

**healthwatch**  
Bromley



# Princess Royal University Hospital

## Report on Patient Discharge



July 2017

# Hospital Discharge - Princess Royal University Hospital

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## 1. Introduction

### What is Healthwatch Bromley?

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary - Healthwatch Bromley is here to:

- help people find out about local care
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care.

## 2. Strategic Drivers

Healthwatch Bromley gathers information and the views of the local community to ensure their voices are heard and that their feedback is taken into account. We aim to highlight best practice within a service and identify areas for improvement to enhance service provision.

People spoke to Healthwatch about the hospital discharge service at the Princess Royal University Hospital and a review of the service took place over a four month period between February-May 2017. Healthwatch engaged with 81 patients who had received the service within the last six months. The majority of patients/family members who engaged with Healthwatch were satisfied with the service that they/family members had received but there were some concerns raised and these have been mentioned within this report.

This report explores in more detail patients' and carers' experiences of being discharged from hospital, including the steps taken beforehand, and what happened afterwards.

Healthwatch Bromley carried-out this review in response to feedback received from members of the public who have used the service. People told us that:-

- a. That the communication was not as good as it could have been and that patients were not always kept updated with their treatment/progress.
- b. Families told us that they were not involved in the discharge process prior to discharge.
- c. Long waiting times in the Discharge Lounge was highlighted as a concern.
- d. For some patients and family members the location of the Discharge Lounge was not convenient.

We also reviewed the support given to patients following discharge and compared procedures and protocols against the service actually provided.

This review was carried out as a direct result of the public feedback received. We had received some positive and negative comments about the discharge service prior to this review.

### 3. Methodology

As part of this review Authorised Representatives and staff made three separate visits to the Discharge Lounge at Princess Royal University Hospital where we engaged with patients, carers and family members. We also spoke with members of the Discharge Team and, in addition, collected further feedback from the public at our engagement hubs in the borough. Data, patient case studies and quotations were obtained. Healthwatch engaged with **91** patients/carers in Bromley during this discharge review.

During our review we listened to people of all ages and backgrounds across the community. We will share these experiences with local services so that they can be improved.

This report has been written in order of sequence of events from pre admission to post discharge. Recommendations have been made at the end of each section, with a comprehensive list of all the recommendations at the end of the report.

## 4. Aims & Objectives

The purpose of the review was to obtain direct public feedback on their experience of the discharge service within Princess Royal University Hospital. This report seeks to highlight to what extent the discharge service meets the criteria set out by the King's College Hospital NHS Foundation Trust. In addition we looked at information provision (advice & guidance) provided by the discharge staff to evaluate the level of aftercare support.



Our objective was to gather data and listen to people's experiences and feed this information back to The King's College Hospital NHS Foundation Trust to ensure that The Trust heard their voices and comments.

Through this review Healthwatch Bromley has gained an understanding and appreciation of people's attitudes toward the current hospital discharge service.

This report will be sent to King's College Hospital NHS Foundation Trust for their formal response and comment 20 days prior to publication and distribution. Following this, the report will be shared with:

- King's College Hospital NHS Foundation Trust
- The Bromley Voluntary and Community Sector
- Bromley Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- NHS England
- Healthwatch England
- Bromley Health & Wellbeing Board
- Joint Strategic Needs Assessment Board

It will also be published on the Healthwatch Bromley website where members of the public can review the Healthwatch report.

## 5. Pre Hospital Admission & Day of Admission

King's College Hospital NHS Foundation Trusts website holds information for inpatients which covers the following topics :-

- **Inpatients**
- **Checking your admission**
- **What to bring with you**
- **What not to bring with you**
- **Your medicines**



The Hyperlink to access this information is:-

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/when-you-leave>

This helpful information aims to ensure that the patients stay at King's is as comfortable as possible and that you receive all the care and support you need. Before patients arrive they will receive a letter telling them when to come to the hospital and what they need to do before coming in.

We asked patients' three pre hospital admission questions and these were:-

- Whether the admission to hospital was it planned or an emergency?  
Healthwatch found that 62.6% of admissions came as an emergency rather than a planned visit. The response to the following to questions came from the remaining 37.4% with planned admissions.
- For planned admissions - was sufficient information received before admission?  
Of the 37.4% planned admissions 76.6% of patients felt that the information received prior to admission was good, while 14.6% said that the information was adequate. 8.8% of patients felt that the information was poor and over half of these did not have access to the hospital website, which would have helped them. As a result we were told that of the 8.8% would have upgraded their response to adequate if they had access to the website.

