

## Enter and View Visit



## Hospital Discharge Lounge – Sandwell General 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>	Sandwell General Hospital, Hallam Street, West Bromwich B71 4HJ
<u>Chief Executive:</u>	Richard Beeken
<u>Group Director of Nursing Medicine &amp; Emergency Care:</u>	Debi Fretwell
<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 aims 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: Tuesday 11<sup>th</sup> June, Sunday 14<sup>th</sup> July and Wednesday 7<sup>th</sup> August 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 visits.

## 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 the 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  
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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
Tuesday 11 <sup>th</sup> June	12 pm - 4 pm approx.	2
Sunday 14 <sup>th</sup> July	12 pm - 4 pm approx.	4
Wednesday 7 <sup>th</sup> August	12 pm - 4 pm approx.	9
<b>Total</b>		<b>15</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

Discharge Lounge is situated on Newton (Floor 1) within Sandwell General Hospital.

There are transport links to the Hospital i.e. bus, metro and train, nearby. The nearest mainline station is Sandwell & Dudley.

Sandwell General Hospital car park is situated near the main and outpatient entrances. Besides this car park, patients and visitors attending Sandwell Hospital can access the All Saints car park, situated on Little Lane, opposite the Emergency Department.

There are parking facilities for Blue Badge holders at various points around the site and there is a drop off point near the entrance. The car parks operate a pay on foot facility.

## Internal

There is signage in the corridor on floor 1 directing to the Discharge Lounge. For security purposes there is a buzzer to alert staff that visitors want to gain entry.



The Discharge Lounge consists of **two** bays which are located opposite the nurse's station. Bay one has **8** chairs, with a number above each chair that correlates to the notice board with names for patients, Bay two has **6** beds.

A nurse's station is adjacent to the bays. Behind the station are **3** rooms (Pine and Maple room). Occasionally these rooms are used to assist when there are capacity issues, however, during these visits they were unoccupied. Opposite these rooms are **4** chairs available for relatives etc. to use. The other room is where medical staff write up their notes and records are kept here.



Adjacent to the nurse's station there is a WC.

We were informed that there is appropriate equipment to use if patients have pressure ulcers (pressure sores or bed sores). Patients arrive from wards on an airflow mattress.

There isn't a treatment room, if patients require care, privacy curtains are used in bay **2**.

On the day of the visits, the Discharge Lounge was clean, and the décor well maintained, with no unpleasant odours. There were hand sanitisers and personal protective equipment e.g. gloves and aprons in situ.

There were no obvious hazards or health and safety risks observed, although there were several pallets being stored in the corridor. It was well lit and at an appropriate temperature.

There were no facilities within the Discharge Lounge to purchase refreshments, however there are facilities to purchase refreshments in the hospital. Staff provide regular snacks and drinks throughout the patient's time at the Discharge Lounge, this included hot and cold drinks, sandwiches, jelly, ice cream, cup-a-soup and biscuits etc.

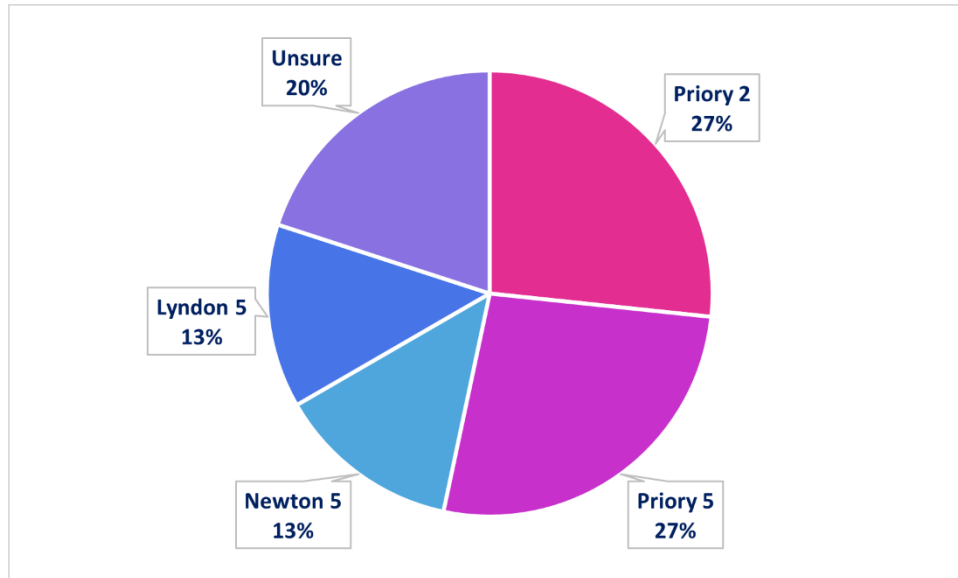
Prior to our visit a poster was sent to the Discharge Lounge to advertise the visits, this was displayed in the room behind the Nurses station during the visits.



