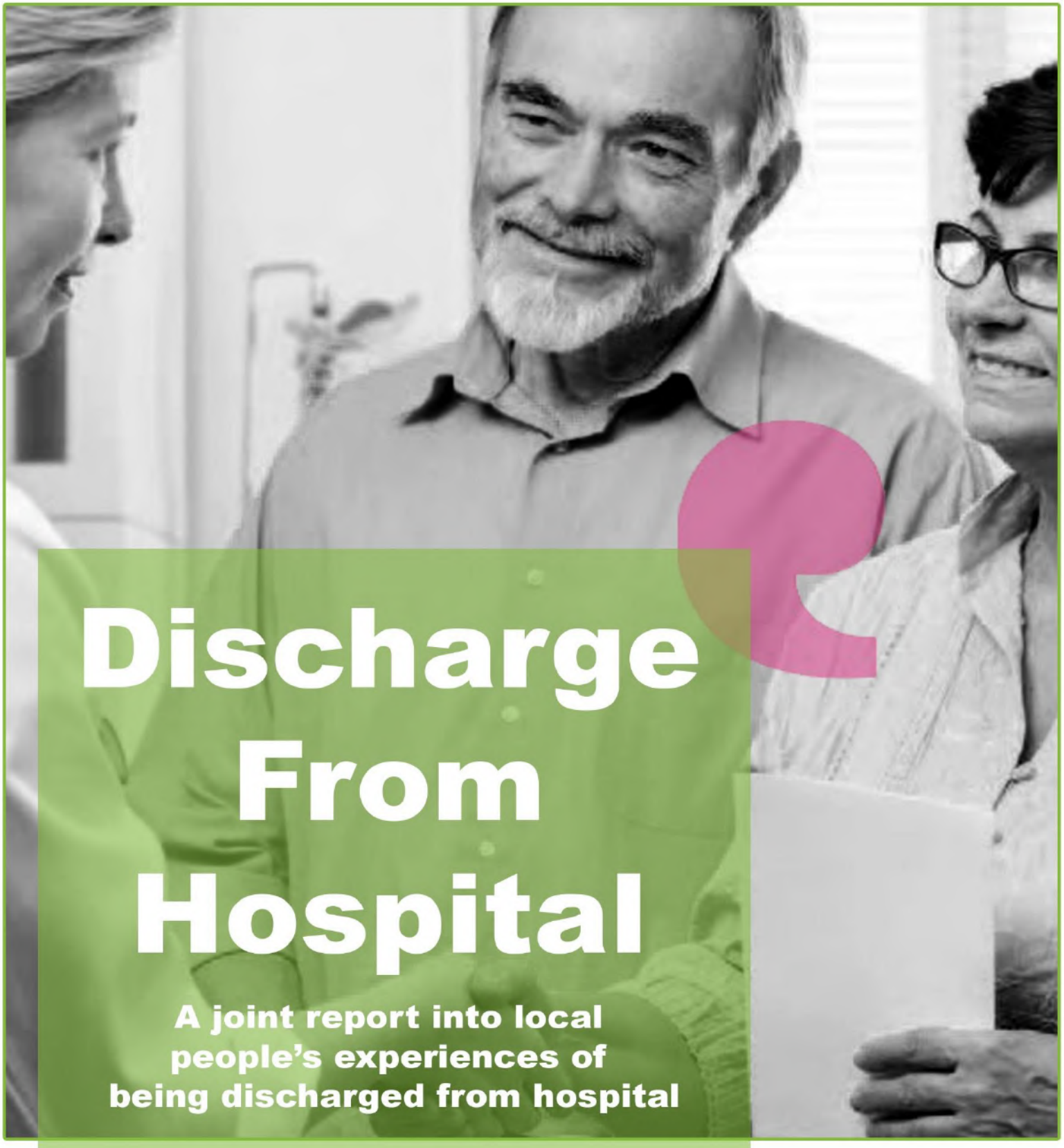
healthwatch

East Riding of Yorkshire • Kingston Upon Hull • North Lincolnshire



Discharge From Hospital

A joint report into local people's experiences of being discharged from hospital

March 2017

Contents

Executive Summary

Healthwatch England has carried out two major reports into the area of discharge from hospital in the last two years. Healthwatch East Riding of Yorkshire, Kingston upon Hull, and North Lincolnshire came together to produce a joint report examining the process(es) across the region.

In order to do this we distributed two surveys. One survey was given to patients, and their relatives, who had recently experienced being discharged from hospital. A second, slightly different survey was distributed to providers of health and social care services that regularly experience the hospital discharge process (i.e. care homes), through their patients/residents. Two Enter & View visits were also conducted, one at Hull Royal Infirmary, and the other at Scunthorpe General Hospital.

The patient survey received 98 responses across the three Healthwatch areas. Whilst the majority of respondents found the process 'Ok', 'Good', or 'Very Good', 20% found the process 'Poor' or 'Very Poor'. The responses we got have given us a small snapshot of how patients have experienced the discharge process over the last 12 months. The information we received has been very useful in helping Healthwatch to pinpoint areas/processes which could be improved, based upon themes that emerged.

The main themes that emerged were:

- A lack of information and communication regarding both the discharge process and what happened after discharge
- Delays in discharge were perceived to be due to waiting for medication
- Awaiting the completion of paperwork
- Awaiting assessment of social care needs.

Some respondents felt that their discharge was rushed and this was attributed, by them, to a high demand for beds.

The survey to providers received 26 responses. The key issues mentioned by them centred on lack of accurate communication from hospitals regarding discharge arrangements including receiving appropriate paperwork and ensuring that care home residents arrived back at a suitable time in suitable attire with the correct medication.

It was also felt that the attitude of some healthcare employees was very important to their clients overall discharge experience and, in some instances, this could have been better.

