

## Enter and View Visit



## Hospital Discharge Lounge – Birmingham City Hospital

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# What is Enter and View?

Part of Healthwatch Sandwell remit is to carry out Enter and View visits. Healthwatch Sandwell Authorised Representatives carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act (2012) allows Authorised Representatives to observe service delivery and talk to patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, opticians, optometrist and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Sandwell Enter and View visits are not specifically intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Sandwell Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider details

Name:	Sandwell and West Birmingham NHS Trust
<u>Address of Service:</u>	Birmingham City Hospital Acute Medical Unit 1, Dudley Road, Birmingham, B18 7QH.
<u>Chief Executive:</u>	Richard Beeken
<u>Group Director of Nursing</u>	Debi Fretwell
<u>Medicine &amp; Emergency Care:</u>	
<u>Service type:</u>	The Discharge Lounge

Discharge planning is co-ordinated by members of the nursing and medical team. They plan for a patient's discharge from the time they are admitted into hospital to help ensure it goes as smoothly as possible.

The Discharge Lounge is a comfortable environment for patients who have been discharged from the ward areas by a doctor and are awaiting medication, discharge documents and transport. The lounge offers a relaxing environment which is quieter than a ward where patients' needs can continue to be met.

The Trust aim to discharge patients from hospital in a safe and effective manner to return home/community bed/care facility.

The Discharge Lounge frees up hospital beds as early as possible, thus reducing the length of time that patients in the Emergency Department and coming in for surgery must wait for a bed to become available.

Opening times: 7 days a week, from 7 am - to 7 pm

Website: <https://www.swbh.nhs.uk/>



0121 554 3801

# Acknowledgments

Healthwatch Sandwell would like to thank all the staff and the visitors to the Discharge Lounge for their cooperation during the visits.

These visits have contributed towards Healthwatch Sandwell's analysis of health, care and support in Sandwell: The Patient's/patient's journey. Any issues identified will be raised with Sandwell Health & Care Partnership Board separate to this visit.

# Disclaimer

Please note that this report is related to findings and observations made during our visits on: Wednesday 29th May, Tuesday 2nd July and Saturday 27th July 2024 between 12 pm and 4 pm (approx.).

The report does not claim to represent the views of all visitors, only of those who contributed within the restricted time available.

# Authorised Representatives

Anita Andrews conducted the visit.

# Purpose of the report:

This report will provide:

- an overview of the Discharge Lounge
- the patient experience of hospital care prior to arriving at the Discharge Lounge
- the patient experience of the Discharge Lounge service

Where appropriate, recommendations will be made based on the findings of these Enter and View visits and it is anticipated that these recommendations will contribute to improving service delivery within the service and in turn improve the service experience for patients.

# Who we share the report with

This report and its findings will be shared with Independent Strategic Advisory Board for Healthwatch Sandwell, Sandwell MBC, Sandwell and West Birmingham NHS Trust, the Black Country Integrated Care System, Healthwatch England and other regulatory bodies.

The report will also be published on the Healthwatch Sandwell website: ([www.healthwatchsandwell.co.uk](http://www.healthwatchsandwell.co.uk))

## Healthwatch Sandwell details

Address: Walker Grange, Central Avenue, Tipton. DY4 9RZ  
Website: <https://www.healthwatchsandwell.co.uk/>  
Phone: 0121 569 7211  
Social media: <https://www.facebook.com/HWatchSandwell>  
Instagram: [www.instagram.com/healthwatchsandwell](http://www.instagram.com/healthwatchsandwell)  
Twitter: @HWSandwell

## Healthwatch principles

Healthwatch Sandwell's Enter and View programme is linked to the **eight** principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. **Safe, dignified and quality Services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care.
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

# Purpose of the visit

The purpose of the visits was to observe the environment and explore with patients their experience of the Discharge Lounge as well as their stay in hospital. This was achieved by our Authorised Representative observing and talking to patients, relatives and staff. We respected those patients that didn't want to talk with our team.

# What we did

Our Authorised Representative conducted **3** visits:

Date	Time	Numbers of patients spoken to
Wednesday 29 <sup>th</sup> May	12 pm - 4 pm approx.	8
Tuesday 2 <sup>nd</sup> July	12 pm - 4 pm approx.	6
Saturday 27 <sup>th</sup> July	12 pm - 4 pm approx.	3
<b>Total</b>		<b>17</b>

Our Authorised Representative observed the environment and used a pre-set of questions that covered:

- Patient experience of the service including care by staff, accessibility to the building and information and any suggestions to improve the service.
- How staff meet individual needs of patients including the communication needs of patients who have impairments, handling anti-social behaviour from patients and/or relatives, how to support patients who want to raise a complaint or concern about the service and suggestions to improve the service.

