

Health and Wellbeing Board

7 December 2015

Update on Healthwatch Walsall activities

1. Purpose

To update the Health and Well-being Board members on the main activities and achievements of Healthwatch Walsall (HWW) since its last report to the Board on 27 April 2015.

2. Recommendation

To note the report and endorse the work of Healthwatch Walsall.

3. Report detail

Staffing

We have recruited an Operations Manager to oversee the day to day service delivery of HWW. This enables the CO to focus on strategic issues. To create a complete senior management team we have also recruited an Engagement and Membership Manager. We have also recruited to our Finance and Admin Officer post, which is successful outcome for our apprentice. Further posts will be recruited to shortly including an Engagement and Membership Assistant, Research Officer and PA for the CO and Chair. This will create a complete staff team that will be able to build upon the foundations that have been laid over the last couple of years.

Dementia awareness week

The week ran from Monday 18th May. HWW promoted the week and local events that were taking place to raise awareness of the issues associated with this condition. HWW placed a number of full page adverts in the Express and Star, Advertiser and Chronicle to reach as larger audience as possible and supported this with a press release about the week. Copy of the advert attached at Appendix 1.

CQC inspection Manor Hospital

The CQC undertook a full inspection of the Manor Hospital and Community Services during week commencing 8th September. HWW promoted the two listening events that the CQC organised to hear from people their experiences of services. We asked CQC to consider widening its coverage as the planned activity would have missed a significant part of the borough and also those with working or caring responsibilities. Unfortunately CQC were unable to accommodate our request and

HWW therefore organised eight additional events to compliment those of CQC in order to gather people's views in all six partnership areas. HWW also made contact with a wide range of voluntary groups representing some of the diverse communities in Walsall and information was received from the following:

Walsall Voluntary Action; Innovate; Mencap; Midland Mencap; British Muslim Youth Group; Walsall SUE (Service User Empowerment); Sure Start Palfrey; Walsall Blind Association; Walsall Disability Forum, Bloxwich Community Partnership; and Collingwood Autism Support Group.

HWW also ran a series of full page advertisements promoting the inspections and how people could feed their views into the process. Copy of the advert attached at Appendix 2.

All of the views gathered were consolidated into a 30 page report which was fed into the CQC inspection. HWW has also noted some of the feedback for further follow up through it's own activity.

A 30 page report was sent to the CQC to inform their in depth inspection of the Manor hospital and community health services. 188 completed questionnaires were used to inform the report. Additional information was also added from our Service Watch questionnaires where people had commented specifically commented on hospital services.

Information from the Young People's Health questionnaire conducted by the British Muslim Youth Group was also included to give an indication of young people's experience of hospital care.

The CQC commended Healthwatch Walsall for the valuable contribution it made and for helping to raise wider awareness of the CQC listening events. We have been asked to share our report with Walsall Healthcare and are making arrangements for it to be published and circulated more widely through our website once we have agreed the parameters with Walsall Healthcare.

Directory of Services (2nd Edition)

HWW has recently published its second edition of the 'Directory of Services' which contains important information about The Care Act, Personal Health Budgets, Patient Rights as well as about mental health, dementia and the complaints system. We have also included details to help inform patient choices around their health and social care needs along with details of HWW role as the consumer champion for people who use health and social care services.

Printed copies are being distributed to all GP practices, Libraries, care homes, dentists and youth centres etc to help ensure it is widely accessible.

Personal copies have also been sent to councillors, MP's and prominent community and voluntary organisations across Walsall so that they are aware of it and equally able to promote it.

The Directory is also available through our website (www.healthwatchwalsall.co.uk)
Hospital Discharge report

Hospital Discharge Report

HWW has published its report into the hospital discharge process from hospital and into the community.. It undertook a formal launch at the lecture theatre in the Manor Hospital on 09 October where recommendations were made on improvements to the system for providers, commissioners and other stakeholders. To promote the launch HWW also issued a press release that was carried by some newspapers as a front page lead article <http://www.expressandstar.com/news/2015/10/09/one-in-seven-readmitted-to-walsall-manor-hospital-a-month-after-being-discharged/>

A copy of the report is attached at Appendix 3. The Executive Summary and Full report are available on the HWW website as well. We hope that HWBB will endorse the report and HWW will be carrying out a follow up to see what improvements have been made in the coming months.

Website launch

HWW launched its new website at the lecture theatre in the Manor Hospital on 09 October. It is a new interactive website which will gather people's views more easily and present real time analysis for relaying to providers and commissioners. It uses a "service rating" type facility to gather patient experience for all health and social care services in Walsall.

