

Leaving Royal Sussex County Hospital



Acknowledgements

- All members of the public who took the time to fill in the questionnaire
- The Lighthouse Recovery Support for kindly sharing the outcome of their focus group on people with mental health issues being discharged from hospital
- The Carers Centre for sharing its research on what carers would like from the discharge process, and general support with the report
- Our Enter and View Reps, Sylvia New and Farida Gallagher, who visited the discharge lounge
- All the staff representatives from the discharge team, adult social care, patient transport and mental health liaison who answered our questions

Cover Picture: Paul Gillett

Glossary

Some language in this report is specialist, so not everyone will know what it means. Words that are in **bold** have a definition at the end of the report to help everyone to understand the language we are using

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Quick Summary

Healthwatch Brighton and Hove was receiving patient data which suggested that some people were leaving Royal Sussex County Hospital through a discharge process that was rushed and in some cases incomplete. Healthwatch surveyed 43 people with some recent experience, with a particular focus on carers and people with mental health issues. We also interviewed key people from all of the services involved, conducted an **Enter and View** visit on the **discharge lounge**, and drew from additional research by local community groups.

Our volunteers found the **discharge lounge** to be small and outdated for the scale of service it provides. The new building, which is scheduled to be complete by 2019¹, should alleviate a lot of longer term environmental problems. However, there were a range of issues which should be addressed more immediately. Regarding care and attention during the discharge, **multidisciplinary teams** were praised for keeping all staff members well informed about patient's changing situations. Many people felt vulnerable and disorientated as they were leaving hospital, and found that new information was hard to absorb. It was noted by key staff members and patients that the **hospital discharge booklet** was scarcely used, and that patients' main concerns when leaving hospital were around retaining important information and how they will manage at home. When people experienced delays they were most commonly due to waiting for medication or patient transport.

The key conclusions of the report are as follows:

- A more person-centred and preventative stance would not only improve people's experience of leaving hospital, but would also reduce the hospital's **30 day emergency readmission rates**
- There are practical ways of reducing waiting times for medication and **patient transport**, as well as improving the environment and functionality of **the discharge lounge**
- Full integration of carers and people with mental health issues into this discharge process is needed to ensure a consistent experience for everyone.

¹ The 3T's Hospital Redevelopment <http://tinyurl.com/kp98jdc>

Introduction

Supporting people to leave hospital in a safe and timely way can be a complicated task. Many different teams of professional people may be involved, including consultants, occupational therapists, adult social care and hospital discharge teams. Successful discharge arrangements mean that people can leave hospital happier, safer, and with much less likelihood of returning in the near future². The focus of Healthwatch's work is on the impact of the discharge on patients and carers: the need to ensure that they are receiving high quality discharges with all the care and respect to which they are entitled.

Nationally, hospital discharge has been a hot topic for some time. Healthwatch England has noted that many regional Healthwatches were finding their local processes problematic, and so conducted a country-wide study in July 2014³. The **Care Quality Commission**'s recent national research revealed that 41% of those surveyed said that their discharge was delayed in some way, most commonly because of waiting for medicines⁴.

Last year there were a total of 116,662 discharges from Royal Sussex County Hospital. The hospital has a lounge where patients can wait for paperwork and medicines before they leave, although some patients leave straight from the wards they were staying in. Recent initiatives such as the introduction of the Hospital Rapid Discharge Team seek to clear beds quickly to improve patient flow through the hospital. However, typical issues shared with Healthwatch and the hospital's complaints data⁵ included things like **patient transport** issues, patients feeling they left hospital too early, or left in a rushed or incomplete way. This indicates that people did not feel that leaving the hospital fast enough was their biggest concern, and indeed initiatives that attempt to further speed up the process might increase the issues they are facing. Healthwatch would like to look at ways for people to leave hospital in a person-centred and timely way at Royal Sussex County Hospital.

