

**Enter and View Visit  
Abdominal Medicine Surgery  
Clinical Service Unit  
Discharge Lounge**

St James's University Hospital, Leeds Teaching Hospital Trust

April 2018



## About Us

Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds.

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## Summary

Healthwatch Leeds carried out Enter and View visits to four wards in Abdominal Medicine Surgery (AMS) Clinical Service Unit (CSU) and the discharge lounge in St James's University Hospital in April 2018. These visits were part of our programme of Enter and View visits and as a response to some issues that had been highlighted through our enquiries and engagement work.

The aim of the visits was to find out about patient experience in relation to planned admission, experience on the wards and the discharge process including those in the discharge lounge.

During the visits, we spoke with 83 patients on the AMS wards and 16 patients who used the discharge lounge.

Our team observed the environment and how patients were cared for in the areas we visited.

## Key Findings

1. 67 out of 79 (85%) of the people rated their overall experience on the wards as excellent (47%) and good (38%).
2. 13 out of 16 people (81%) rated their overall experience in the discharge lounge as excellent (25%) and good (56%).
3. We received a lot of positive feedback about the staff on the wards and the discharge lounge. Patients said they were "friendly", "accommodating" and 'providing good care'.
4. The general environment of both the wards and discharge lounge was clean, tidy and the atmosphere was calm.
5. We observed that some areas of the corridors on a few wards were overcrowded with equipment; some of the equipment was blocking a fire exit.
6. Discharge process on the ward. Out of the 21 patients who said they had a discharge plan

- Only eight patients said they were clear about their discharge plan.
- 10 said there was no explanation or involvement in their discharge plan.
- Six patients would welcome an early discussion about discharge.

7. Discharge lounge. Out of the 16 patients and relatives we spoke to about their experience in the discharge lounge.

- Half of the respondents (6 out of 12) had to wait for more than 3 hours before they can leave.
- The main reasons for the delays were due to waiting for Patient Transport Service (PTS) (7) and/or medication (6).
- Most of the respondents (13) said they had not been informed about how long they needed to wait at the discharge lounge.
- Whilst they understand that the delay may be out of the staff's control; many said they wanted to be informed about the length of the waiting time.

## Recommendations

Following the visits, we have made some key recommendations in relation to the following areas:

- Environment
- Discharge process on the ward
- Discharge lounge

The full recommendations can be found on page 11 of the report.

## Background

Healthwatch Leeds made a decision to undertake a programme of Enter and View visits to some of the wards of AMS CSU at St James' Hospital, i.e J42, J43, J46 and J47 and the discharge lounge. These wards are based at Lincoln Wing St James. Information about these wards and the discharge lounge are in [Appendix 1](#).

These visits were part of Healthwatch Leeds planned Enter and View programme.

## Why we did it

We have had concerns raised from the public about some of the wards in the CSU through various engagement work and enquiries. Over the last 12 months, Leeds Teaching Hospital Trust's Patients Advice Liaison Service have received 219 concerns and 32 complaints about J42, J43, J46 and J47. The highest proportion of these are waiting list time delays in both outpatients and inpatients and cancellation in clinical appointments and operations.

The Enter and View visits were an opportunity to observe the day to day operation of these wards. They also gave Healthwatch the chance to speak to patients and their relatives to find out about their experience of the service.

In order to get the full picture of the patient journey from admission to discharge, we also visited the Discharge Lounge and spoke with patients about their experience too.

## What we did

Healthwatch Leeds carried out four, two hours announced Enter and View visits to the four wards and five visits to the discharge lounge from early April to beginning of May.

The Enter and View team observed the environment of the wards and the discharge lounge during each visit.

We spoke to a total of 83 patients on the wards; 18 patients from J42; 16 from J43; 25 from J46 and 24 from J47 respectively.

We have also spoken to 16 patients in the discharge lounge. i.e six were from the AMS CSU wards; seven were from the Acute Medicine CSU wards and 3 from the other CSU wards.

Out of the 83 patients on the wards, only 16 cases were elective (planned), the majorities of 65 patients were admitted urgently.

The surveys for the wards asked questions about admission, experience on the ward and discharge.

The survey for the discharge lounge asked questions about the length and the reason of the wait and their experience in the discharge lounge.

The full methodology is found in [Appendix 2](#).

## What we found

### 1. Environment

Our Enter and View team spent time observing the environment of J42, J43, J46 and J47 and discharge lounge including corridors and toilets. On one occasion, a patient was accommodated in a non-designated area which we also observed.

We also made general observations on whether the patients are well cared for in these places.

We found that the environment of wards was generally clean. The atmosphere was calm and peaceful. The staff we met were all very welcoming and helpful during our visit. Patients appeared to be well looked after with clean gowns and bed linen.

The environment of the Discharge Lounge was clean, tidy and well lit. The atmosphere was calm with nice pictures on the walls and radio set at a good volume. Staff were very attentive to patients' needs, offering drinks, food, blankets and making them comfortable.