It incorporates more accessibility functions including a translation and speech facility called BrowseAloud that has 77 languages, read aloud functions, the ability to highlight a narrow channel of text on the page to aid people with visual impairments and with links to Social Media to broaden our reach, particularly into the younger age categories. We expect this initiative to provide a big "step change" in our ability to gather views and represent them to commissioners and providers.

The website has an Informatics tool built into it which is constantly assessing articles, stories Twitter feeds, Facebook and electronic medias about health and care services in Walsall. It has the capacity to assess up to 90 million bits of data each month and categorise them into positive or negative sentiments about health care in Walsall.

It will also enable us to provide an application for service providers to link into in order to access real time intelligence about what people think of their services and can provide an independent repository for Friends and family test data. These features provide the opportunity for more collaborative working with commissioners and providers as well as an income generating opportunity for HWW.

The website also has an improved Resources and Library archive which will hold copies of Agendas and minutes of Board and Assembly meetings.

We would welcome the opportunity to demonstrate the functionality at a future meeting.

Engagement activities

Over the summer period an extensive round of engagement events were attended by our new engagement team to raise the profile of HWW and seek people's views on a broad range of health and social care issues and surveys.

A Servicewatch 2 questionnaire has been developed and is being used to update our understanding of health and social care service provision across a broader range of communities and to help determine HWW priorities for future work streams.

Our supporter database has continued to grow through recruitment at these events to refresh our broad base of supporters. Additionally we have started recruitment for the HW 'e-panel' that will enable us to gather real time intelligence to topical issues and seek qualitative comments upon key healthcare service proposals and reconfigurations from a group that is demographically representative of the borough.

This could also become a source of additional opportunities for income generation for HWW by being able to undertake research for different commissioners and providers.

Workstreams

A&E

The group were given an accompanied tour of the Accident & Emergency Unit at the Manor Hospital to help inform the work of this group - this is to be followed up by an unannounced Enter & View visit of A & E. The group is developing a survey to gather people's experiences of this service and will be focussing on areas of concern highlighted in the CQC survey of 2014.

The group acknowledges that whilst there are performance issues in A & E, these should be viewed in the context of wider problems caused by increased patient numbers, availability of GP appointments, bed blocking and discharge. Work has been commissioned through partners and our own engagement to gather patient experiences.

This group's work is unlikely to be completed before end of November.

GP Performance

The joint chairs addressed the GP provider committee meeting to present the work and focus of the group. A point raised by the meeting was the need to include a “validation question” within our planned survey.

This has been checked out with Healthwatch England and the Research department at the University of Wolverhampton, both of whom have advised that it is not necessary to use such a question for this survey. We are to feed this back to the GP provider Committee and then make arrangements for the Survey Questionnaire to be printed and distributed through PRG contacts and volunteers.

Alongside this Walsall Disability Forum has been commissioned to carry out a Premises audit and to provide basic Disability Awareness Training for our Enter & View team and volunteers.

Obesity

Over 500 surveys will have been collected from across Walsall that has informed the work of this group. A report is in its final stages of being produced and will be published once it has been through internal governance arrangements for formal sign off.

Hospital intelligence

A group was formed to co-ordinate the work to support the collation of evidence for the CQC inspection. This group will continue to gather patient views and experiences which will guide planned unannounced inspections of Walsall healthcare services as well as to inform our response to the next Quality Account.

Dudley and Walsall Mental Health Trust Quality Accounts

The Trust attended an Assembly meeting to deliver an overview of their Quality Account and were able to take feedback from the Assembly to be fed into the quality account process.

Black Country Partnership NHS Foundation Trust CQC inspection

Black Country Partnership NHS Foundation Trust – the CQC inspection is taking place on the week of the 16/11/2015. The Partnership work with a total of 302 people across Walsall, 67 of whom are children or young people.

The agencies we have worked with to collect the information are; Mencap, Midland Mencap, Autism West Midlands, Mind Matters and Dementia Cafes, BCPNHSFT, Local Authority Learning Disability teams to include Piers Street, Older Persons Centre Brownhills, St Johns Church Pleck, Blakenhall Community Centre, Manor Farm Community Association, Chart in Willenhall.

We have gathered 50 completed questionnaires using the specially designed forms for this which is 21% of the adult numbers using the service. Copy attached at Appendix 4.

A 21 page report was submitted to the CQC to support their inspection and help them identify areas for particular attention.

