Enter and View Report

Charing Cross Hospital Discharge Unit, 11th & 14th October 2021

A report by Healthwatch Hammersmith & Fulham

healthwatch Hammersmith and Fulham

"I've been looked after well, on the ward and in the lounge.

I'm really looking forward to going home now, to have a decent meal!

Been waiting a long time, not really sure when the transport will arrive."

Patient

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Visit Details	
Service Visited	Discharge Unit, Charing Cross Hospital, Fulham Palace Road, London W6 8RF
Manager	Pohlin Chung
Date & Time of Visit	11th and 14th October 2021, 3.00pm – 5.00pm
Status of Visit	Announced
Authorised Representatives	Nadia Taylor, Darren Morgan
Lead Representative	Nadia Taylor

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is 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.

Further to this, due to COVID-19 restrictions in place, we were not able to observe the discharge process from start to finish and therefore our report is not fully comprehensive of the whole discharge process.

1.3 Acknowledgements

Healthwatch Hammersmith & Fulham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, two Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Charing Cross Hospital – Discharge Unit

On 11th and 14th October 2021, we visited the Discharge Unit of Charing Cross Hospital. The hospital is operated by Imperial College Healthcare NHS Trust.

The unit is staffed by 2 nurses, 2 Health Care Assistants (HCAs) and 1 porter.

2.2 CQC Rating

The CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Charing Cross Hospital was last inspected by the CQC in February 2019.

The subsequent report rated the service as 'Requires Improvement' overall, with individual ratings of 'Good' for being effective and caring, and 'Requires Improvement' for being safe, responsive, and well-led.

On discharge specifically, the report found that arrangements to assess, admit, treat, and discharge patients did not meet national standards (though specific examples are not highlighted).

2.3 Online Feedback

The Care Opinion review page contains mixed feedback, with the majority of reviews positive in nature.

2.4 Focus of the Visit

'Discharge to assess' model was introduced in 2020 to cope with the demand for hospital beds during the peak of the COVID-19 pandemic. The purpose of the model was to discharge patients from hospitals faster by having their ongoing care needs assessed at home.

Following the implementation of the new discharge model, Healthwatch England conducted a research project together with British Red Cross where they spoke with nearly 600 people that had been discharged from hospital during the pandemic. This report highlighted the hard work by the NHS staff, but also raised some inconsistencies in the implementation of the model across NHS Trusts in England. For example, lack of follow-up visits and care assessments at home and discharge of patients at night-time without having transport arrangements in place.

Based on their findings, Healthwatch England made a number of recommendations on how to improve the discharge model. In October 2021, an updated hospital discharge guidance that makes improvements to the issues highlighted was published.

The improvements include ensuring patient safety first by avoiding discharge at night and always informing patients of the next steps in their care. Other improvements include signposting to voluntary and housing sector partners; holistic welfare checks to

determine the level of support needed; involving and assessing needs of carers in the discharge process; and ensuring clarity of which staff members are responsible for each step of the discharge process and arrangements.

Healthwatch Hammersmith & Fulham received permission from the Imperial College Healthcare NHS Trust to make two visits to Charing Cross Hospital to observe how the patient discharge process is currently being implemented locally.

3. Executive Summary of Findings

Our analysis is based on the feedback of 6 patients and 5 staff members.

This is a summary of key findings – see sections 4 – 6 for findings in full.

General Environment

Notes

- The discharge unit is situated on the ground floor of Charing Cross Hospital.
- There is currently room for around 6 patients.
- It does not have a designated bedded area for frail patients, who currently remain on the ward for collection by patient transport. There is a plan to install beds in the near future, which would free-up ward capacity.
- The unit says that tea, coffee, hot chocolate, and biscuits are regularly offered to waiting patients, as well as lunch boxes with sandwiches. Patients may also select meals from the main hospital menus. Basic kitchen facilities including a microwave oven are available.

What has worked well?

- The unit is secure and accessible (a buzzer press is required, upon which reception will open the sliding doors).
- There is plenty of room, seating is comfortable and tables adjustable.

- At the time of the visit, all areas were clean.

What could be improved?

- The unit is not included in the general list of departments, at main reception.
- The overall waiting environment is plain and lacks colour.
- At the time of the visits the air conditioning was not switched on and the room was hot.
- A TV was on - however at very low volume so it was impossible to hear.
- We did not see a noticeboard.

Covid-19 Protocols

Notes

- Patients who test positive for Covid-19 are not accepted.
- If transferring to a care home, proof of a negative test will be requested.
- All staff have a lateral flow test twice a week, whether they have symptoms or not.

What has worked well?

- Hand sanitiser and face masks are freely available, and seating is socially distanced.
- During the visits all staff and patients were wearing masks.
- The discharge checklist contains a section on Covid-19.

