

Enter and View Report

Location of visit

**Huddersfield Royal Infirmary, Discharge Lounge
Acre St, Lindley, Huddersfield, HD3 3EA**

Service provider

**Calderdale and Huddersfield NHS Foundation
Trust**

Date and time

- **Thursday 22 February, 1-3pm,**
- **Tuesday 27 February 12.30-2.30pm,**
- **Wednesday 28 February 10.45-12.45pm**

Authorised Representatives

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Acknowledgements

Thank you to all the patients and staff, at Huddersfield Royal Infirmary who spent time talking to us about their experiences of using services or working there. Thank you to Gemma Berriman for helping us to arrange our visit and to Katherine Stubbington and Lisa for talking the time to talk to us about how the service operates and for showing us around the ward.

Disclaimer

Please note: This report relates only to specific visits and the report is not representative of all service users and staff.

(only those who contributed within the limited time available).

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012. Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, and examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings or may be in response to local intelligence about a single setting or from an area we have not visited before or at the request of the service to understand how services work.

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The Service

Purpose of the service

The purpose of the Discharge Lounge is to help the hospital flow by creating space in acute beds/ inpatient beds. It is an allocated area for patients that are waiting for their, medications, care package or transport home. It's used when patients are medically fit to leave the hospital to go on to their planned discharge destination. The lounge is in operation 7am-7.30pm, five days a week Monday – Friday. It doesn't open during the weekend or on bank holidays. Patients are still discharged from the hospital during the weekend, but directly from the ward. Due to operational pressure at the hospital the Discharge Lounge is sometimes used for inpatients to help with these pressures.

Staffing and patient numbers during our visits

We visited on three separate occasions. On the first visit, the unit was staffed by 2 qualified nurses and 2 Health Care Assistants with a ward manager and safari member (pharmacy team), plus, a student nurse. On the second and third visit to the lounge there were fewer staff and there was a junior doctors strike taking place which had an impact on staffing. Patient numbers varied during our visits due to the nature of the Discharge Lounge and patients leaving the hospital. When the service is working as it should, one patient leaves the ward, and another takes their place. The service has the capacity to discharge 30 patients from this area.

The Visits

Background

As part of our Enter and View programme, we conducted three announced visits to Huddersfield Royal Infirmary, Discharge Lounge. We visited at different times on the dates of 22 February, 27 February, and 28 February 2024. The Discharge Lounge is temporarily located in an area which was previously used as the Huddersfield Royal Infirmary's Birth Centre. The Trust has a plan in place for a new, designated 'Discharge Hub', located near their Emergency Department. This is expected to open in May 2024.

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During the visits we observed the service delivery and spoke with patients and staff members. Each visit took two hours, and we visited as a team of two or three Authorised Representatives each day. We agreed that the visit would be informal, and we would speak to as many people as we were able to within the limitations of the time we had at the hospital and the number of patients who were using the service. We used prompt sheets with questions relating to:

- Patients' thoughts on hospital discharge.
- The Discharge Lounge experience for patients
- What's working well in the Discharge Lounge.
- Any suggested areas for improvements

Questions were not asked in a specific order, nor were all questions asked of all people. Patients were asked if they would like to speak to us, we noted their comments as they spoke to us. In addition, we used the 'five senses' approach to report on the overall impression of the Discharge Lounge; this approach considers the atmosphere, smell, and appearance of the environment and whether patients seem comfortable in their surroundings.

Why did we visit and who did we speak to?

We decided to visit the Discharge Lounge due to feedback about hospital discharge and to fit in with our workplan. We spoke to patients, visitors, hospital staff and transport staff. During the visits, we spoke to 12 patients, 9 staff members, 1 hospital porter and 1 Yorkshire Ambulance Service staff member (hospital transport). We didn't speak to any family or relatives individually on the visits, but a couple of family members joined in when we spoke to a patient they were waiting with. Our online surveys ran at the same time as the visits, these were shared on our social media and with the Hospital Trust. Staff, volunteers, and visitors were able to complete a survey about their experiences online if they were unable to speak to us on the day. The survey was available for the duration of our visit and for a short period of time after the visit. The survey closed 3 March 2024. We

collected feedback from 7 staff members and 1 patient using this online survey method.

Overall Impressions

General environment and location

The Discharge Lounge is temporarily situated in an area previously used as the hospital's Birth Centre. It is not signposted as the Discharge Lounge on the information board. We were informed that anyone picking up patients from this area are given comprehensive instructions on how to find them, by following signs to the Birth Centre. There is a small sign on the entrance door to the ward saying Discharge Lounge on a printed piece of paper; the hospital signs still say Birth Centre and ward decorations are about the start of life and birth. Staff and patients using the service did comment that much humour is created when entering the ward, due to the Birth Centre signs, with patients suggesting they didn't know they were 'expecting'. The Discharge Lounge has moved rooms 19 times. It is currently on the same corridor as the surgical ward with a small area between. At the time of our visit this area separating each ward was a holding area for a few chairs and a TV. A member of the surgical ward staff told us they would miss the Discharge Lounge being so close and the ease of discharging when it moves to a different area. On the Discharge Lounge there was a nurse's station at one side of the corridor plus communal rooms on each side. There were individual side rooms for either bedbound patients or patients who have infections or needed protecting from infection themselves. In each area or room there was a toilet for patients to use. Some rooms, including the manager's office, were used as storage areas for extra beds or chairs. There were lots of information posters on the walls of the corridors, the print was small on some, and due to the amount, the walls looked a little cluttered. There were no leaflets or posters visible where patients were sitting waiting. We were shown some jigsaws and books to read that were available for patients to entertain themselves while using the lounge, though no patients seemed to be using these items at the time of our visits. There wasn't a TV available in either of the rooms being used. One patient told us they had been offered chance to listen

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to a radio while waiting if they required. The lounge manager described an occasion where her and the staff team arrange an 'afternoon tea' set up for lunch and VE-day music playing for patients of a similar age and interest.