Black Country Partnership NHS Foundation Trust (“the Trust”): Notification of Decision to Open a Formal Investigation into the Trust’s Compliance with its Licence

Black Country Partnership NHS Foundation Trust – Monitor has decided to investigate the Trust’s compliance with its licence. This decision to investigate is due to concerns about the Trust’s financial sustainability triggered by the reporting of a Continuity of Service Risk Rating (CoSRR) of 2 and a Capital Service Cover rating of 1 in Quarter 1 2015/16. They are looking for any evidence as to the quality and safety of care provided at the Trust.

A 21 page report was submitted to Monitor to support their investigation and provide evidence of the quality and safety of services provided by the Trust.

HWW Annual Report 2014/2015

The HWW Annual Report was presented to the Company Members at its Annual General Meeting on 26 November. At the time of writing the AGM has not taken place. A verbal update will be provided to the WHWB on the appointment of Company Directors. A copy of the Annual Report is attached at Appendix 5. The report details another successful year for HWW.

Healthwatch Walsall has continued to build on its successes it enjoyed in its first 12 months with continued hard work and dedication by its Members and Volunteers to ensure the second year has been even more successful.

Healthwatch Walsall has continued to have its focus led by the Members of our Assembly. The Assembly has looked at no less than 18 specific topics that have helped health and social care commissioners and providers of services receive feedback based on the Members considerable knowledge and experience of how their commissioning or service provision can be improved.

One prime example is the successful collaborative working with the Walsall NHS Trust over improving the content and detail of the Annual Quality Account. This shows the benefit of collaborative approaches but also shows the importance of the role that Healthwatch Walsall has and how it is perceived by key providers of services.

Healthwatch Walsall’s Service Watch questionnaire produced over 1200 completed responses. They came from all over the borough and thanks to the success of our engagement programme and our innovative engagement grants scheme

Healthwatch Walsall was able to reach out to many traditionally hard to reach groups providing a wealth of intelligence.

Healthwatch Walsall undertook its first large scale investigation that focussed on hospital discharge from the Manor Hospital as detailed earlier in this report. Other work is continuing on GP Satisfaction, Accident & Emergency services and Obesity.

Healthwatch Walsall also developed an innovative grant scheme aimed at building relationships with underrepresented groups in order to understand their experiences of health and care to help inform commissioners and providers of these services. The grants fund was aimed at supporting voluntary and community groups in different ways to extend our engagement work and tap into existing networks to reach out further into the community.

In doing this Healthwatch Walsall has demonstrated its commitment to hearing the voices and experiences of all Walsall people to try to create a truly unique comprehensive account of all people's experiences and expectations. This can only strengthen our role as the public champion when working with commissioners and providers and creates a strong foundation for Healthwatch Walsall to continue to deliver its key functions through the coming year.

4. Impact on health and wellbeing:

The work of HWW and its volunteers meets many of the Marmot objectives by striving to make sure children, young people and adults have access to the right high standard health and social care services they might need through their lives whether they might be preventative services, community or acute services or support with lifelong conditions. The challenge for HWW is to engage with as wider range of people within the borough as is possible to enable them to have their voices heard, listened to and influence the provision and specification of services to sustain a high standard of health and wellbeing for all.

Marmot objectives:

1. giving every child the best start in life
2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. creating fair employment and good work for all
4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.

Author

Simon Fogell – Chief Officer Healthwatch Walsall

25 November 2015

healthwatch

Walsall



5 things you should know about dementia

Leading the fight against dementia
Alzheimer's Society

Get the facts and dispel the myths about dementia.

These five key facts are summarised below, or you can download a copy of the booklet for more comprehensive information.

Download the full version of our booklet: **5 things you should know about dementia**

1 Dementia is not a natural part of ageing

It's true that dementia is more common among over-65s, and some of us do become more forgetful as we get older or during times of stress or illness. But dementia is a different sort of forgetfulness. Your memory loss will be more noticeable, and may be accompanied by mood changes and confusion. It's important to ask your GP to check out any unusual symptoms as these can sometimes be treated with appropriate medication.

2 Dementia is caused by diseases of the brain

Dementia is the name for a collection of symptoms that include memory loss, mood changes and problems with communication and reasoning. These symptoms are brought about by a number of diseases that cause changes in the brain. The most common of these is Alzheimer's disease, which changes the chemistry and structure of the brain causing the brain cells to die. Other types of dementia include vascular dementia and Pick's disease.

