healthwatch

‘Enter and View’- County Hospital Report, Stafford, ST16 3SA.

Enter and View County Hospital Report

County Hospital, Stafford, ST16 3SA	Date: 10.02.2023; between 9.30 – 13.30
***'Enter and View'* Visit: Emergency Department (ED), and Wards 7, 14 and 15**	

Acknowledgements:

Healthwatch Staffordshire would like to thank the following for their involvement in this 'enter and view' visit and study:

- Patients and relatives who spoke to us as part of this visit.
- Nurses and other staff from the County Hospital, Stafford.
- Authorised Representatives: Daniela Ballantine, Margaret Pritchard and Val Emery, from Healthwatch Staffordshire.

Introduction:

Healthwatch Staffordshire decided to undertake an 'enter and view' visit to the County Hospital, to have a deeper insight into the patients 'experience of the health and care services offered, while on their stay or journey through the hospital, from the point of admission to medical care on the appropriate ward, and all the way to discharge.

Intelligence previously received from patients indicated specific pressure points revolving round delays in hospital discharge, for a multitude of complex reasons, which often included waiting for medication and/ or transport. The same findings emerged from national reports, thus we needed to have a thorough understanding of causes within the hospital and potential remedies to these, alongside wider determinants that could play a part in such delays; also, if acting in a proactive manner, could pre-empty some of the challenges faced or encountered.

The purpose of this report is to give an overview of our findings of the discharge process at the County Hospital and highlight some of the common issues we identified and how these might be overcome, to improve the patient experience.
During our visit, we have seen evidence of elements of best practice, which will be highlighted through the report, in the relevant sections. Our visit was focused on gaining an organisational perspective within the hospital and the trust.

Methodology used:

The methodology used to undertake this study was:

- To examine the literature to see if there are best practice models of hospital admission and especially discharge.

- To visit the County Hospital, to observe the process of discharge and talk to patients directly about their experience of the above process.

- To talk to patients about the health and care services received while being looked after on a ward, with a specific focus on the wards for frailty, the elderly patients, and those with complex needs.

The outcomes this study sought to achieve was to**:**

- Identify models of best practice for hospital discharge.

- Gain an understanding of the patient experience of discharge, from the wards where patients were waiting for discharge.

- Highlight areas of good practice from the perspective of the patient and their family or carer.

- Identify and share areas of the discharge process that could be improved.

Results:

Research and background information

We found some literature focused upon discharge from hospital wards. There are reports published by Healthwatch England, the National Audit Office and the Parliamentary and Health Service Ombudsman, which each look in detail at patient experiences of hospital discharge.

Healthwatch England National Director Louise Ansari said: ‘Pressures on the NHS right now are intolerable, with staff and patients paying the price. Patients do not blame the NHS, but they urgently need to see a clear plan on how services intend to get things back on track, to restore public confidence that the NHS will be there for people in their hour of need’.

There is a previous report dated July 2017 by Healthwatch Staffordshire, which focused on the hospital’s Discharge Lounge being used at the time.

At the time of our visit, we enquired if the Discharge Lounge was still in use, therefore functional, at the County Hospital.
We were told that, due to capacity issues mainly caused by staff shortages, the hospital is temporarily not using the discharge lounge, with discharge taking place directly from each ward. This situation is likely to be re-assessed by the Hospital management, in due course.

Data Collection

Data was collected through observation of the services first-hand and talking to patients using some preliminary questions we prepared beforehand. Data was gathered through one visit, which lasted for half-a-day, providing a snapshot into the services.

Findings:

Location and Accommodation

The County Hospital and A&E departments are well signposted. Upon arrival, we noted there were plenty of parking spaces available, which included bays for disabled parking and blue badge holders.

Pedestrian access is via the main entrance, which is wheelchair accessible, with a separate entrance for ambulance cases. CCTV monitoring was in operation.

The overall first impressions were that the premises were clean and tidy, clutter-free, in the corridor areas, and on the five wards which we visited.

The reception offers a degree of privacy, in the sense that the main seating area is placed at a distance from the main reception desks, to offer confidentiality when a person approaches the desk. There were enough seats in the waiting area opposite reception, and the seats are comfortable.

Staffing

The Reception area and the PALS office were clearly marked, and staff were wearing uniforms and ID badges and face masks in clinical areas. Staff were welcoming and respectful, and there were information leaflets available for patients regarding transport, advocacy services, care service providers, and other services, such as the ones available through the charitable sector.

There was a photographic display of the UHNM Trust Board Members on the wall, and we have seen evidence on various wards, of the trust values and ethos being displayed and promoted; staff appeared to be motivated and enthusiastic about their work, despite the inherent difficulties of working within a busy hospital environment, and being under pressure, at times, which some admitted to.