We did also receive positive feedback from providers when they felt they had received excellent help and support from healthcare staff.

Alongside the surveys, we conducted 'Enter & View' visits to Hull Royal Infirmary and Scunthorpe General Hospital (see appendices C, D & E).

Based on our findings from the surveys, and the Enter & view visits, we made the following five recommendations:

- Trusts to consider whether patients who are ready to be discharged could be 'fast tracked' so that they receive their medication from pharmacy as quickly as possible. Where delays are not attributable to pharmacy, patients should be made aware of this.
- In order to increase awareness and understanding of patients' pre-existing conditions, Trusts to consider the use of health 'passports' which can be referred to at all stages of a patients' hospital stay and discharge.
- Trusts to introduce a consistent approach to conversations between hospital staff and patients about discharge throughout their episode of care, ensuring that the patient is aware what stage of the process they have reached and reasons for delay as they occur. NB: Consistent use of HEYH's 'Ticket Home' initiative would facilitate this.
- To improve understanding between care providers, Trusts to develop processes to ensure information about the care of patients is effectively communicated with residential, nursing and domiciliary care providers. This should help Trusts and other care providers to further encourage a shared approach to care of the patient.
- Trusts not already using bedded discharge areas to work out the feasibility of doing so. This initiative has helped Hull Royal Infirmary to free up beds on the wards, whilst keeping bed bound patients (no longer in need of clinical care) comfortable until they can be discharged.

Background & Introduction

In 2015 Healthwatch England compiled a report entitled - 'Safely Home: What happens when people leave hospital and care settings?' (Healthwatch England, 2015). This report collated information gathered by 101 local Healthwatch teams covering patient experience of the discharge process and subsequent social care provision; with particular attention paid to vulnerable groups such as the elderly, people with mental illness and homeless people. Their follow up report in 2016 - 'A step closer to getting hospital discharge right.' (Healthwatch England, 2016), made recommendations based upon the five main themes that emerged from the first report. Those themes were:

- People experienced delays because of a lack of coordination between services.
- People didn't feel involved or informed about decisions made about their care.
- People felt they were left without the support and services they needed to recover properly.
- People often felt stigmatized and did not feel respected.
- People felt that their full range of needs was not considered (Healthwatch England, 2015).

In May 2016 the Parliamentary and Health Service Ombudsman produced a report based on investigations into unsafe discharge from hospital (PHSO, 2016). This collated information from Age UK, NICE, The King's Fund, National Audit Office, Healthwatch England, Department of Health, Health and Social Care Information Centre, and the National Quality Board. It contains instances of systemic failures on the part of hospitals nationally around issues such as safeguarding vulnerable people, in some instances causing, or at least directly contributing to a patient's death (PHSO, 2016).

As noted in the publications listed above, not all patient discharges run smoothly; there are opportunities for communication to break down between hospital staff, the patient and their families/carers, and also with other agencies responsible for any after care in the community. Ensuring that communication does not break down is therefore crucial if hospitals and social care agencies want to avoid further instances of serious harm like those outlined in the PHSO report (ibid).

Stories about 'bed blocking' (patients fit enough to go home being kept in hospital) have been reported more frequently in the media recently, owing to 'The Winter Care Crisis'. A recent story told of a patient in Scotland kept in hospital for more than 500 days because a deficit in social care provision prevented him from returning home. In January 2017 in Norfolk, a hospital applied for a court order to remove a patient who had occupied a bed "unnecessarily" for longer than two years (BBC News – online, 2017). Laura Donnelly reported in The Telegraph that bed blocking has risen by 42% in the last

12 months (Laura Donnelly, 2017). The Royal College of Physicians and the Royal College of Nursing have warned that unless more money is put into social care provision, more discharges are likely to be delayed, meaning that fewer beds will be available for people for planned treatment/procedures (ibid).

Although a lack of social care provision is by no means the only reason for a patient's discharge to be delayed (in approximately 60% of cases it can be attributed to delays in assessment, or in being transferred to another service within the NHS for example), it is nevertheless, a growing concern. As of June 2016 there had been a 92% increase in the number of delays attributed to deficits in social care since 2013 (Appleby, 2016). This is compared to a 19% increase in delays attributed to NHS services over the same period (ibid).

Given this national attention, Healthwatch teams covering East Riding of Yorkshire, Kingston upon Hull and North Lincolnshire worked together to develop a regional picture of patients' experiences of discharge from hospital. This co-operation had the advantage of covering a much wider area, and to ask consistent questions.

Two surveys were launched in conjunction with one another; a generic patient discharge survey open to anyone who had experienced the discharge process (or their relatives), and another sent to Residential Homes, and other providers of care, to gather an overall picture of how well providers and their clients think the discharge process is working for them.

The project was launched in November 2016 and ran until the end of February 2017. The generic survey collected 98 responses and the provider survey collected 26 responses. All information from each survey was entered onto SurveyMonkey and has been analysed to see if any themes emerged.