The call bells for both the Discharge Lounge and the surgical ward ring on the same system. On our second visit this was intermittently ringing loudly in corridor at the end of the ward, but it wasn't a call from the Discharge Lounge patients it was from the surgical ward bell.

When the new Discharge hub, opens there will be no bed spaces it will be a seated only area. This will be used for discharging patients and not as an overflow for inpatients. This should bring stability to the Discharge Lounge. Katherine: the ward manager is hopeful she will be able to establish better means of engaging the patients in this new area. Three staff members said they were given the opportunity to make suggestions about the hospital discharge process and two said they were not sure if they could.

How does the service feel?

The layout is limited by the fact that the Discharge Lounge is based in a ward, currently it has a feel of a series of waiting rooms. The temporary location wasn't ideal, but we could see that staff were doing their best to make it work. The communal waiting rooms felt a bit cluttered, but the environment felt clean. It was extremely warm on the ward during our first visit. "*It was Baltic yesterday; it is boiling today*" a staff member commented on our second visit.

It was clear that the Discharge Lounge is currently operating in a challenging environment and the staff on the ward should be congratulated for their good work and resilience. The team on the Discharge Lounge move furniture and plan the layout of the rooms each day, sometimes more than once. They manage the needs of the patients including assistance with toileting and feeding, daily medication and arranging medication for discharge (safari team), they liaise with care managers to ensure any care packages are in place, book transport, liaise with family and care homes.

“The Discharge Lounge works well because we involve the patient, family, carers, organisations involved afterwards. We keep people informed when they’ve arrived and leave so people know when the patient will be home.” a staff member commented. Another staff member told us that the Discharge Lounge works well to make sure people are comfortable and well looked after whilst they wait for the arrangements to be made to get them home safely. One staff members view was that sometimes on other wards staff must concentrate on the ‘poorly’ patients and the patients due to be discharged that day are sometimes, a little forgotten about, forgetting to check about refreshment etc due to workload pressures.

Our visits to the Discharge Lounge

On our first visit, we were welcomed onto the Discharge Lounge and shown around, we spent some time speaking to Katherine the ward manager and asking some preliminary questions about how the service runs. We were told the system is very thorough, and the lounge’s staff have a very good awareness of what’s needed for a successful discharge. She told us they problem solve and go above and beyond to get people home safely. (even buying groceries and providing bedding in one or two exceptional cases). They seemed to manage their resources very efficiently. On the first day of our visit there were two discharge areas in use, one near the nurse station which still had the birthing pool, (with a lid on) from when the area was the Birth Centre. We were told about any areas to avoid for infection control and that there was no fire alarm due on this day. There were around five patients in one room and two or three patients in the room further along the corridor. There were other patients in the side rooms. There were not many patients on this day that wanted to converse with us, some were weary or sleeping (the visit was after lunch).

We were told that the service is run over two shifts, with four members of staff on each shift. There is capacity for 14 patients across four rooms and the discharge team usually know the day before who will be ready for discharge. There is a throughput of around 30 patients a day coming through the Discharge Lounge. When patients leave the lounge, other patients come down and take their place; they try not to

run with any empty spaces. Patients who need specialist care, have certain infections, are receiving end of life care, or who need a PEG feed do not leave the hospital via the Discharge Lounge.

The first patients arrive from the wards before breakfast, and this is given on the Discharge Lounge and any personal needs met. Patients arriving after 11am, lunch or refreshments are offered. We were told that dietary needs are catered for as needed. Staff check patients are dressed appropriately, they have a call bell, and enough to eat and drink. Extra hand-held bells were available for patients as the rooms only have one 'wired' call bell per room. On the day of our visits all patients had access to bells. A staff member told us that patients sometimes come to them from the ward in a bed, but the lounge staff can get them up and out of bed and sat comfortably in a chair. *"This chair (on the Discharge Lounge) is more comfortable than the one at the side of my bed on the ward."* A patient told us, *"The temperature is fine, it was far too hot on the ward."*

We were told, when patients are ready to leave, checks are in place to make sure they have their house keys, the next of kin is aware and they have access to the house. Information such as steps to the property are discussed. For patients using care providers, staff call these services to make sure they know a patient is leaving and will need the care at home to be started again. Staff said it is harder to discharge people with care packages or patients that need transport as these discharges need extra time and planning. A staff member said that Care homes do not usually like patients discharged at the weekend due to short staffing.

Katherine, the manager, said the Discharge Lounge acts as a safety net for things that haven't been done on the ward, an example was a referral to the Continence Service. She explained the ward staff have good relationships with community care providers. Explaining they like to take problems off the ward's hands by saying *"We'll sort it!"*. (Staff member comment).