Transport and Follow-On Support

Notes

- Transport timing is not under the direct control of the unit – this is a frustration for patients and staff.
- Unit staff liaise with the ward on discharge arrangements and documentation.
- Special requirements (such as mobility) are communicated with transport staff.

What has worked well?

- The unit has produced its own checklist, which is reviewed periodically.

What could be improved?

- Feedback suggests that hospital transport often takes a considerable amount of time (average of ninety minutes). Waits for 'two-man' crews are significantly longer.
- Estimates of arrival times are frequently inaccurate, resulting in frustration for patients and staff members.
- Elderly cared-for patients have been discharged and delivered home where there is no food.

Medication

Notes

- A medication checklist is available which unit staff routinely check with the patient.

What could be improved?

- Two patients were not talked through their medication, in one case causing confusion and frustration. Delays were also reported.

The team at the Discharge Unit provided the following response:

"As with transport the timeliness of patient medications being dispensed is also an ongoing challenge and relies on multiple steps being put in place. The ward nurses/ward pharmacists (where relevant) will go through all of the patient's medications before they leave the ward. Where patients are sent to the discharge unit to wait for their medication to be dispensed, the discharge unit team will collect them and will then go through the medications with the patients. However, there is an opportunity for us to ask the patient whether they are happy with taking their medications and if they have any questions and to go through them again if required."

Staffing

Notes

- During both visits we were met promptly on arrival and staff members were welcoming and engaging.
- Staff appeared to have a good rapport as a team, and to be mutually supportive.
- All staff members were cheerful and accommodating towards patients.

What has worked well?

- The unit says that staff have 'good relationships' with ward managers/sisters.
- Training is accessible and staff may make suggestions to aid personal development.

What could be improved?

- There is no consistency with patient flow, some wards send more patients than others and this may depend on 'who is on duty at the time'.
- Ward managers do not currently include the unit in meetings.
- New ward staff do not visit the lounge as part of their induction.
- The unit acknowledges there needs to be 'more departmental engagement'.
- There is a delay in delivering the manual handling training, as the latter session has to be in-person.
- Transport delays sometimes mean that staff go home well after official closing time.
- The staffroom could use a makeover, it is poorly planned and sparsely decorated.

Based on findings, we have made several recommendations (see section 7).

4. General Observations

During the visits, the Authorised Representatives made the following general observations. The team at the Discharge Lounge have provided a response to some of these and we have included them below the relevant observations.

Location and Signage

Observations

- The Discharge Unit is situated on the hospital ground floor, behind the lifts in the main building of Charing Cross Hospital.
- On arrival at the hospital main reception, we noted the unit is not included in the general list of departments. We were collected during both visits, however those visiting would need to ask for directions.
    - **Response from the Discharge Lounge:** *"We will work with the estates team to rectify this."*
- The unit is well signposted within its corridor.

Accessibility

Observations

- Entry requires a buzzer press - which on all occasions was responded to promptly.
- The doors are automatic.
- Inside there is plenty of room. We did not observe any obstructions or hazards.
- Tables are adjustable and height may be set.

Covid-19 Protocols

Observations

- Hand sanitiser and face masks are freely available at the hospital main reception.
- Hand sanitiser is also available on entering the unit (just inside the door and very noticeable).
- Sanitary wipes are available on the waste bin.
- A Covid-19 notice is displayed.
- All patients and staff were observed to be wearing face masks, and socially distanced.

General Environment/Facilities

Observations

- The unit is self-contained, with a staff desk, waiting area, nearby toilets as well as a staffroom containing a small kitchen.
- The waiting area has 6 chairs, which are substantial (well padded) and comfortable.
- At the visits, all areas were clean.
- There are pictures on the walls, however the overall environment is plain and lacks colour.
- Air conditioning was not switched on. It was warm, and one staff member was visibly hot and uncomfortable.
    - **Response from the Discharge Lounge:** *"Unfortunately, there is no air conditioning in the discharge unit. We will work with our estates team to review the possibility of air conditioning being installed."*
- A TV was on, with general programmes available - however at very low volume so it was impossible to hear.
    - **Response from the Discharge Lounge:** *"The discharge lounge staff have fed back that some patients prefer to use their own devices for entertainment. In addition, a number of patients don't like the noise. We agree that the choice of where the TV is currently located is not effective. We will consider relocation of the TV to main sitting area and possibly sourcing a larger screen for patients with visual impairment. We would like to explore this further with our patients"*

Noticeboard/Information

Observations

- We did not see a noticeboard.
    - **Response from the Discharge Lounge:** *"There is a noticeboard in place above the radiator, but we will review what is displayed there to ensure it is more visible and therefore useful"*

Additional Observations

Observations

- During both visits we were met promptly on arrival and staff members were welcoming and engaging.
- The Enter & View Visit poster was displayed, with associated questionnaires also available.
- Staff appeared to have a good rapport as a team, and to be mutually supportive and well co-ordinated.
- All staff members were cheerful and accommodating towards patients. We noticed that chocolates were available.
- We aimed to speak with patients waiting for their discharge in the wards during the second visit, however none were being discharged at the time.