At the frontage of the hospital, a banner was displayed with a CQC rating of 'Outstanding' for quality of care; we were unsure if this was current or previous, thus potentially misleading, as the latest CQC reports we have seen for this setting, stated 'Good' as the rating for quality of care; nevertheless, the work of the medical staff at County Hospital is to be commended - according to the patients' stories we listened to throughout the day. Hospital staff are doing their upmost to keep patients safe, well cared for, happy and content.

Safeguarding aspects

Safeguarding Leads – we have seen evidence of boards displayed within various wards, including within the emergency department (ED), informing who the safeguarding leads for that department were and contact names and useful information and links, regarding safeguarding policies and procedures.

Medical Receiving Unit (MRU)

We saw several patients in the waiting area of MRU. From discussions with nursing staff and various patients, we found the reasons for their visits to the unit. These included returning or medical checks or tests, while another stream of patients, came via GP referrals for assessment.

Patients that came for blood transfusion as part of their chemotherapy treatment, were able to have a rest on a trolley-bed, and patient's privacy was provided either by being offered a place within a cubicle, or by the drawing of curtains.

There was a central isle area where two nurses and admin staff - were dealing with patient's records; these were in front of them in closed files, and they were kept in sight, at all times, thus GDPR compliant.

The waiting area was very clean, presentable, and it had colourful pictures of Stafford area on the walls. There was an LCD display with information and adverts, and a snack and drinks was available and easily accessible.

Patient's Stories:

A lady that came for a leg injury the night before via A & E, was at the MRU, for blood tests and other checks. When asked if she was satisfied with the quality of care she received, her words were:

'Staff have been very friendly and caring and I am really grateful'.
however, the same patient mentioned that there were long waiting times for scans the night before at A & E, although she was not specific how long.

Emergency Department (ED)

Clear signage on the outside wall also captures that the A & E service at the County Hospital, is open between 8 am to 10 pm, to inform the public.

There is a defibrillator station also available, in case of an emergency, on the outside of the hospital.

By the entrance door, where the Ambulances usually park when they bring patients in, there is: a wheelchairs' park and store facility.
When members of the public walk into the **A & E reception area**, there is an NHS 111 Kiosk (x2 self-service tools in total), where a patient can access the screen to input their personal data, which enables the reception staff to pull the data which contributes towards the triage process; alternatively, a patient can go straight to reception to talk to a member of staff.

LCD display with information available in this area, CCTV sign present; there is also a dispenser machine for drinks/ snacks and plenty of seats available.

Minor Injuries Cabin/s – several cabins available, which offer privacy, as curtains can be drawn when a patient is getting examined.

At the time of our visit, there were approximately ten people waiting in the area, which, for some, included a family member accompanying the main patient.

Patient's Stories:

A patient who had a heart surgery out of area a while ago but still had heart diagnosis and related problems, was sent to ED; he was referred to the county hospital and awaiting to be seen by a Consultant, regarding ECG and blood tests; he was at an early stage of his patient

journey through the hospital, and he was overall satisfied with the information received, except that he was unsure and confused as to why there was a need to shave off his chest for an ECG; he further explained he had this procedure done 'out of county', and that was not the case, when asked by the Authorised Representative (AR) if he was provided with an information leaflet at this hospital, he said he did not have one; the AR advised the patient to enquire with his consultant, during his upcoming appointment, as perhaps only a couple or few small patches were needed to be shaved off, for electrodes to be placed and to allow good contact with the skin, ensuring the electrocardiogram (ECG) recordings are accurate.

A lady was waiting for news of her father who had been admitted by ambulance from home, following a fall. Her father had had several previous similar admissions. She felt that she had always been kept informed by staff and her father had been treated well and promptly.

There was gentleman's wife and friend, waiting for a gentleman who had fallen and cut his arm quite badly he was being seen to; they had been there about an hour, waiting to find out news.

Resuscitation Area(s)

The resuscitation area is readily available for escalated cases for example if/ when the paramedics call ED and state that they need medical staff to be on standby, for a case where intervention is an urgent priority.

The layout is organised with IPC - *Infection and Prevention Control* in mind, and there is a negative pressure room with adjoining side room where protective equipment for Covid19 cases or other potentially contagious diseases, can be put on by staff members that come into contact with patients that are known to be positive cases; there is a rigorous process of disposing of clinical waste in the treatment areas, as per the current Health, Safety and Security Regulations and according to clinical guidance from NICE: The National Institute for Health and Care Excellence.

There were two registered nurses on duty, alongside one Healthcare Assistant; they were in the centre isle-desk; we asked if there are any student nurses being trained and used; we were told that the County Hospital has got student nurses sometimes available depending on their programme of study and timetable; these are mainly from Keele University, Staffordshire University, and Wolverhampton University.