² Care Quality Commission: Inspection Summary, Aug 2014 <http://tinyurl.com/kzf29aw>

³ Healthwatch England: Special Enquiry Details, Jul 2014. Evidence from this report was fed into the national research <http://tinyurl.com/o4r6553>

⁴ Care Quality Commission Press release, Apr 2014 <http://tinyurl.com/l6j6e9e>

⁵ Royal Sussex County Hospital: Fully or partially upheld complaints, Apr 13- Mar 14

How we gathered our information

The patient survey element of the research received 43 responses from people with recent experiences of being discharged from the hospital. The survey was promoted through a range of community groups, at events, and through the Healthwatch magazine and social media channels. The survey was open for 4 weeks throughout July 2014. The majority of people who responded (88%, n=38) did so through our main survey, which was available both online and through the post. The remaining responses (12%, n=5) were attained through our **Enter and View** reps spending time in the **discharge lounge** in Royal Sussex County Hospital, talking to patients and making observations.

Alongside this information, interviews were conducted with representatives from the Discharge Team, the Royal Sussex County Mental Health Liaison Team, the Adult Social



Care Team, Occupational Therapy and the **Patient Transport Service**. We also received **PALS (patient advice and liaison service)** and complaints data from the hospital, and used Healthwatch helpline data to substantiate our

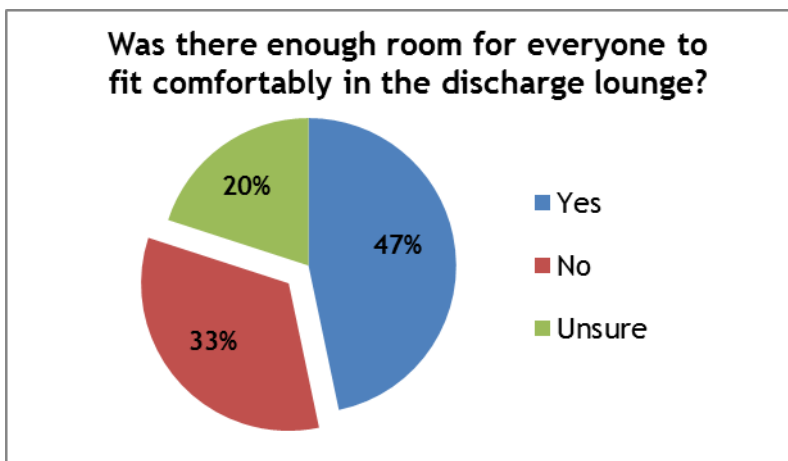
findings. In order to reach people whose voices are often unheard, we received materials from Lighthouse Recovery Support, a charity in a service for people with emotional intensity disorder, Speak Out, an advocacy group for people with Learning Disabilities, and the local carers' centre.

Most people who shared their experiences with us were leaving hospital themselves (74%, n=32), the rest were friends or family of the person leaving hospital (26%, n=11). 72% (n=8) of friends and family considered themselves carers, who provided an average of 64 hours of care per week. The majority of people leaving hospital were based in Brighton and Hove (79%, N=33), followed by East Sussex (19%) and West Sussex (2%). Finally, a wide range of ages responded to the survey, as is illustrated in the bar chart above.

What we have found

The Environment

The majority of people who responded to the question (79%, n=11) felt comfortable during their time in the **discharge lounge**. However, comfort did seem to depend on the amount of people present in the lounge at any one time, with about a third of people having experienced the lounge being uncomfortably full in the recent past.



Most people (64%, n=9) said that they were offered refreshments like tea and coffee during their time in the discharge lounge. Our reps observed a large fridge and a menu of light snacks for people if they were waiting for longer periods of time.

Only 18% (n= 2) of people saw community or voluntary sector information available in the discharge lounge. Our reps observed that there was a small amount of material, but noted that it was not laid out around the seating area and was not prominent. Dignity and comfort were sometimes compromised due to the age and size of the lounge itself. If people wanted to use a commode instead of the toilets available, a simple screen would be provided for them to use to cover themselves. There was also no hot water available, which the staff said had been an ongoing issue which had not yet resolved.