Observations were made of the environment both externally and internally, that included:

- Signage, accessibility, lighting, refreshments, cleanliness, parking and transport links.

# Findings

## A healthy environment

### External

The Discharge Lounge is situated in the Ambulatory Medical Assessment Area (AMAA) within the Assessment Medical Unit on the ground floor in the main building at Birmingham City Hospital.

The AMAA is a relatively new hospital service which offers same day individualised assessment, diagnosis and medical care without the need to be admitted to a ward for ongoing treatment.

There are transport links to Birmingham City Hospital i.e. bus, metro and train, nearby.

Birmingham City Hospital has its own car park which is accessed via a barrier. There are parking facilities for Blue Badge holders and there is a drop off point near the entrance.

## Internal

There is signage in the corridor directing to the Assessment Medical Unit.

There is a keypad to enter this area and a reception area within the Assessment Medical Unit 1 and the Discharge Lounge is near to this reception area.



Prior to our visit a poster was sent to the Discharge Lounge to advertise the visits, this was displayed in the waiting area, near to the nurse's station during the visits.

On the day of the visits, the Discharge Lounge was clean, and the décor well maintained, although a little tired, but with no unpleasant odours. There were hand sanitisers in situ. There were no obvious hazards or health and safety risks observed. It was well lit and at an appropriate temperature, although some days it was warm due to weather.

The discharge lounge consists of **two** bays:

Bay one with seating for patients waiting to leave hospital. This area has 10 high backed chairs which are placed around the walls. Above each seat there is a number which is allocated to each patient. Portable trays are utilised and given to patients to accommodate drink and snacks etc.

Opposite the windows there is a TV, during the visits the subtitles were on, there were various magazines and Metro newspaper available for patients.



Bay two has **4** beds with privacy curtains to accommodate patients requiring nursing care/treatment, this section is known as 'extra capacity'. This facility was created during the



period of ‘winter pressures’ and has remained. These beds are used when there aren’t enough beds on wards but are also used when people are being discharged and require care. This resource can be challenging for staff as patients receiving nursing care akin to being on a ward. This facility is being reviewed.

If patients arrive at the Discharge Lounge with pressure ulcers (pressure sores or bed sores) they will arrive on an air flow mattress and stay in the bay. It was explained that if patients have pressure areas and it would be uncomfortable or detrimental to their health, then they would stay on the ward and be discharged from there - this is due to possible long waits in the Discharge Lounge.

Between the 2 bays is a nurse’s station which houses snacks, IT equipment, phones, display boards with patient details and time of arrival etc.

At the entrance there is a WC for patients to use.

Both bays have windows that open to allow fresh air and increase ventilation, there was also a fan on the nurse’s station. We were informed that there is air conditioning but it wasn’t effective on the day of the visit but the fan was being utilised.

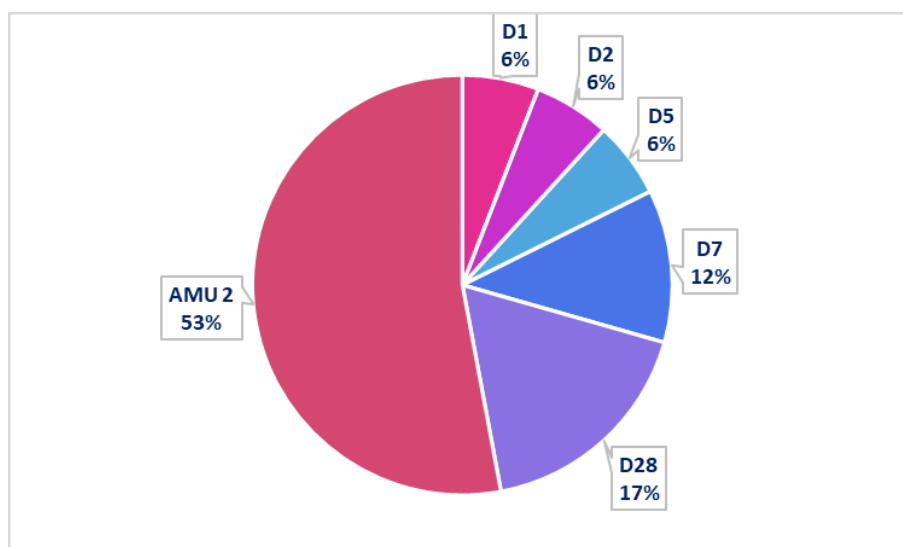
There were no facilities within the Discharge Lounge to purchase refreshments, there is a small café on the ground floor however staff provide regular snacks and drinks throughout the patient’s time at the Discharge Lounge, this included hot and cold drinks, sandwiches, cuppa soup etc.