There were three main cubicle spaces available; additionally, from the main corridor area, there were fourteen beds available, and eight of these were for patients who were closely and constantly cardiac monitored.

Acute Medical Unit (AMU), including Respiratory conditions. AMU - we did not visit this ward, on this occasion, so we are unable to comment. However, as highlighted above, we did visit the Emergency Department.

Ambulatory area and treatments

This area was not very busy at the time of our visit, which was round 11.00 am; there was a reception area, and staff explained that drinks and snacks were available for patients, as needed.
There were four cubicle spaces, with three separate Isolation cubicles, for high-risk patients, including those suffering from various forms of compromised immunity.

We were shown the Counselling/ Interview room, which was a Safe space for one-to-one interventions, or in case someone who might have become agitated, were invited to go and relax under the supervision of a member of staff; the walls were light blue and nicely painted with a serene scene, depicting greenery and flowers.

The hospital caters mainly for the adult population, as well as teenagers 16-18 yrs.

We noticed that, both from main corridors of the hospital, as well as from certain ground floor wards, there is ample access to outdoors sensory garden areas, which are very well kept and beautiful. The layout allows for sitting areas with benches, for patients and visitors to relax outside, especially in the warmer seasons.

Patient Experience, as observed on various Wards (ED, and Wards 7, 14 & 15), including where the frail and the elderly were being cared for.

A patient was spoken to, regarding her stay on the ward; the lady explained she has been on the ward for two weeks, due to problems in her lower legs and a diagnosis of lymphoedema. She expressed that she felt better in comparison to previous days when she was rather weak and unable to do much, from a mobility point of view, whereas this morning there was such an improvement, and she was able now to dress herself and walk with the aid of a walking frame; *she was pleased with the care received on the ward and said that the nurses were very helpful.* She was still under treatment, including intravenously; the lady said she was given antibiotics and pain relief medication, including Paracetamol. She was eager to find out when it was possible for her to return to her assisted living home.

While on this ward, we have observed how medical staff treated with dignity, kindness and respect, a young lady who presented some attitudes and behaviours under the spectrum of neurodiversity. When she saw us visiting the ward, she was very inquisitive and talkative, asking us questions; she was pleasant in her approach, not aggressive or challenging, just perhaps attention seeking at times, but staff were calm and patient and managed her behaviours really well; *we had conversations with her, too, and she seemed happy.*

On a different ward, where there was a large capacity of up to 28 beds; some patients within the above ward, were waiting for discharge, or a decision in that sense.

One patient shared his experience with us, after being hospitalised for over two weeks, by saying: *'hospital staff have been very good; they are always here to help; no problem at all, they have been very supportive'. 'Meals have been very good. It really helps, as my family are too far away, but I did have my neighbour coming to visit me here, in hospital.'* He further explained that he was waiting for his social worker to secure an adequate care package; once that resolved, it would enable him to get discharged; he felt that he was partially recovered, not totally, as he still complained of pains in his lower back.

We noticed that water/ drinks were available within easy reach on the side table, and a meal was going to get provided soon, as lunchtime was approaching; we were aware that snacks were provided for patients, in between the main meals of the day.

All patients had their dietary needs clearly displayed above the beds.

A lady had been admitted following infection in her leg. She was awaiting resumption of her care package before discharge. She had needed help initially and described that all the staff were

very supportive. She did comment that a nurse one night had been less helpful; she thought this may have been a bank nurse, but she could not be certain.

One lady was clearly at risk of falling from bed was being nursed at very low level, against a wall with mattresses on the floor on the ward side of the bed.
Another patient informed that the main reason for his admission was a fall (and prone to falling due to age, illness, and frailty). He stated he was 'satisfied with the care he received on the ward, including scans, and medication he received as part of the treatment'. He had mixed views regarding the food, saying *'some days food was good, on other days it was so-so'* however, when asked further, he did not give any specific examples and he said he had nothing else to add.

We saw food being delivered to the ward and patients who needed assistance with eating, they were being helped by nurses or ward staff.

The lunch menu for today (Friday) was Fish and chips with mushy peas, Fruit crumble-pie, with alternative options: Bananas, Juice, Yoghurts (various fruit flavours), pureed mousse etc. The food looked appetising, and it smelled good, too. Food was brought directly from a food trolley and was at the right temperature to be enjoyed by the patients, when brought or served.

On a Nutrition/ Meals Board, we saw Menu choices displayed clearly, including a Cultural menu. Facilitators' names were also displayed, thus visitors could take note or be aware of staff in charge on the ward.

A lady had been in hospital for two weeks; she did not know when she was going home as she had only that day been out of bed.

A gentleman was spoken to, and he was hoping to go home that afternoon after a scan on his knee. He was very happy with his care and the staff.