5. Patient Feedback

During the visits of Monday 11th and Thursday 14th October 2021, we engaged with 6 patients in total.

We asked questions around the general experience, environment, staffing (including communication and involvement), Covid-19, medication, and follow-on support.

Case Study - Patient A

Notes

An elderly male patient was being discharged, having spent 3 days in hospital following a fall. He thought he had had a “funny turn” but as he had had a complex heart bypass surgery in the recent past, he was admitted for closer monitoring. He seemed rather frail.

He was informed by a nurse that he was being discharged that day and was very pleased to be going home. He had been waiting for nearly 3 hours for patient transport.

Experience on the Ward

He had been well looked after while in hospital but did not enjoy the food which had not appealed, and he had also found the portions small. He sometimes did not receive what he had ordered.

Discharge Lounge Environment and Staffing

He said he was relatively comfortable in the lounge but had grown restless due to the prolonged wait for hospital transport. Although he found the staff "nice", he was frustrated because he had been told several times that he was being collected by patient transport "imminently", "very soon" etc. Nonetheless, he was in good spirits, and said that he had been offered a drink, which he had declined. He had last eaten on the ward and did not have a lunch box to take home with him even though he would not be able to go shopping or prepare food immediately upon arriving home. However, we did later find out that he was receiving help from carers, as well as friends and neighbours. He was collected by patient transport about an hour after our visit started.

Covid-19

The patient did not have any concerns about Covid either on the ward or in the lounge and said that he had been tested upon admission.

Medication

He had also had to wait for his medication for longer than an hour, prior to coming to the unit, so altogether the waiting time had been over 4 hours. He said no one had gone over his medication with him but he intended to read the instructions when he got home. He was told that he would receive a letter with a follow-up appointment.

Follow-On Support

Upon discharge he was being taken back to his flat, where he lives alone and "rather independently" but relying on carers and supportive friends and neighbours.

He did seem confused about who would look after him at home, but it transpired that carers come to help out and he also gets help from friends and neighbours. When asked if he knew who to call if things went wrong, he said the GP though he seemed uncertain.

He was very engaging and shared how much he missed being young and the travelling he used to do. His serious heart condition had really taken a toll and he was aware how dependent he was on support from friends and neighbours.

Case Study - Patient B

Notes

An elderly female patient who was admitted for an operation. She seemed in pain and needed raising support for her leg. She seemed very frail and in great distress. She has been told she would be discharged that day by a nurse, having stayed in hospital for over a week. She had been waiting for patient transport for over 2 hours.

Experience on the Ward

She was happy with the care she had received in hospital. She had been given a walking frame.

Discharge Lounge Environment and Staffing

She said that she had been given pain relief, as well as some food to eat while there. She was desperate to leave and asked for an update on the transport and was told she would be picked up "soon". She had earlier requested a sandwich and was told that it was coming but we never saw it arrive. She was picked up by hospital transport after approximately 3.5 hours' wait.

Covid-19

In terms of Covid-19 measures, the patient said she had been tested on/prior to admission (she could not remember for certain) and felt safe both on the ward as well as in the lounge.

Medication

She had been given her medication and said she had also been given instructions on how to take it, and a follow-up appointment had been arranged.

Follow-On Support

She was being taken home after hospital where she receives help from carers. She said that if any problems developed, she would be coming back to A&E as she did not think her GP would be helpful.

Case Study - Patient C

Notes

A female patient who had been in severe pain and had contacted her GP on several occasions before being admitted, but the practice had been unhelpful and instead of a face-to-face appointment, had offered her a telephone appointment. She was very upset and came to A&E instead, from where she was admitted and had stayed in hospital for 3 days. She reported to feeling much better, but the pain had not gone away. She had been waiting for nearly 3 hours at the discharge lounge.

Experience on the Ward

Although she appeared frustrated with the long wait and the confusion with her medication, she was pleased that her hospital stay had resulted in her pain subsiding.

Discharge Lounge Environment and Staffing

She was very frustrated with the long wait at the lounge. She was collected after a wait of just over 3 hours.

Covid-19

She did not have any concerns regarding Covid and felt safe in the hospital environment.