## 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 3 weeks, the average was 4 days.

Patients came from a variety of wards; the majority were from Priory 2 and 5.



Patients described the care on the wards as good 93% of patient’s described being cared for on the ward as ‘good’.

100% described being treated with dignity, respect, and compassion. Also, their privacy was upheld while on the ward e.g. curtains pulled around the bed when required, conversations not being overheard, toilet door being shut etc.

Staff were described as kind and attentive.

One patient was concerned about the need for more checks for cleanliness as toilet areas were not clean.

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*‘I rang the buzzer and the staff came quickly’*

*‘Very happy, the Healthcare Assistant washed my back...this made me feel very happy’*

*‘Staff are very busy but do a good job considering the restrictions/difficult circumstances’*

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### Aftercare plans

Some patients did not require any follow up after discharge, however, **13%** had follow appointments (date to follow) to ensure they were well.

## Essential services at the Discharge Lounge

The aim of the Discharge Lounge is to process the patients journey to their home or care facility. It co-ordinates the final elements of discharge, such as medication, transportation or paperwork, this enables beds to be vacated on the wards. The Discharge Lounge provides a 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 good quality of life.

### Discharge Process

The Discharge Lounge staff liaise with the Discharge Co-ordinators and ward staff before accepting a patient. Referrals are from all wards but predominantly from Assessment Medical Unit A but also from mainly the 4<sup>th</sup> and 5<sup>th</sup> floors.

There are occasions when Discharge Lounge staff visit the patient in the ward to ensure suitability for Discharge Lounge.

People with dementia may go to the Discharge Lounge but this would depend on the severity of their condition. However, 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.

Medication is either delivered to the Discharge Lounge or staff collect it. However, at the weekend or bank holiday medication is delivered from City Hospital. The staff at the Discharge Lounge ensure that the patient has the correct medication that is prescribed on the ward. The Discharge Lounge team has 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 does 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). The latter is usually booked by ward staff.

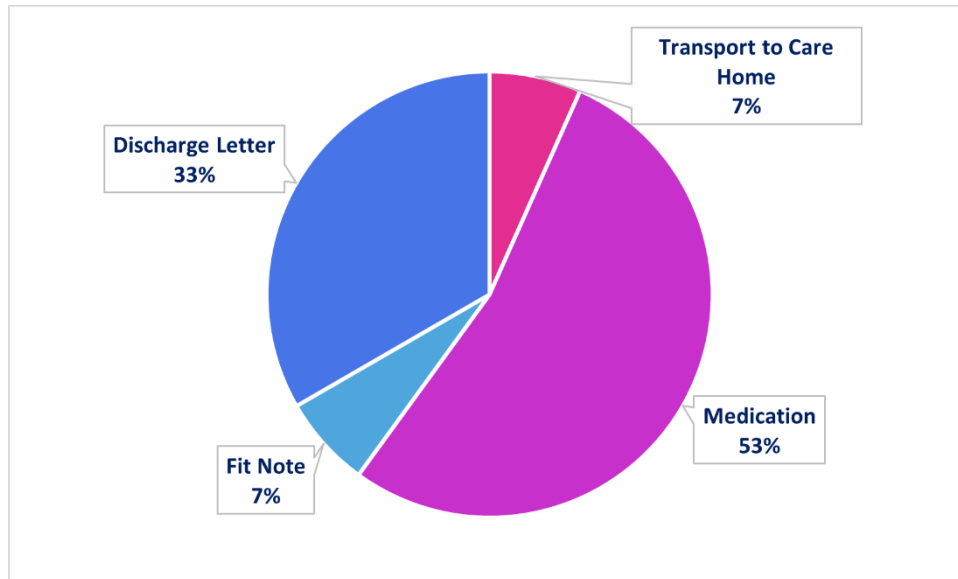
Once the Discharge Lounge staff know an approximate time that the patient is going home, they will contact next of kin and will also call the care agency to restart care, if appropriate. They will also inform the Discharge Hub if they are concerned about the patient's home circumstances.

