healthwatch Wigan

Enter and View Report

Wrightington, Wigan and Leigh NHS Foundation Trust – Royal Albert Edward Infirmary

Visit: 30th March – 16th April 2015

Report published: 3rd June 2015

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Healthwatch Wigan thank WWL for permission to use the cover photo

Background

What is Healthwatch Wigan?

Healthwatch Wigan helps the citizens and communities of Wigan Borough to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services 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 local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Wigan has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report in not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

The visits to Royal Albert Edward Infirmary (RAEI) were planned beforehand with Wrightington, Wigan and Leigh NHS Foundation Trust (WWL), but the visits could have been disruptive to staff carrying out their duties in caring for patients. In the light of this Healthwatch Wigan would like to record their appreciation and thanks to all the Directors, Senior Managers and especially the front line staff who took time out of their busy schedule to talk to the E&V team.

More especially, Healthwatch Wigan would like to record their gratitude to patients, families and friends who were willing to talk to the E&V team, often at a trying time. Their contribution to this report is the most important element as it is their experiences of the care delivered by staff at RAEI by which the Trust will be able to judge how well they are performing.

Background and Purpose of the visits

The visits to RAEI were announced and planned over a two week period and were prompted by recent press and television coverage of the success the Trust was having, not only in winning awards, both nationally and regionally, but also achieving the A&E target of less than 4 hr waiting times more than any other hospital in the Northwest. Healthwatch Wigan, whilst feeling very proud of its local Trust, wondered what WWL were doing differently to other Trusts and maybe more importantly what had the Trust done in the past few years to bring about such a dramatic improvement in the standard of care being delivered. The E&V team agreed that they would like to make several visits to RAEI to view not only the Emergency Care Unit but also the discharge procedures and facilities.

The team recognised that prolonged waits in A&E are not always due to problems in A&E but more likely to be problems finding beds for patients after admission. Healthwatch Wigan approached the Trust to see if they were willing to allow the E&V team access to different areas in the hospital over a two week period. The Directors and Senior Managers at WWL welcomed the idea and invited the E&V team to attend various planning meetings to see how the Trust planned the safe and timely discharge of patients. The E&V team were also invited to meet with Directors and Senior Managers to review the strategic planning for the winter period and coming year.

It is hoped that this report will give the Trust a lay view of the services delivered at the RAEI and enable them to see:

- What has worked well in supporting front line staff to deliver better care to the residents of Wigan
- What could be introduced to enhance even further the patient experience
- What needs to be reviewed and improved in order that the effectiveness and efficiency of the service can be increased

Details of the Visits

Location

The visits took place at the Royal Albert Edward Infirmary site of Wrightington, Wigan and Leigh NHS Foundation Trust and included the following departments/wards:

- Accident and Emergency Unit
    - Majors
    - Minors
    - Ambulatory Assessment Area (AAA)
- Clinical Decisions Ward (CDW)
- Medical Admissions Unit (MAU)
- Discharge Lounge

Date/Time

The visits took place between Monday 30th March 2015 and 16th April 2015, a full list of the dates, units visited and panel members involved can be found in Appendix A

Panel Members

Dipak Banerjee
Martin Broom
Marian Carroll
Paul Carroll
Susan Gambles
Ann McCartney
Ian McCartney
Ambreena Naheed
Jean Peat

Provider Service Staff

The visits were co-ordinated by Andrea Arkwright, Head of Patient and Public Engagement at WWL.

Details of the Service

RAEI is a 513 bed modern District General Hospital on the west side of the Borough close to Wigan Town centre. It provides a variety of services for patients including, but not exclusively, Accident and Emergency, General Medicine, General Surgery and Maternity, it also houses the new cancer care centre 'Christies at Wigan'. RAEI is one of five sites operated by WWL, the others being:

- Leigh Infirmary (Elderly Medicine and Outpatient Services)
- Wrightington Hospital (Orthopaedic Surgery and Rheumatology)
- Thomas Linacre Centre (Outpatient Services)
- WWL Eye Unit (Ophthalmology and Orthoptic Outpatient Services) based at Boston House

The departments/wards visited by the Healthwatch Wigan team were:

- Accident and Emergency Unit
    - Majors – major trauma, life threatening illness
    - Minors – minor injuries, non-life threatening illnesses
    - Ambulatory Assessment Area
- Clinical Decisions Ward (CDW) –a small 11 bedded unit, patients are assessed as to further treatment. Most patients will remain here for 24-48 hours and then discharged home or into community care.
- Medical Admissions Unit (MAU) – two units (MAU, 25 beds and Lowton, 28 beds) where patients can be transferred from A&E or admitted from home via GP or Consultant.
- Discharge Lounge – a small lounge where patients can wait for transport home, either by ambulance or family transport.

The team attended three discharge meetings:

- Daily bed management meeting
- Daily delayed discharge meeting
- Weekly grand ward round

The panel members also met with two Directors and a senior manager to discuss the Trust's strategic planning around the winter pressures and future plans to maintain the Trust's standing as one of the top performing hospital in the North West.

Results of the Visits

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Wigan E&V Lead and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Tour - The Environment

As the team visited the RAEI site many times over the two weeks they were able to observe the environment at various times of the day and evening. The grounds of the hospital are well kept, with the car parks clearly signposted and well lit at night. The only problem in the grounds was that, despite the Trust's best efforts, patients and visitors still congregate outside the main entrance to smoke. Although now most will smoke on the pavement outside the hospital grounds, some were observed outside the pharmacy department inside the grounds.