There are no visiting hours on the Discharge Lounge, but visitors will not be turned away. We were told sometimes family arrive early to collect patients or visitors have come to the ward to visit, not aware

they have been moved to the Discharge Lounge. It is not encouraged due to the small area, but relatives and visitors are made welcome. There are 30 minutes free parking for drop off or pick up, so relatives are asked to wait until they are called. The patient can be supported down to the car by staff. There is a drop off/ pickup point but sometimes this is not easy to find.

A staff member commented that in their opinion they have an *“Excellent staff team”* and another training staff member said, *“The staff are on the ball and all really lovely, they all seem to know what they're doing, and everybody seems to be happy to help me”*. There is a pharmacist team on the ward called the Safari team which helps in the discharge process. Patients are sent home with two weeks supply of any medication needed and advice on how to use the new medication. Patients do still sometimes have to wait for medication before they can leave. The Safari team, work with the whole of the hospital providing prescriptions and medication. If a ‘fast-track’ patient is identified as needing medication, the patients on the discharge lounge must wait a little bit longer for their prescriptions, explained a staff member.

“The common theme that people will tell you about delayed discharge is waiting for medications. This is not always the case, there are lots of processes in between, and often the medication gets blamed for the delay because they are the last process.” (A staff member’s comments about medication delays). We were told information about ‘Carers Count’ is given out as it isn’t always the patient that needs the support, carers do too. Age UK’s services are used for transport, settling in at home, cleaning, shopping, and befriending.

Most patients are sent to the Discharge Lounge from the Emergency Department and Surgical ward. A staff member from the surgical ward said they can ask if there is a space on the Discharge Lounge, its easy as it’s in the same area. Other staff echoed this and told us that some wards use the Discharge Lounge more than others. The ‘clinic commanders’ give the list of who needs discharging, and the

Discharge Lounge try to accommodate. They have a lot of 'Green Cross' cases, that are ready to go home but can't get a care package in place or a care home to accept them, said a staff member.

The second & third visits were during the junior doctors strikes; the Discharge Lounge was not as busy as it normally is as the consultants were stepping into the places of the junior doctors. It was very busy when we arrived on day two due to low staff numbers and the nurse in charge dealing with an enquiry from a relative. The situation settled down later, but staff were continuously busy during the time we were there. We noted refreshments on a trolley and saw them offered twice during our second visit. Lunch was served at around 1pm. The areas looked and smelt clean on all our visits. Staff and our Healthwatch team on our first and second visit all commented about the heat on the ward.

On our final, third visit, the temperature was pleasant and most rooms with patients in had the window ajar, so it felt like there was plenty of good ventilation in these areas. On this day they had, had 9 referrals by 10am, the ward manager said this had been affected by the doctor strikes and usually they would expect to see around 18 to this point, so discharges were taking longer due to this.

During all three visits the Discharge Lounge felt different, mainly due to the room changes and moving the areas about to accommodate patients leaving the hospital. Support needs were being met where relevant. The current situation means that the Discharge Lounge must be 'reset' and furniture rearranged every day to consider patient's needs. A staff member told us that when doctors inform people on the hospital wards, they are leaving the hospital they don't mention the other processes needed before this happens. They explained there is a lot of administration to do, and the patient may still need nursing care, district nursing arranging, which can delay things sometimes. The patient thinks they are going and leaving the hospital there and then! There isn't a discharge co-ordinator on the Discharge Lounge as all staff arrange this and have good contacts with the care providers and homes. We found some patients were frustrated by waiting times.

“I don’t know how long I will be waiting, just that I was coming here, it would be good to have a guide of how long I’ll be waiting”? said a patient.

There is often a delay with patients being discharged to a place ‘out of area’ (classed as beyond West Yorkshire) as 24-48 hours is needed to plan for transport if needed. A staff member told us that care packages are not arranged for out of area patients as staff don’t have access to the relevant systems. We are unsure what happens in these cases.

Preparing for discharge

Discharge planning and information sharing.

We wanted to know how much information was shared or discussed with patients about their discharge from hospital. There were differing amounts of information or shared involvement from patients in their discharge. It did seem dependant on which wards they were discharged from. One patient from the orthopaedic Unit (ward 19) said they had been provided with contact numbers for the ward should they need to contact them once home. They had already received a text message with a confirmation of a follow-up appointment with a surgeon. They had been told they would be provided with more information on their individual needs and dressing care before leaving the Discharge Lounge.

“I feel I was kept in long enough to feel safe but short enough not to feel it was too long” said one patient. A couple of patients found out about their discharge the night or day before on the ward they were staying. ***“Yes, they have kept me in the loop”*** (Patient comment)

“I was told if I was feeling better today, I could leave and follow up with my GP, no other information provided other than to follow up with my GP who will be able to see my hospital notes.” (Patient comment)

We were told by a staff member that if patients’ expectations were managed better by informing them of all the different stages that need completing before a safe discharge can happen it would work

better. *"Most people feel when a staff member says you're going to be discharged that they're going to be discharged immediately, and that causes some confusion"* (a staff member's comment). Another staff member told us. *"Patients think when the doctor on the ward says they are ready to go home, they are going then – not waiting in another area. Conversations need to be had about timescales."*

One patient we spoke to said they hadn't had anything shared about the discharge process, *"I think these are my bags next to me"* they said pointing to some plastic bags on the floor. They said that their daughter told them about some plans, perhaps it was yesterday. One patient told us that they had been told the day before that they would be discharged so they had been able to tell their family member, so they had time to make arrangements to be there when they got home.