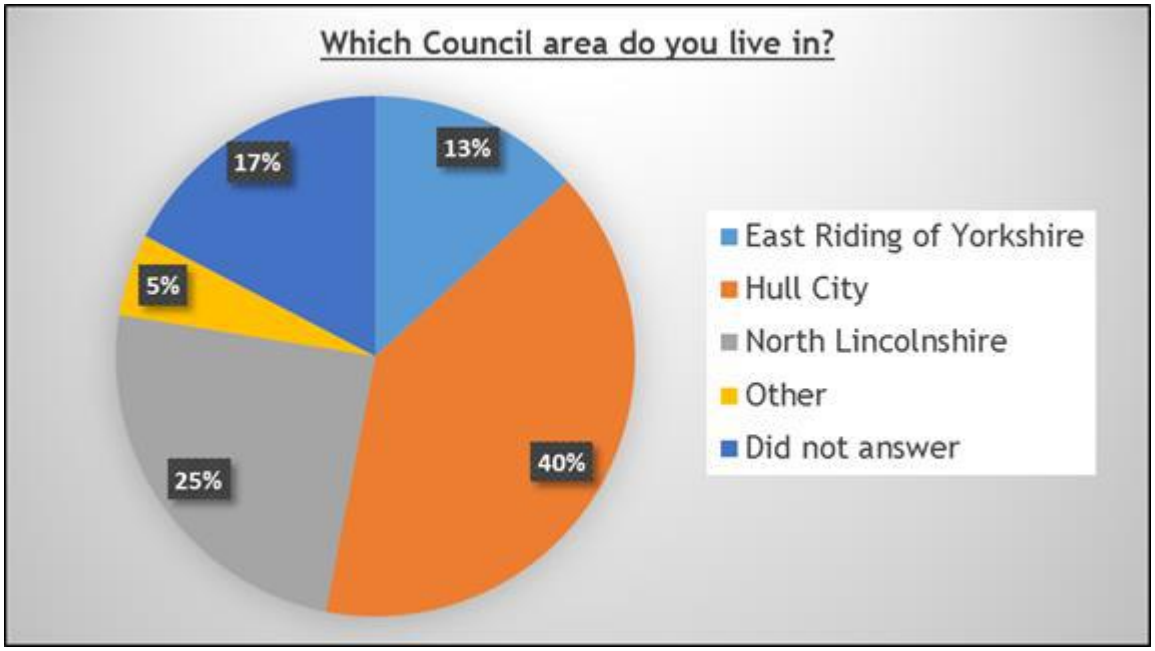
Our survey was designed to ask patients about the positive, as well as the negative, aspects of their discharge experience. Asking patients about their experiences of the discharge process has enabled Healthwatch to make recommendations for improvements based upon the themes that emerged.

As well as the survey, Healthwatch teams conducted 'Enter & View' visits to the discharge lounges at Hull Royal Infirmary (see appendix D) and Scunthorpe General Hospital which was an observation visit only (see appendix E).

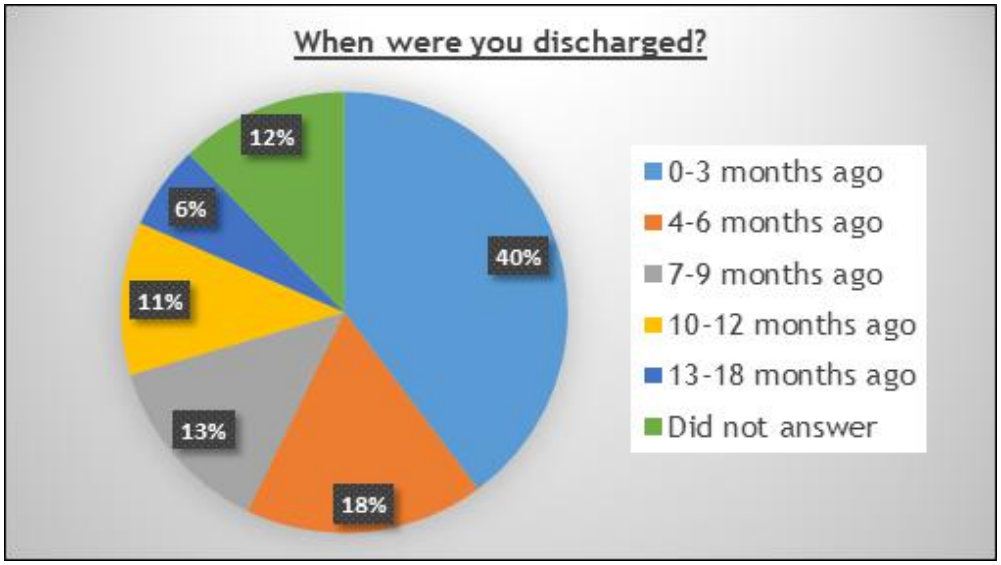
We would like to take this opportunity to acknowledge and thank everyone who helped us to produce this report.

