured (like supermarket trolleys) so that they must be returned to the collection point.	A Franklin	Closed	Wheelchair requirements across the hospital are reviewed and monitored by the estates team on a regular basis. G4S have previously provided wheelchairs, supermarket trolley system have been used previously which the Trust have chosen not to implement again. Systems in place where porters are sent early and late to retrieve. Another memo to be sent to all G4S ACAs to ensure chairs are returned to collection points	
6	Ground Floor Lounge	Consideration is given to re-locating the crews' rest area where there is no risk of patients or other members of the public inadvertently viewing it.	Trust	N/A	The current crew rest area is not an area that patients or the public pass by and is separated from the public areas. There has not been any issue in relation to this and therefore the current arrangement is considered adequate to meet the needs of all parties. However, this recommendation has been forward to the Trust Estates dept for their information.	
7	Level Two Lounge	Volunteers are allocated a role in this department during the afternoons.	Cristina Szentes – ward manager	30/08/2019	A request has been sent to the volunteers department to recruit a volunteer to assist on the department	
8	Level Two Lounge	As a priority and a to enable speedy discharge, a dedicated Pharmacy Technician be allocated to work within the Discharge Lounge.	Pharmacy department	01/06/2019	This has been previously discussed and has been decided to keep this process on the ward, baring this this matter has now been closed.	

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
9	Level Two Lounge	Steps be taken to discourage those patients who do not really need to make use of ambulances from doing so.	Cristina Szentes Ward managers	30/08/2019	This is to be addressed by the sisters on the ward, Cristina is to lead this.	
10	Level Two Lounge	Steps be taken to ensure that patients' discharge paperwork and medications prepared prior to leaving the hospital shows the time the last medication was administered so that carers and homes are aware of when the next doses need to be administered.	Cristina Szentes AE matrons	30/08/2019	It has been agreed that all patients being transported will have a copy of their drug chart on transport. Consideration to be given to undertaking an audit to demonstrate compliance.	
11	Level Two Lounge	Discharge procedures are communicated clearly to patients.	Cristina Szentes	01/06/2019	The discharge procedure is explained to both patient and family during the meet and greet, or whilst waiting for their EDS to be completed or even whilst waiting for their medication.	
12	Level Two Lounge	Consideration is given to installing a television set in the Discharge Lounge, to provide entertainment to patients awaiting discharge.	Cristina Szentes	07/12/2019	Cristina to explore option with Charity.	
13	Level Two Lounge	Liaison with care homes is improved to ensure that there are no unnecessary delays in completing discharges.	Cristina Szentes	31/05/2019	The staff have been informed to contact nursing homes, carers and residential homes 30 mins prior to arrival. This is to cut out any extra time. The information should be available on both the patient chair and bed.	
14	Level Two Lounge	The arrangements for removing stitches are communicated more clearly to patients.	Ward managers , doctors who completes the EDS	31/05/2019	Before removing any stitches, the process and all arrangements are explained to the patients before reaching discharge lounge. If not the process is explained by the nurse, along with any follow up appointments that maybe required.	

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Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

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