- Did your admission take place on the original scheduled date?

The data received by Healthwatch from patients who had scheduled admissions revealed that 78% of patients were admitted to hospital on the original planned date of admission. 20% of patients said that their planned surgery had been cancelled on at least one occasion. 2% said that their treatment had been cancelled on more than one occasion.

Of the patients who took part in this review over half said that they had at least one additional secondary condition on admission. Patients with planned procedures were generally happy with the pre hospital admission process, including information letters and instructions. There were no adverse comments of this part of the process.

Four patients said that they had received a poor experience during the admission process. Three of these were from scheduled patients and the final comment was an emergency admission. The comments were:-

*“I told the nurse that I was taking metformin for my diabetes but I only had a few days’ supply... the medication was given to the nurse and I did not get my tablets with my first meal in hospital. I had to ask a couple of times before I got them”. Mr X - Scheduled Admission*

*“I did not bring my medication with me to the hospital and the nurse was cross with me... She asked if I had someone at home who could bring them in to me?... I live alone so I could not get anyone to bring them to me”. Mr B - Scheduled Admission*

*“The information from my pre- operation appointment was not available to the staff when I arrived.... I don’t know why, but it turned up a few hours after I had been admitted”. Mrs C - Scheduled Admission*

*“I had to wait for a bed for over 12 hours before I was put onto a ward... During this period I was in the Accident and Emergency Department which was busy and very noisy.... I could not get the peace and quiet that I needed at the time”. Mrs T - Emergency admission*

## Recommendations - Pre Hospital Admission

### Recommendation 1

All staff who are involved in the inpatient admission service should be reminded of The Trusts policy and procedure on medication support. The contingency plan where patients do not bring in sufficient medication should be reinforced. This is a potential training opportunity for staff to refresh their knowledge of The Trusts policy and procedure on medication support.

### Response from the Trust

We will remind staff of the Trust's Medicine Management policy to make sure that patients get their prescribed medications on time. Nurses working within the pre assessment clinic (for patients with planned surgery) will be reminded to advise their patients about medication management during their hospital admission. Action owner: Debbie Hutchinson and the nursing teams, Director of Nursing by 31/10/2017

## 6. Hospital Experience

The King's College Hospital NHS Foundation Trusts website holds information regarding your stay and covers the following topics :-

- Things to tell us
- Our nursing staff
- Your treatment
- Privacy on the ward
- Smoke-free King's
- Healthcare students
- Your personal information



The Hyperlink to access this information is:-

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/during-your-stay>

Patients are able to leave the ward for a short time but the Trust requests that patients speak to their nurse prior to leaving. If there is an emergency, the hospital will need to know where you are.



This section refers to the patient experience while in hospital. We asked patients for feedback on four areas that would have a direct impact on their feelings and views of their admission. The questions asked included their treatment, ward cleanliness and the communication with staff during you stay.

In total 91 patients/carers completed this section and were asked to score each element out of five; *1 being poor to 5 Excellent*. The responses for each category were added together to give a score out of 455 (91 x 5). The maximum score was 455. Where a score of less than 65% was achieved, we have made a recommendation to the Trust to either review this area or respond.

### Question

#### How clean was the hospital during your stay?

Overall a majority thought the wards to be clean and the percentage score was 83.3%. The main criticism was around the toilets with one patient experiencing a blocked toilet and a few others who said that essential items such as toilet rolls were not replenished.

The Hospital experience	Score	Percentage
The cleanliness of the hospital	379/455	83.30%

### Question

#### How would you rate the treatment that you received during your stay in hospital?

Three-quarters of patients (75.6%) said that they were happy with the treatment that they received at the Princess Royal University Hospital. Only five patients scored this element two or less out of five, leaving the majority saying that their treatment was either good, very good or excellent.

The Hospital experience	Score	Percentage
The treatment you received by healthcare staff during your stay	344/455	75.60%

## Question

### How good was the communication between you and the staff throughout your stay?

The relationship between patients and the nursing staff was very good and over 77% of patients made specific reference to the front line staff. People told us that the communication between the nurses and the consultants/doctors was not as good and this brought down the overall score to 61.9%.