The atmosphere in the Discharge Lounge was relaxed.

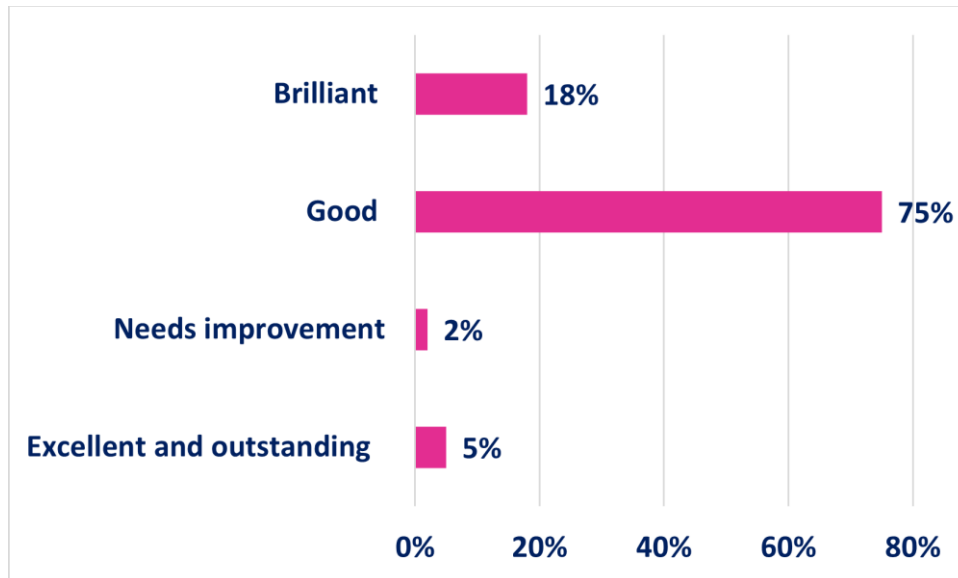
## Care on Wards Prior to Arriving at Discharge Lounge.

Patients stay on wards prior to arriving at the Discharge Lounge varied from 1 day to 2 weeks, the average was 3 days.

Patients came from a variety of wards; the majority were from Assessment Medical Unit 2:



Patients described the care on the wards:



Staff were described as very busy and this was attributed to a perceived lack of staff. Patients commented:

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***Staff go above and beyond (night and day).***

***After a 12 hour shift arrive next day with a smile. They exceeded my expectations!***

***They were entertaining and made me laugh...just great.***

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However, one patient described some staff as having a poor attitude, not civil and a bit stand offish.

A patient was disgruntled that they were not offered drinks on the ward and this was required due to having a catheter and the need for plenty of fluids and another patient described having to wait for commode for 10 minutes. Another patient described the showers being unhygienic and witness excrement in the cubicle.

**100 %** stated that they were given privacy while on the ward e.g. curtains pulled around the bed when required, conversations not being overheard, toilet door being shut etc.

**76%** described being treated with dignity, respect, and compassion.

**95%** of patient's described being cared for on the ward as 'good'. One patient expressed concern about being asked where they were going when leaving the ward, this was described as 'security madness' but they appreciated the reasons why.

One relative was very happy with the communication with ward staff about their relative's care, especially as the relative lived 150 miles away and appreciated regular updates.

### Aftercare plans

Some patients did not require any follow after discharge, but others had their social/health care package restarted including domiciliary care, day care, district nursing and community physiotherapist.

Some patients had been advised to contact their GP if they had further symptoms/required medication. One patient was an existing patient and receiving care from the Queen Elizabeth Hospital (University Hospitals Birmingham) this patient was given contact numbers for relevant staff at this hospital.

Most patients were returning to their own home where family were waiting for them and would care for them if necessary.

One relative was unhappy that the car park ticket stated that it was valid for 24 hours, but if you return within 24 hours then you pay again.

## Essential services at the Discharge Lounge

The aim of the Discharge Lounge is to process the patients journey home/care facility. It co-ordinates the final elements of discharge, such as medication, transportation or paperwork, this enable beds to be vacated on the wards. The Discharge Lounge provides a comprehensive range of services to enhance patient care, improve efficiency, and quicken the discharge process. It aims to avoid readmission to secondary care by ensuring that the patient has all they require for good health and a quality of life.



### Discharge Process

Each morning there is a list printed of which patient is expected in the Discharge Lounge that day. There are capacity meetings held twice a day (8.30 am and 12pm) with the Matron and various healthcare professionals to see if they meet criteria for the Discharge Lounge.