The signage inside the hospital appears comprehensive and clear. The corridors of the hospital were clean and uncluttered; the walls were decorated with artwork from local schools and artists. All the wards and departments the team visited had boards indicating the staffing levels, both establishment and number of staff on duty, but the team felt that the number of different uniforms worn by staff was confusing and that a board indicating the staff uniforms and role would be helpful for patients and visitors.

Observations from the Tour - Accident & Emergency

The E&V team visited the A&E department three times over the fortnight in order to gain an insight to the department working at different times. In order for the reader to compare each visit the reports are recorded separately.

As a general observation the team felt that they were intrusive in the working of the staff in all the A&E departments and they felt awkward in interrupting them in what they were doing, although all staff were very courteous and whenever possible took time to talk to the team. The team also felt that at times in both major and minor departments staff appeared to congregate at the desk to talk or sit at the computer for long periods of time (several patients also commented on this) and whilst the E&V team understood that there

was actually a lot of work going on, to a patient and their family waiting in a cubicle for information or treatment this could be misconstrued.

On all three visits the department was busy but not overwhelmed and staff were working efficiently and effectively to see patients. All patients were assessed by a nurse within 1 hour, many within 30 minutes, and all saw a doctor within the 4 hour target; the average was within 1 hour. The Trust provided the patient numbers for each 24 hour period for the days visited:

Monday 30th March – 329 predicted and 268 attended

Friday 10th April – 221 predicted and 246 attended

Sunday 12th April – 222 predicted and 247 attended

Monday 30th March, in the afternoon

Ambulatory Assessment Area

Patients are referred to this unit by G.Ps. who feel that patients need further investigations or require a specialist consultation; patients must be able to make their own way to the department. The department is open from 8.00 a.m. till 9.00 p.m. week days only. The area has several beds, but all the patients at the time of the visit were sitting in a waiting area where there was a TV and magazines. The unit was clean and tidy and staff appeared continually busy with patients.

Patient Interviews

The patients spoken to, said that all the staff were kind and caring but not all had introduced themselves by name. They felt that were enough staff and they felt safe in the unit. They all said that they and their families had been included in discussions about their care and treatment and that they had no concerns about their care. There were no negative comments about AAA and some of the positive comments were:

"I've been attended to and cared for; I'm in the right place"

"First time in 72 years I've been in hospital as a patient, excellent care"

"The auxiliary nurse was wonderful, very sympathetic"

Staff Interviews

The staff spoken to all felt supported by the Trust and although staffing levels had improved, more staff would mean better care for the patients. They all cited team working and staff cooperation as the best thing about working in AAA and felt very proud of the work they had done in its first year in operation, 4 out of every 5 patients were safely discharged after receiving treatment. The only negative comment was one of frustration

that when majors (Major Injuries Unit) is full, the AAA beds are used for these patients, which then interferes with the working of the department.

Minor Injuries Unit

This unit is for patients who do not have life threatening or serious injuries or conditions. It is an eight bayed unit with two private consultation rooms. There is a separate waiting room at the entrance to the department with drinks machines available.

An E&V team member said that when they started the visit there were five patients already in the minor injuries area, by the time they left only one of the original patients was left but had been treated and was waiting for transport, two had been discharged and others had gone for tests.

Several more patients came in and out of the area whilst they were there and most seemed to be dealt with quite quickly once in the bay. They couldn't comment on how long these people had been waiting to be seen because they didn't get the opportunity to speak to them. A patient and family member that they were able to speak to commented on how long the wait had been after the doctor had decided on treatment. Another patient came to the desk to say they couldn't wait any longer due to needing to collect children from school - advice was given to them and the patient left.

Patient Interviews/Comments

Patients said that not all staff had introduced themselves by name and that although there were a lot a people in the department, it was difficult to tell who was who. The patients were seen very quickly and the care had been good but there had been long waits for information. They commented that the department was clean and tidy, that they felt safe and their dignity and privacy had been respected. A member of the E&V team present in the department did however inadvertently overhear several conversations between clinicians and patients because of the open cubicles.

Some of the patient comments were:

"There are lots of people here but it's difficult to tell what they're doing. There doesn't seem to be many nurses and that's what we're waiting for."

"The treatment and care has been ok it's just the waiting that's the problem"

"The staff are aware that I need to attend an appointment at a clinic in another department of the hospital but they're not doing anything about it. When I last asked someone they said they didn't work in the department and I should ask a nurse but I can't tell who's who."

"I was given a choice and asked to come here because of my other appointment. We'd always choose to come to Wigan A&E rather than another A&E anyway."

"Waiting between the doctor saying the wound needed cleaning and dressing until now – it's been almost two hours." (The nurse came at this point and the patient was treated and left the department within 10 minutes)

"The staff are good generally. Recently attended A&E at 9pm on a Saturday night and we were straight in and straight out, hardly any waiting at all, which really surprised me considering the time and day. Feel bad about complaining, the NHS is free, so feel like you shouldn't complain and just accept how long you have to wait but they should have a nurse whose job it is to do these kind of quick treatments to get minor patients out quickly. You don't know what's going on or what they have to prioritise, so perhaps they could make that clearer so you can be more understanding."

Staff Interviews

The E&V panel member could only speak to one member of staff who said they enjoyed working on the unit but felt that staffing levels could be improved. They felt that the Initial Senior Assessment & Treatment (ISAT) worked well and that the biggest delay in discharging patients was getting things reviewed in timely manner, e.g. tests not being done straight away slows everything down.