Patients told us that the nursing team are not always being updated or have access to current records/diagnosis by the doctor/consultant. Staff told us that patient information is given to the nursing team at the start of each shift so that they are aware of changes to medication or their health in general.

The Hospital experience	Score	Percentage
Communication throughout your stay	282/455	61.97% *

Patient comments on communication:-

*“The nurses were brilliant and very responsive when I needed their help.... I did not feel that I had enough time to speak with my consultant/doctor as he was only with me for a few minutes”. Mrs J*

*“A majority of the time that I was in hospital the doctor rushed through the ward and asked patients how they were feeling.... Not sure that he was actually listening to the response given as I said my wound was not healing and he said fine and moved on”. Mr W*

*“My consultant prescribed new medication and I asked the nurse what this was for.... She said that she was unaware that I was to be given a new drug”. Miss U*

The above quotations are some of the examples received regarding communication from the patient point of view. In particular communication between staff is an issue for patients. The nursing team do not appear to be kept up to date promptly enough or do not have access to current records/diagnosis by the doctor/consultant.

## Recommendation - Hospital Experience

### Recommendation 2

It is recommended that the methods of communication between internal staff is reviewed so that patients will be able to obtain accurate information about their current medical situation. It might be helpful if a communication sheet was placed at the front of all medical notes for staff involved in patient care, as an up to date reference point.

### Response from the Trust

Electronic patient records are due to be rolled out in November which will greatly improve access and quality of documentation thereby supporting communication between multi-disciplinary team members. Action owner: Matthew Trainer, Managing Director/Simon Cottam, Medical Director, full roll out over approximately 6 months.

## Question

### How did you find the hospital environment?

Patients felt that the wards were bright and movement around the wards was easy as there was no clutter. Three patients mentioned noise at night that prevented them from having a good nights' sleep. The cause for their disturbed/interrupted sleep was other patients who were either restless and/or noisy. Patients told us that the night staff did not address this issue.

The Hospital experience	Score	Percentage
The environment within the hospital	296/455	65.00.% *

## Recommendation - Hospital Experience

### Recommendation 3

It is recommended that a review of the procedures for the night staff team are carried-out to reduce the noise levels and to enable patients to get a good night's sleep. Night staff would benefit from having additional/refresher training on the hospital noise level policy.

### Response from the Trust

Noise at night: to be managed and monitored locally by ward managers. Ensure the availability of ear plugs, eye masks and minimise noise/disruption at night.  
Action owner: ward managers, Matrons and Heads of Nursing - ongoing reinforcement

## 7. Preparing for Discharge

The King's website states that patients will only be discharged once the Consultant/doctor has authorised that the patient is fit to leave the hospital. All medication required by the patient will be ordered from the hospital pharmacy and given to the patient before they leave. In addition all follow up care at outpatients specialist services will be organised by the hospital, if this is not possible the patient will be advised of what will happen. The discharge team will also coordinate transport from hospital to the patients' residence (if this service is required).

Patients are asked to give the sister on the ward their address and to collect the hospital discharge letter for their home doctor. Patients are also asked to make sure that they have the medicine that they need.

The nurse in charge of the ward will check with the patients that they have their possessions and return cash or valuables that may have been kept safe. For patients who require hospital equipment (such as crutches), new items will be issued to you. Equipment such as walking aids (crutches), can be kept by the patient as these cannot be reused.

Preparing for discharge is a key part of the process and getting this right should reduce the number of readmissions. Healthwatch did not find readmissions an issue at the Princess Royal University Hospital with only two patients being readmitted within 48 hours of discharge. One person had a relapse and the second had a bad reaction to the medication supplied.

### Question

The information that you received regarding the discharge process, was this of good quality?