The Discharge Lounge staff liaise with the Discharge Co-ordinators too. There are occasions when Discharge Lounge staff would visit the patient in the ward to ensure suitability for Discharge Lounge and they may also collect the patient from the ward to bring to the Discharge Lounge, this usually occurs at weekends.

They take patients from all wards including patients with sickle cell anaemia; however these patients may go straight home from the ward to avoid sitting for a long periods of time.

People with dementia may go the Discharge Lounge but this would depend on the severity of their condition. Staff have extensive experience of helping people with dementia and are able

to adapt to each person. However, the entrance door to the Discharge Lounge is not lockable so to avoid risk of wandering or being confused/disorientated about their location they would be discharged from the ward.

The Discharge Lounge would not accept patients who demonstrate aggression as the area is small and it would be distressing for other patients.

While patients are on the wards, Discharge Co-ordinators including Social Workers co-ordinate the discharge. They will organise the practicalities and liaise with relevant health and social care services so that the patient can go to their own home or care home.

During the visits, we witnessed transfer of care conversations with wards, the Matron asked lots of relevant questions to ensure they had a picture of who was arriving.

The Discharge Lounge receives pharmacy from the general pharmacy that services all wards as well as the pharmacy located close by in AMU.

Medication is either delivered to the Discharge Lounge or staff collect it. Staff are able to track location of medication for all 3 hospitals in the Trust via computer.

The staff at the Discharge Lounge ensure that the patient has the correct medication that is prescribed on the ward as some of the patient's medication used before admission may have been altered.

Patients are usually given a ten day supply of their prescribed medication to take home and then their GP will prescribe any more that they may need in due course.

The Discharge Lounge team have encouraged/developed good working relationships with the pharmacy team so that they can advocate on behalf of waiting patients.

Patients are asked to arrange for a family member or friend to collect them, as the Trust do not normally provide transport. However, if there is no one available to collect them from hospital, suitable arrangements are made for them to be taken home by West Midlands Ambulance Service (Passenger Transport) or from the commissioned transport service from AFJ Limited <https://afjltd.co.uk/>

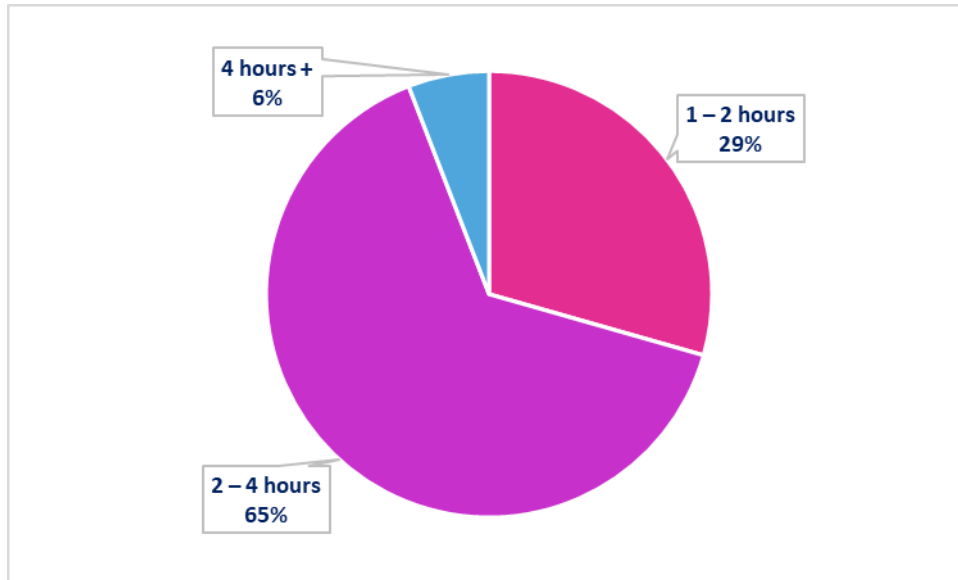
Once the Discharge Lounge staff know a patient is going home, approximate time they will contact next of kin and will also call care agency to restart care, if appropriate.

After discharge, the Discharge Lounge staff will make a courtesy call to see if the patient is settling now they are at home.