Timescales

We wanted to know if there had been any delays to discharge. One patient said ward staff started discussing discharge planning last week with them on the ward. They explained it was the care package that they were waiting for now as all the equipment is already at home. Another patient said that they were told this morning they were going home, but planning for discharge had been happening for around a week as it was initially thought they would be discharged somewhere else (Intermediate care) before going home but this seems to have changed. *"I've been fit to go for a week, when they stripped my bed, (on the other ward) I thought it might be today"* The patient was in good humour looking forward to going home. One patient said they were given the choice of leaving last night and coming back for some tests, they were glad they had made the decision to stay as the tests had, *"happened like clockwork"* they felt it had been a very seamless service and were unsure if it would have worked the same if they'd already been discharged. Another patient waiting for an Xray was surprised to be discharged today as the physio said **"see you tomorrow"** so they felt they would be surprised they have gone. They mentioned it would have been nice to say goodbye. No outpatient appointment was known or arranged for the

test they were waiting for. Another patient said they would like to know the next steps and plan for leaving, we asked if a staff member could support with this on our second visit. They updated the patient, but the communal room isn't very good for confidential conversations.

"I'm going home by ambulance as I cannot walk, currently I don't have any information about my discharge other than it's today". (Patient comment)

Staff told us how they keep families included in the planning or discharge stages, if appropriate. When the patient is ready to be discharged, family are informed where relevant. Discussions take place to arrange transport home with family, patient transport or community transport. Staff also speak to patients about things like access to the home, equipment needed and whether family can support if there is a delay in arranging social care. The patient is kept informed. *"Communication is key"* said a staff member. Survey results showed how staff felt the hospital discharge experience for patients, one said, *"very good"*, two *"good"* and one felt it was *"average"*. Two staff felt the new discharge paths were going well so far and two staff said they didn't know.

Waiting for discharge

Comfort of the environment

We wanted to know if the Discharge Lounge was as patients expected and how comfortable they were during their time on this ward. Patients commented on the fact that it was a little different than they expected with it been the Birth Centre and a few comments about the birthing pools in some of the communal rooms were made. These were patients' comments. *"Yes, I suppose so apart from the birthing pool – it's an okay space I can get on with things."* (Patient using one of the communal rooms). One patient told us they didn't know what to expect especially when they were told they were coming to the Birth Centre, but they felt happy with the environment, and said it was pleasant. Another patient echoed these views. *"Yes, very comfortable"*

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and I have been able to catch up on some sleep, it's nice to have my own room and not be disturbed by others".

A patient told us, "I didn't know what to expect and I was quite happy where I was. I don't know why they have moved me when I'm about to be discharged anyway but I assume they wanted my bed back." It was apparent when we spoke to people that they were unsure why they had been moved from the ward they were on if they were going home that day. Patients on the first and second visits commented on the heat and how the temperature was too high, this was mainly in the communal areas. *A patient told us, "It's very warm in here and the chair isn't very comfy, my bare legs are sticking to it a bit as the chair feels plastic and the leg rest doesn't feel right."* We did offer to ask for help to make them more comfortable, but the patient declined.

People in the side rooms seemed to be happy with the temperature and most people on our third visit seemed content with the temperature. The comfort of the patient was determined on if they were sitting in a chair or in a bed and how long they had waited in the lounge. The manager told us that a hot lunch is ordered for those patients they know will be with them for some time and sandwiches and snacks are available at teatime and throughout the day. There was some difference in how people felt about refreshments given on the different days. One patient told us. *"They get me a drink when I need"*. Another patient said they had been there a while (not sure how long) but hadn't had a drink or food. I asked if the patient could get a drink and some refreshments, a drink was offered, and I was told they were waiting for lunch. One patient told us they had ordered lunch on the previous ward in the morning but wasn't sure if they would get that meal or something different.

"I have a little bell, I'm okay really. I'm not here to need anything I was surprised to be having a meal". As we left, on day two a patient had fallen asleep and looked very uncomfortable, slumped across a pillow.

A patient we spoke to had been in the lounge since around 7.30am (our visit was after lunch) when they were transferred from the ward. They'd been told the day before that an ambulance had been booked for 3pm to take them home and had expected to stay on the

ward to get ready. They were taken to the discharge lounge as soon as had breakfast and said they had been sat in the same chair since then. They explained they had been in hospital for an extended amount of time mostly in bed. They weren't comfortable in the chair, said they couldn't relax and felt sore as they hadn't sat in a chair all day since arriving at hospital.

"Happy in the circumstances, didn't know what was coming up but couldn't fault care." (Patient comment). Another patient said they thought the care was good on the ward but poor in the discharge lounge (Comment on visit two). One patient said they hadn't had any refreshments yet and wasn't sure of the time as there was no clock and didn't know who to ask as nobody came into the room. Some patients on our second and third visit felt the temperature was okay when in nightwear sat waiting. Patients were able to have more control of the temperature in the side rooms choosing to open a window on request. *'I have been provided with a very comfy chair,'* said another patient. We could see leg props or stools had been provided to a patient.