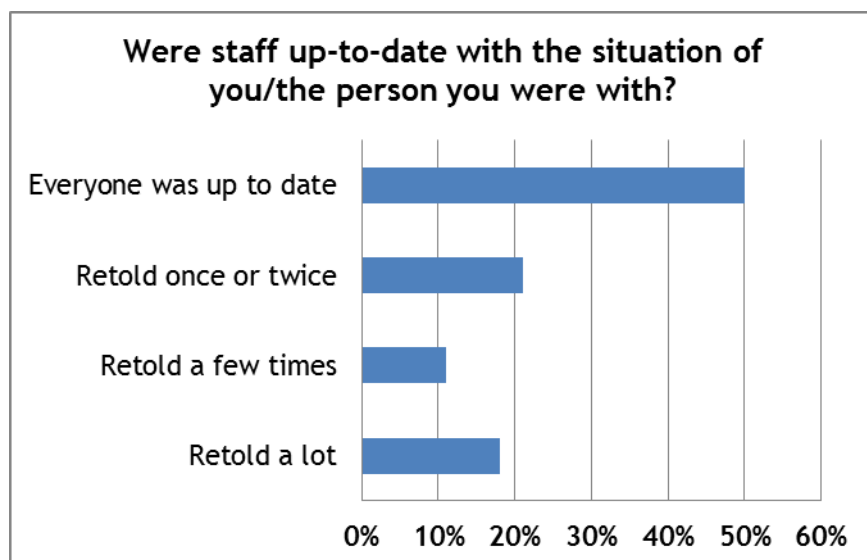
🗨 It was clean and bright, but a bit warm. On a previous occasion people could hardly move it was so busy. There is enough to do if you're not here too long 🗨

Our volunteers observed jigsaws, TV magazines and books available for patients to pass the time. However, there were no **friends and family test** sheets available for patients to fill in on the day of the visit but a comments box was present. In general it was felt that despite staff efforts, the space was often simply too small and outdated to provide the service they would like for their patients.

Care and Attention

89% (n=25) of people asked said that they were wearing appropriate daytime clothes when they were leaving hospital. However, one person was observed to be wearing nightwear in the afternoon when the **Enter and View** visit took place. Being in nightwear can have an impact on people's personhood and dignity, as well as practicalities such as maintaining a comfortable temperature. Positive experiences of care were around staff showing kindness and thoughtfulness, and keeping patients up-to-date on expected waiting times. Less positive experiences were where patients were given no information about things like how to leave the part of the hospital they were in, and where they felt particularly rushed and surprised by their discharge.

Representatives from the hospital **discharge lounge**, adult social care and mental health liaison all praised **multidisciplinary team** working for ensuring that people with complex



needs received the right care, and that all staff were on the same page about what the next steps would be. This approach appears to be benefiting patients currently, although some still feel that they are telling their story to multiple staff members.

Patients were often concerned that they were unable to retain the information they were told at the point of discharge, often because they were tired, in pain, or felt bombarded with information in what for them may be an unusual or scary situation. Concerns people shared with us at the point of discharge were around coping with new care needs, managing new medications and feeling that they were being discharged too early as they were still in pain.

6 I was very tired as I hadn't slept in the hospital overnight 9

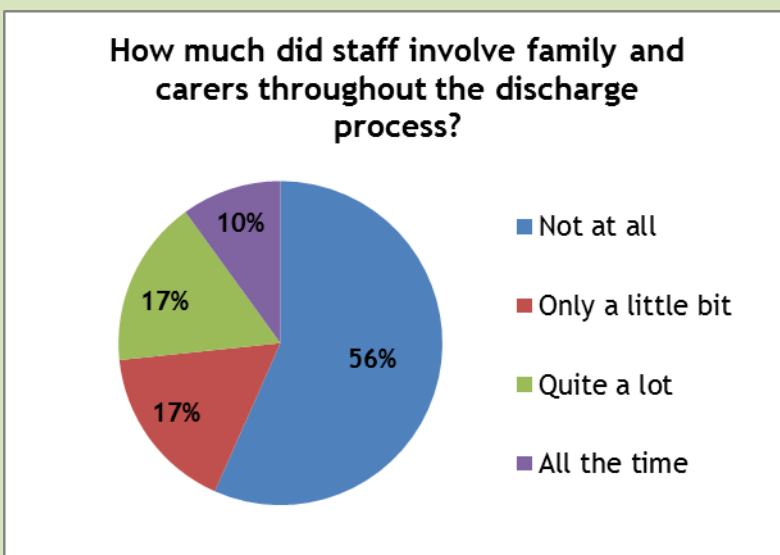
Despite these concerns being commonplace, only 38% (n=11) said that they were asked if they felt safe and confident to leave the hospital. In addition to this, 35% (n=9) had any

medications explained to both a carer and the person being discharged, with the remainder having the information given to just the patient (35%, n= 9), just the carer (4%, n=1), neither (15%, n=4), or no medication/equipment was given out (11%, n=3).