Patient Experience Survey

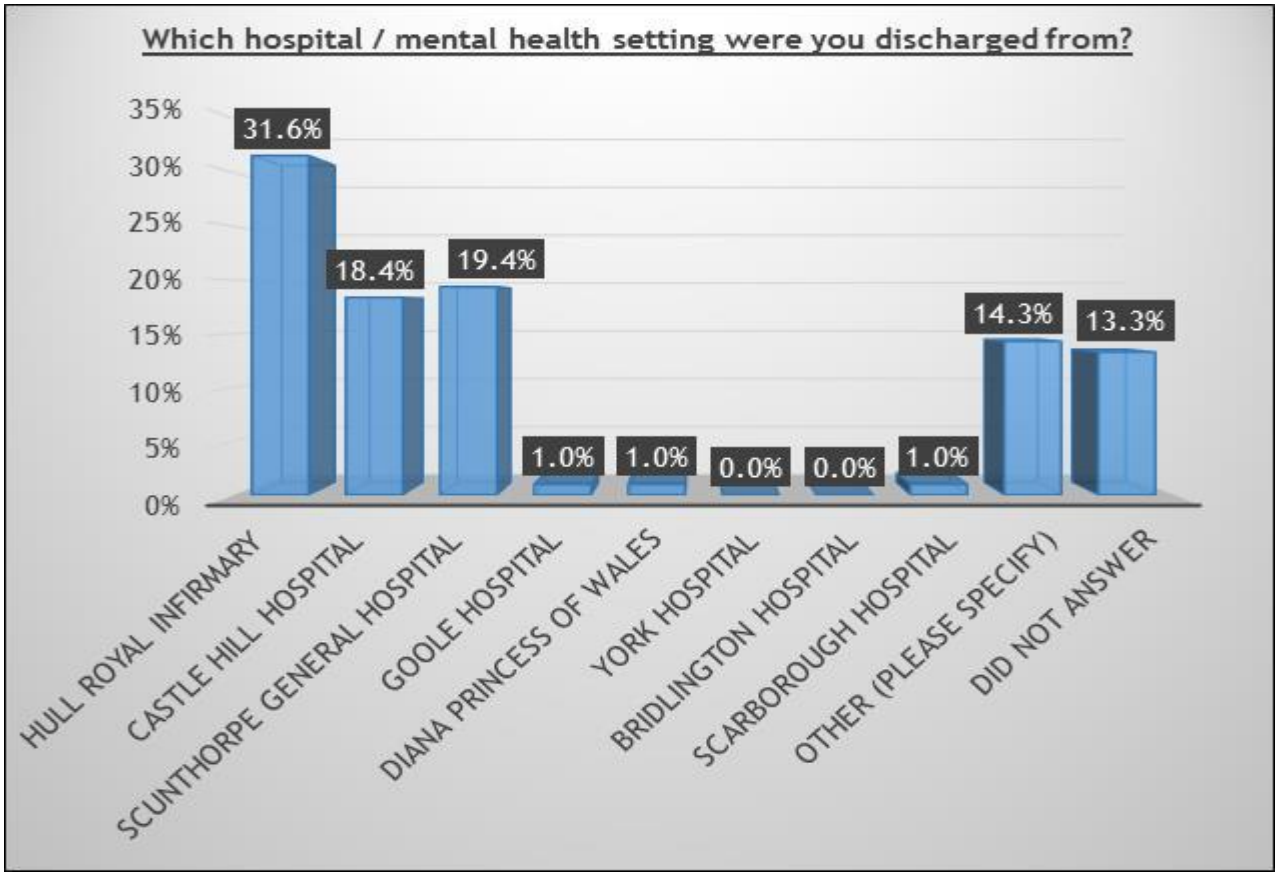
We received 98 responses from across the three Healthwatch areas. 40% of those came from people living in the Healthwatch Kingston upon Hull area. 25% came from North Lincolnshire, and 13% from the East Riding of Yorkshire. 5% of respondents came from other areas (such as Doncaster and Rotherham) and 17% did not answer.



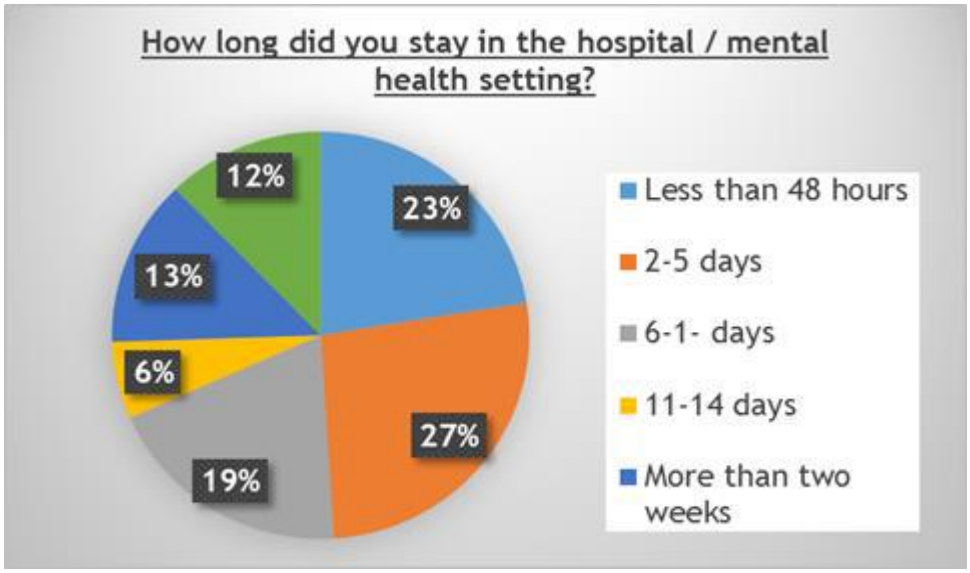
This survey was designed for people who had experienced hospital discharge within the last 18 months. This was in order to ensure that this report was reflective of the current situation. 82% told us that they had been discharged within the last 12 months, 6% had been discharged between 12 and 18 months ago. 12% did not answer



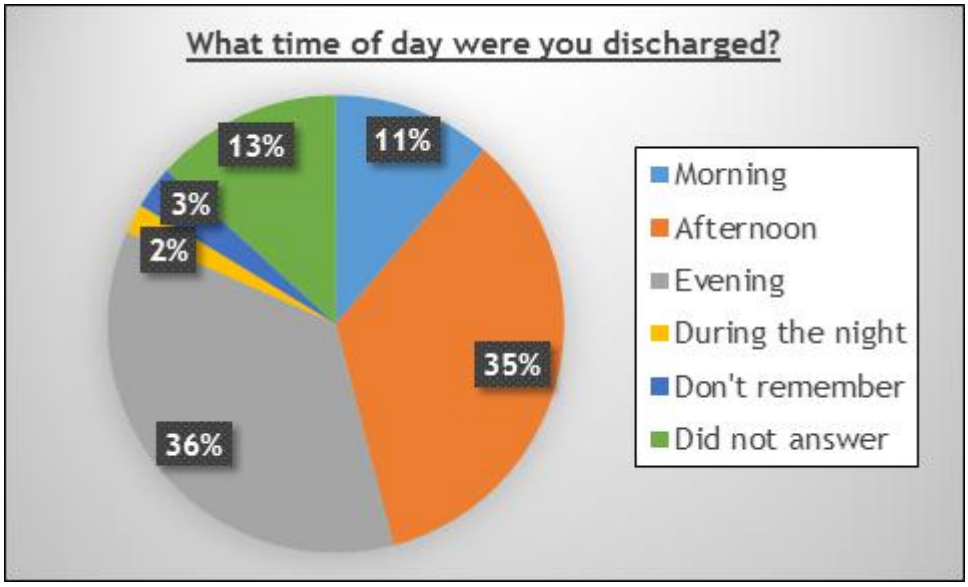
31.6% of responses came from people who had been discharged from Hull Royal Infirmary. This was followed by Scunthorpe General Hospital with 19.4% and Castle Hill Hospital with 18.4%. 14.3% of responses came from people who had been discharged from hospitals outside of our area such as Doncaster, Rotherham, and Sheffield.