Most patients we spoke to had been offered a drink, some had biscuits and cake offered also. one patient said, *"I was offered a drink on arrival, but I declined, hoping not to be here long enough to need one. But the nurse told me to ring the bell if I want one"* it seemed that some patients were reluctant to accept refreshments feeling it may delay their discharge or it could be wasted. Patients did seem surprised to be offered meals as felt they were leaving.

"Is this the discharge lounge?" (Patient comment)

This seemed reflective of a few patients that are discharged from the surgical ward on the same corridor as three patients on the same day didn't realise, they were on the Discharge Lounge, and it was different from the ward they had come from. Another patient said *"It's a funny place – this here?"* They said they weren't sure it was the discharge lounge until we mentioned it" Another said, *"I thought it would be bigger than it is, although this is the height of luxury in his chair"*.

“It’s a nice halfway house, I suppose although I’m unsure why I needed to move if going home. I know who I need to ask for if I need anything”. We were told bells had been provided and we could see evidence of this, and patients said they were encouraged to call for assistance when needed. Another said they could walk down to the nurse’s station and ask if they needed anything.

Health and safety

People are given access on to the Discharge Lounge using an intercom/door release system. There was hand sanitiser freely available along the corridor and we were told about areas to avoid due to infection control, on each visit, which also had a trolley outside the rooms to identify further. There were empty birthing pools in a couple of the communal rooms we visited but these had lids for safety. We were told that water facilities were flushed out in line with protocol including the birthing pools, even though these are not used. We noticed that the fire evacuation signs were displayed, but still say Birth Centre on them. There are often problems with the lift system which are frequently out of order and twice a day they are locked off for rubbish collections. This can disrupt the flow of patients to and from the Discharge Lounge. Porters have an access key to block access when needed and will always prioritise patients in beds.

It was clear the staff had thought about patient safety by placing vulnerable patients in a more ‘visible space’ opposite the nurse’s station. We witnessed staff wiping and cleaning chairs after patients left, ready for the next patient. Palliative discharge information is printed on pink paper and palliative medication is bagged in pink bags for easy recognise by the palliative care team and for family. Pink for palliative.

Duration on the Discharge Lounge.

We asked patients how long they had been on the discharge lounge. Some patients said they had been ‘a while’, not quite knowing how long, and other said between 2–5 hours. One patient mentioned it was difficult to know as there wasn’t a clock in the room. A patient told us they had been in the Discharge Lounge since 9am (after breakfast on

the previous ward) *"I have been told I'll be leaving after lunchtime"*. Another patient said they arrived at 10:15am and told they will probably be here for around an hour. They said they were waiting for medication. The patient was still there at 12:30pm; staff had explained the delay was due to Safari team having to prioritise medication elsewhere in the hospital. One patient told us they had been told about 1 hour (11.15am) – patient still there at 12.30pm. One patient we witnessed was still on the lounge at 12:30pm when we left, they had mentioned they arrived at 9.30am. Another told us they were waiting for paperwork, not sure on the time they would be leaving,

"As it's a fair distance for me I have a friend attending a hospital appointment around 12.30/1pm for themselves and I can get a lift with them back home if everything is ready. The staff seem eager to support this. I hope it happens otherwise a family member will have to make a long journey which seems silly."

One patient said they had not been given a timescale as to how long they would be waiting before discharge, as they were waiting for transport and information on some medication (staff told us that patients receive some paperwork at point of discharge with information about medication). Patients mentioned numerous times they felt looked after and some felt well informed too, but there was some frustration about getting home. *"I had breakfast in a corridor on ONE ward"* the patient explained they had been moved twice in a day. *"I've been waiting 3.5 hours. I've been told I will leave at 1.30pm"*. The patient seemed content, they were informed what was happening while waiting. The patient who thought they were going at 1.30pm did in fact leave at this time. Another patient we spoke to departed while we were there. One patient that had been there since 7am on our second visit was asleep in a chair, this was 2.30pm

As some patients were there for extended periods of time, we wanted to make sure that the facilities met their needs. Plug sockets were limited for patients to be able to charge their phones, which is important as many patients used these devices to email, watch TV or scroll on social media. One patient told us that a nurse had lent them a plug to charge their phone, but the plus socket was at the other end

of the room so may need to move soon. It was good to hear that patients were able to get a signal to use their devices as this is important when waiting or passing time.

A staff member commented on the lack of things available for patients to do and said, "*Time moves slower when you are waiting and even slower when you have nothing to do*". Lack of TV's available to patients was something they felt was needed but said that the 'chop and change' nature of the current set-up had made this a challenge and its "*hard to please everyone*" with the limited resources they had. They said that often the jigsaws, magazines, books etc that are available do not get used by patients.

Care, Choice and Dignity

During our observations patients were treated with care and dignity by all staff members, even during the busiest times. On our first visit there were a lot of staff working in the area and they were consistently making sure patients were comfortable and offering refreshments.

"The staff have been lovely and given me a drink and snack" said one patient. One patient said they didn't feel comfortable and wanted to be in a bed, but they said staff wouldn't listen, "*I'm not sure why they moved me to sit here*". On one of the visits a patient wasn't sure about their plans for discharge or the plan when they got home, we asked for support with this, and a staff member came and spoke to them about their enquiry. The manager said when patients come to the discharge lounge from the ward, they often think they are going home there and then. They don't understand the function of the discharge lounge.