Medication

She was very confused regarding the medication she was being discharged with and informed us that no one had gone through it with her on the ward. Upon checking the medication while in the lounge, she had discovered that one of her medications contained an empty container. She was frustrated and asked one of the nurses in the lounge to check with the ward. The nurse went to the ward and returned with the explanation that one of the medicines was supposed to be taken in halves and the empty container was to enable the patient to store the remaining half.

Follow-On Support

When asked if she knew who to contact in the event of any problems, she said she would come to the hospital because she had no faith in her GP. She said that her sister and a neighbour would be helping her, as well as her grown-up daughter aged in her late 20s.

Case Study - Patient D

Notes

A middle-aged male patient had come in for an operation to remove a small tumour after a cancer diagnosis. He was very sore due to the operation and in a great deal of discomfort so was reluctant to engage for long. He had been waiting for about 1.5 hours.

Experience on the Ward

He was very eager to get home to a nice home-cooked meal as the hospital food had been "awful" and not enough.

Discharge Lounge Environment and Staffing

He had been told to expect patient transport soon. He was collected within just under 2 hours.

Medication

He had not been given medication to take home, but a follow-up appointment had been arranged when he hoped to find out more about the outcome of the operation.

Follow-On Support

His wife had brought him into hospital and was waiting for him at home.

Case Study - Patient E

Notes

An elderly patient with impaired hearing and vision. He appeared to have memory loss as he thought deeply about many of the questions and did not answer any with certainty. He had been in hospital for six weeks and was being discharged back to his sheltered accommodation. He had been waiting for around an hour.

Experience on the Ward

He was unsure who notified him of discharge, and when, however he thinks it was around two days ago. He did not recall receiving a discharge summary or additional information to take home.

Discharge Lounge Environment and Staffing

He said he felt comfortable and had been offered tea and coffee. He was still in the lounge on our departure, two hours later.

Covid-19

When asked about Covid-19, he said that he felt 'entirely safe'.

Medication

He had his medication with him – his usual prescription and so was 'familiar with the regime'.

Follow-On Support

The patient did not feel 'ready' for discharge. He says he lives alone and there was a lot of repairs needed to be done to his house to make it more habitable. He did not recall having any discussions with staff about follow-on needs and support, however, immediately after our interview, a social worker called him into a private room.

Case Study - Patient F

Notes

An elderly and very frail female patient was waiting in the lounge. We approached her and realised communication would be very difficult because she was very hard of hearing, having just had an operation in her ear. The staff members at the lounge informed us that she had been waiting for over an hour at the lounge. She was collected by patient transport after just under two hours.

6. Staff Feedback

During the visits we interviewed 4 members of staff - 2 Nurses, 1 Health Care Assistant (HCA) and 1 Medication Specialist (hospital-wide). We also received feedback from a Ward Manager, who completed a questionnaire following the visit.

6.1 Senior Discharge Nurse

The Senior Discharge Nurse has worked at the unit for 2 years.

Waiting Times

Do patients know what to expect (do they know when the transport will arrive)?

As far as possible. It's a challenge as there can be problems with transport. Delays mean patients can get upset and angry, but our hands are tied, and we don't have direct control.

Are patients informed of any delays?

Yes. And sometimes we need to be proactive with the transport co-ordinator. There are shortages of two-man crews, resulting in delays.

Generally, we also keep records – a spreadsheet outlining attendance and timings.

Involvement

How do you know about any specific needs or requirements?

We check the patient's medical record to see what they were in for and get details of any plans and treatment. Wards are so busy, sometimes they don't have time to complete the paperwork, so we go up and assist. Any specific needs are stated in the 'additional information' section of our discharge checklist and patients can fill in some things as well.

Sometimes we need to empty catheters or administer medication – which is why the lounge has trained nurses.

Any other comments on involvement?

We do the rounds upstairs to assess for potential discharge. Patients are assessed for suitability and discharge lounge staff make the decision – we need to make sure patients aren't disruptive towards other patients or staff. We print off the medication list to ensure everything is dispensed and liaise with the ward on the 'Key Safe Code' (who gets the keys to the patient's door).

Environment

Do you think patients are comfortable while in the lounge?

You can see, some patients look tired and when there are delays, we are frustrated for them. There are only chairs, and they can't lie down.

What Covid-19 procedures are in place?

We've added a section to our discharge checklist and no more Covid-19 positive patients are accepted. If transferring to a care/nursing home, staff will ask for a negative result.

General

What do you feel works well about the discharge lounge?

The unit improves bed flow – wards have capacity problems which affect their capability. Bringing patients to the lounge, therefore unblocking beds helps to improve this. Working together with wards upstairs, we build good relationships with ward managers/sisters. By working together 'flow is smooth'.

Inpatients come here as there are nurses. Some patients complain of pain, and we can dispense medication – including their own. It's like an extension of the ward. Neurology patients in particular may need to take their medication every four hours and it's extremely important that this happens.