The waiting time for patients to go home varied<sup>1</sup> **67 %** had been waiting 1 - 2 hours and **33%** 2 - 4 hours

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

Patients were waiting for a variety of things, which included medication and/or transport, discharge papers from the Doctor, the most common was waiting for medication.



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, 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.

## 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. One patient informed us that they would have liked written information, on discharge, in their own language.

Information with regard to food and drink choices etc. were clearly explained by staff to patients. But information relating to going home and ongoing care was varied, 33% said they had little information.

One patient who had poor eyesight stated that everything had been explained to them.

One patient stated they had been asked about their communication needs, the majority of patients had **not** been asked. Staff informed us that the transfer documents identify what people's needs are.

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. The following information was provided:

**Visual Impairment** - they explain verbally to patients the practicalities of being at the Discharge Lounge including where the toilets are etc. They also give them the nurse call system and explain how to use it. They read the handover notes, these usually identify the patient needs by ward staff.

**Hearing Impairment** - Staff described checking that hearing aids are functioning, speaking clearly close to the patient's ear. Staff use cards and pictures to communicate too. If necessary, a BSL interpreter could be obtained but patients are not at the Discharge Lounge very long so the practicalities of booking an interpreter may not be feasible. Staff were unsure if there was a loop system in operation or whether there was a portable loop system.

**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. Staff described going the 'extra mile' for this group of people and if appropriate involve their 'carer' They read the handover notes, these usually identify the patient needs by ward staff.

**English as a second language** - Meeting the needs of people where English is second language is challenging. There were staff with appropriate language skills, there are Punjabi speaking staff who are always willing to assist if appropriate. In other circumstances, staff use Language Line<sup>2</sup> and Google translate. Patients were observed with the latter already being set up on their mobile phones.

## Safe, dignified and quality services

**76%** of the Patients said their first impression of the Discharge Lounge was 'good'

Patients were asked to rate this service, **5** being the highest rating = excellent and **1** being the lowest rating = poor. **60%** rated the Discharge Lounge as **5** and **7%** as **2**.

Patients were asked how 'happy' they were with the service, **93%** of patients were 'happy' or 'somewhat happy' with the service.

Patients made suggestions to improve care at the Hospital, which included:

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*Senior managers need to listen to all staff on the ground floor, including the cleaners, they know what's needed.... Managers in the NHS are not clinical people.*

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<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.

*Improve communication between doctors and nurses. Doctors need to record immediately what is happening to patients so that nurses can read the plan. Nurses need the information instead of asking the patient as the patient sometimes doesn't understand or hear what the doctors have said.*

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## Information and education

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

There are various posters on the walls giving health information.