Major Injuries Unit

This unit has approximately 16 cubicles, a separate resuscitation suite and a small seating area next to the desk. It is here that major illness and injuries are cared for. There is a family room, a private consultation room and a small waiting room next to the foyer.

Patient Interviews

The patients questioned had been assessed and seen by a doctor within 1 hour and were extremely happy with the care they had received. They felt the department was well staffed, clean and tidy and had no concerns about their treatment and care. When asked about their experience in the department their comments were:

"Very experienced staff"

"Prompt treatment and pain relief"

Staff Interviews

Unfortunately the E&V member was unable to interview any staff at this visit.

Friday 10th April, in the evening

Minor Injuries

Patient Interviews

At the time of the visit minors was quite quiet compared with the previous visit. Those patients spoken to all praised the staff, the care they received, they felt safe and their dignity and privacy had been respected. However not all the staff had introduced themselves by name and there were some negative comments:

"Saw doctor quickly at first but this slowed down waiting for bloods and scan/x-ray results.'

"Delays when nothing is happening, sitting waiting for a few hours at a time between results etc. is the difficult thing."

"Having to wait over an hour in the cubicle, when I could sit in the waiting room – which is not quite so boring" – this patient and his family were not informed of how long it would take to develop an x-ray, they thought it would be an instant digital picture and therefore were frustrated at the perceived delay. As the interview was completed the doctor arrived to inform the patient of the x-ray results.

Some of the positive comments were:

"Staff have been wonderful and got her food and looked after her"

"All lovely and clean, big difference to previous visits."

"I have been well attended to"

"Husband was allowed to stay with her and was told who to ask for any help."

Staff Interviews

When the staff were interviewed, team working and the support received came out as the best things about working on the unit. Staff also felt that ISAT was working well this year. The biggest gripe was staff levels being too low on occasions but staff appreciated that the Trust was improving the situation. Staff were also concerned that delays in getting x-ray and blood results caused delays in discharging patients.

Other comments from the staff included:

"Communication via the doctors who are not good at saying who they are, what they are doing and updating them on progress etc. The doctors are poor at explaining this."

"Some days you go home and feel you have not given your best to patients and would have liked to have been able to do more."

"More staff, which means more time with patients and better level of care."

"Staffing number increased. Need more porters to ferry patients to other places (wards, depts.) because it causes unnecessary backlogs. There only ever seems to be two porters on duty."

"Patients with minor matters to be treated elsewhere GP, pharmacy etc. Improve patient's knowledge on where they can get medical support, walk in centre, GP, pharmacy and self-help"

Major Injuries

The department appeared busy but not rushed and staff seemed to be coping well with the flow of patients who were seen well within target times. The E&V team observed that there were a lot of staff at the desk, apparently completing notes etc. and that this could give a false impression to patients and their families of staff standing and sitting around 'doing nothing'.

Patient Interviews

The E&V panel members were interested to find that 2 patients had attended the Skelmersdale Walk-In Centre that afternoon and had elected to come to RAEI rather than Southport Hospital; one because they lived in Orrell so Skelmersdale was closer than the Leigh Walk-In Centre and the other because of the reputation of RAEI as being a good hospital.

The patients interviewed all said they had received excellent care, were kept informed of what was happening and had no concerns about their treatment. Their dignity and privacy were respected and the department was clean and tidy (one patient's relative informed the team that it had better be, as she was a domestic at RAEI; she was obviously very proud that the Trust had won an award for its cleanliness). The patients had all been assessed on arrival and had seen a doctor within 30 minutes.

Some of the patient's comments were:

"Feel much better, done everything I needed and put my mind at rest"

"Done everything they could for me, especially the pain relief"

"Staff excellent"

Staff Interviews

The team were able to interview two members of staff during the visit, a member of the medical team and a staff nurse recently recruited from abroad.

The doctor told the team that for him, the biggest improvement this year was the ability to predict daily workloads, this allowed senior staff to plan staffing levels and other resources which greatly reduced patient waiting times. The other area working better was the

discharge process, which freed up beds for new patients. He felt that the lack of available local nurses meant the Trust had to go abroad for its nurses, leading to delays in recruitment. For next year he would like to see more step-down beds which were managed by the Trust to allow for continuity of care. He reported that for medical staff a change in shift patterns had resulted in a reduction of sick leave being taken. Overall he felt that the Trust Board were supportive of him and his team, with police presence over the Christmas period, better infection control and improved clinical governance.

The staff nurse said that he had felt very supported by the Trust since coming to Wigan and enjoyed the team working, he also told the team that senior management in the unit were very approachable if he had a problem. He would like to see more staff which would allow him more time with each patient and more study leave.

Sunday 12th April, in the afternoon

Both majors and minors were busy. When the team left at teatime all cubicles in both sides were full and there were 4 ambulances waiting outside, although the patients had been taken into A&E.

Minor Injuries

Patient Interviews

Patients said that they had only waited 10 minutes before being assessed and had seen a doctor within half an hour, not all staff had introduced themselves by name but they had explained what was happening to them and that they had been included in discussions, along with their families, about their treatment and care. They felt the department was clean and tidy, they felt safe and their dignity and privacy had been respected by the staff. All had travelled to RAEI by car as it was their nearest hospital (one patient had travelled from Skelmersdale), one patient complained about having to pay a car parking charge.

The positive comments included:

"The speed that I was seen"

"Some relief, the plaster better"

On the negative side, patients complained about waiting after for blood results after being seen and sitting in the cubicle with nothing to do.