- 23% of respondents stayed in hospital for less than 48 hours.
- 27% stayed in hospital for between 2-5 days.



In regards to time of discharge, 71% of respondents were discharged either in the afternoon or the evening. Only 2% of respondents said they were discharged during the night. It is worth noting that, depending on circumstances, those discharged in the evening (36%) would likely be arriving home at a late hour. This could impact adversely on any home care provision. Were we to conduct this study again, we would ask for more specific times of discharge. 86 respondents told us where they were discharged to; 78% of respondents were returning to their own homes, as opposed to a residential home or a community hospital.



We asked respondents to give their opinions about specific aspects of their discharge experience; we asked them to say how much they agreed with the following statements:

To what extent would you agree or disagree with the following statements:					
Answer Options	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
When I was discharged from hospital I felt ready to leave	16	44	11	9	2
I felt fully involved in decisions about my hospital treatment and in planning my discharge	13	27	22	12	9
After I left hospital I had all the equipment and medication I needed to recover at home and understood how to use it	17	36	8	13	3
After I left hospital I received all the additional support (e.g. home care) I needed to recover at home	10	25	13	10	5
After I left hospital I knew who to contact and where to go for further help	13	39	13	12	5
After I left hospital I felt able to cope in my own home	11	39	9	12	4

The majority of respondents did agree or strongly agree with all of the statements. However, 47% of respondents did not feel fully involved in decisions about their treatment/discharge. 19% of respondents disagreed or strongly disagreed with statements.

We received comments from respondents about whether their discharge was delayed, and if so whether they were kept informed. We also asked if they were discharged too early and whether they were contacted retrospectively (for follow up treatment where applicable). A synopsis of some of the positive and the negative responses are listed below:

Positive:

"Generally good experience."

"The staff in the discharge lounge were extremely pleasant."

"Good service."

Negative:

"Only prescribed paracetamol when I was in a lot of pain."

"Waited a long time for medication."

"I had no discharge letter giving me information about medication."

"I was confused and anxious on discharge."

"I felt bullied into discharge."

"No doctor to sign off and no tablets."

"Consultant needed to discharge was not available."

"Waiting for discharge letter and antibiotics."

"Waiting for nursing home place to become available."

"Was told at 9.30am that I was going home. Did not leave until 6pm. Was told it was due to waiting for meds."

"Could have gone home in the morning rather than tea-time but was waiting for medication."

"Unable to locate doctor to sign paperwork."

Those who felt they had been discharged too soon responded that they felt that:

"They needed the bed."

"Felt that the bed was needed by other patients."

"Bed required."

"Bed shortage."

Those who felt the discharge process could be improved stated that they would have liked:

"More information."

"Better coordination."

"More communication about delays."

"More beds in other hospitals or care homes."

"Quicker hospital pharmacy."

"Being told exactly when I would be leaving."

"More information re the process."

"More paperwork explaining what to do in future."

"Speed up the process of getting medication."

"Full explanation when things change."

"Plan for discharge early."

Finally, we asked people to rate their overall experience of being discharged. 45% of those who answered the question rated the experience 'Good' or 'Very Good'. 20% rated the experience 'Poor' or 'Very Poor'.

How would you rate your overall experience of being discharged?					
Answer Options	Very Poor	Poor	OK	Good	Very Good
	3	14	29	23	14

Provider Survey

In addition to gathering patient's experiences, another survey was created to gather feedback on service providers' opinions of home from hospital discharge. The survey questions were designed to allow care providers the chance to give their views from both a service and client perspective.

Representatives from 26 providers across the target region responded, by local authority area, this breaks down as follows:

Local authority area covered by service providers	Number of surveys sent to Care Homes	Number of surveys sent to domiciliary care provider	Care Home Providers (this includes owners and one provider who was both a care home and domiciliary provider)		Domiciliary Care Providers	
			Number returned	% of care home provider returns	Number returned	% of domiciliary provider returns
East Riding of Yorkshire	146	8	12	8.2%	2	16.7%
Hull	82	0	8	9.7%	0	0
North Lincolnshire	61	15	4	6.6%	0	0
Total	**289**	**23**	**24**	**8.3%**	**2**	**8.7%**

Throughout the survey 10 themes were identified as being important.

Medication

When providers were asked about the information provided about medications, 40% said that they were either very of fairly satisfied compared to 60% who were very dissatisfied or fairly dissatisfied.

25 service providers gave their opinions on the provision of medication and of those, 48% were either fairly satisfied or very satisfied and 52% were fairly dissatisfied or very dissatisfied,

These results highlight a close split between those who consider medication arrangements to be an issue compared to those who do not. This difference of opinion was reflected in the mixture of comments received.

Nine providers gave examples of patients returning home without the correct medication or without any medication. One North Lincolnshire care home manager also mentioned receiving unclear instructions, which later created problems in obtaining repeat prescriptions from GPs.