What do you feel could be improved?

There's no bedded area in the lounge and we can't take stretcher patients. It would be useful to have the beds – there used to be 2 upstairs and (due to the pandemic) now there are none. It would be practical to do it here, and we have a plan to implement [points to a chart on the wall]. If the beds are upstairs, it means resources are split.

With the wards upstairs there's no consistency. It depends who is on duty – a particular sister may not send us patients. Ward managers should include the discharge lounge in meetings and new staff should visit the lounge as part of their induction. We need to do more departmental engagement.

Staffing

Have you received any training, including recently?

Training is accessible. We're also open to ideas, such as visiting the discharge lounges of other hospitals.

Do you feel that management are supportive towards staff generally?

Yes, management are supportive.

Do you feel that anything could work better?

Due to transport delays, there are occasions where we have to stay until 7pm (2 hours after closing time). That happens around once a month.

Can you tell me what you enjoy most about your job?

It's an opportunity to talk to patients and have a chat, when you say hello patients open up for you. You learn about their experiences. Also, it's different to being a nurse on the ward – you're able to meet staff upstairs, and all over the hospital, you're not confined to a particular unit. And you have more of a chance to sit and talk with patients.

And what do you find most difficult?

Nothing to add.

6.2 Discharge Nurse

The Discharge Nurse has worked at the unit for 2 years.

Waiting Times

Do patients know what to expect (do they know when the transport will arrive)?

We do our best. Patients who live around the corner (such as Fulham) don't understand it if they're waiting for two hours.

Are patients informed of any delays?

Yes. The transport co-ordinator works closely with the discharge lounge.

Any other comments?

Our patients should be prioritised as they just have a chair to sit on. They don't realise 'this patient really needs to go home'. For a two-man crew, it can be a very long wait.

Involvement

How do you know about any specific needs or requirements?

We check what patients are sent home with and sort out any medication issues. We also need to specify needs (such as mobility) to drivers on handover.

Any other comments?

We explain the transition from ward to home. We have to call social services or the care home when they leave the lounge.

Environment

Do you think patients are comfortable while in the lounge?

We have very basic things here – patients have all the necessities and that's it. It's functional.

How often are they checked on – are they offered refreshments, or asked about needs?

Our patients are looked after, and we provide lunch and refreshments.

What are your thoughts on the general environment? Is there anything you particularly like, is there anything that could be improved?

We can only take specific patients - those who are independent as they need to be sitting. Some look quite frail. The discharge lounge is the last thing patients remember.

What Covid-19 procedures are in place?

Yes we have needed to make adjustments. We're only taking negative patients – and all staff have a lateral flow test twice a week, whether we have symptoms or not.

General

What do you feel works well about the discharge lounge?

It allows patient flow – so acute care units can accept patients from A&E.

What do you feel could be improved?

Sometimes paperwork is not done, you have to chase doctors and medication, and nursing changes can be problematic. Our work depends on many people – everyone upstairs is so busy and sometimes it can be quite difficult.

There is a plan to install beds, I don't understand why this hasn't already happened. If we have them here it frees up 2 nurses upstairs (HCA/Nurse).

Staffing

When you started here, do you recall receiving an induction?

Yes.

Have you received any training, including recently?

Regular nurses have to revalidate every 3 years – it's different here as we're doing more limited things.

There are a lot of Zoom courses. No dates yet for manual handling even though it's supposed to have happened (now outstanding). We did the first 30 minutes but need a face-to-face session for the remainder. We have no influence or control over the dates.

Do you feel that management are supportive towards staff generally?

It's good, we all feel involved and there's a lot of teamwork. We don't stress one another.

On your work and working conditions, do you feel that anything could be improved?

The staffing area is 'a bit grubby'.

Do you feel that anything works particularly well?

They're not strict about breaks – we tend to take them when most convenient. The working hours are also good, long days or nights really don't agree with me.

Can you tell me what you enjoy most about your job?

I enjoy the contact with patients and for some it's a revolving door – they leave and come back at some point.

You can't compare this to working on the ward, which from an experience was an 'absolute challenge'.

6.3 Health Care Assistant

The Health Care Assistant (HCA) has worked at the unit for 3 years.

Waiting Times

What are the discharge lounge opening times?

9.00am – 5.00pm but extended sometimes because of transport delays.

How long on average do patients have to wait?

The average wait for transport is around 90 minutes but it varies. For a one-man crew it's quicker as there aren't so many factors, for a two-man crew it can take time and delays are more likely.

Do patients know what to expect (do they know when the transport will arrive)?

We update the patients as they may become anxious about delays. We liaise with transport. Sometimes details are on the system, we also call the drivers for real-time status updates.