The information given to patients on the discharge process was generally considered to be clear and of good quality. Two patients commented:-

*“The discharge procedure was explained to me in detail and my expectations were met by the hospital team”. “The patient in the next bed next to me had hearing issues and it was difficult for him, but he was able to read the documentation given to him”. Mr R.*

*“I was discharged from hospital very quickly and believed it to be a structured process... However, my experience was that I was told in the morning that I was being discharged and I was out of the ward by midday”. “Luckily I had my daughter available to come home with me and this was arranged by the nursing staff”. Mrs Y.*

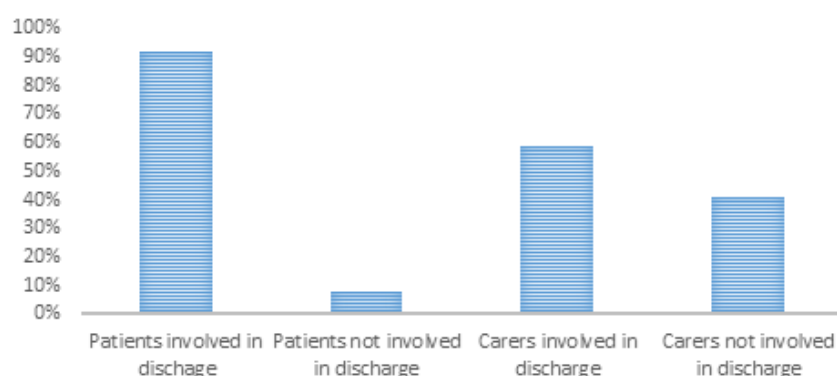
Preparing for discharge	Score	Percentage
Discharge information given to patients	348/455	76.48%

### Question

How involved were you (or your family) in the decision-making process to leave the hospital?

Healthwatch asked patients and carers whether they were involved in the discharge process. When comparing our findings between carer and patient responses they were drastically different. 92% of patients felt that they were involved the discharge process while only 59% of carers/family members said that they were consulted, this is a cause for concern for some families. Families mentioned the lack of time to arrange for home care to be put back in place and meals on wheels, were their main issues.

## PRE DISCHARGE PROCESS INVOLVEMENT



Healthwatch received two quotes from the public regarding the discharge process.

“I live in Newcastle and my mother was admitted to the Princess Royal University Hospital following pains in her chest. She stayed in hospital for about a week and had many tests but did not require surgery... My mother lives alone and the hospital wanted to send her home without consulting me or any other members of the family... Fortunately, I spoke to mum on the phone and she told me that she was being discharged. It was a bit of a panic but I just managed to get her care sorted”.  
 “Why didn’t someone contact me?” Mrs H.



“The discharge team were very supportive to me and kept me informed of what was happening... I did have to wait a long time for my discharge papers to be signed so that I could actually leave the hospital... it appeared to me that there were not enough people who had the authority to sign off the discharge papers”. Mrs L.

Preparing for discharge	Score	Percentage
How involved were you (or your family) in the decision-making process to leave the hospital	327/455	71.86%

- The above percentage 71.86% is taken from responses of both carers/family members and patients. However, when taking carers and family member feedback only the percentage was only 59% (as mentioned above).

## Recommendations - Preparing for Discharge

### Recommendation 4

It is recommended that better involvement of patients and carers in the discharge planning process should be taken, in order to avoid patients being sent home without appropriate support being in place.

### Response from the Trust

A review of discharge process is currently underway involving Transfer of care colleagues. This includes the support available to patients, carers and the ward staff by other professionals such as social workers and discharge co-ordinators. This will also include teaching/refresher sessions around discharge planning and external services and will consider the introduction of some potentially new roles to support this process. Action owner: Transfer of Care Bureau/Nursing and Medical staff over the following 6 months.

### Recommendation 5

The discharge process can take a long time and involve patients sitting in the discharge Lounge longer than necessary. A review of the discharge process could ensure that this time is reduced would be welcomed by patients.

### Response from the Trust

In addition to the points above the physical location of the discharge lounge, accessibility for all patients and the appropriateness of the environment are all currently under review and steps have already been taken to move the lounge to a better interim location (the Planned Investigation Unit) which allows stretcher patients to use the lounge. Further work is needed to ensure that the lounge has an appropriate permanent home. Action owner: PRUH Senior management team over the following 6 months

## 8. Day of Discharge

The Discharge Lounge area is on the ground floor at the rear of the hospital. The Lounge is quite small but there was sufficient seating for patients. When we visited during busy periods the Discharge Lounge is full and although there are windows there is a lot of glass and the area does get hot. Patients told us that they were not happy with the location of the Discharge Lounge which is situated a long way from the main entrance and public access.

Healthwatch volunteers observed the staff engaging positively with the patients and being supportive to their needs and requests. Refreshments were offered to patients upon their arrival into the Discharge Lounge and the staff went through the discharge process, including medication and transport requirements. Patients told us that they were very happy with the service provided by the Discharge Lounge staff.