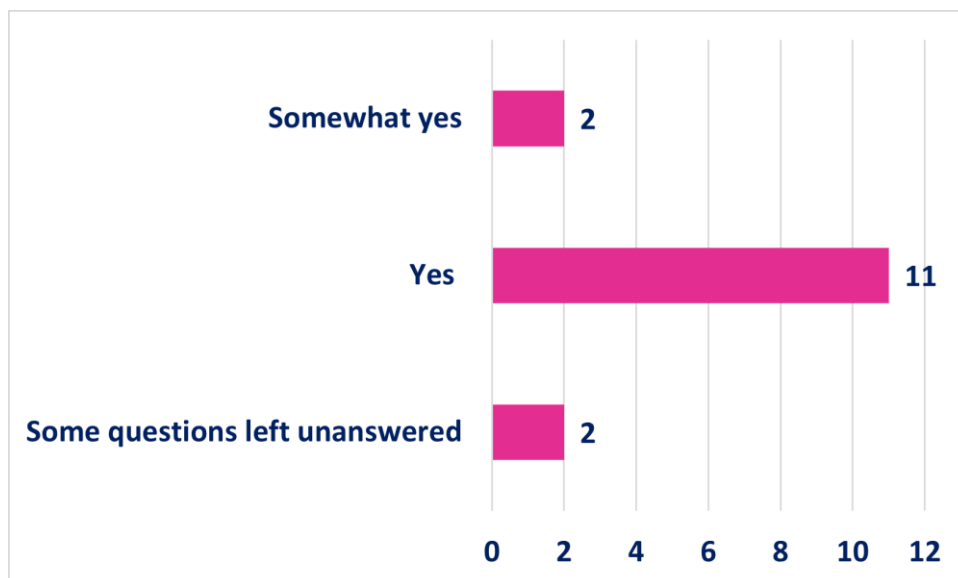


## Choice

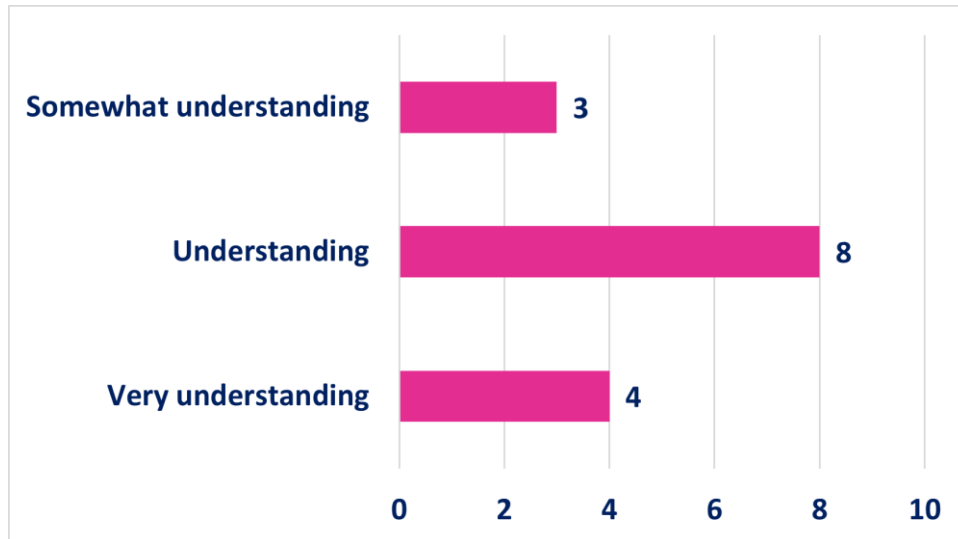
Patients were offered choices of refreshments, including hot, cold drinks and sandwiches.

## Being listened to

67% stated that they had been listened to about going home from Discharge Lounge staff. Patients were asked if staff answered all their questions 73% responded positively.



Patients were asked if staff were understanding about their needs and if they showed empathy:



## Being involved

Patients described being involved with the care felt able to ask for assistance if required.

## Complaints

47% did not know how to raise a complaint / concern / compliment at this service. One patient said they didn't need to know as everything was satisfactory for them.

In Bay one, on the window, there was a blue poster with a QR code which 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:

- All staff described that they would listen to the patient in the first instance and try to resolve the matter. If this was insufficient, they would escalate to their senior
- Staff described guiding patients to the QR code (poster), the Local Resolution/Patient Advice and Liaison phone number and the purple phone.

However, the purple phone had been removed by 7<sup>th</sup> August, it had been available on prior visits.



## 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 **14** people with **4** people on rota at a time.

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

The Discharge Lounge is the last port of call of the patient's journey, so the team aims to make it a good experience and a safe discharge. They also want to ensure that the patient has all they need in place before they leave to avoid readmission to hospital.