**The waiting time to go home varied<sup>1</sup>**

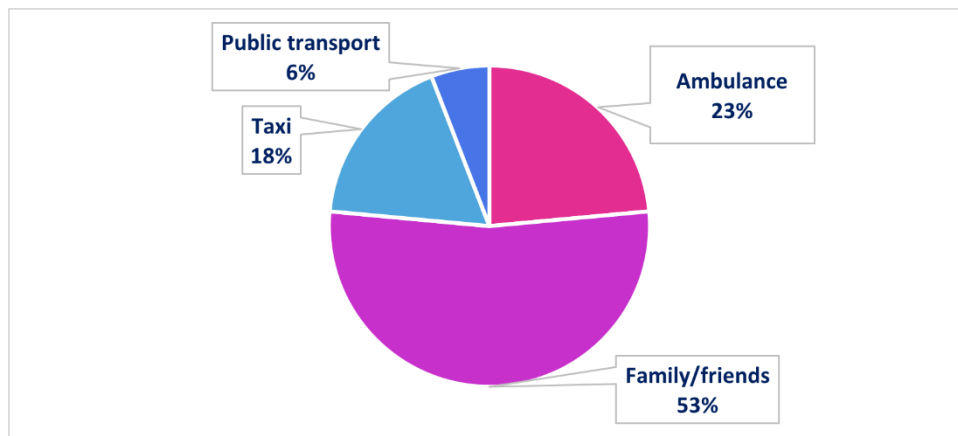
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<sup>1</sup> These waiting times were given at time of interview of patient.



Staff stated that the average waiting time is 4 hours.

The majority of patients were going home with their family/friends.



## Access

### Accessibility

The venue is accessible with lifts and adapted WCs. Assistance dogs are allowed in most areas of the hospital. The mobility aids available include wheelchairs, tri wheel walkers, walking sticks, walking frames, adjustable beds and crutches etc.

At the point of interview with patients, they had not received any written information from the Discharge Lounge but it is practice for them to receive a written discharge summary document that details personal details, hospital stay, medication and future needs.

All information e.g. food and drink choices etc was clearly explained by staff to patients.

Staff were asked how they meet the communication needs of patients such as those who are: visually, hearing impaired, learning needs and language needs of people.

Visual Impairment - meet, greet and pay attention to their verbal communication by explaining information in detail including placement of refreshments on portable tray and location of WCs.

They are monitored by staff if they require assistance and are encouraged to ask for help or what they need. Staff give reassurance to promote the patient’s confidence in their setting.

**Hearing Impairment** - Staff described checking that hearing aids are functioning, speaking slowly with lips showing and no shouting, also writing things down. Staff have not used BSL interpreters and there is no hearing loop in situ. However, a Portable hearing loop and BSL interpreters can be provided on request.

**Learning Disability** - Having a patient with a learning disability is relatively rare in the Discharge Lounge as they tend to be discharged from the ward and have a carer/family with them.

**English as a second language** - Meeting the needs of people where is English is second language is challenging especially in the geographical area of West Birmingham which has numerous nationalities. In many instances, staff rely on Google translate, which was actually used by the Authorised Representative during one visit, this was initiated by the patient and was very helpful during the visit.

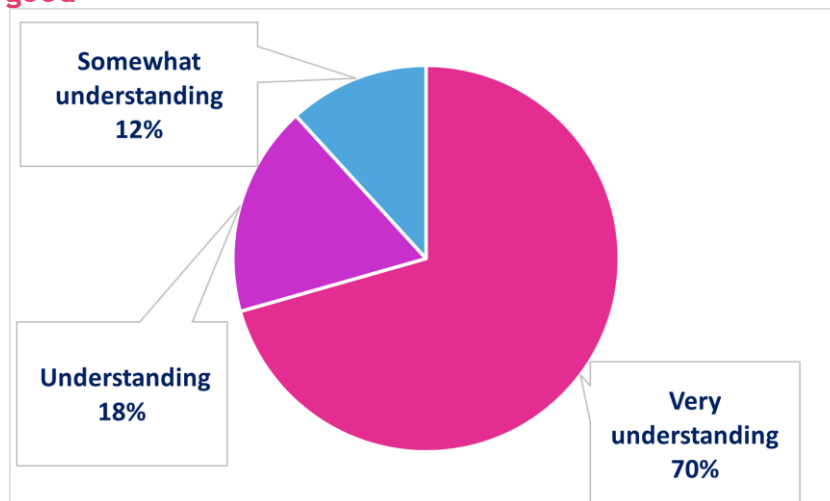
There were staff with appropriate language skills, there are **2** Punjabi speaking staff who are always willing to assist if appropriate. This was observed during **2** visits. In other circumstances, staff use Language Line<sup>2</sup> and family/friends are engaged with too. At the time of the visit, Healthwatch Sandwell were unaware of what the Trust’s policy is regarding family/friends being involved with translation/interpretation. It is acknowledged that there are times when this would not be appropriate.

The majority of patient had **not** been asked about their communication requirements. Staff informed us that the transfer documents identifies what people’s needs are.