Staff Interviews

Staff were on the whole positive about working in the department and enjoyed a good relationship with colleagues and senior staff, "Matron very good, open door policy, all staff feel they can speak to doctors and consultants, there is always someone to talk to ", "Staff really good, willing to go to help others, Matron is very good at assessing the situations,

everyone willing to help". Staff felt that the Rapid, Assessment, Interface and Discharge (RAID) team worked well but there were some concerns over Children and Adolescent Mental Health Services not being available out of hours. Staff also suggested changes to help the patient experience at A&E:

"Patients get annoyed at not knowing what is going on and their waiting times, can a TV monitor be put in waiting room and trauma rooms (airport style) showing the wait times/patient log in number? Sometimes people coming into A&E are coming to see the practice nurse and people think they have jumped the queue"

"Sometimes frustrated at lack of cubicles, need to consider asking some patients to go back into the waiting room rather than wait in cubicle, exceptions would be broken limbs, dementia patients, mental health issues"

"Communication, letting them know what is taking place, how long they could be waiting, what are they waiting for, doctor (who may be dealing with large trauma, blood, x-ray etc.)"

"Change the way patients assess their own pain rather than 1 – 10 use visuals such as smiley, frowning faces etc."

Major Injuries

Patient Interviews

Only one patient was interviewed at the visit, they confirmed that some staff had introduced themselves by name and they had been assessed in 10 minutes of arrival, had seen the doctor within an hour and a half and staff had explained what was happening. They felt the department was clean and tidy and had no complaints about their care and treatment. They had chosen to come to RAEI as they felt this was where they would have ended up if they had gone to the 'out of hours' facility at Ince, "cut out the middle man". They were impressed with how quickly they had been sent through from the waiting room but were unhappy at the subsequent waiting for results.

Staff Interviews

Unfortunately the E&V team were not able to interview any staff at this visit.

Other Issues

There were two issues raised during conversations with staff following their interview which has caused concern for a couple of the E&V team members. It must be emphasised that the staff involved were not complaining, but the E&V team members felt that these issues should be shared with the Trust. Firstly, staff in the A&E department sometimes go

without their break during a shift, this could be for a variety of reasons but mostly because staff do not want to stop the care they are providing for a patient and hand over to other members of the team. Although Healthwatch Wigan applauds their dedication, not having a break during a long shift could be detrimental to the care they are giving patients. Secondly, staff on a late shift were having to travel to the town centre to where their cars were parked. Healthwatch Wigan acknowledges that parking at RAEI is difficult but feels that staff should be given an option of parking on the Freckleton Street car park when on a late shift.

The Healthwatch team were also concerned that the successful deployment of a police office in A&E during the weekend over the Christmas holiday was no longer taking place. Staff commented that they felt safer having a police presence and that situations which might have escalated had been dealt with immediately.

Observations from Tour – CDW/MAU

The team visited the CDW and MAU on the morning of Wednesday 1st April and spoke with patients and staff.

Patient Interviews

Apart from a couple of negative comments, all the patients were complimentary about their treatment whilst on the ward. All staff had introduced themselves by name, apart from one on night duty. Patients were also very positive when asked about their dignity and privacy, involvement in discussion about their care and the attitude of staff. Where it was appropriate patients said that they had been involved in discussions about their discharge, (some of the patients, because of their conditions, were regulars to CDW/MAU). Patients were particularly impressed with the cleanliness of the hospital and although staff were very busy felt that there were enough staff members on duty to cope.

The negative comments were about night duty staff not introducing themselves and about a patient requiring the toilet at 4.00 a.m. and was still waiting an hour later when another patient assisted her. Another patient complained of a disturbed night due to the lady opposite calling out all the time and they felt that the lady should not have been on that ward.

Some of the positive comments made by patients were:

“The best bit was being able to relax and be cared for in a very pleasant manner'”

“The staff are very kind and I can't find any fault”

"The staff are friendly and very professional"

"I don't feel like I'm a patient"

"The ward is spotless - 300%"

"The doctor said he was worried about my overbeating heart. I told him the time to start worrying was when it stopped".

Staff Interviews

The staff were very positive overall and morale seemed to be very high, with good immediate management support. Staff were particularly complimentary about the Access to Community Services team (ACS).

The team felt that the trust board and senior management had provided much more visible and tangible support this past winter and were proud of the way they had managed a difficult winter.

Some of the concerns included:

- Staff numbers not keeping pace with increases in workload
- Delays caused by doctors not writing up prescriptions at the time of discharge
- Delays in accessing the Mental Health teams, even for patients on suicide watch
- A view that patients with dementia should go straight to a ward
- Delays in ambulance transfers
- Lack of a ward clerk on CDW for 12 months (shortly to be resolved), but the housekeeper is still available only 3 days a week
- Lack of natural light on the CDW
- The side room on CDW is so small the crash team can't get in it

Observations from the Tour – Discharge Lounge

The Discharge lounge was visited twice, late morning of Monday 30th March and again late afternoon on Thursday 2nd April. The unit is a comfortable and a safe place for patients to wait which allows the beds on the wards to be freed up, which should allow for the flow of patients through the system to be managed in a positive manner. The main lounge has approximately 45 comfortable armchairs with occasional tables around the unit, a television and daily papers are available. There is a smaller room with 4 armchairs and some games available. There is also a 4 bedded unit for day-case patients to recover from their procedures and be assessed before discharge. Patients are normally waiting either for medicines or transport, either family car or ambulance. The staff were observed to be caring and attentive to the patients' needs. On the morning visit patients were offered soup and a choice of sandwiches at lunch time.