The King's College Hospital NHS Foundation Trusts website holds information regarding the day of discharge from hospital:-

### When you leave hospital

If you need care after your hospital stay, our Admissions and Discharge team will help you arrange it. So if you are worried about how you will manage at home, please tell the nurse in charge of your ward.



You will also need some outdoor clothing for when you leave King's, so please ask a relative or friend to bring some in for you the evening before you return home.

The Hyperlink to access this information is:-

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/when-you-leave>



Healthwatch asked patients in the Discharge Lounge about their experience on the day and most were positive and happy to be going home.

### Patient Story

A gentleman told us that his wife was collecting him from the Discharge Lounge and it took her ages to find him, she said that she found the signage to be poor and thought that it was a long way to walk from the front entrance car park. Although he was in a wheelchair his wife had his clothes, other possessions, medication and walking frame to carry and it was difficult for her to manage. While the gentleman appreciated that the Discharge Lounge was busy at the time, there was no support offered to his wife". During our visit we received other patient comments regarding the location of the Discharge Lounge and signage.

### Patient Story

An elderly lady was very tired and had to wait for a long time in the Discharge Lounge for transport. She thought that the staff were helpful, but they could not explain to her why there was a delay. They kept saying that the transport would be here soon.

### Patient Story

A lady told us that she was left in the lounge feeling hungry. Having pre-ordered her lunch on the ward she was discharged from ward at 11.50 (before her lunch had arrived), so did not get her meal. She had been in the Discharge Lounge for about 40 minutes when she told the staff that she had not eaten and was hungry. The team asked the catering team for some food but this never materialised despite the persistence of staff. Two hours later her transport had arrived and she was taken home, still hungry.

### Patient Story

One gentlemen had his own transport ready to take him home but was sent to the Discharge Lounge to wait for his medication. He told Healthwatch that he had to wait three hours for the medication to arrive. He said "I was happy with my treatment and stay until this point, it is ridiculous having to wait this long".

The main concerns that patients and families had regarding the day of discharge was:-

- The location of the Discharge Lounge and signage is poor.
- The length of time patients spent in the Discharge Lounge. This is mainly due to patients waiting for their medication.

The day of discharge	Score	Percentage
The discharge process	377/455	82.8%

Apart from the above comments patients were generally happy with the process and scored the service well.

Two patients gave negative comments about the hospital transport service and these referred to the delay in the transport arriving. In both cases the transport arrived between 1 hours & 15 minutes - 1 hour & 45 minutes. Generally, the transport service met the expectations of the patients.

On average the patients who engaged with Healthwatch spent an average of 1 hour and 22 minutes in the Discharge Lounge. Most patients were looking at their phones or reading while they were waiting. There is a television in the Discharge Lounge but the signal quality was poor and it made it difficult to watch a programme.

As a result of the patient comments and feedback Healthwatch are making the recommendations below regarding the day of discharge procedure.

#### Recommendations - The Day of Discharge

##### Recommendation 6

The timing of discharges needs to be considered particularly around meal times to ensure that patients don't miss out on a meals. It is recommended that if this situation occurs, there is a process where patients receive their meals.

##### Response from the Trust

Discharges often involve complex arrangements and co-ordination. We will raise awareness of this amongst nursing colleagues to co-ordinate discharge time as far as possible to ensure all patient needs are met. Transport is an important part of this and we have increased the number of teams supporting the PRUH to make sure that more patients are discharged on time, particularly when ongoing care arrangements depend on them arriving somewhere at the right time. Action owner: PRUH Senior management team over the following 6 months

### Recommendation 7

The Discharge Lounge is located at the back of the hospital between two wards which is not ideal. Consideration should be given to find a more suitable location for the Discharge Lounge, preferable towards the front of the building.

### Response from the Trust

See action number 5 above

### Recommendation 8

Medication required by patients prior to discharge should be available at the time of discharge. This would reduce the need for patients to wait for (sometimes) hours in the Discharge Lounge (see also with recommendation 4).

### Response from the Trust

In conjunction with action 4 above and the roll out of electronic patient notes, including electronic discharge notification and electronic prescribing the timely availability of discharge medications is expected to improve significantly. We have appointed two 'pharmacy runners' whose job is to ensure that dispensed medicines are immediately transported to the discharge lounge.