## Safe, dignified and quality services

The Patients said their first impression of the Discharge Lounge was ‘good’

Patients described how staff were understanding about their needs, showed empathy and were described as ‘very good’



<sup>2</sup> Language Line is a telephone interpreting service that connects via telephone individuals who wish to speak to each other but do not share a common language. The telephone interpreter converts the spoken language from one language to another, enabling listeners and speakers to understand each other.

Patients were asked to rate this service, 5 being the highest rating = excellent. 90% rated the Discharge Lounge as 5 = Excellent. 10% couldn't rate it as they had only just arrived at the Discharge Lounge.

82% described being 'happy' with the service.

## Information and education

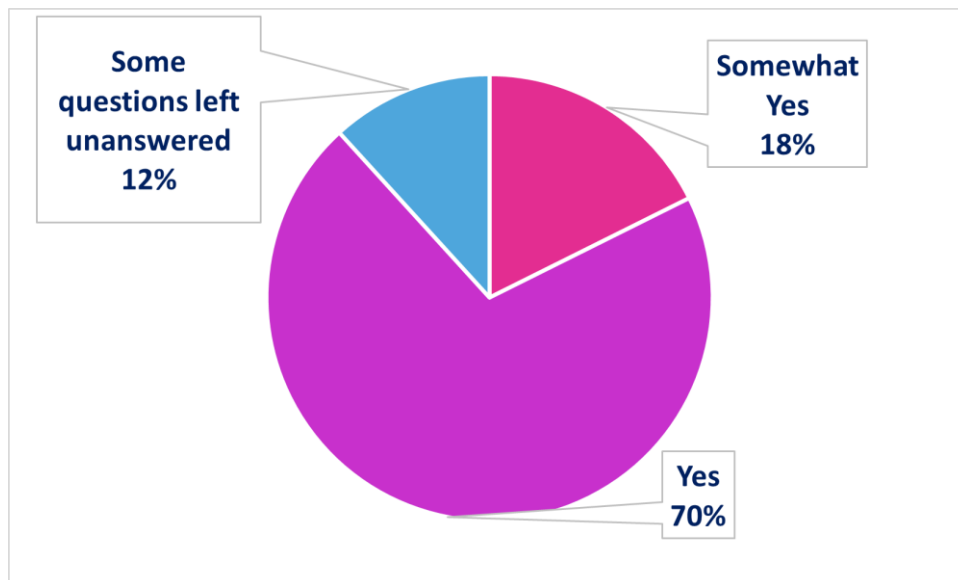
While patients are waiting to go home there is a TV with subtitles on, magazine and a local newspaper. One patient utilised their own headphones to access social media while waiting.

## Choice

Patients were offered choices of refreshments, including hot, cold drinks and sandwiches.

## Being listened to

70% stated that had been listened to about going home from Discharge Lounge staff. others had no questions about going home. Patients were asked if staff answered all their questions, 70% had their questions answered.



Patients were waiting for a variety of things, including, medication and/or transport, removal of cannula, discharge papers from Doctor and wheelchair. The most common was waiting for medication and transport.

The big issue for patients and staff alike was that the ward staff had not explained that there would be a delay for the above, which led to the patient to believe that their medication,

transport etc. was waiting for them in the Discharge Lounge - this at times led to frustration for patient's/relatives. This communication from ward staff was misleading.

Some patients would choose not to wait and return for their medication, Discharge Lounge staff were unhappy about this as they described having a duty of care for the patient until they leave. To compensate for this Staff described calling patients at home to check that they were alright and if they would be returning.

## Being involved

Patients described being involved with the care felt able to ask for assistance if required. One patient described not being told they were coming to the Discharge Lounge and were confused about the role of the service.

## Complaints

**70%** of patients knew how to raise a complaint / concern / compliments at this service.

Some of the patients had relatives who worked in NHS so would ask them. One patient requested information in their own language (URDU).

At the Discharge Lounge there were blue cards on each portable tray in front of the patients, posters on the walls and a box to put feedback in. The QR code takes patients to a Patient Experience Survey for the Discharge Lounge.



Staff described how they would support patients who want to raise a complaint / concern about the service, this included:

Guiding to purple phones, giving blue cards with QR code, leaflets, signposting to Local Resolution/Patient Advice and Liaison or contacting the ward if the complaint originated there. However, all the staff stated that they would try and resolve the issue and if unsuccessful escalate to their line manager.

Concern was expressed by **2** people that the Purple Phones were not working and the there was no reply at times from Local Resolution Team.





# Staffing and feedback

## Management Structure

The operational team consists of:

Senior Sister/Matron, Ward sister, Staff Nurses and Health Care Assistants, there are a team of **10** people with **4** people on rota at a time.