The wards were well organised with lots of useful information on display. For example, on J43, there was a lot of information about staff, performance and specific health conditions on display on the board and on racks.

The posters of Healthwatch Leeds's visits were clearly displayed on wards and the discharge lounge.

However, we have observed some potential health and safety issues during our visits. For example:

J42, J43 and J47 has lots of equipment in corridors; on J42, the equipment and chair blocked the fire exit. These may potentially become fire hazards.

Some patients in J46 complained about the temperature on the ward. They said that the cleaners open windows when working and do not close them.

These issues were raised with the Matron after our visits and we were informed they would be addressed.

## **2. Planned Admission**

**Patient's experience of admission, on the ward and discharge. Our Enter and View representatives surveyed both patients and relatives on the four wards in the AMS CSU.**

Out of the 15 patients who had elective admissions, the average wait reported to us is between 1-3 months from when they receive an appointment letter. However, two patients reported that it took about six months and a year respectively to be admitted for the operation after being told by the consultant.

Only three patients reported that their planned surgery had been cancelled or rescheduled. Two of these people were given a reason of the delay.

During these visits, the majority of the patients we spoke to were urgent admissions. We believe that this was due to a number of planned admissions were not booked in order to accommodate urgent admissions following winter pressures. We were unable to collect sufficient data from those patients to find out their experience of waiting list time delays and cancelations in planned admissions.



## Patients experience on the wards

- 67 (85%) patients rated their overall experience on the ward as excellent (47%) or good (38%).
- We received lots of praise (65 positive comments) about the staff. Patients said they were "kind", "friendly", and "respectful". Patients felt they are well looked after as staff have a "caring" and "helpful" approach. The following are some of the quotes from patients.

*"The staff should have wings as they are angels"*

*"Nurses are excellent and have very caring attitude as well as being professional."*

*"Doctors ten out of ten. They will see how medication reacts, they are very caring."*

*"The support staff such as cleaners and catering staff are very helpful. They know your name"*

- However, a couple of patients were not satisfied with the agency staff who come on nights.
- Ten patients commented on the food and eight said that the food is adequate or fine.
- Nine patients reported that they had their surgery cancelled since they were admitted on the wards. Out of these nine cases, eight patients were given a reason why the surgery was rescheduled.
- Eight patients told us that the call bell was answered very quickly.  
"They come straight away when I called the bell, took about 30 seconds."
- Six patients commented that communication has been good and how things have been explained to them clearly and accurately.



For a small number of patients, they commented that improvements can be made in the following areas:

### Environment

- Patients reported that the temperatures could get too cold or too hot on J43.
- A couple of patients requested portable televisions so they "could take their mind from the walls".

### Call bell

Patients report slow responses to call bells on J42 and in the wet room. Slow response also mentioned in J47 as well as one not working for 4 days.

### Communication

- A couple of patients would have liked information about the ward when they were first admitted; i.e. whether it is a mixed ward.
- One patient found it confusing being moved from one bed to another without explanation.
- One patient wanted to be informed about what medication was prescribed; when to take it and the different choice of pain relief.
- One patient who was admitted from the GP said it would have been helpful if her family was informed.

### Privacy

A Patient commented that they would like the privacy to be improved in non-designated areas, for example they felt exposed and uncomfortable in the middle of the bay.

### Staff

- Patients preferred less agency staff being brought in due to communication and continuity reasons.
- There have been a couple of negative remarks against night staff for reluctantly answering call bell.
- A few patients would like more staff to be around to cater for their needs, such as helping them to walk round the ward.

### 3. Patients experience of discharge

We spoke to both patients and relatives on the wards and in the discharge lounge about their experience.

#### Discharge process on the ward

- Out of 21 patients who said they had a discharge plan, less than half (8) of the patients were clear about their discharge plan.
- Half of the patients (10) commented that there had been no explanation nor involvement in their discharge plan. They (6) would welcome an early discussion so they can plan their care duties etc.
- One patient suggested having one person to be dedicated to the discharge process

"I'd like a timeline to work towards light at end of tunnel, I like to feel involved in my care"

#### Discharge Lounge

- Out of the 16 people we spoke to, 13 patients rated their overall experience in the discharge lounge as either excellent (4) or good (9).
- Patients are generally satisfied with how the staff treated them in the discharge lounge. More than half (9) said that the staff are friendly and accommodating.
- Everyone was happy with the arrangements for where they are going next.

- A few patients (5) commented that the environment was clean and comfortable.
- Just over half of the patients (9) were aware of their discharge plan. Four people were told on the day that they would be discharged. One patient was given half an hour notice.
- Nearly two thirds of the patients (10) we spoke to said the plan had not been explained to them.
- 13 out of 16 people were not told how long they needed to wait before they can leave the discharge lounge.
- Half of respondents (6 out of 12) had to wait for more than 3 hours before they could go home. Many said they wanted to be told roughly the length of the waiting time.  
"I prefer to be told roughly how long I need to wait"
- The reason for the delay was due to patients (7) waiting for PTS, and/or medication (6).
- Suggestions from patients to make the discharge process more effective include better organisation, better communication between the wards and the pharmacy to be informed.