### Recommendation 9

There was little for patients to do while waiting in the Discharge Lounge and the area would benefit from the television signal being improved.

### Response from the Trust

Please see action number 5 above. Once the permanent location of the discharge lounge has been agreed we will ensure a comfortable and stimulating environment for our patients cared for in this area.

The day of discharge	Score	Percentage
The information received about support services available after discharge	396/455	87%

Regarding the information received from the hospital about support services, 87% of the patients said that they had received sufficient information. Healthwatch were told by patients that (where appropriate) they had received either a designated rehabilitation appointment with a specialist, an appointment at outpatients or were referred back to their doctor.

## 9. Post Discharge

Just over half of the participants received some form of care or support after leaving hospital, requiring assistance with either medical or personal needs. This is in addition to care given by relatives. The majority of participants were satisfied with the service they received, and were grateful for the support provided following discharge.

During this review we did not receive any patient concerns regarding the relationship between the support services (arranged by Social Services) and the hospital discharge team. The hand over from the Discharge Lounge to the post hospital services is good. However, there were some comments made by patients about domiciliary care services and a couple of people were unhappy with their GP after being referred back to their local practice.

Patients commented that often the care given at home was good for the initial visits but became increasingly less helpful as time progressed. Patients also experience different carers coming in to their home to support them and would prefer to have a named person who was aware of their needs.

Five patients complained that their GP did not have post discharge information at their surgery and they had to either wait for the information to arrive or explain what had happened to them to the GP.

The physiotherapy offered to patients post discharge was praised by all of the patients who provided our team with feedback. Patients had used both private and NHS physiotherapy services.

## Betty's Story

Betty had planned surgery on her foot and was discharged from the Princess Royal University Hospital after a three day stay. Betty had a few complications including a pre-existing painful hand which made it difficult for her to use crutches. She was keen to get mobile as quickly as possible and didn't want to use a wheelchair. She was given advice on falls prevention and said she would ask a friend to look inside her home for potential trip hazards. Betty was also given good instruction on how to use her crutches to take the pressure off her painful hand and follow up physiotherapy appointments were organised.



### Two weeks after discharge

Betty told us that she was getting on quite well and was cutting down on her painkilling medication. She had begun physiotherapy which she found quite painful but was making sure to complete the exercises she had been given. Her friend had also visited her home and helped re-arrange furniture so that it was easier for Betty to move around.

### Six weeks after discharge

Betty has now completed her rehabilitation and physiotherapy. She is happy with the support given to her post discharge. She is walking without crutches and doing regular exercise. Betty felt that the support programme and guidance given was good.

#### Recommendations - Post Discharge

##### Recommendation 10

It is recommended that The Trust review of the procedure/process to establish whether there are opportunities to avoid any delays in ending patient discharge information to GP practices.

##### Response from the Trust

The roll out of electronic discharge notification in October/November 2017 will significantly improve the timely communication with patient GP's on discharge.

## 10. The Discharge Service - General

Patients were asked if they had been discharged from Princess Royal University Hospital in the past 18 months excluding this visit. Our review revealed that 28% of patients had been readmitted to hospital within the above time period. A majority of these admissions were for a separate condition, however 2.19% were related to their previous visit and occurred within 48 hours of the original discharge. The above percentage represents 2 of the 91 patients surveyed.

## 11. Conclusion & Recommendations

The Discharge Team were very proactive and engaged with patients well. They offered support, advice and reassurance to their patients. Tea, coffee and biscuits were offered on a regular basis. Where patients had been in the Discharge Lounge for an hour or more staff were observed updating patients on what they were waiting for and the action that they had taken.



Within the body of this report there are 10 recommendations made by Healthwatch for King's College Hospital NHS Foundation Trust to consider. A complete list of Healthwatch Bromley recommendations are:-

### Recommendations



#### Recommendation 1

All staff who are involved in the inpatient admission service should be reminded of The Trusts policy and procedure on medication support. The contingency plan where patients do not bring in sufficient medication should be reinforced. This is a potential training opportunity for staff to refresh their knowledge of The Trusts policy and procedure on medication support.