It was also highlighted that a lack of explanation as to why patient's medication had changed or had been stopped left some clients confused.

There were, however, positive experiences including:

- Two highlighting instances were medication was correct / in order
- One commenting on communication
- One illustrating that dressings had been sent

"Extra dressing provided as they knew we would not be able to get any more for at least 48 hours. Clip remover provided so our nurses could remove surgical clips."

Good service discharge, for respondents, meant correct medication being issued, with clear instructions provided to patients/those responsible for them upon leaving hospital. One provider said that the following would be useful.

"…Just in case drugs written up correctly. Spare dressings, colostomy products etc. if applicable".

Equipment / Adaptations

23 providers gave their opinions on the provision of adaptations and of those 78.3% were very or fairly dissatisfied, although they did not illustrate why.

However, despite this a couple of respondents did mention the importance of having the right equipment in place before residents return home and were able to give positive examples of their experiences.

"…Arrangement for equipment, for example, pressure care mattress or cushion delivered before discharge. Giving peace of mind."

Communication

Clear communication about discharge times was very important to respondents, with a couple, commenting on satisfactory communication from hospitals.

Four service providers, however, gave negative examples. One of these was from a domiciliary care representative who commented:

"Client being [sic] discharged without any form of communication, client has then been left alone and a care worker has gone to the property as they forgot client was in hospital but actually found the client had been home for either a few hours, a day or more than one day!"

Two respondents mentioned the attitude of hospital staff:

"…There have been times when hospital staff have argued over the phone & been rather patronising to staff and myself regarding DoLs applications, capacity assessments, family involvement (without LPA or best interest guidelines being followed). There have been approx 6 negative transfers over the last 12 months, which could have been detrimental to the patient."

"One resident discharged at 2.30am after a rude call from the nurse on duty. Transpired the resident had had a brain hemorrhage [sic] and needed to be sent back to hospital at 8.30am"

Another provider commented about the lack of information given on what follow up arrangements were required; two providers felt that this was also an issue from their client's perspectives.

Simple and effective communication was, therefore, highlighted by respondents as being an integral part of the discharge process. This involved providers being listened to and having advanced information as to when residents would return home, allowing staff time to adequately plan and provide opportunities for re-assessment and family liaison.

Three providers gave examples from their client's perspective of receiving a poor experience due to a lack of consultation with family members. Some respondents also highlighted the importance of families and care providers being included in discussions over discharge arrangements, particularly in cases where the patient is unable to make decisions.

It was also suggested that service providers be kept informed about their client's health throughout their time in hospital.

13 respondents directly stated that poor communication or a lack of information would result in a negative discharge experience. Examples provided include: a lack of information over when a patient will be discharged and the time of discharge. One domiciliary care provider highlighted that this lack of communication could put clients at risk:

" poor communication i.e. discharging the client without communication to all involved and allowing the client home. This could result in putting the clients [sic] safety at risk i.e. lacks capacity, has a fall, should have medication administered from staff which would result into [sic] medication being missed and could cause more harm, especially if their[sic] on warfarin etc."

Time of Discharge

12 providers mentioned that they had received a poor experience surrounding the time of patients discharge, which included late evening and early morning.

One respondent mentioned that problems could be caused by clients returning at certain times during the day:

"Causing staffing issues due to timing over lunchtime etc. Drivers impatient."

Respondents considered the time of discharge to be important to their client's, with nine sharing negative examples from their clients perspectives, such as:

"Being discharged home in the early hours not knowing when carers will be coming"

"Patient discharged early hours of the morning which made her very anxious"

Clothing

Five providers felt that a poor discharge from their clients' perspective involved returning home either cold or without appropriate clothing.

Three providers gave negative examples, from their viewpoint

"Resident arrived late at night looking unkempt. Not wearing warm clothing…"

"Discharged late at night in inadequate clothing…"

"Delays in transfer. Inappropriate times of discharge (early hours of morning). Dressed only in hospital garments..."

Another provider mentioned that their client was not ***"Not wrapped up enough when leaving ambulance"***.

Some providers, therefore, believed that a good discharge would include patients being kept warm and not discharged wearing hospital gowns.

Paperwork

In 12 cases respondents reported problems with information or paperwork, which included missing discharge notes. It also included discharge letters being either non-existent, inaccurate or unclear. Within North Lincolnshire two providers also explained that Do Not Attempt Resuscitation (DNAR) forms were not returned with their clients.

Of the 25 service providers who commented upon the provision of discharge notes, 72% were either fairly dissatisfied or very dissatisfied.

Some providers felt that correct paperwork and readable, plain English, discharge notes would be beneficial and that any paperwork sent with clients to hospital should be returned such as DNAR information.

Wellbeing

The wellbeing of those recently discharged from hospital was an issue for respondents both from their own perspective as well as their client's.

Seven providers mentioned concerns over residents' fitness on arrival home:

- Two care home managers, providing services within Hull, explained that they had experienced residents returning with cannulas still in situ. One of the care home managers also highlighted residents being discharged with electrocardiogram (ECG) pads, which could be a sign that their clients were not well enough to have been discharged initially.
- One provider also mentioned clients returning home whilst still ***"immobile and catheterized."***

Examples were also given of how poor discharge can have a negative impact on patient's emotional wellbeing. For instance, patient's families not being informed of the discharge made some anxious, as did a lack of understanding about what was happening. The time of discharge was considered to be important as was the condition of the patient upon discharge.