Are patients informed of any delays?

Yes, we notify them. Patients can get anxious about transport delays, and we try to keep them calm.

Involvement

How do you know about any specific needs or requirements?

Any special needs are flagged on the summary document - patients who are epileptic, deaf, or blind for example. Personal support is offered, and we ask patients what they want and need. Patients who may be disruptive aren't sent down as it might impact on others – those with challenging behaviour, or likely to wander around.

Patient notes are sent down from the ward and nurses fill in all necessary information – the reason the patient is being discharged, whether they need assistance, if medication has been issued, arrangements for collection, who to call/contact. There is also the 'key safe code', for example if a family member has to let them into a property. We use paper records and there's an electronic checklist.

Environment

Do you think patients are comfortable while in the lounge?

They are comfortable, apart from the delays and some become angry.

How often are they checked on – are they offered refreshments, or asked about needs?

Patients are offered food and drink, much as they would be if still on the ward – they can select a meal from the hospital menu (booklet). We have microwave facilities and hot drinks include tea, coffee, and hot chocolate.

What are your thoughts on the general environment? Is there anything you particularly like, is there anything that could be improved?

We accept patients who are clinically fit to leave.

What Covid-19 procedures are in place?

Patients are aware of Covid-19 procedures, they should wear a mask (not least as most of our patients are elderly) and we do remind them, as needed. Since Covid, we can now take 5 patients at a time, and patients will have to wait for seats to become available. We accept around 5 – 10 patients a day.

General

What do you feel works well about the discharge lounge?

As we're in with the patients we can see anything that goes on.

What do you feel could be improved?

Transport delays are the biggest issue, it's a 'big factor' as it can happen often. Medication is less of an issue.

The unit can't accommodate stretchers or beds, as there isn't the space or facility, therefore we can only cater for patients who can walk, or who are in wheelchairs.

Staffing

When you started here, do you recall receiving an induction?

Yes.

Have you received any training, including recently?

Since Covid most of it is online but there are subjects, such as manual handling that need to be attended in person, so there are delays.

Do you feel that management are supportive towards staff generally?

Management is supportive. We work as a team and try to improve in all areas.

On your work and working conditions, do you feel that anything could be improved?

Working conditions are good, we get a 30-minute break.

Can you tell me what you enjoy most about your job?

Mostly I enjoy working as a team, we have good relationships and I'm happy to do this job. The unit has a pleasant atmosphere.

And what do you find most difficult?

I don't like it when transport is stuck and sometimes, they can be difficult to reach, and get an accurate update. Also, when you tell a patient it will be 'here in 30 minutes' and it's not, it's frustrating for all of us – they just want to go home. Sometimes transport arrives after closing time, meaning staff need to stay on, so that is disruptive. If it's too late (such as two hours after closing time) or there's no driver, patients may be taken back to the ward and if their bed is gone, they sometimes need to be readmitted.

6.4 Lead Nurse in Specialist Medicine

The Lead Nurse in Specialist Medicine has been in post for 6 years. This role involves working across 6 wards and line-managing the ward managers.

Involvement

How do you know about any specific needs or requirements?

Each and every patient has a checklist – filed for records, including timings.

General

What do you feel works well about the discharge lounge?

It helps with throughput of patients and frees up admission to the wards. Being able to admit patients from A&E is the 'big driver' and generally those patients are emergency admissions.

What do you feel could be improved?

A fair amount of discharged patients are still bed bound. This unit needs some beds – we can 'just about do it' and it will increase options.

Any other comments?

There is a 'push' to use the lounge more. There's a daily 'situation call' with ward and bed managers at 9.30am, so all are aware of the situation. We know what's empty for the day, how to plan ahead. The transport list is already printed the previous day, so pre-booked ready on the day.

Staffing

On your work and working conditions, do you feel that anything could be improved?

It could be nicer, it's a bit sparse.

Can you tell me what you enjoy most about your job?

I like working as part of a team – with nursing colleagues on the ward and giving them support. There's a good ethos.

The main drive is for patients to get a better standard of care, and we want that to continue on the discharge lounge - and out of the door.

And what do you find most difficult?

The main thing is the (lack of) a bedding unit. It's difficult in the winter – we need every bed we can get. It's not nice for patients to be stuck on a trolley in A&E for 12 hours.

It's busy in A&E, there's a lot of pressure to get people in and out. If wards are short staffed it's not very pleasant. That's been the context of the last 18 months – pressure on beds.

6.5 Ward Manager

The Ward Manager has worked at the hospital for 20 years.

Involvement

Is discharge supervised by a designated staff member (do patients or families/carers know who to speak to)?

Discharge involves a multi-disciplinary team (MDT) which includes medical, nursing, therapists, relatives etc.