#### Recommendation 2

It is recommended that the methods of communication between internal staff is reviewed so that patients will be able to obtain accurate information about their current medical situation. It might be helpful if a communication sheet was placed at the front of all medical notes for staff involved in patient care, as an up to date reference point.



### Recommendation 3

It is recommended that a review of the procedures for the night staff team are carried-out to reduce the noise levels and to enable patients to get a good night's sleep. Night staff would benefit from having additional/refresher training on the hospital noise level policy.



### Recommendation 4

It is recommended that better involvement of patients and carers in the discharge planning process should be taken, in order to avoid patients being sent home without appropriate support being in place.



### Recommendation 5

The discharge process can take a long time and involve patients sitting in the discharge Lounge longer than necessary. A review of the discharge process could ensure that this time is reduced would be welcomed by patients.



### Recommendation 6

The timing of discharges needs to be considered particularly around meal times to ensure that patients don't miss out on a meals. It is recommended that if this situation occurs, there is a process where patients receive their meals.



### Recommendation 7

The Discharge Lounge is located at the back of the hospital between two wards which is not ideal. Consideration should be given to find a more suitable location for the Discharge Lounge, preferable towards the front of the building.



### Recommendation 8

Medication required by patients prior to discharge should be available at the time of discharge. This would reduce the need for patients to wait for (sometimes) hours in the Discharge Lounge (see also recommendation 4).



### Recommendation 9

There was little for patients to do while waiting in the Discharge Lounge and the area would benefit from the television signal being improved.



### Recommendation 10

It is recommended that The Trust review of the procedure/process to establish whether there are opportunities to avoid any delays in ending patient discharge information to GP practices.

## 12. References

<https://healthwatchbromley.co.uk/>

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/when-you-leave>

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/during-your-stay>

<https://www.kch.nhs.uk/patientsvisitors/patients/inpatients/when-you-leave>

<https://www.england.nhs.uk/wp-content/uploads/2013/08/dis-old-people.pdf>

<https://www.nursingtimes.net/roles/nurse-managers/hospitals-need-to-improve-discharge-arrangements-says-cqc/5069813.article>

<https://pruh.kch.nhs.uk/patients-visitors/concerns-complaints/>



### 13. Response from King’s College Hospital NHS Foundation Trust



Community House  
South Street  
Bromley  
BR1 1RH

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

### Report & Recommendation Response Form

Report sent to	Matthew Trainer, Managing Director, Princess Royal University Hospital
Date sent	16 <sup>th</sup> August 2017
Details of report	This report covers Enter & View visits made by Healthwatch Bromley to the Discharge Lounge at the Princess Royal University Hospital. It incorporates public feedback on the patient discharge experience from the hospital.

Date of response provided	
Response	We will remind staff of the Trust’s Medicine Management policy to make sure that patients get their prescribed medications on time. Nurses working within the pre assessment clinic (for patients with planned surgery) will be reminded to advise their patients about medication management during their hospital admission. Action owner: Debbie Hutchinson and the nursing teams, Director of Nursing by 31/10/2017
Recommendation 1	
Recommendation 2	Electronic patient records are due to be rolled out in November which will greatly improve access and quality of documentation thereby supporting communication between multi-disciplinary team members. Action owner: Matthew Trainer, Managing Director/Simon Cottam, Medical Director, full roll out over approximately 6 months.
Recommendation 3	Noise at night: to be managed and monitored locally by ward managers. Ensure the availability of ear plugs, eye masks and minimise noise/disruption at night. Action owner: ward managers, Matrons and Heads of Nursing - ongoing reinforcement