The team are established and bring a variety of experience to the team, including learning disability and mental health, some have worked in nursing over **20** years.

Staff provide holistic care, as the Discharge Lounge is the last port of call of the patient's journey, they aim to make it a good experience. They also want to ensure that the patient has all they need and in place before they leave to avoid readmission to hospital.

The staff are proud of the service they provide and one member of the team was instrumental in setting up with the service, ensuring that all the equipment was new.

The team's tasks include:

- discharge planning
- admit patients to the Discharge Lounge (transfer of care)
- securing correct medication
- booking transport
- personal/nursing care in extra capacity section

Staff listed positive things about working in the Discharge Lounge:

- Enjoy meeting and supporting a variety of patients
- Effective teamwork with everyone including doctors, pharmacy and Health Care Assistants. They are all working to same aim - a safe discharge and good care while in the Discharge Lounge.
- Effective communication and good relationships in the team, one staff member stated 'it's like a family'
- the service received from the commissioned transport service from AFJ Limited <https://afjltd.co.uk/>
- The Lounge is a welcoming place, which is calm and not fast pace

The Matron stated:

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***I am so proud of my staff.... they all do a great job!***

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**Staff described their biggest challenges as:**

- managing the workload when there are patients in extra capacity (who require nursing care) as well as patients in the Discharge Lounge, also it's a relatively small area
- beds can sometimes be a problem if mixed gender in extra capacity but use privacy curtains
- some days there are a high volume of patients awaiting to be discharged

- preparing for the move to Midland Metropolitan University Hospital and merging the teams (Sandwell General Hospital discharge team)
- West Midlands Ambulance Service (Passenger Transport) being late or unable to take large patients
- managing the delays in discharge - medication and transport
- unable to build relationships with patients as a short window of meeting them

Anti-social behaviour from patients/relatives is relatively rare and is mainly due to frustration with waiting to go home. As outlined in this report (page 15) communication on the ward is misleading and sets an expectation for going home quickly. Staff deal with this with clear and honest communication and do their best to chase up whatever is causing the delay.

During one visit there was a disagreement between 2 patients and this handling immediately with tact and sensitivity to de-escalate the situation.

Staff have experienced racism but this too is rare. There had been no incidents of sexism.

### Training and supervision

All staff reviews regular mandatory training and annual performance development reviews to identify training needs and other issues. Nurses also undertake revalidation<sup>3</sup>. Managers are keen to promote career progression for all staff if required. Managers have an open door policy whereby staff can talk openly about any issues.

## Recommendations

The Sandwell and West Birmingham NHS Trust to consider:

1. Improve communication from ward staff with patients prior to transferring to Discharge Lounge.
2. Confirm with patients what their communication needs are, including if English is the patient's second language.