Coordinated / organised approach

Some respondents felt that a good home from hospital discharge would ensure that clients received a smooth transition, between services. 10 comments were received and covered the following areas:

- Good co-ordination / smooth transition
- Timely transport arrangements
- Conducting all necessary referrals and assessments
- Ensuring belongings return with clients

The importance of partnership working was highlighted across the feedback as it was suggested by one respondent, that an increased understanding of the legal responsibilities of residential care providers may help those hospital staff who deal with discharges. The patient passport scheme, used in some areas including Hull and East Riding, can ensure this happens.

Some providers felt an un-coordinated approach across services would result in a poor discharge experience for patients; this includes specialist referrals not being made and information about patients not being passed on.

Staff attitude

When providing examples of positive experiences from their clients' perspectives, five providers highlighted the positive attitude and caring nature of employees with three of these concerning ambulance staff. Examples include:

"Nice ambulance staff"

"Residents have said the staff have been friendly"

"Polite staff. Not feeling rushed. Pain well controlled"

Indeed three providers mentioned that staff attitude could help create a good experience for their clients, for example:

"People being helpful and caring…"

Continuity of service

Examples were provided of clients receiving poor service continuity, which included:

- Long waits for transport
- Being discharged when in pain
- Family members not being kept informed of discharge arrangements
- A lack of clarity about times carer(s) would be attending.

When providers were asked what a good home from hospital discharge looks like from their clients' perspective five mentioned the importance personal belongings returning with patients and 3 commented on the involvement of, or communication with families:

"…Families to be informed of discharge…"

"Again, need plenty of explanation and forward planning, involving them and their families, and with who they are going to be discharged to"

"taken home during day hours. My family are informed. I have everything with me"

The Impact

22 providers commented on the impact that a poor discharge has on their services and 21 gave their opinions on the impact for their clients. The following 6 themes were identified:

Preparation and efficiency – Some providers highlighted problems around their lack of preparation for their clients return home as a result of poor discharge planning/notification. For example, the provider may not have accounted for the number of staff required or undertaken re-assessments for possible changes in client's need.

Increased workload – Poor discharge can lead to increases in work, for example the extra time needed for staff to make follow up calls. One provider mentioned how stressful this can be on staff, as well as on the client.

Staff Time – Many respondents raised concerns that poor discharge results in pressures on staff's time. This is due in large part to the time it takes to sort out matters such as chasing up relevant departments regarding incorrect or missing information and medication. It was suggested this in turn can lead to clients being affected because staff have to spend time chasing up information rather than doing their job. One member of staff from a domiciliary care setting commented:

"Lots of time gets wasted as [sic] results into [sic] additional staff making an appearance to the client, more phone calls are required and additional notes are required and also messes up care workers round of care which then puts a strain on them and effects [sic] other clients as their times may change to ensure that everyone receives a visit."

Perceptions – Some respondents felt that poor discharge experiences were frustrating and led to them becoming apprehensive about sending their clients to hospital.

Reputation – One provider stated it reflects badly on them, in the eyes of residents and their relatives, if the discharge procedure is chaotic.

Wellbeing – It was suggested by some providers that poor discharge can be upsetting for staff, clients and their families. The top three issues identified for clients were:

1. Upset or distress
2. A loss of confidence over future hospital admissions
3. Feelings of confusion

When responding to the question about the frequency of poor discharge, 18 service providers indicated that over the last 12 months, their clients had sometimes or very often been upset or distressed by the discharge process.

In addition 16 respondents thought that their clients had, sometimes or very often, experienced delays in receiving appropriate care caused by the discharge process, over the last 12 months.

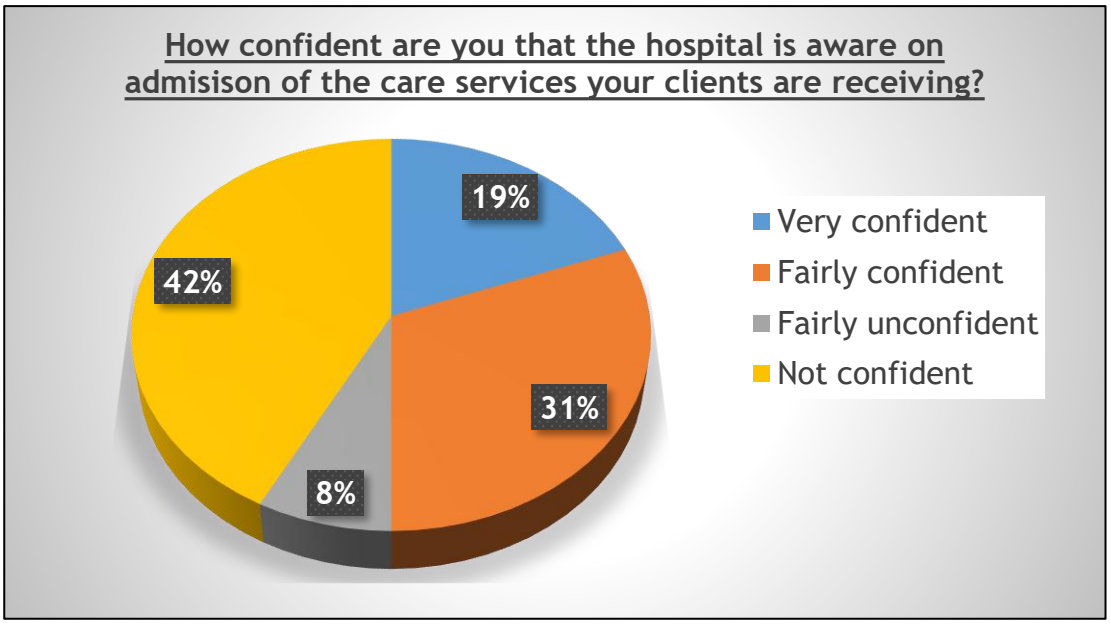
16 respondents also believed that their clients had sometimes or very often, over the last 12 months, had changes made to their agreed discharge time; with 21 commenting

that sometimes or very often clients had arrived significantly later than expected or at an inconvenient hour for the client and the care home.