Focus on: Carers

Research conducted by the Carers' Forum⁶ shows that just like patients, carers would like to be informed as early as possible about when the discharge is likely to happen, and what they can expect after they have left the hospital. Carers' involvement can greatly reduce the stress of a hospital visit for those they look after, particularly if

they have learning difficulties or mental health problems⁷. As people who are likely to be involved in rehabilitation, carers would like to feel respected and involved in planning hospital discharge and aftercare. Carers would like the hospital to create a carer specific policy, and a page of the hospital website to access information and support.



A concern for many carers supporting someone through discharge process is not being able to travel alongside the people they look after in patient transport. Although the service does permit carers and family members to travel alongside the people they look after, this is only available on pre-booked transport. As 75% of transport booked by the hospital is unplanned, this service is not always available when patients and carers need it.

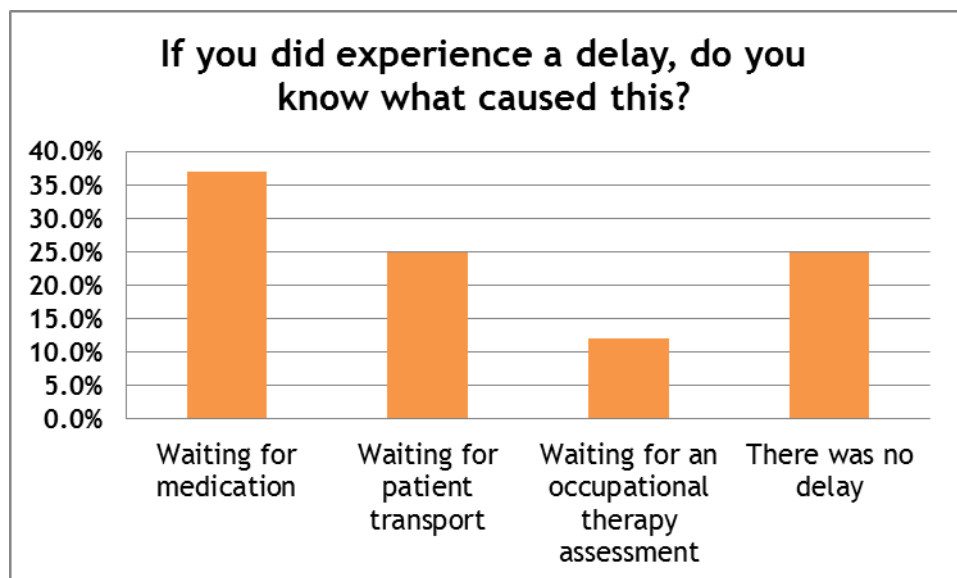
⁶ The Carers' Forum 'research on hospital discharge' (2011) <http://tinyurl.com/7omlmx4>

⁷ Speak Out 'Briefing Paper On People with Learning Disabilities and Discharge from Hospital' <http://tinyurl.com/odwehkz>

Timeliness

When people left the hospital it was usually in the morning (33%, n=7) or afternoon (38%, n=8), with less people being discharged at midday or in the evening. The average waiting time once a person was in the **discharge lounge** was 2 ½ hours. When asked about whether they were updated on any changes to the discharge time, no-one felt they were updated very frequently. 48% (n=12) felt they were updated frequently, 28% (n=7) very infrequently, and 24% (n=6) did not remember being updated at all.

The majority of people who were delayed said their delay was caused by waiting for medication or waiting for **patient transport** to pick them up. However, it should also be noted that some delays may not be obvious to the



patient, like delays in seeing an occupational therapist or delays in social care planning. Occupational therapists feel that due to discharge pressures and understaffing, they are able to provide less rehabilitative therapy for patients before they leave hospital. This leads to patients being less physically ready to leave the hospital than before, and relying more heavily on carers in the recovery process.

- 6 **The timings weren't clear, we had no idea when it would take place and had to be suddenly ready when the transport arrived to take my husband home**

Those waiting for medication found delays at the pharmacy desk, where staff could not release their medications. This could have been because a doctor had yet to order the medication, or that the pharmacy had yet to complete their prescription. Pharmacists are currently only available from 9-5 on weekdays and half a day on Saturday, however there is currently some consideration around improving this.