Patient Interviews

The patients interviewed on both occasions were very complimentary about the Discharge Lounge and indeed their stay in hospital. They stated that staff had introduced themselves by name and had been very attentive to their needs; they also felt that there was enough staff on the unit for the number of patients. The unit was clean and tidy and the patients had felt safe in the lounge; they also said that their dignity and privacy had been respected throughout their stay in hospital. On the morning visit several patients were waiting with their relatives for medicines to arrive, when these were delivered to the ward they were checked by the staff and the patients left. The remaining patients were all waiting for relatives to come and collect them and staff were busy liaising with the relatives by phone to inform the patients when they would be picked up.

There was a patient on the unit who had undergone a day procedure, he was rested for an hour then given soup to ensure there were no problems with his swallowing, assessed by the staff and allowed to leave with a friend. He said the whole process was smooth and efficient and praised his treatment. During the afternoon visit 2 patients were waiting for an ambulance to collect them and staff were unable to inform the patients as when it would arrive, 2 more patients were waiting for relatives.

None of the patients spoken to had any concerns over their discharge apart from one, who was unhappy that his discharge had, in his opinion, been rushed in order to free up his bed (he was visibly upset at the poor state of his health overall). One patient said that she had 'enjoyed' her stay because everyone had been so kind, another stated that “staff had been really helpful, couldn’t fault them at all”. All the patients said that they had enough support when they got home.

Staff Interviews

All the staff interviewed on both visits said that morale was much better this year compared to the past and although staff numbers were much improved recruitment of qualified staff was still a problem and a lot of support staff were being encouraged to work in the care sector. The use of Highfield Ward had helped in allowing safe discharges as well as having the step-down beds available at Westwood Lodge. Although not all the wards were using the discharge lounge, those that did were now alerting the lounge earlier of numbers expected so that transport could be arranged in a timely manner.

Some staff reported that there had been an improvement in getting medicines ready in time for the patients' discharge, though others said this was still a major cause of delaying a patient's discharge – some blamed the wards, some of the doctors not doing discharge letters early enough and others a combination of factors. Although the use of Patient Transport Service ambulance (PTS) had improved since the introduction of a dedicated vehicle for RAEI, delays in ambulance availability was also cited as a serious cause of delays, especially in the early evening when private ambulances or taxis had to be booked to allow patients to get home. Staff also said that sometimes there was confusion as to who was responsible for ordering transport for patients; ward thinking the lounge would do it and the lounge assuming the ward had done it. One member of staff commented, "Late referrals from the wards make it more difficult to book transport. That day 8 patients had been referred after 4.00 p.m., the cut off for booking ambulance is 5.30 p.m. and they are often pre-booked, approval is then required from the ward to book a taxi."

Other delays in discharge were:

- lack of oxygen at home, waiting delivery
- equipment to support living at home not ready
- waiting for care packages to be put in place

A complaint by a senior member of staff was that not all wards used the Discharge Lounge and that this caused beds not being available as quickly as they could be. They felt that the Trust should be more punitive in dealing with these wards and perhaps to 'name and shame' them.

On the whole all the staff spoken to felt the Trust supported them in their work, "Good dialogue with senior staff – open door approach" and were happy working on the unit "Staff very friendly, a good place to work, good work is recognised, nice to see positive news in press".

The overall impression of the work of the Discharge Lounge is of a close knit group of staff working well together to provide patients with a smooth as possible discharge from hospital, as one member of staff said – "Many patients' final hours of a stay in hospital are the most trying for them as they just want to get home and can get frustrated waiting for final discharge, medicines, transport, how they are looked after in this time reflects on the hospital."

Observations from Discharge Meetings

When Healthwatch Wigan approached WWL to plan the E&V visits, WWL suggested that to get a full picture of the discharge process and problems that can cause delays the E&V team should also observe three vital meetings that occur to manage the discharge of patients. These were the daily Bed Management meeting, the daily Delayed Discharge meeting and the weekly Grand Ward Round; Martin Broom (MB) attended the first two and Dr Banerjee (DB) the last one.

Bed Management Meeting

MB attended the meeting early on Wednesday 1st April. Present were a Senior Operations Manager, a Matron, Ward Sisters and the North West Ambulance Service (NWAS) Liaison Officer. The level of bed vacancies was discussed along with the number of delayed discharges from the previous day, (at that time it was reported that there were 24 delayed discharges – see below). There was also a briefing by the ward staff on staffing levels, both nursing and medical. The meeting was short, focused and business-like, it was possible to see that this meeting was vital to allow the Trust to assess any possible problems in bed numbers and staffing levels early in the day rather than allow a crisis to develop.

MB spoke to the NWAS officer and asked why he was present when another provider was used for discharge, his role is to alert NWAS control as to the bed state so that if necessary they could divert ambulances to other nearby hospitals and relieve the pressure on WWL. Also discussed at the meeting was the possibility of a local Trust imposing fines on WWL if there was a delay in accepting patients back into the borough after they had received specialist treatment. The operations manager asked for staff to be mindful of this when assessing if a patient was fit to discharge and not to delay discharging medically fit patients. MB felt that this was an undue pressure on medical staff to possibly discharge patients before they would normally have done so. This matter was discussed at the meeting with Fiona Noden, Director of Operations, and she assured Healthwatch Wigan that although the Trust had threatened to impose fines, this in fact had not gone ahead and discussions were ongoing with the Trust to resolve the matter.