The team's tasks include:

- discharge planning
- admitting patients to the Discharge Lounge (transfer of care)
- assess patients against criteria for Discharge Lounge to ensure suitability
- securing correct medication
- personal/nursing care
- assisting with daily living e.g. washing, assistance with food

Staff listed positive things about working in the Discharge Lounge, which included:

- enjoy meeting and supporting a variety of patients
- effective teamwork with mutual respect, one member of the team described the team as **'like family'**
- effective communication and good relationships in the team
- good staffing levels
- good working atmosphere

**Staff described their biggest challenges as:**

- managing the delays in discharge - medication and transport
- medication at bank holiday and weekends come from City Hospital so have to wait for it to be delivered
- collecting patients from the ward who refuse to leave the ward
- waiting for discharge letters
- patients are **NOT** told by ward staff that there is a wait at Discharge Lounge
- the Trust need to understand the role of the Discharge Lounge and understand that everyone is part of the patient journey
- if a patient is too unwell for the Discharge Lounge but the ward needs the bed. In these circumstances, staff have to challenge the ward staff
- communication on wards with patients, e.g.: the patient is not ready to go to Discharge lounge as they have not been informed that they are moving and they have not packed to go

Staff commented that it would be helpful to have their own pharmacy allocated to the Discharge Lounge and their own doctor who could provide the discharge letter.

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 **10**), 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.

If there is a personality clash between patient and staff member then another member of the team will care for them. Staff aim to calm the person down with clear communication and reassurance. Staff have received training in de-escalation. Sometimes patients leave the Discharge Lounge and return for their medication. This concerns staff so they will ring the patient to check on them. Most patients return for their medication, if they don't the Discharge Lounge return medication to Pharmacy after 6 days.

### Training and supervision

All staff receive an annual performance development review to identify training needs and other issues. All staff receive regular mandatory training e.g.: Manual handling and CPR etc. Some staff have received Oliver McGovern<sup>3</sup> training too.

## Recommendations

The Sandwell and West Birmingham NHS Trust to consider:

1. Ways to improve communication from ward staff with patients prior to transferring to Discharge Lounge
2. Clarifying with patients their communication needs
3. Ascertaining whether there a loop system in operation or whether there is a portable loop system available

## Provider Feedback

A representative from the Provider gave feedback with regards to one item of accuracy, which has been amended.