<p>Recommendation 4</p>	<p>A review of discharge process is currently underway involving Transfer of care colleagues. This includes the support available to patients, carers and the ward staff by other professionals such as social workers and discharge co-ordinators. This will also include teaching/refresher sessions around discharge planning and external services and will consider the introduction of some potentially new roles to support this process. Action owner: Transfer of Care Bureau/Nursing and Medical staff over the following 6 months</p>
<p>Recommendation 5</p>	<p>In addition to the points above the physical location of the discharge lounge, accessibility for all patients and the appropriateness of the environment are all currently under review and steps have already been taken to move the lounge to a better interim location (the Planned Investigation Unit) which allows stretcher patients to use the lounge. Further work is needed to ensure that the lounge has an appropriate permanent home. Action owner: PRUH Senior management team over the following 6 months</p>
<p>Recommendation 6</p>	<p>Discharges often involve complex arrangements and co-ordination. We will raise awareness of this amongst nursing colleagues to co-ordinate discharge time as far as possible to ensure all patient needs are met. Transport is an important part of this and we have increased the number of teams supporting the PRUH to make sure that more patients are discharged on time, particularly when ongoing care arrangements depend on them arriving somewhere at the right time. Action owner: Action owner: PRUH Senior management team over the following 6 months</p>
<p>Recommendation 7</p>	<p>See action number 5 above</p>
<p>Recommendation 8</p>	<p>In conjunction with action 4 above and the roll out of electronic patient notes, including electronic discharge notification and electronic prescribing the timely availability of discharge medications is expected to improve significantly. We have appointed two 'pharmacy runners' whose job is to ensure that dispensed medicines are immediately transported to the discharge lounge.</p>
<p>Recommendation 9</p>	<p>Please see action number 5 above. Once the permanent location of the discharge lounge has been agreed we will ensure a comfortable and stimulating environment for our patients cared for in this area.</p>

Recommendation 10	The roll out of electronic discharge notification in October/November 2017 will significantly improve the timely communication with patient GP's on discharge.
Signed	<i>Matthew Trainer</i>
Name	Matthew Trainer
Position	Managing Director, PRUH & South Sites

<i>For office use only</i>	
<i>Date response received</i>	
Within 20 days	

# Hospital Discharge Report - Response form



Community House  
South Street  
Bromley  
BR1 1RH

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

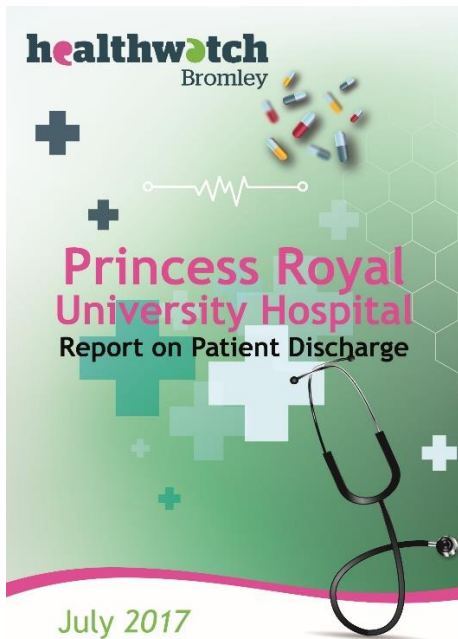
## Report & Recommendation Response Form

Response form sent to	Bromley Clinical Commissioning Group
Date sent	6 <sup>th</sup> October 2017
Details of report	This report covers Enter & View visits made by Healthwatch Bromley to the Discharge Lounge at the Princess Royal University Hospital. It incorporates public feedback on the patient discharge experience from the hospital.

Date of response provided	24 October 2017
Response  (If there is a nil response please provide an explanation for this within the statutory 20 days)	<p><b>BCCG is pleased to be able to comment on this Discharge Report which provides a valuable insight into patient experience of the discharge lounge at the Princess Royal University Hospital. We note that the majority of patients surveyed reported an overall positive experience of their discharge particularly in relation to communication and responsiveness of front line staff; the cleanliness of the hospital and the overall discharge process.</b></p> <p>The report also provides some valuable learning and recommendations which the CCG is using to further inform our work with the Trust. For example making the Discharge check-list a mandatory process to ensure all elements of the discharge are in place before someone is discharged, delivering discharge training which includes specific elements around effective communication with GPs and families and increasing capacity at the PRUH to improve the quality of discharge with a specific focus on our more</p>

	<p>vulnerable patients. The Electronic Patient Record is also being rolled out across the PRUH which uses technology to improve the quality and timeliness of information provided to GPs.</p> <p>As part of the on-going quality monitoring of patient experience the CCG will continue to request assurance from the trust on quality of discharge with specific assurances required around the recommendations in the report.</p>
Signed	<i>Kelly Scanlon</i>
Name	Kelly Scanlon (responded on behalf of Bromley CCG)
Position	Head of Communications and Engagement

<b><i>For office use only</i></b>	
<i>Date response received</i>	
Within 20 days	



**This report was produced by:**

Healthwatch Bromley

Community House

South Street

Bromley, BR1 1RH

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July 2017



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