Patient transport waiting times are a well known and frequent cause of delay for patients. However, the patient transport service reported that high volumes of last minute or ‘unplanned’ bookings by the hospital (around 75%) often leaves patient transport struggling to fit patients in to already planned and fully booked routes. In addition to this, if a patient is still waiting for medication or paperwork when patient transport arrives, they must reschedule the trip for later in the day, so as not to cause further delays to the other patients using that vehicle. With roughly 65% of patients requiring patient transport, the lack of effective problem solving between the hospital and the patient transport service is a major barrier to smooth discharge for local people.

In line with the above, 43% (n=12) of patients said they were only informed that they were being discharged immediately before it happened, and a further 36% (n=10) were told ‘late in their stay’ and only (10%, n=3) were told on admission or in the first 24 hours. This conflicts with hospital policy, which stresses early discharge planning and information sharing.

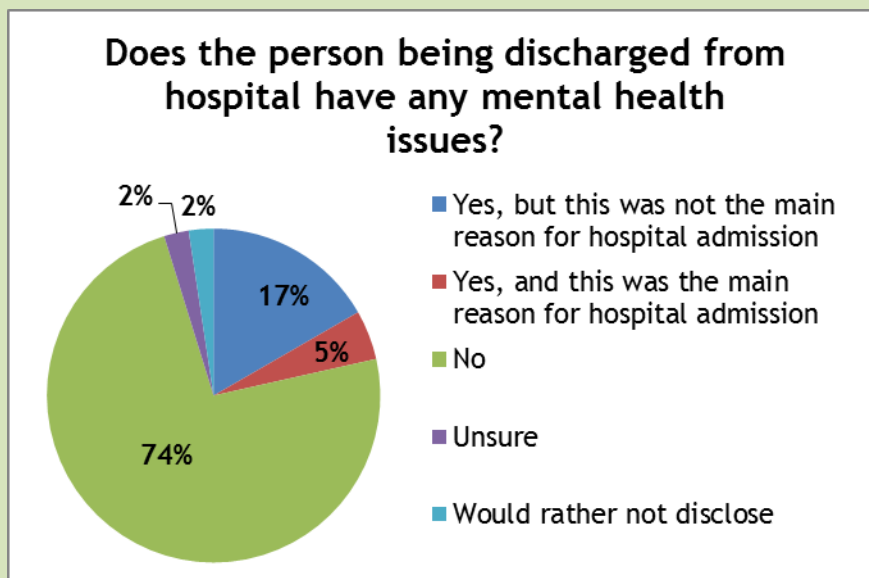
Focus on: Mental Health

22% (n=9) of those surveyed told us that they had mental health issues, and for 5% (n=2) this was the main reason for visiting hospital. This means people with mental health issues were more likely to go to the hospital with a physical health problem, or as a carer, than with mental health as the presenting issue.

A focus group run by a service for people with emotional intensity disorder⁸ found that the majority of issues that

mattered to the general population were equally important to people with mental health issues. Suggestions for mental health specific improvements included follow-up phone calls by a professional seven days after leaving hospital, to ensure that the person is safe and well. Other suggestions included written discharge notes, and better mental health training for staff.

The mental health liaison service at A&E looks after people who go to A&E in mental health crisis. Because they are a part of the local mental health trust and not the hospital, they do not use the hospital discharge booklet. This means that mental health patients do not have access to printed aftercare information in the same way that someone with physical health problems should. The liaison team also seems to have an issue with joining up to patient transport. People with physical disabilities have their conditions stated on handover documents, to ensure their conditions are known and considered. Patient transport has reported that this information is not shared for mental health patients, so crews do not know how to care for the person effectively.



⁸ Lighthouse Recovery Support Focus Group (Aug, 2014) <http://tinyurl.com/mtdho5s>

Paperwork and Moving on

When leaving the hospital, there are some pieces of paperwork which patients are entitled to receive to help them with moving on and receiving aftercare. Only half (50%, n=13) of those asked received their **discharge summary**, with the remaining 50% either not receiving it or unsure of whether they did or not. Of those who required a fit note for their employer, an equal amount said they received and did not receive the note (44%, n=4), and 11% (n=1) were unsure.