All conversations at the nurses' station could be heard while we were talking to patients in the room opposite on each day, which felt like a risk to patient confidentiality. Our online survey asked staff if they felt anything should be included on the discharge checklist two staff said no it was okay, one comment was made about adding information about cannulas, which is something we saw written on a note on the exit door, something along the lines of remember cannula. We observed the staff being proactive and attentive ensuring patients

were safe and comfortable. We witnessed a patient leaving with the transport team and a staff member made sure they were okay and explained she would call their daughter to tell her that they were on their way.

Leaving hospital and homeward travel

Do patients feel ready to leave?

We wanted to see how patients felt about leaving the hospital, and if they felt ready at the time of their discharge. Most patients we spoke to felt ready to leave the hospital although one patient had some mixed feelings as they were worried about falling again. Another patient wondered if they needed a change in care package at home, with one less visit as they were unsure about the bedtime visit. Two patients confirmed plans were in place with either a care package or adaptations. *"Yes, I am (ready to go home) – the sofa is waiting."*

A patient told us about their readiness to go home and about them having a step assessment, to check they can manage at home. *"Yes, I have all I need, the SALT team have just been to see me again before I leave"* patient discussed the extra support given before discharge. One patient talked about their discharge being a bit of a surprise, *"I was a bit stunned. I felt I could have done with a bit more time to get my head around it. I had to phone my husband and he was a bit surprised so was in a panic having to get everything ready"* they felt more time was needed to prepare. Another said they felt they were ready to go home but were stopping somewhere else first for a period of time (they thought a care home) *"I think I would be okay at home"* they said. The majority did feel ready, but some felt more information was needed.

"It seems to be moving along but I just wish I had a bit more notice. I have my iPad too, so I have something to keep my busy," (Patient comment)

We spoke to some staff that were transferring patients' home and to the discharge lounge from wards. The porter told us they move patients around from wards into discharge lounge (or other wards). Transfers are mostly on the chair but sometimes patients are

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transferred by bed. They said they just go where they are needed, moving 20–30 patients a day, or more. They check that they are moving the right person, that they have all their belongings and then check with the ward where they are expecting the patient to be moved to. *“Sometimes we have different information, so I won’t move them until I have confirmation, they are going to the right place from the point of discharge to accepting the patient”* They explained they can be on the discharge lounge many times a day, where they safely drop a patient off, then head off to pick another up. A Yorkshire Ambulance staff member told us that they get allocated the jobs online, it can be 3 hours after the request was made that they get to them, so by then most patients are ready to go and have all their belongings and medication, “we are on the ward about 5–10 minutes, to do all the checks, such as the right patient and moving details”. They explained that the wait is often longer when discharging from a ward rather than discharge from the lounge, *“on here everything seems to be ready when we arrive, on the wards it’s a bit more chaotic and we can be waiting longer”*.

Homeward bound or onward travel

It was explained to us that when patients leave the hospital one third of them go with their families, a third with Age UK and about the same go with Yorkshire Ambulance Service (YAS). The patients we spoke to told us they were using hospital transport, due to either mobility, steps at the property or they were bedbound. Others told us that family members or friends were collecting them and one said they were making their own way home by public transport.

“I’ve been kept up to date with information it was good, I’m involved in the consultation about my discharge. I feel well looked after I’m ready to go now” (patient comment).

This patient was hoping that the delay to get home wasn’t very long. A patient explained that staff had asked who was collecting them and what arrangements were in place. They said they were making sure regularly they had a safe arrangement home which was good to know. The Trust provides a 30-minute window in the car park for pick up/drops offs. Patients are told not to arrange for their family to collect

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them until everything is ready for them to go home so that they do not come earlier. They provide their direct contact number to the family so they can call when they arrive and if they have the staff capacity to do so they will take the patients out to the family in the car park.

Staff, students, and volunteers

The staff on the ward were all very friendly and welcoming and the ones that we spoke to seemed to genuinely enjoy working there. Staff were attentive to patients despite being visibly very busy and the majority of patients said they felt well looked after. The senior staff (nurse in charge/ discharge ward lead) didn't seem to take a break during all our visits. We spoke to many members of the team over the three days, and we wanted to understand what it was like to work there. Katherine, the ward manager, although clearly under a lot of pressure every day came across as very calm and in control, this feeds into the rest of the team who also appeared very calm and collected.

One staff member told us they had built a really positive relationship with the ward manager who has provided them with great support and 'on the job training'. Most staff answering the survey worked at Huddersfield Royal infirmary and one at Calderdale Royal Hospital. Five staff agreed they felt comfortable speaking to a senior staff member if they had any concerns and these five also said they had been offered regular supervision and further training. One staff member said they had been offered some training to become a Trainee Nurse Associate (TNA). One staff member told us they had picked up lots of skills and knowledge from working on the Discharge Lounge and is confident in arranging discharges when working as bank staff on other wards. We were shown a student booklet for staff on placements.

The comments we gathered on the online survey showed that most staff were part of the team that discharges from the hospital, only one staff member occasionally did. Five said they worked on the Discharge Lounge and the others either discharging from the wards or other involvement. Some staff discharged patients from the wards

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also. One staff member said that there's sometimes a challenge with the higher staff turnover on the Discharge Lounge because some people mistakenly think it's an easy job, but in reality, it can be very busy. Another staff member, who has been there for a few years, enjoys working on the ward and praised the excellent staff team. However, they mentioned a reliance sometimes on agency staff, and although many are good, it takes time to train them due to the nature of the work. This training process ends up consuming the time of permanent staff. A staff member mentioned that some bank staff find the experience rewarding and choose to return, while others may not be as keen. The manager mentioned that a bank staff member that was working on the ward that day were really good, and they like to book them regularly to work there. Overall, these insights shed light on the challenges faced by staff at the Discharge Lounge.