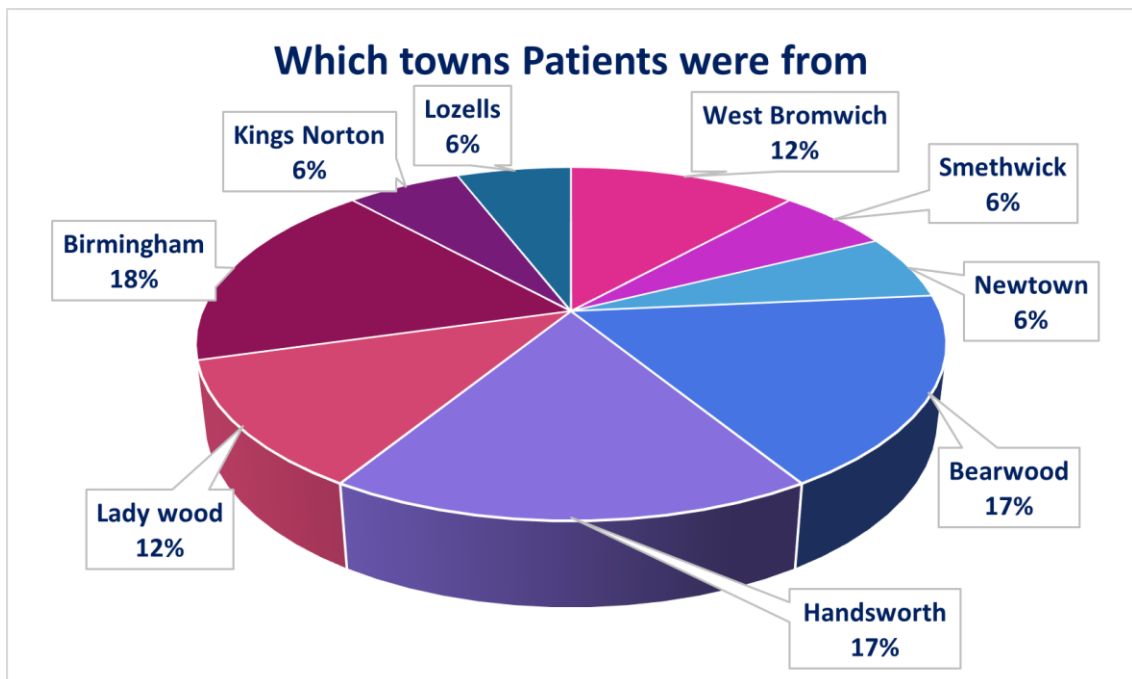
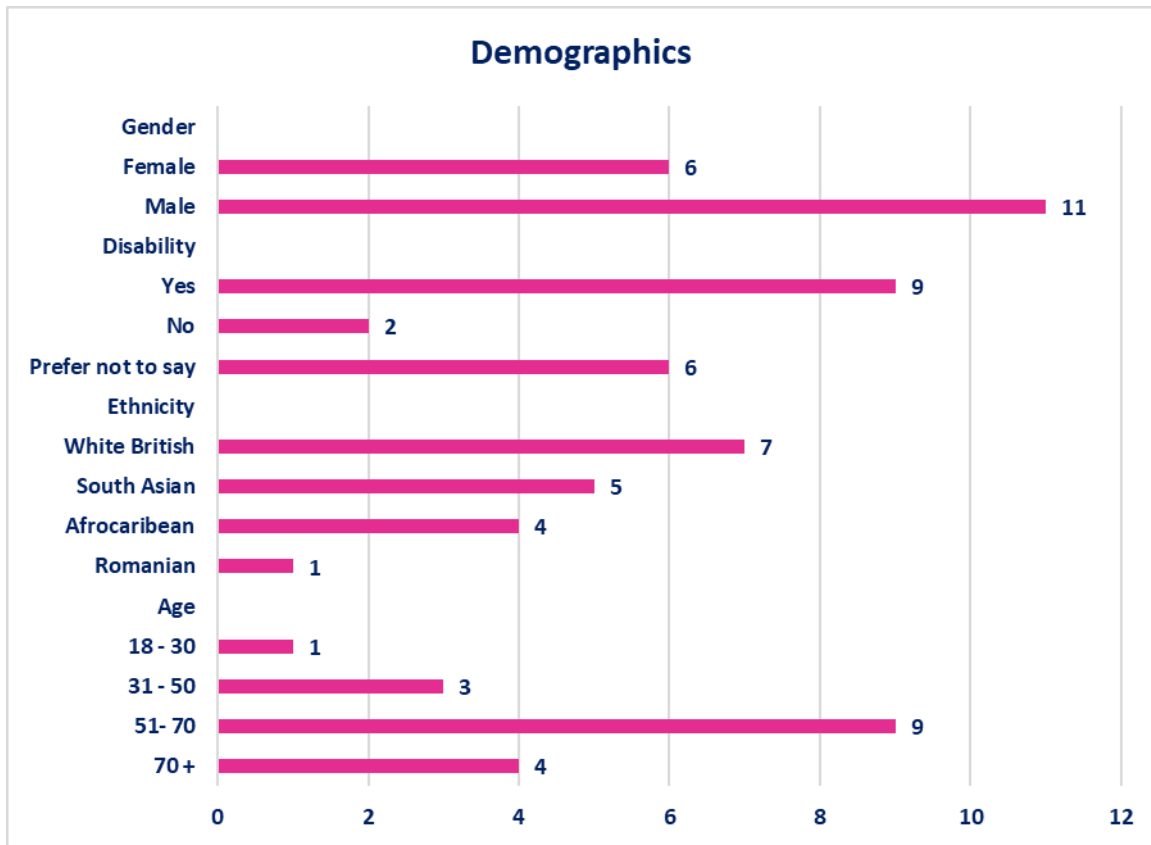
## Provider Feedback

No feedback was received from the Provider.

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<sup>3</sup> As a registered nurse, midwife or nursing associate (England) you need to revalidate with the Nursing and Midwifery Council (NMC) every three years so you can remain fit to practise throughout your career.

# Who we spoke to





**healthwatch**  
Sandwell

E mail: [info@healthwatchsandwell.co.uk](mailto:info@healthwatchsandwell.co.uk)

Website: <https://www.healthwatchsandwell.co.uk/>

Instagram: [www.instagram.com/healthwatchsandwell](https://www.instagram.com/healthwatchsandwell)

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