3 It's not just about losing your memory

People often think of dementia as a form of memory loss. And usually it does start by affecting people's short-term memory. But it's more than that - it can also affect the way people think, speak, perceive things, feel and behave. Dementia makes it harder to communicate and do everyday things, but there is a lot that can be done to help. Every year we understand more about dementia, and develop new strategies that can help to boost someone's confidence and maintain their independence for as long as possible.

4 It's possible to live well with dementia

Most of us have an image in our mind of what life with dementia looks like. That image is often very bleak. So it can be very surprising to learn that many people with dementia continue to drive, socialise and hold down satisfying jobs. Even as dementia progresses, many people lead active, healthy lives, continue their hobbies, and enjoy loving friendships and relationships. Of course dementia does make it harder to do certain things, but with the right knowledge and support it is possible for someone with dementia to get the very best out of life.

5 There's more to a person than the dementia

The inspirational people we work with are living proof that life doesn't end when dementia begins. When someone is diagnosed, their plans for the future might change and they may need more help and support to keep doing the things they enjoy - but dementia doesn't change who they are.

If you have any concerns or are worried about your memory, please contact our Helpline 0300 222 11 22

Healthwatch Walsall is independent, speaking for communities and individuals in Walsall.

We can challenge commissioners and providers of health and social care services to make improvements important to people and support them in promoting best practise.

We also help individuals understand what choices are available to them and help them to get information and advice.

Healthwatch Walsall has:

- The power to request information from service providers and commissioners
- The right to carry out Enter & View visits to services and make recommendations for improvements
- The power to report concerns to the Care Quality Commission and/or Healthwatch England
- A place representing the public voice on the local Health & Wellbeing Board, alongside Walsall Council, Walsall Clinical Commissioning Group and NHS England

Healthwatch Walsall's main objective is to engage with the public to find out the issues that matter most to them. We hold & attend meetings & events around the Borough and work with partners to ensure that we reach different sections of community.

We collect views and opinions through dialogue and through surveys. This enables us to build an evidence base to speak for the public. Our latest survey can be found on the Surveys page on our website.

We investigate areas of concern to the public, with priorities set by our Assembly (see our How We Work page for more on the Assembly). Our workplan is therefore driven by the needs and concerns of Walsall people.

We recruit Members, Supporters and Volunteers, who can play an active role in Healthwatch Walsall's work. Find out more about how you can become involved by going to our Get Involved pages.

We work constructively with commissioners and providers of services to ensure that the issues we raise are responded to and have an impact on the way services are delivered in Walsall.

WALSALL HUB

Tuesday 19th May

COFFEE MORNING

10.30am-12.30pm

For people with dementia, people living with dementia, their Carers and Families.

COME ALONG TO THE DEMENTIA DROP-IN SESSION FOR SUPPORT, INFORMATION AND ADVICE.

For further details contact the Information Centre on 01922616798. The Walsall Hub, 17 Lichfield Street, Walsall WS1 1TU

Join us for
Demential Awareness Week
17-23 May 2015

**Sing-a-long and
Tea Dance at
St Chad's Hall**

Wednesday 20 May 2015 2pm - 4pm



Join us for some song, dance, entertainment and tea and cake in a welcoming venue.

FREE ADMISSION for 50+

For booking contact Carol Bowsher on 0121 521 3020 or email carol.bowsher@alzheimers.org.uk

Location: St Chad's Church, Edison Road, Beechdale, Walsall WS2 7HT

Walsall



Link Line

Alzheimer's Society
Leading the fight against dementia

Working to become
Dementia Friendly
2014-2015

A number of events that will raise awareness and offer support for Walsall people living with dementia and their carers is taking place across the town next week as part of the national Dementia Awareness Week 2015.

The week kicks off on Monday 18th May with a launch event at the Independent Living Centre in Walsall Town Centre, 9 Wismore, Walsall, WS2 8EZ. Information stands and advice will be available and people are invited to drop in at any time between 10am and 4pm. The Alzheimer's Society will also be at the event. Other organisations at the event include:

- Walsall Housing Group • Forget me not • Mindful gifts • Linkline
- Walsall library • Fire service • Occupations Therapists • Healthwatch Walsall
- Admrial Nurse • Pleck Pharmacy • Walsall mind and body
- Free food and drink • Health checks • Hand massage

Throughout the rest of the week there will be a vast array of activities on offer, several being run by Pathways 4 Life, a partnership between the Accord Group and Age UK Walsall.