How do you know about a patient's particular needs (such as transport arrangements or follow-on support)?

MDT involvement as well as patient, next of kin input.

How do you involve patients, families/carers in the discharge process?

Regular updates of care as well as the discharge liaison team.

Do you think they know what to expect?

I think it is usually handled well with as much involvement.

Is a discharge summary provided, if so, are patients, families/carers talked through it?

Yes a discharge summary is provided and discussed with the patient and next-of-kin, if capacity issues present.

Is any general information given on discharge (such as a leaflet)?

Yes.

Is any condition-specific information given?

Yes if necessary, usually from specific clinical team if new diagnosis.

Is there any special provision in place for people known to have difficulties (such as those with sensory or learning disabilities, foreign language speakers)?

Yes.

Timing

What is the latest time a patient is discharged?

Due to our patient group this is generally before mid-evening.

Are patients, families/carers notified of any delays?

Yes.

What, do you feel is the largest cause of delays?

Sudden medical deterioration. Discharge medication. Package of care confirmation.

Discharge Management

Is there a discharge checklist, or clear designated procedure?

Yes.

What is the policy on Covid-19?

Patients must be Covid-19 negative - swabbed 48 hours prior to discharge if receiving carers or transferring to a care home.

General

What do you feel works well about the discharge procedure?

The MDT approach.

What do you feel could be improved?

Communication between the medical team and nursing staff for early confirmation of discharge planning.

Staffing

When you started here, do you recall receiving an induction?

Yes.

Have you received any training, including recently?

Yes.

Do you feel that management are supportive towards staff generally?

Yes.

On your work and working conditions, do you feel that anything could be improved?

General surroundings/décor.

Do you feel that anything works particularly well?

MDT quite effective when practiced well.

Closing Questions

Can you tell me what you enjoy most about your job?

Working with my team.

And what do you find most difficult?

Frustration with communication with outside companies involved in our discharge.

7. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the service at Charing Cross Hospital.

Based on the analysis of all feedback obtained, Healthwatch Hammersmith & Fulham would like to make the following recommendations. Below the recommendations we have included the response from the Charing Cross Hospital Discharge Unit.

We make 3 recommendations on waiting times and communication.

7.1 Waiting Times and Communication

While the staff at the discharge lounge are attentive to patients, the waiting times for medication and patient transport often appear to be long. From talking to staff, it seems the average waiting time for patient transport is 1.5 hours, and

for two-man crews it is even longer. Estimates of arrival times are frequently inaccurate, resulting in frustration for both patients and staff members.

Each patient mentioned that they would prefer to know how long the wait for patient transport would be so they can prepare themselves, rather than expect it "any minute".

***Recommendation 1**: We understand that transport timing is not in the unit's direct control, therefore we would suggest that this is communicated more clearly to patients so that they are aware of potential delays and have realistic expectations.*

***Response**: "The timeliness of hospital transport is an ongoing challenge for us in the discharges units and we are working closely with the transport company (Falk) to try and improve this. We are aiming to have the Falk transport coordinator based in the discharge unit to enable more timely escalations and resolution of issues as we are aware that the delay is a significant cause for concern for patients who are keen to get home.*

We will ensure that we provide more accurate information about transport waits to our patients and support staff to feel more confident to do as patients quite understandably become upset and angry whilst waiting for transport."

***Recommendation 2**: We would also recommend that in order to ease the frustration regarding transport delays, the discharge unit and patient transport department undertake an assessment of information exchange, so that co-ordination is timely and communication as accurate as possible. There may be opportunities to better connect, automate and systemise some routine processes (a flow diagram may assist).*

***Response**: "The transport ordering and monitoring system is already automated and gives live information on the progress of the transport order. However, we recognise that this may not always be totally accurate. We will ensure that the*

discharge lounge staff are using the system to enable them to provide regular and realistic updates to patients."

Some patients were nervous about using the toilet so as not to miss their transport.

***Recommendation 3**: Patients should be assured that they are able to leave the room, at any time, to use toileting facilities.*

We make 4 recommendations on the general environment.

7.2 Environment

During our visit, we observed that there was no reading material in the lounge, and while the TV was on, it was at very low volume.

***Recommendation 4**: Given the considerable length of time patients spend in the discharge lounge, it would be helpful if either reading material is made available to help pass the time, or the TV is on an accessible volume. We appreciate that the availability of reading material may currently be restricted due to COVID-19 infection control measures.*

Related to this, we did not see any noticeboards.

***Recommendation 5**: As patients will have plenty of time to disseminate information, the discharge lounge is an ideal place to locate leaflets on conditions, services and community groups and events. We would expect to see literature about post-discharge services.*

The waiting room, although containing some pictures is plain, lacks colour and at the time of the 2nd visit hot with poor (or no) air conditioning.