A lady was waiting to go home that afternoon; she's been very happy with care and food.

Important Aspects Highlighted:

Discharge Quality Initiative – 'Improving Together'

We visited an additional ward, to get insights into their Discharge Quality Initiative, from discussions with the Discharge Facilitator and other nursing staff.

We learned that this ward within the County Hospital has developed the above DQI strategy, to improve the discharge pathway process; some of the positives include:

- The use of an A4 card for families and carers of patients, with a QR code; the app takes the person straight onto the website, where they can access information regarding what to expect; this is intended to keep patients and families informed about the main aspects of discharge from the hospital:

https://staffsstokeics.org.uk/your-health-and-care/local-hospitals-and-trusts/hospital-discharge-information/

- Discharge to Assess (D2A) is also explained on the above app and website Staffordshire and Stoke-on-Trent Integrated Care Service (ICS).

- The use of the CDT – Complex Discharge Tracking System, which can be edited when medical staff are happy with their notes (initially saved onto the G: drive of their computer), then document can be uploaded into CDT, which presents many advantages, such as: system gets updated by the Dementia Liaison Team within MPFT, and other relevant professionals, prior to being sent to the Social Services, which also liaise with it.

- Being pro-active and forward planning: from the moment a patient reaches the ward, the medical staff check their social circumstances and make notes, then they discuss with patient and/or family, what is their GOAL?, what are their main wishes regarding recovery and discharge; what they desire to achieve; then work towards these aims, while keep updating notes on a regular and even on a daily basis, or as often as necessary.

- Progress is being monitored along the way, including by clinicians, nurses.

- Once patient has recovered and is medically fit for discharge, a summary letter of discharge is sent to the GP and referral made to the community nursing or social work service, depending on the individual need of the patient.

- Staff start preparing the TTO packs: 'To Take Out', by the patient.

- Staff using the Pharmacy Tracker, regarding each patient's medication.

TTO's (To Take Out) packs, including, Discharge Summaries, Take-home medication: during our visit, we observed how a pack was prepared and things being added into it. All medication is stored securely until the moment of discharge.

Furthermore, when they know that a patient is due to be discharged, the staff make necessary arrangements for Transport; this could be back to the patient's own home, or to a care home where they are being cared for.

Additional note: We are aware, and it has been confirmed by hospital staff, that they continue to receive feedback from patients, via the Friends and Family Test, which is an effective method, and anonymised data is being analysed for themes and trends, which indicate areas where further improvements are needed.

However, the hospital staff are unaware, for example, of the ICS's website page usage, including how many people access the information relating to the discharge process.

Main Issues faced / Blockages encountered:

Transport

Delays continue with Transport; and transport-time to the given location can be anywhere between 30 mins up to 1 hour, unless a family member is able to offer to come to Hospital and collect the patient.

Many Care Homes will not accept return of patients after 4pm and it is difficult to arrange for carers to meet patients after 5pm. Patients are not discharged to an empty house unless they have full capacity.

Care Homes proving to have rigid rules they impose on hospitals.

We have learned from medical staff at the hospital such as nurses and discharge facilitators, that care homes only accept residents back between Monday to Friday, by 4.00 pm at the very latest; they do not take back their residents after 4.00 pm or at the weekend.

Best Practice in Hospital Discharge and Operational Guidelines

Recommendations:

- To discuss with care homes the difficulties around not being able to always discharge patients before 4pm to the care home and how this is impacting the number of beds being available at the hospital for others who need them. To work more closely with the care homes about smooth transitions back to the care home and how they can better work together to improve the quality of care for their patients/residents.

- To look at the potential of re-using the Discharge Lounge, assess and review at regular intervals, as its use a while ago was perhaps hindered by a mixture of staff shortages, and the effects of the Covid19 pandemic (especially during 2020-2021).

- Hospital staff/senior management team – To update the latest CQC overall rating or the rating regarding the 'Quality of Care' descriptor, if this is more motivating for staff and everyone taking pride in their work and accomplishments.

Healthwatch would rate the County Hospital as **'good'** and well pleased with the work that is being done at the hospital, despite the current pressures. We were pleased to receive positive feedback from the patients and staff at the hospital.

References

County Hospital - Care Quality Commission (cqc.org.uk); published 23.12.2022.

Guideline COVID-19 rapid guideline: Managing COVID-19 (nice.org.uk); published 04.01.2023

https://staffsstokeics.org.uk/your-health-and-care/local-hospitals-and-trusts/hospital-discharge-information/

Feedback from the UHNM Trust. We received the following feedback from the Trust:

"The Trust displays the overall Trust rating for Caring – which is Outstanding – at both sites. This is a factual representation of the overall Trust rating for this domain".