6 I would like more information on what to do next or who to contact regarding ongoing care issues 9

The **hospital discharge booklet** contains all the information a person needs to know after they have left hospital, including where to go for further assistance. These booklets were not observed in the **discharge lounge**, and interviews with staff revealed that they are unlikely to be handed out as standard practice, and are not available for those going to mental health liaison. This leaves the majority of patients who are discharged without any clear written messages about how to move forward. On average, people rated their experience of leaving Royal Sussex County Hospital as 6 out of 10 (n=27). Responses to this question ranged from 1 to 10, indicating that people's individual experiences and expectations were greatly varied and lacked consistency.

6 We had everything we needed. Verbal and written advice and instructions, painkillers and what to do if needed more advice 9

People's best experiences were ones where they were given information both verbally and written down, where someone had taken the time to run through their new medications and how to take them, or when outpatient and other appointments were booked in before they left the hospital, so there were clear and planned next steps. Points for improvement focused heavily around receiving written materials on what happens next, and what to look out for after operations or other procedures which could indicate good progress or cause for concern.

What does it all mean?

Many external issues can increase the pressure on hospital discharge services, and make the process of discharging patients more difficult. A lack of rehabilitative or residential care, an increase in people with multiple conditions, and an older building to work with can without doubt interfere with leaving hospital in a safe and timely way. Despite these challenges, the majority of staff work hard to make sure patients have a positive experience. This report has revealed a selection of systemic and cultural issues which seem to prevent hospital discharge at Royal Sussex County from being a consistent, person-centred and positive experience for patients.

It is clear that the **discharge lounge** is outdated and too small to perform its role well during busy periods. Whilst it is acknowledged that some of the related difficulties cannot be addressed until the redesign process is underway, the issues highlighted around dignity of patients and a lack of hot water should be addressed more urgently. Despite the fact that 70% of discharges from the hospital are considered 'simple' and therefore should be released via the **discharge lounge**, only a handful of patients are leaving hospital in this way. This has implications on the consistency of service, complicates **patient transport** arrangements, and decreases the likelihood of patients receiving written discharge materials.

Improving people's retention of information at such a difficult and disorienting time is a challenge, but there are many simple things which can aid this. Close involvement of carers means there are extra people on hand to help with recall later, and written information like the discharge booklet can help to ensure that aftercare information is available to patients after they have left hospital. Surrounding this is the importance of asking directly and kindly about patients' concerns, which would allow staff to pinpoint any additional information that might be of use to the patient. By addressing concerns and providing clear aftercare information, the **30 day readmission rates** for the hospital, which are currently higher than the national average⁹, could start to decrease.

⁹ According to the most recent Clinical Commissioning Group quality monitoring report

Waiting for medication and patient transport were found to be the most common causes of delay in the discharge process. In a recent review¹⁰, staff had suggested that if a patient is likely to be discharged the next day, doctors could write up their prescriptions early to allow the pharmacy to prepare the medication on time. Increased pharmacy hours were also suggested, and these ideas are echoed in our own recommendations.

It should be noted that a number of steps are already being introduced to improve waiting times for hospital transport. The hospital has put on a small service to relieve **patient transport** in times of high demand, and adult social care is introducing a scheme for paid carers to collect the people they care for. Despite these efforts to decrease waiting times, a patient transport system which requires route planning and scheduling cannot be effective when the majority of discharges do not give enough notice to make this possible. Whilst patients coming through A&E will always be unplanned, the majority of elective appointments are known about in advance, and could be booked earlier. Focusing on this gap would enable the service to function effectively without relying on these additional measures.

The information we have gathered indicates that despite often positive staff intentions, the systems that allow fast hospital discharge are impacting on the quality of patient experience, and their likelihood of returning to hospital in the near future. There appears to be a widening gap between what the hospital's discharge policy states, and what is happening on the ground in the day-to-day life of the hospital. A more person-centred approach would adjust this to ensure people feel prepared and happy to leave hospital.

¹⁰ EVERGREEN: Comprehensive Evaluation Report, Jul2014

Recommendations and Responses

1. Internally investigate the culture around discharging patients, specifically the tendency to discharge with little notice, and the knock on effect this has on patient transport, getting medication and time to address patient concerns

Response: All discharges are looked at from the point of admission, with short term services, rapid response services and intermediate care services available in the A&E dept. Wards have designated Discharge coordinators available to help with complex issues.