Delayed Discharge Meeting

MB attended the Delayed Discharge meeting later the same morning. Present were the Complex Discharge Team lead, a representative from Social Services and a member of the Intermediate Care team. By the time this meeting started the number of delayed discharges had fallen to 19 and each one was individually reviewed using a large screen with all the relevant patient information on display. Delays were on account of patients

needing 1:1 nursing, funding issues for care, a lack of nursing home beds and delays in social care packages. As each one was reviewed, plans were instigated to resolve the issues and at the end of the meeting the majority of patients' discharges had been organised and each member knew what their role was.

MB spoke to the team and asked what was working to enable them resolve the delayed discharges and they said:

- step down beds at Westwood Lodge
- use of Hospital at Home
- use of Rapid, Assessment, Interface and Discharge (RAID)

When asked what still needed to improve, they said:

- despite the use of RAID helping, there was still a shortage of Mental Health beds
- a shortage of Nursing Home beds in the borough

Overall MB was very impressed with the professionalism of the team, their knowledge of the individual's situation and the solutions needed to resolve the problems.

Grand Ward Round

On 7th April, 2015, DB attended the Ward Discharge Round as an observer on behalf of Healthwatch Wigan.

DB was received very warmly and was introduced to the team which consisted of: the Complex Discharge Team lead, a Consultant, a representative of 5 Boroughs, a representative from the Intermediate Care team and a representative from Social Services. The team met at Lowton Ward first, and then visited about ten different wards on two floors. The routine was the same – in each ward a nurse-in-charge presented the conditions of the patients from a list. The presentation was quite thorough. Each patient's medical condition, present treatment, management of future planning, including social and domestic situations was discussed.

It was then taken up by the Complex Discharge Team lead, who knew the details of each patient and his/her background. Although she was referring to her list, it was still extremely admirable the way she knew the details.

The planning of future management was decided with discussions and contributions from all of them. They discussed whether the patient should stay longer, or whether the patient could be sent home, taking into consideration their home and family situations, or whether they should go to intermediate care homes and if they needed any further support.

The E&V team member was quite impressed with the presentations, specially contributions and detailed knowledge about each patient from the Complex Discharge Team lead.
There was no actual patient contact, and it would have been helpful to know how they presented the final decision to the patients and their family. For example, they presented a case of a patient who was diagnosed with terminal cancer, but was not told about it. It was decided that they would inform the family, how that was done we are not able to report.

Observations from Meetings with Senior Staff

E&V members met with 2 directors and 1 senior manager to discuss the strategic planning for coping with this year's 'Winter Resilience' and to talk about what still needs to be done within the Trust and, maybe more importantly within the Borough, to ensure that improvements in care continue.

Fiona Noden (FN), Director of Operations

FN acknowledged that last year had been very challenging for the Trust and the Board recognised that planning for this year had needed to start early in order that things were in place before the pressure started, it was also acknowledged that there is pressure of one sort or another all the year round and that 'winter planning' would allow the Trust to react to other pressures as well.

The conversation included many aspects of the changes to patient flow that had been introduced over the last 12 months. These changes had been introduced with the cooperation of the front line staff and FN acknowledged that many of the changes would not have succeeded had it not been for the hard work of all the staff in the Trust. These changes include:
In A&E -

- Introduction of the ISAT model in A&E
- Increase in the number of A&E and Acute Physician Consultants
- Increase in weekend working for many staff to allow for 7 day working
- The Acute Physician in-reach post to support A&E
- Pharmacist support in A&E
- Additional administration support in A&E
- Improvements in the mental health support and RAID team for A&E
- Major upgrading of AAA accommodation

- Expansion of the types of patients eligible for AAA

In discharge procedures –

- Increase in staff in the Discharge Co-ordinator team
- Reconfiguration of Discharge Co-ordinators to ward based responsibilities
- Pharmacist input in the Discharge Lounge
- Introduction of Pharmacist ward based dispensing
- Additional porter dedicated to Discharge Lounge
- Electronic Patient Record Doctor to support the Discharge Lounge
- Improvement in discharge documentation
- Additional Band 6 nurses on wards responsible for patient discharge
- White board notification of Estimated Date of Discharge
- A weekly 'long length of stay' ward round
- Implementation of 20 Community Hospital Beds managed by WWL

Other areas

- Implementation of 7 day Chronic obstructive pulmonary disease (COPD) Specialist Nurse cover
- Implementation of rapid access specialty clinics
- Introduction of 7 day working for the palliative Care team
- Implementation of an Unscheduled Care transfer team
- Improved and more consistent staffing of Highfield ward

FN agreed with Healthwatch Wigan that recruitment of nurses was still an ongoing problem for the Trust, despite a successful campaign to recruit 40 staff from Spain, Cyprus and Greece recently. The Trust had reduced the number of expensive agency nurses employed by better use of the Trusts own 'Bank' nurses.

Other areas that require changes in the coming months were also discussed; these included the ongoing problems with the Patient Transport Service contract, which meant the Trust was spending more than £200,000 per year on private ambulances and taxis. There was the possibility of a local specialist trust imposing fines of up to £4000 per patient per day, on WWL if they failed to accept back, within a timeframe, patients who had received specialist treatment outside the borough and were now able to continue their care closer to home. There was continuing work around staff engagement and involvement and duty of candour.

FN thanked Healthwatch Wigan for their work with the Trust not only on this report but also on other aspects of care delivered by WWL.