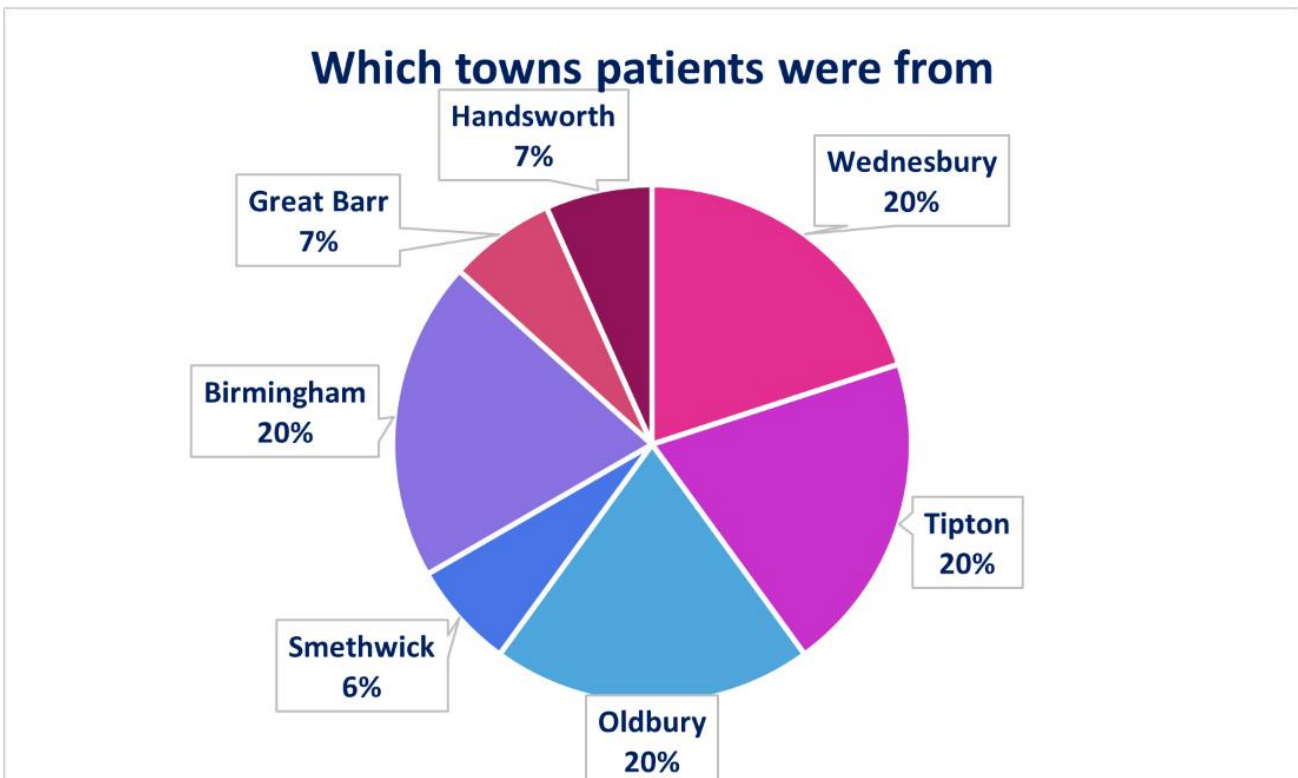
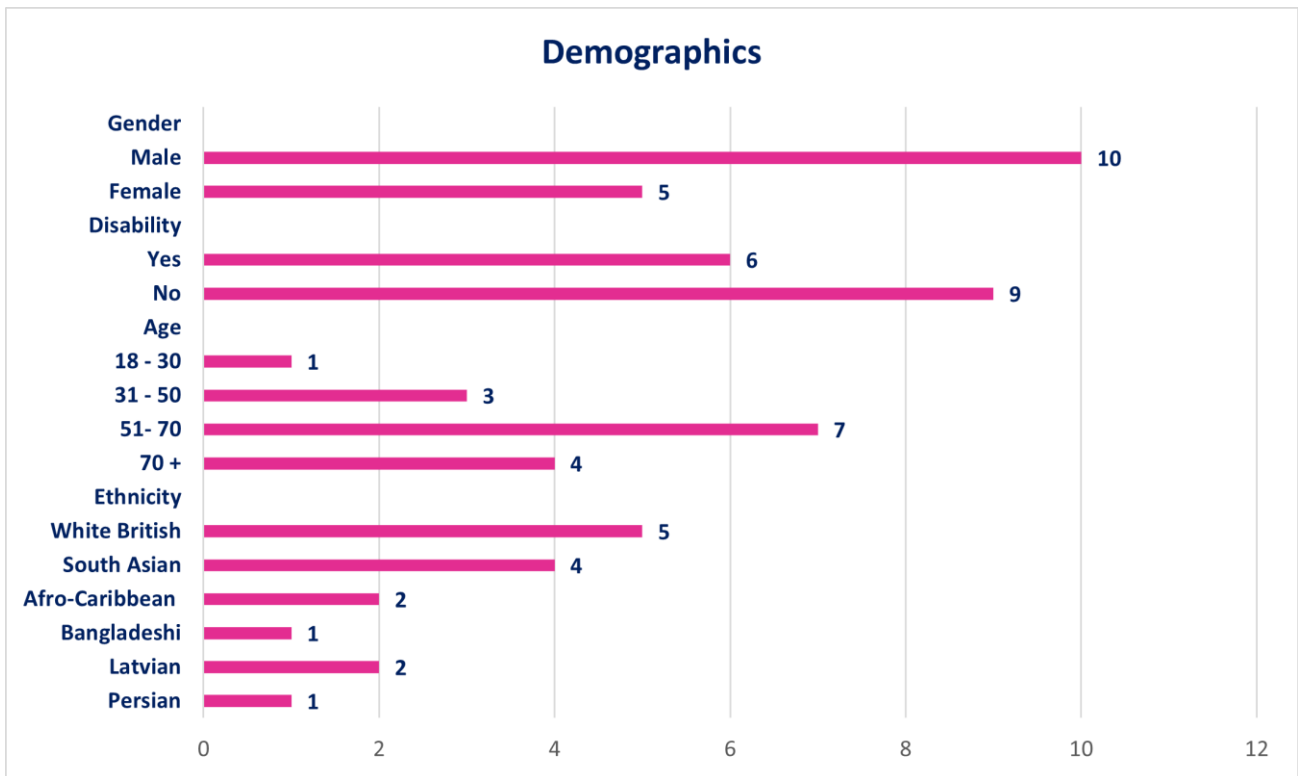
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<sup>3</sup> The Oliver McGowan Mandatory Training on Learning Disability and Autism  
Aiming to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.

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# Who we spoke to





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