### Our messages / recommendations

We are pleased to have received many positive comments about the care the staff provide to patients in both the wards and the discharge lounge.

Based upon the findings from our visits, we would make the following recommendations:

Key Findings	recommendations
<ol style="list-style-type: none"> <li>1. 85% of respondents have rated the wards as excellent or good.</li> <li>2. 81% of respondents have rated the discharge lounge as excellent or good.</li> <li>3. We received a lot of positive feedback about the staff on the wards and discharge lounge.</li> <li>4. Environment was of good standard</li> </ol>	<p>Keep up with the good work and share these with the staff team.</p>
<ol style="list-style-type: none"> <li>5. We observed some areas of the corridors on a few wards were overcrowded with equipment; some of them were blocking a fire exit.</li> </ol>	<p>Review how equipment is stored and ensure staff are aware of the potential fire hazards.</p>
<ol style="list-style-type: none"> <li>6. Discharge process on the ward <ul style="list-style-type: none"> <li>• Eight patients said they were clear about their discharge plan.</li> <li>• 10 commented there was no explanation or involvement in their discharge plan.</li> <li>• Six patients would welcome an early discussion about discharge</li> </ul> </li> </ol>	<p>There appeared to be some scope to improve communication around the discharge process. Earlier dialogue to explain discharge plans are encouraged with patients on the wards.</p>
<ol style="list-style-type: none"> <li>7. Discharge Lounge <ul style="list-style-type: none"> <li>• Half of the respondents (6 out of 12) had to wait for more than 3 hours before they could go to their residence.</li> <li>• The main reasons for the delays were due to waiting for PTS (7) and/or medication (6).</li> <li>• The majority of the respondents (13) said they had not been informed how long they needed to wait at the discharge lounge.</li> <li>• Whilst they understand that the delay may be out of staff control;</li> </ul> </li> </ol>	<p>Review how communication can be improved with pharmacy and PTS to prevent unnecessary waiting for patients at the discharge lounge.</p> <p>Review ways of informing patients and offer regular updates about the approximate length of waiting time</p>

many said they wanted to be informed of the length of the waiting time.	to improve their discharge experience.
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### Service Provider Response

Please see action plan which is published along with the report on Healthwatch Leeds website; [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk).

### Next Steps

The report will be shared with Leeds Teaching Hospital Trust; Leeds CCG and CQC. We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

### Thank you

This report has been written by Tatum Yip - Community Project Worker at Healthwatch Leeds, in collaboration with Stuart Morrison, team leader, Parveen Ayub, Denise Wall, Devon Watson, Helen Speight, Betty Smithson, Martin Kennard, Emma Corbet and Fran Bosley.

We would like to thank the Matrons and staff of J42, 43, 46 and 47 and discharge lounge for their welcome on the day and for the information they shared with us. We would also like to thank the patients and relatives for taking the time to speak with us on the day of our visit.

## Appendix 1 Information of wards and the discharge lounge

**J42** - This is a urology mixed sex ward which has 28 beds.

**J43** - This is a five and half day elective war which has 24 beds. It currently opens full time as part of hospital's winter planning.

**J46** - The acute surgical female admissions ward which has 28 beds.

**J47** - The acute surgical male admission ward which has 25 beds.

Most patients would remain on these wards for initial treatment and either be discharged or for prolonged hospital stays. the patients would then be transferred to their consultants' base ward.

### Discharge Lounge

The lounge opened in its new facility in April 2017, it is open Monday to Friday from 9am-19 and sees an average 80 patients a week.

The Discharge Lounge is a facility that all wards or departments within St. James's site can use.

The wards aim to free as many beds as possible by 10.00am for patients who are admitted through accident and emergency, or for patients who are requiring a bed for a planned procedure.

If patients are unable to leave the hospital by 10.00am on the day of discharge, they will be transferred to the Discharge Lounge.

The Discharge Lounge offers a safe and comfortable environment for patients to wait for their medication, ambulance transport or for a family member to collect them before discharge.

## Appendix 2 Full methodology

Prior to the visits, HWL staff worked with the matron of the wards to prepare the questions used during the visits.

These visits were announced with a Plan sheet being sent to the Matron two weeks before they were due to take place. Information provided included a brief summary of the visit structure and the role of the authorised Enter and View representatives.

A team of HWL Enter and View reps were fully briefed about these visits

The visits took place in the mornings and afternoons over a month.

In order to allow the visit team to have access to a greater number of patients, we allowed sufficient time between each of the visits so we could speak with new patients.

Each visit was undertaken by a team of at least one Healthwatch staff and up to four authorised Enter and View representatives.

We called the ward before each visit to check that it was ok for the visit to go ahead.

The visits comprised of observations recorded on observation sheets and carrying out surveys with individual patients/relatives on the day.

At the end of the visit, our team met with the matron for debriefing to raise any immediate concerns.