Pauline Jones (PJ), Director of Nursing

The discussion with PJ was about the cultural change within the Trust over the past few years. PJ said that when she joined the Trust 5 years ago the staff were very demoralised; with a history of bullying, no value base, staff instructed to carry out tasks instead of being coached to make the right decisions, organisational flaws in duty of candour. She and her Board colleagues had worked hard over the past few years to change the way staff are engaged so that staff at all levels now have ownership of the services they provide. The consequence of this is that staff morale is at an all-time high with staff involved at all levels in the development of high quality services.

PJ also talked about the Trust's involvement with the voluntary sector in Wigan and the improvements in outcomes for patients this was bringing. Some examples of the work are:

- A volunteer from the Brick, a local charity which is helping homeless people, regularly attends A&E to see if any homeless people have been admitted and to give them support on discharge
- The Red Cross volunteers ensuring that when patients are discharged home that they have essential foods in the house
- Volunteers from the Stoke Association and Think Ahead talking to patients on the Acute Stroke Ward about what support they may need when they are discharged home.

There was also a brief conversation about the changes in NHS Complaints and Advocacy, which Healthwatch Wigan will be part of in the future and the failed Vanguard Bid which would have allowed all the providers of health and social care in Wigan to develop a more responsive community care programme. PJ said that she felt areas that still required improvement were; the use of Mental Health and RAID team in MAU/CDW for patients with challenging behaviour and the development of dual registration nurses, i.e. metal health and general nursing.

Alison Whitehead (AW), Head of Resilience

AW told Healthwatch Wigan that at present she was undertaking a review of the Trust's Business Continuity Plans and so far areas for concern were staffing and transport. The Trust was working with local higher education establishments to ensure that nursing levels could be maintained. The appointment of a NWAS Liaison Officer had helped the Trust predict the numbers of patients expected and that meant that staffing levels were maintained to meet demand. AW did admit that there were continuing problems with Patient Transport Services causing delays in discharge. When Healthwatch Wigan informed

AW that not all wards were using the Discharge Lounge she felt that the Trust needed some way of incentivising wards to use the Lounge. AW also said that it would help if the ward rounds could be held earlier to give staff more time to arrange for discharges for them to be safely planned and that there were more Doctors available to do the discharge letters.

Healthwatch Wigan asked what had helped this year to maintain services, AW said one factor was that there had been no major outbreaks of Norovirus or Clostridium Difficile which had meant no ward closures; this had been due in no small part to the Trust's 'deep clean' policy and the work of the domestic staff. Another contributory factor was the use of the predictability software which had allowed for better bed management. Asked about what could be improved, AW thought that the effectiveness of the weekly multidiscipline team teleconference could be improved; a review of the structure of the day in terms of how and when care activity took place in order to use resources more effectively; an increase in the number of community beds available.

Findings relating to the purpose of the visit

The Healthwatch Wigan E&V team were very impressed with the high level of morale amongst the staff they talked to, all were highly motivated and dedicated, they all felt part of a team and happy with their role within that team. The improvement in services provided by the Trust has not happened by chance or by luck but by a lot of hard work by a lot of people working in the Trust. There has been a considerable amount of planning and redesigning of the services that has allowed the Trust to make the improvements required. It is clear that the changes in policies and procedures, although may have originated at a high level of management, were implemented by and are owned by all the staff.

The Trust admits that there are still some problems that need resolving especially in the discharge procedure, some of these are outside the control of the Trust e.g. transport, community beds, social service provision etc. but it is hoped that by working with partner organisations these issues can be resolved. Some issues around discharge are in the control of the Trust, such as the timing of ward rounds, early writing of discharge letters and prescriptions, full use of the Discharge Lounge.

The patients interviewed were all happy with their care and treatment received although they were at times frustrated at waiting without being informed about the reason for the wait. Patients and their families were impressed with the cleanliness of the RAEI and the domestic staff are to be congratulated on their hard work in maintaining a high standard.

The E&V team were also pleased to see the joint working between the Trust and local voluntary services to help patients after they leave hospital. The involvement of the Brick, the Red Cross and Think Ahead and others are to be applauded, Healthwatch Wigan are sure that here are other examples of such work with the voluntary sector in Wigan that they are unaware of.

Recommendations

1. *A board indicating staff uniforms and role is sited on each ward and department to aid patients and visitors in identifying who they are talking to.*
2. *Despite recent improvements, there still appears to be delays in discharge due to prescriptions not being written up by medical staff early enough for Pharmacy to dispense the required medicines in time for a timely discharge. Wherever possible Doctors must be encouraged to complete the prescriptions as soon as the patient is medically fit to discharge, which will allow Pharmacy to have the medicines ready whilst other arrangements for discharge are being made, e.g. transport, community nursing, social care etc.*
3. *It is obvious from conversations with WWL staff in all the departments visited that ambulance delays are one of the main causes of discharge problems and a drain on the Trust's resources when resorting to private ambulance or taxi to get patients home. Whilst Healthwatch Wigan acknowledges that the contract for Patient Transport Service (PTS) lies with another organisation, the Trust must engage in meaningful talks with the service provider to ensure a more flexible approach to using PTS. There must also be an internal review of transport arrangements so that a clear policy is formulated to ensure that all staff are aware of their responsibilities around discharge transport.*
4. *Staff in A&E must wherever possible inform patients and relatives of waiting times for x-rays, blood test results, dressings, treatment, etc. and not leave them wondering what is happening. Whenever possible, patients in minors should be allowed to return to the waiting room, if they wish, when test results and x-rays are being processed. Staff must also be made aware of the impression given to patients and their relatives when they are at the desk 'appearing to do nothing'.*
5. *Although considered by the Trust as an 'Always Event' not all staff are introducing themselves by name. The Trust must ensure that all staff are aware of and the importance of the Trust's 'Always Events'.*