Finally, 13 respondents indicated that they had never or rarely ever had had cause to raise safety concerns as a result of their clients discharge. However, 11 services answered that they sometimes or very often had cause to raise safety concerns. In addition of the 23 respondents who commented about the provision of risk assessments on discharge 87% were very or fairly dissatisfied.

Joined up working

42% of respondents did not feel confident that the hospital was aware of the care services their clients received on admission to hospital, for example domiciliary care.



The table highlights the difference between responses from staff working in care homes compared to staff working in a domiciliary service.

Answers	Care Home Staff	Domiciliary Care Staff	Care Home & Domiciliary Care Provider	Owners
Very confident	5	0	0	0
Fairly confident	8	0	0	0
Fairly unconfident	2	0	0	0
Not confident	6	2	1	2

The table reveals that out of all the respondents 13 were very or fairly confident of hospital staffs' awareness of the care services their clients received. All 13 of these responses were from care home providers. All of those who provide domiciliary care were not confident.

When asked how informed the hospital kept them of the services and/or care delivered to their clients whilst in hospital, 77% of service providers replied saying that they were either not kept informed or were not very well informed.

69% of representatives felt the hospital rarely gave adequate notice for them to provide appropriate services for discharged patients.

Conclusion

80% of respondents to our patient discharge survey told us that their experience of the discharge process was ‘OK’, ‘Good’, or ‘Very Good’. 20% found the process to be ‘Poor’ or ‘Very Poor’.

In all cases, the key to a smooth discharge appears to be clear communication of accurate information. It is important to ensure that a patient feels confident they are ready to leave and that they have all the information that they need. If there are any changes or delays to their discharge process then this information should to be communicated to them in a timely manner. There also needs to be clear and consistently good communication with social care providers, to ensure that care upon leaving hospital can be arranged efficiently.

The universal use of the Patient Passport would be a useful tool in ensuring information is shared effectively.

Service providers told us what matters most to them and to their clients, so that they can plan and prepare for clients to be returned to them smoothly. Top of that list was clear and direct communication around discharge planning arrangements/timing.

In addition it was of the utmost importance to providers that clients return home at appropriate times of the day, wearing suitable clothing and are in a fit enough condition to warrant their discharge. It is important that cannulas (etc), which are no longer needed, are removed from the patient prior to discharge. Clients should return home with their belongings, with appropriate medication/supplies, discharge notes and accurate instructions for ongoing care. Information such as DNAR forms should also return home with their clients.

Some service providers commented on the coordinated approach of services. When providers then considered the discharge service from their clients’ perspective it was highlighted that poor multi-agency coordination would lead to possible breakdowns in the continuity of services.

On a positive note, some of the service providers praised the help and support received from healthcare staff, which made the process much more straightforward. Some service providers also appreciated forward planning by hospital/healthcare staff which meant that necessary equipment was in place ready for their client’s return home.

The key to improving services, according to the people who spoke to us, is to open and improve methods of communication, and to ensure the information given is accurate and understandable.

Recommendations

As well as the recommendations made in our 'Enter & View' reports (see appendices D & E) we make the following recommendations based upon the feedback we received:

- Trusts to consider whether patients who are ready to be discharged could be 'fast tracked' so that they receive their medication from pharmacy as quickly as possible. Where delays are not attributable to pharmacy, patients should be made aware of this.
- In order to increase awareness and understanding of patients' pre-existing conditions, Trusts to consider the use of 'Patient Passports' which can be referred to at all stages of a patients' hospital stay and discharge, and are particularly useful for patients with dementia or other cognitive difficulties.
- Trusts to introduce a consistent approach to conversations between hospital staff and patients (and/or those responsible for their wellbeing) about discharge throughout their episode of care, ensuring that the patient is aware what stage of the process they have reached and reasons for delays as they occur. NB: Consistent use of HEYH's 'Ticket Home' initiative would facilitate this.
- To improve understanding between care providers, Trusts to develop processes to ensure information about the care of patients is effectively communicated with residential, nursing and domiciliary care providers. This should help Trusts and other care providers to further encourage a shared approach to care of the patient. The 'Patient Passport' could be used to facilitate this.
- Trusts not already using bedded discharge areas to work out the feasibility of doing so. This initiative has helped Hull Royal Infirmary to free up beds on wards, whilst keeping bed bound patients (no longer in need of clinical care) comfortable until they can be discharged.

Bibliography

Appleby, J. (2016). I'm a healthy patient; get me out of here. *BMJ: British Medical Journal*, *353*.

BBC News - online. (2017). *Patient 'waited 508 days' for hospital discharge*. Available: http://www.bbc.co.uk/news/uk-scotland-38869573. [Last accessed 20th February 2017].

Healthwatch England. (2015). *Safely Home: What happens when people leave hospital and care settings?* Available: http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf. [Last accessed 20th February 2017].

Healthwatch England. (2016). *A step closer to getting hospital discharge right*. Available: http://www.healthwatch.co.uk/news/step-closer-getting-hospital-discharge-right. [Last accessed 20th February 2017].

Laura Donnelly. (2017). *NHS bed-blocking rises 42% in a year, new figures show*. Available: http://www.telegraph.co.uk/news/2017/01/12/nhs-bed-blocking-rises-42-year-new-figures-show/. [Last accessed 20th February 2017].

PHSO. (2016). *A report of investigations into unsafe discharge from hospital*. Available: https://www.ombudsman.org.uk/sites/default/files/page/A%20report%20of%20investigations%20into%20unsafe%20discharge%20from%20hospital.pdf. [Last accessed 20th February 2017].