Next steps

Follow up information.

We were shown the information given to patients when they leave the discharge ward. The pack is tailored to each person dependant on what they need. There is a welcome letter, referral form for ongoing care, information for the patient and carers, district nurse information and palliative care information where need.

We were told by staff that the discharge pack is given when patients are leaving, not when they arrive on the ward. We didn't see patients with the welcome letter which we feel would be more helpful on admission to the ward. Patients are discharged with a clinical discharge summary that gives details of medication and what/when to take, why they've been in hospital, what examinations they've had and so on. The ward contact details are on here in case the patient wants to check anything. We were told by a staff member that medication prescribed is written down and documented to take home. Documentation of pain relief given in the hospital or information regarding dosages is hard to say if moving wards a staff member said. When speaking to patients there was a varying amount of information patients already knew about the next steps once discharged. Most

patients told us they were not sure what was happening next as they hadn't been given the information to go home with or told the next step when home, such as care package and dressing changes. There was a little anxiety about how to contact district nurses or if they will contact them once home *"I know when I leave the district nurse will be involved but I have no idea how I'll contact them, I'm guessing they will contact me"*. Some patients spoke about some new arrangements that were happening at home, such as new equipment to support or care packages. One patient mentioned they hadn't been checked to see if they could walk upstairs or steps.

"I do have a short window of time I am able to ring and go back on the ward (24hours). Information given about what to do if any signs of concern after the 24hours back through A&E" (Patient comment) *"I have no medications they're being done. I'm guessing it's what I've been taking for 3 weeks now but won't know until they've got them ready"* (Patient comment)

How is discharge from hospital working?

What works well?

Patients told us that what worked well on the discharge lounge. A patient commented *"All staff seem on the ball, 'have treated me well both on the ward and at the discharge lounge"* other patients' comments were similar, *'looked after', 'organised and working well,'* (Patient comment)

"The most important things for me are to know what happens next and I have been given this information from the nurses on the ward and to know how long I am going to have to stay in the lounge before I am ready to leave, they have told me an hour. If it was longer than that it would be good to have something to pass the time." (Patient comment).

"They are all doing their best here", said a patient to us when we asked what worked well in the discharge lounge. Staff told us what works well

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regarding discharge from the hospital wards as well as the Discharge Lounge. When patients are discharged from the ward, they have the advantage of staying in the same place (ward) and not having to move elsewhere around the hospital which was mentioned as a positive for patients, more continuity of preparations was another comment.

In the Discharge Lounge patients have an area that they know they will be going home from but also allows the ward to make space for new patients and supporting hospital flow. *"Stress free pathway to free up beds earlier in the day"* (Staff member comment). Another said that the team were experienced at booking transport, liaising with family, good networking built with care providers and care homes and that the staff communicated in a quiet, controlled environment. Comfortable chairs for patients were mentioned as a positive in the discharge lounge and access to TVs, radio and games. One staff member felt it was a much better environment for dementia patients also not over stimulated. This area gives staff time to talk and answer any questions, time to teach and explain new medication.

"We release time to care on the wards, we have a safari pharmacy team for discharging medication". (Staff comment)

Here are some more comments from staff; *"It's a nice place to be. We support patients with their medication to go home. Our patients have called us a VIP service."* Another staff member said *"the communication between the nursing staff and the pharmacy team works well together. Staff often will tell us that an ambulance has been booked as transport and then we immediately go out and get the medication"*.

"I think we go the extra mile for our patients. the patients are grateful of the treatment, and some have called it VIP We have a lot of contact with wards". (Staff comment.)

"I think the discharge lounge is an asset to the hospital. They should be given a purpose-built area, to have all the facilities they require to support the patient and the flow of the hospital." (Staff comment)

Ideas for improvements.

Patients told us what would improve their experience on the Discharge Lounge.

- Temperature regulation
- TV (to pass the time).
- Clock in lounge.
- A realistic timescale for discharge

"It's a pleasant environment but there's not much to do" This patient said they weren't aware of jigsaw books etc available but would not be interested in them anyway if staying longer.

"I'm happy enough" another patient said *"I think it is okay but let's see what time I leave and then I might think again"*. (Patient comment)

"I'm okay but the poor lass over there has been here since this morning and doesn't know when she is leaving – that's a long time. I will have been here about 4 hours when I leave." Said one patient.

Staff told us what they thought might improve discharge from the wards would be:

- ✓ Advanced preparation of TTOs (we believe this refers to a discharge prescription – also referred to as To Take Out)
- ✓ Patients not having to wait for medications and paperwork.
- ✓ The Discharge Lounge needs to be the 'gold standard' for all discharges, with experienced staff so ward staff have time to care for patients who most need care and treatment.

Staff felt that there were some improvements that could be made to the discharge lounge:

- ✓ A bigger more permanent place, a space just for their service to use.
- ✓ A bigger team.
- ✓ Earlier transfers from the ward (to help make things easier for patients and carers)
- ✓ Better bathroom facilities needed in the seated area (one toilet for the room to share.)