***Recommendation 6**: Décor could be addressed simply, by painting a wall to detract from the pictures. As patients are in the room for a long time, a pleasant environment will make the wait more comfortable and provide a good 'final memory' of the hospital. It may also enhance staff morale – as would addressing the air conditioning.*

***Response**: "There are pictures on the walls, however the overall environment is plain and lacks colour. All the information leaflets, artificial plants and magazines had to be removed due to the enhanced infection control procedures required in response to COVID. Your visit has encouraged us to consider having a wider range of leaflets from our local community services and to provide more information on follow up services. As soon as we are able, we will reintroduce the additional items and will work with our charitable partners to consider how we can make the unit more welcoming."*

As mentioned by staff members, having beds in the discharge lounge would help to free up beds in the wards quicker - in particular during time when COVID-19 cases are increasing fast.

***Recommendation 7**: We were advised by staff members that there is a plan to put beds in the discharge lounge; however, we would recommend that this is done urgently to increase bed capacity in wards and improve the comfort of waiting patients in the lounge.*

***Response**: "The discharge lounge at Charing Cross is small and only has space for chairs at the moment. We have been provided with funding to establish an additional bedded area and the work is planned to start on the 14th February. This will allow our frailer patients to be able to lie down if there are long waits for transport and they become tired. The establishment of this additional area will make a big difference to hospital flow and patient experience."*

We make 1 recommendation on meals and refreshments.

7.3 Meals and Refreshments

While meals and refreshments are available, we did speak to a few patients who had not received a meal.

***Recommendation 8**: We would suggest that a proper meal, even if it is cold food, should be offered as a routine. Arrangements should be made at the point of the ward contacting the lounge where the patient should be given a choice if they would like a meal or not, and if a meal is requested this should be provided as soon as the patient arrives in the lounge either for them to eat it straightaway or to take it home if necessary.*

***Response**: "Thank you for your feedback and suggestions regarding meals and refreshments in the unit. We were sorry to hear about the patients experience of the food on the ward – we will feed this back to the catering team. Following your feedback about the gentleman and lack of food at home on discharge we will ensure that all patients are asked whether they have food at home, and we will provide a lunch box if not. We will remind staff that if a patients request something to eat that we ensure it is provided.*

We are very keen to consider the concept of providing a restaurant service – with the concept of patient being booked to arrive in the unit for breakfast or lunch instead of the current practice would help with patient flow and is a step towards improving the customer service."

We make 3 recommendations on staffing.

7.4 Staffing

On co-ordination and relationships with the wards, unit staff say there is no consistency with patient flow - some wards send more patients than others and

this may depend on 'who is on duty at the time'. Related to this we understand that ward managers do not currently include the unit in meetings.

***Recommendation 9**: The unit acknowledges there needs to be more departmental engagement. We would encourage the inclusion of unit staff at ward level meetings - this will be an opportunity to strengthen relationships with nursing staff and managers, a basis on which to address inconsistencies across wards.*

New ward staff do not visit the discharge lounge as part of their induction.

***Recommendation 10**: We would recommend that this is to be considered, as awareness of the unit at an early stage will give new nurses a wider perspective - that they should retain into their careers.*

***Response**: "Thank you for your very helpful suggestions to raise awareness of the discharge unit and to improve coordination and communication with the wards. We will work with the wards matrons to implement these actions as suggested:*

- *The discharge unit to be included as part of any new staff's induction*
- *The discharge unit team to be invited to participate in their periodic ward team meetings."*

The staffroom, which contains desks, a central table and small kitchen area is commented to be 'a bit drab' by staff.

***Recommendation 11**: In its current format, the room looks more like a clinical than staffing area. We recommend addition of colour, artwork, and some plants, to make the room more appealing – thereby improving conditions and morale.*

In addition to the above responses, the team at the Charing Cross Hospital Discharge Lounge also provided the following feedback:

"We would like to thank the Healthwatch team for taking the time to visit the discharge lounge and for their very comprehensive report and feedback. Thank you very much for the very positive feedback contained within the report. We would agree that there is scope for improvement in the discharge unit and welcome the suggestions made by Healthwatch which we will now work with our colleagues and staff to implement."

8. Glossary of Terms

AIS	Accessible Information Standard
BSL	British Sign Language
CQC	Care Quality Commission
FFT	Friends and Family Test
HCA	Health Care Assistant
MDT	Multi-Disciplinary Team
PCN	Primary Care Network
PPE	Personal Protective Equipment
RAG	Red, Amber, Green
UCC	Urgent Care Centre

9. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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Also, when you tell a patient it will be 'here in 30 minutes' and it's not, it's frustrating for all of us – they just want to go home."

Staff Member