Dementia awareness information stands and drop-in sessions will be located in a range of shops and public facing building across the town, including Asda, St Matthews, Walsall Manor Hospital, Forest Arts Centre and the Mindful Gift Shop in Darlaston.

Three dedicated dementia cafés are also taking place. Wednesday is at Brownhills Community Association. On Thursday there will be two cafés taking place. At 2pm at Walsall Manor Hospital followed by a dementia café at Old Vicarage Close in Pelsall at 6pm. Everyone is welcome and the events will offer free support to people within an informal, friendly and relaxed environment.

A tea dance and sing-a-long afternoon at St. Chads Hall, Edison Road, Beechdale, Walsall, WS2 7HT alongside Walsall Link Line. There will be plenty of tea and cakes and lots of information here. (Please see the poster attached) Run by the Alzheimers Society

Dementia can happen to anyone and there's currently no cure. It can strip you of your memory, your relationships and your connection to the world you love, leaving you feeling isolated and alone.

The Alzheimer's Society believe that life doesn't end when dementia begins, and they do everything they can to help people living with dementia hold onto their lives and the things they love for longer.

They also believe it's possible to do new things and have new experiences, too. And that's what this year's Dementia Awareness Week is all about.

Here are some things to think about :

- **Try out a new recipe** - be ambitious and try something totally different from your usual style of cooking
- **Sign up for a language class** - many places offer classes to help you learn a range of languages, or you can often find free online courses
- **Find a new sport or exercise to try out for the first time** - look for a class you haven't done at the gym before, or get your friends all out to play a group game in the park
- **Start making plans for that big trip you've always wanted to go on** - you might not be quite ready to go yet, but choose a date and get things moving
- **Get a totally new hairstyle (or colour!)** - many salons offer free or cut price haircuts to help with training
- **Visit somewhere you've never been before** - it could be somewhere close to home you've just never got round to going, or somewhere further afield
- **Learn to juggle**
- **Go to the theatre, opera or ballet** - or you could even get involved in a local theatre group if you've always fancied having a go yourself
- **Get your friends around for a murder mystery evening**
- **Try jellied eels!**

Dementia Awareness Week 2015 takes place between 17-23 May.

CALL US ON 01922 614144

email@healthwatchwalsall.co.uk

Web: www.healthwatchwalsall.co.uk

Twitter: twitter.com/HWWalsall

HEALTHWATCH WALSALL, THE HUB, 17 LICHFIELD STREET, WALSALL WS1 1TU

TELL US ABOUT YOUR CARE

Healthwatch Walsall wants to give you the chance to share your experiences of the Manor Hospital and Community services for the CQC inspection

When it comes to health we all want the best services we can get. Whether we only need help now and again, whether the quality of our lives is affected or whether it's a matter of life and death.

The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England with statutory responsibilities for monitoring and inspecting these services. CQC has announced that it will be carrying out an inspection of Walsall Manor Hospital and Walsall Healthcare Community Services from **Tuesday 8th September to Friday 11th September** to check that their services meet the standards expected.

The inspections - which are carried out by a mixture of independent and experienced professionals, CQC inspectors and lay people - will assess whether the Manor Hospital and community services, are **safe, effective, caring, responsive to people's needs and whether they are well-led**. These are the 5 questions that will be at the heart of the inspection to make sure that the focus is on the things that matter to people.



Come to the CQC public listening events meet the inspectors and share your experience of the services and care provided in the last year by Walsall Healthcare NHS Trust



27th August 2015 2.30pm - 4.00pm

Bentley Leisure Pavillion, Bentley Road North, Bentley, Walsall WS2 0EA

2nd September 2015 6.30pm - 8.00pm

Manor Farm Community Association, King George Crescent, Rushall, Walsall WS4 1EG

In addition to the 2 listening events arranged by CQC, Healthwatch Walsall has arranged a further 8 events across Walsall to help give everyone an opportunity to have their say and share their experiences, good and bad to help CQC look into the areas that matter most to Walsall people.