2. Investigate the flow of patients and why so many simple discharges are not being carried out via the discharge lounge

Response: Some discharges, when simple, for example not needing to wait for medication, or transport do not need the services of the lounge. Others may have varying complications which would make a transfer inappropriate, such as dementia or other needs.

3. Make sure the central discharge lounge and every ward has clearly displayed discharge booklets, and that these are given out as a matter of course for all patients being discharged from the hospital

Response: Discharge booklets are available, however we currently have an issue with obtaining them from our supplier which we are aware of and dealing with. We hope to have them available to all service users as soon as possible.

4. Make sure that when a patient is being discharged, they and their carers are asked if they have any concerns, and feel safe and happy to leave.

Response: All services users, carers and family, are involved in planning for discharge and where indicated are invited in for discharge planning meetings. Social work staff will refer informal carers for support

5. Actively involve carers, friends and family when arranging discharge, and provide tailored information about how they can become fully involved in the process

Response: All wards have discharge coordinators which are the link between patients, carers and family members and the MDT (Multi-Disciplinary Team).

6. Consider employing more Occupational Therapists to allow assessments to take place quicker and allow more rehabilitative therapy to be completed before leaving hospital

Response: With resilience funds BSUH (Brighton and Sussex University Hospital Trust) are looking to recruit locum staff to support the frailty wards with an increase in therapists over winter, during this time we would hope the business case for substantive staff is reviewed and we can proceed to recruit to permanent positions.

7. Write up medication for patients the day before they are likely to be discharged, and increase pharmacy opening hours in line with the findings from the recent Evergreen report

Response: Wards are to re instate discharge hour each afternoon, this is an opportunity for medical teams to review discharge plans and ensure TTO's (tables to take out) are completed 24 hours in advance of a discharge date

8. Review the way the mental health liaison team integrates with the rest of the hospital, to ensure that they are giving out discharge booklets/information, and are giving all relevant patient information to patient transport consistently

Response: The MHLT (Mental Health Liaison Team) are an integral part of the MDT at BSUH. It would be the responsibility of the ward/dept staff however to issue the discharge booklet.

9. Place relevant community and voluntary sector information in a prominent place in the discharge lounge

Response: We have a large information leaflet holder just outside the discharge lounge; due to the availability of space in the lounge this area was found to be the most appropriate. We are currently awaiting leaflets from, various community sectors.

10. Address issues around patient dignity and hot water availability in the discharge lounge

Response: The hot water availability is currently in the hands of our Maintenance dept and hope to have that resolved soon. Patient's dignity is always in the forefront of our care in the lounge. We have a clothes cupboard which is stocked with items kindly donated by staff, relatives and previous patients, and wards will use the donations to ensure patients are dressed, if they have no clothing with them before arriving in the lounge. We undertake daily audits, and have done for some years, which have shown a great improvement in the amount of patients leaving hospital dressed. Patients who are not dressed, or do not have access to clothing do come to the lounge and we ensure that they are suitably dressed to ensure we protect their dignity at all times.

11. Consider revising the hospital discharge policy so that it is clearer and easier for staff to access

Response: The discharge policy is available on the intranet to all staff and can be accessed 24 hours a day. Also there are discharge coordinators as well as the discharge team available to answer any queries there may be. As well as the clinical site team 24/7 for out of hours.

Glossary

The Care Quality Commission: Their job is to check whether hospitals, care homes, GPs, dentists and services in people's home are meeting national standards.

The Discharge Lounge: A place in the hospital which is specifically for people who are waiting to leave the hospital

Discharge Summary: A document that summarises a person's stay in hospital and outlines what will happen next

Enter and View: A power of Healthwatch which allows trained volunteers to visit anywhere that provides health and social care services, to observe the service and talk to people about their experiences

The Friends and Family Test A way of receiving feedback about the quality of NHS care, through asking if the patient would recommend the service to friends and family

The Hospital Discharge Booklet: A general booklet which should be given to patients when they are leaving hospital, which explains what will happen next and where to go for help and support after they leave

Multidisciplinary Teams: A team of hospital staff from many different professions coming together to talk about what is best for a particular patient

PALS: A service that provides information and support around the trust's services to service users, relatives and carers.

The Patient Transport Service: A free service that delivers patients home if they are unable to get home by themselves

30 Day Readmission Rates: A target set by NHS England which looks at how many people have to go back to hospital in an emergency situation less than 30 days after they last left.