6. *The Trust must emphasise that a closed curtain is no guarantee of privacy; staff must be made aware that when talking to a patient and their family, especially those with a hearing problem, their conversation may easily be overheard by others outside of the cubicle.*

7. *The Trust must make certain that departmental managers ensure staff take their breaks at an appropriate time during their shifts.*

8. *The Trust should undertake a risk assessment for staff on a late shift regarding their car parking arrangements.*

9. *The Trust should undertake a risk assessment for the safety of patients and staff in A&E at weekends and if necessary reintroduce the deployment of a police presence in the department.*

Distribution List

This report has been distributed to the following:

- Wrightington, Wigan and Leigh NHS Foundation Trust
- Wigan Borough CCG
- Care Quality Commission
- Healthwatch England

Appendices

Appendix A

Timetable for Visits

Date and Time of Visit	Ward/Department	Panel Members
Morning 30th March 2015	Discharge Lounge	Martin Broom Jean Peet
Afternoon 30th March 2015	A&E	Martin Broom Helen Fairweather
Morning 1st April 2015	Bed Management Meeting	Martin Broom
Morning 1st April 2015	Delayed Discharge Meeting	Martin Broom
Morning 1st April 2015	MAU/CDW	Marion Carroll Paul Carroll
Afternoon 2nd April 2015	Discharge Lounge	Paul Carroll Susan Gambles
Morning 7th April 2015	Grand Ward Round	Dipak Banerjee
Morning 9th April 2015	Meeting with Fiona Noden	Martin Broom Ian McCartney
Morning 9th April 2015	Meeting with Pauline Jones	Martin Broom Ian McCartney
Evening 10th April	A&E	Dipak Banerjee Martin Broom Susan Gambles Ann McCartney
Afternoon 12th April 2015	A&E	Susan Gambles Ambreena Naheed
Morning 16th April 2015	Meeting with Alison Whitehead	Martin Broom Jean Peet

Appendix B

The response from WWL

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Healthwatch Enter & View Report

ACTION LOG

AREAS Of Concern	Action Required	Assigned to	Target Date	Date completed
1. Patients unable to identify staff roles by uniform	- Individual place mats ordered for inpatients depicting staff uniforms - Consider boards depicting staff uniforms for non ward areas across the trust	Heads of Nursing Deputy Director of Nursing / Heads of Nursing	July 2015 Aug 2015	
2. Delay in discharges due to prescriptions not been written early	- Reminder to medical staff to complete EPR in advance of discharge - Pilot of ward based Pharmacists on assessment units	Deputy Medical Director Chief Pharmacist	June 2015 July 2015	

3. Ambulance delays and the utilisation of PTS and private ambulance services	Monthly tripartite meetings with service providers - Monthly performance monitoring of transport usage - Internal review of transport booking arrangements - Establish criteria for authorisation of private ambulance	Deputy Directorate Manager, Unscheduled Care Director Manager, Unscheduled Care Deputy Directorate Manager, Unscheduled Care	May 2015 May 2015 June 2015 July 2015	May 2015 May 2015
4. Communicate with patients in relation to treatment progression	- Remind A&E staff to verbally inform patients of expected timescales - Staff to give patients the option of waiting in a cubicle or waiting room whilst awaiting results - Staff to be made aware of how activity at nursing stations may be perceived by patients	A&E Matron A&E Matron A&E Matron	June 2015 June 2015 June 2015	
5. Staff not always introducing themselves by name	- Trust Always Events Audit results to be circulated to divisions - Continue to promote Always Events - To remind staff to introduce themselves to patients	HON HON	June 2015 June 2015	May 2015
6. Conversations may be overheard due to curtained areas	- Staff to be reminded that a drawn curtain does not afford total privacy - Patients to be afforded alternative areas if possible, i.e quiet room	Matrons	July 2015	

7. Staff may not take breaks at an appropriate time during their shift	- Departmental managers to ensure staff take breaks at regular time frames	Matrons / Ward managers	July 2015	
8. Staff on a late shift parking in town centre	- Staff provided with a shuttle bus service from RAEI to town centre - OCS security presence in car park facilities - Trust car parking policy TV13 – 034 in place	N/A		2013
9. Safety of patients and staff in A&E at weekends and police presence	- Risk assessment regarding violence and aggression in A&E in place - Two successful pilots re: police in A&E completed - Continued conversations with GMP and WWL re: police presence in A&E	HON Head of Security / HON Head of Security / HON		2013 Jan 2015

Appendix C

It is appropriate to refer to a report written by Wigan Borough Local Involvement Network (Lead by John McArdle in December 2010) "An Investigation into the Hospital Discharge of Older People in the Wigan Borough". Though the report was written some years ago the recommendations are worth noting:

- That services consider the availability and design of user friendly information for parents and families around the time of discharge
- Improved planning and monitoring of discharge through dynamic use of "estimated date of discharge" Planning needs to start at or before admission.
- Review of arrangements to ensure a timelier dispensing of medication to ensure that patients avoid long and unnecessary delays on discharge
- Development of systems to ensure that patient information does not have to be repeated on different occasions to different professionals

These recommendations are mirrored in the Healthwatch report and are currently being looked at by the newly formed Discharge Improvement Committee at WWL. A Healthwatch Wigan Director will be attending the committee to oversee the improvements.