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- ✓ The communication between the other wards could be improved in some cases.
- ✓ It works better if the discharge ward gets the transferred of care list the day before, this means the pharmacy prescriber can start the planning stage for medication to be discharged with. This doesn't always happen.
- ✓ If there is a discharge co-ordinator (on the ward discharging to the lounge)) this is often easier, transfer of care list and package of care information.

Conclusion

We were made to feel welcome during our visit and staff did their best to speak to us about their experiences of working on the lounge even though we could see this was a really busy service. We could see that staff enjoyed working on the unit as there was a real team spirit about how they problem-solve and make it as good as they can for the patient, this was apparent in all conversations we had. The area used currently as a "lounge" is crowded but works okay. The staff do a lot to sort out discharge "behind the scenes" but the physical environment seemed to dominate patient's experience. The temperature needs looking at and regulating if the area is to be used for an extended period.

The Discharge Lounge needs to be moved to the new Discharge hub as soon as possible, not only to improve the environment for patients but workload for staff. We are hopeful that the feedback we have gathered from staff and patients will be used to inform how the service will be delivered in future. If the new space allows Healthwatch wondered if different zones for patients to choose or move around in would make it more interesting space to wait. Perhaps a TV or radio in one area and some games or reading material in another. If there are no windows to look at the view, we suggest making use of the walls, with pictures to look at, maybe of the local area to encourage conversations. Seats could be positioned in clusters around tables to make a more relaxed environment and to give people a sense that

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they are moving out of a hospital environment and back to their normal lives. We wonder if a few recliner chairs could be used if no bed space is available so that patients who have been nursed in bed on a ward are more comfortable, rather than going from a bed straight to a normal chair. We hope that the new Discharge hub will feel more informal and comfortable with more activities that are easier available and a more relaxing space.

For now, before the move, we feel it is important that patients have more information about timescales and the reasons they have been moved to the Discharge Lounge. We found from our conversations with patients that they might get involved in reading or do jigsaw or even take up the offer of refreshments if they had known the wait was over a certain time. We also feel that the success of the lounge should be celebrated wider and publicised better so that other wards use the facility more. The lounge takes away the hassle associated with discharges, especially those that are more complex and other wards could benefit from this.

Recommendations

Our recommendations	Managers comments
<p>We recommend managing patient expectations and timescales on the length of stay on the hospital discharge lounge or on the ward once the decision has been made regarding their discharge home or to their next destination.</p> <p>We suggest the hospital Trust find a solution that works for them to share information on the wards and explain the many processes needed to provide a safe discharge.</p>	

<p>Explaining to patients the length and why they may be moving to a discharge lounge helps the hospital. This action will support patients and the wards or discharge lounge to work more effectively to keep patients informed.</p>	
<p>We recommend the 'welcome to the Discharge Lounge' leaflet should include discharge from the wards. We suggest the leaflet could include a frequently asked questions section and include information about how long patients may wait before leaving and what to expect in each area. This leaflet is to be given to patients on entry to the Discharge Lounge or on the ward you are discharged from at the time of the decision. We feel this will then stop people refusing refreshments or activities due to thinking it will delay discharge from the lounge. It will also help to answer patient questions, freeing up staff time to provide quicker discharge.</p>	
<p>We recommend providing a clock, tv, or radio in the discharge lounge. Also, that the activities are more visible for patients to see and use. This small change would help patients pass the time spent in the lounge.</p>	
<p>We recommend that information regarding things like medication, district nurse or care provider visits is explained just before leaving the hospital and this is sent with the</p>	

<p>patient in written format so that they have it to refer to.</p> <p>A record of medication should be provided, showing when the last medication has been taken and how many more doses are due on the day of discharge. This would help to keep patients safe and informed.</p>	
<p>We recommend that leaflets for patients (currently in the corridor) should be placed in an area where patients can see and access them in the new discharge hub.</p>	

Response from Calderdale & Huddersfield NHS Foundation Trust

The Trust would like to thank our partners at Healthwatch for their focussed work at the Huddersfield Royal Infirmary Discharge Lounge. We found the recommendations really helpful when prioritising areas which could improve the experience of care patients, relatives and staff receive, and have taken action to address each recommendation.

The discharge lounge information has been redesigned and is already being used by patients. Both clocks and televisions have been purchased, and radios are in place. Information leaflets are available in a central area, close to the nurse's station, and staff are ensuring that patients receive regular updates throughout their stay to keep them informed of progress. Staff are also telephoning patient's next of kin on both arrival and discharge from the discharge lounge to ensure they too are updated.

Staff in other areas of the Trust have received packs providing detailed information about the discharge lounge to help them prepare patients for their transfer to the lounge, and we have started to work with our pharmacy team to improve the written information relating to medication and when it was last taken.

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We recognise that the signage and the current area used for the discharge lounge can impact on the experience patients receive, and are pleased to share that the discharge lounge is due to move to a discharge hub by autumn 2024. The recommendations will help the Trust to ensure we address these aspects when finalising plans for the new area.

In the meantime, follow up phone calls to some patients who have spent time in the discharge lounge, two weeks after their visit, have started. This will help the Trust to understand if the actions taken have improved their experience of discharge, and identify further areas where we can improve their experience.

The Trust looks forward to welcoming Healthwatch to visit and see the changes which have been made following their insight, within the new discharge lounge in 2025.