These are as follows:

Fri 14th August 10 till 12noon

@ The People's Centre 3 Queen Street
Walsley WS10 8TA

Fri 14th August 2 till 4pm

@ Wilfenhall CHART 19 Gomer Street
Willenhall WV13 2NS

Mon 17th August 10 till 12 noon

@ Brownhills Memorial Hall,
Lichfield Road, Brownhills WS8 6HR

Mon 17th August 2 till 4pm

@ The Stan Bali Centre Abbots Street
Walsall WS3 3AZ

Tues 18th August 10 till 12noon

@ The Collingwood Centre Collingwood
Drive Pheasey B43 7NH

Wed 19th August 10 till 12 noon

@ Beechdale Lifelong Learning Centre,
Stephenson Square, Beechdale Estate,
Walsall WS2 7DY

Wed 19th August 5 till 7pm

@ Palfrey Community Centre
Milton Street Palfrey WS1 4LA

Sat 22nd August 10 till 4pm

@ 'Darlaston by the Sea', King Street, Darlaston

For people who are unable to attend a listening event there are other ways you can feed in your views - details can be found on our website

healthwatch
Walsall

www.healthwatchwalsall.co.uk or email info@healthwatchwalsall.co.uk

Telephone 01922 614144

Ensuring local health and care services are centred around what matters to Walsall people



Healthwatch
Walsall
Hospital Discharge Report





Contents

Forward.....	4
Executive Summary	5
Recommendations	11
Methodology	13
Findings	15
Conclusion	25
Acknowledgements	26
Disclaimer	26
Reference List.....	27
Appendix 1 Poster	29
Appendix 2 Hospital Discharge Questionnaire.....	30
Appendix 3 Consent Form	32
Appendix 4 Patient Comments Regarding Key Themes	33
Appendix 5 Summary of Responses	40
Appendix 6 Demographic Analysis.....	41
Appendix 7 Case Studies.....	42



Forward

“Tens of thousands of people are potentially being sent home without proper support when they leave hospital or a care home.” (Healthwatch England)

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and Carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Healthwatch Walsall (HWW) has a local mandate to report on and represent patient concerns and comments with regards to the service they receive from Health and Social Care providers throughout the Borough.

Healthwatch Walsall held a series of events, workshops and advisory groups to understand where concerns lie in Health and Social Care from across the borough. As a result of these meetings key priorities were identified by Assembly members.

One of the immediate priorities was to undertake research focusing on a patient’s journey/discharge from the Manor Hospital. HWW formed a Hospital Discharge Task Group, its aim was to evaluate how well integrated the discharge system is at the Manor Hospital by looking at patient journey of hospital discharge and post discharge care. We wanted to hear about patient experiences, good or bad regarding their stay in the Manor Hospital.

Hospital Discharge Task Group were all members of Healthwatch Walsall Assembly.

The Task Group Members were:

- Richard Przybylko
- Brian Gilham
- Valerie Penney
- Deirdre Pedley
- Anne Paddock
- Shazia Ahmed - Research Lead

This report is designed to support the Manor Hospital in improving patient experiences by highlighting a number of areas for improvement based on the patient experiences.



Executive Summary

Hospital discharge refers to when a person leaves hospital once they have recovered. People should not be discharged from hospital unless they are medically fit and signed off by a named doctor (DoH 2010; DoH 2003). Hospital discharge is a process that needs to be done timely and safely. If this process is done too early there is an increased risk of re-admission and unsafe discharge. Similarly, if the patient overstays (delayed discharge) it can increase the risk for infection, cause depression, frustration as well as lack of confidence and dependency (DoH, 2010). This is why we need effective discharge planning.

Every hospital has a discharge policy in place - the Manor Hospital complies with the Transfer of care policy and the DoH document called 'Ready to Go' (DoH 2010). The Department of Health has outlined 10 key principles to achieve a safe and timely discharge process listed in Table 1. These principles are based on a person-centred approach, treating individuals with dignity and respect. The patient and their carers are provided with information and are involved at all stages of the discharge process and make informed choices.

Table 1

Ready to go? 10 Key practices and Principles

1. Start planning for discharge or transfer before or on admission.
2. Identify whether the patient has simple or complex discharge and transfer planning needs, involving the patient and carer in your decision.
3. Develop a clinical management plan for every patient within 24 hours of admission.
4. Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level.
5. Set an expected date of discharge or transfer within 24-48 hours of admission, and discuss with the patient and carer.
6. Review the clinical management plan with the patient each day, take any necessary action and update progress towards the discharge or transfer date.
7. Involve patients and carers so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence.
8. Plan discharges and transfers to take place over seven days to deliver continuity of care for the patient.
9. Use a discharge checklist 24-48 hours prior to transfer.
10. Make decisions to discharge and transfer patients each day.

DoH 2010, p6



Problems arise when any one of the 10 steps are not implemented correctly. These key principles need to be in place for every patient to be discharged in an appropriate way.

Nationally hospitals have experienced a steadily increasing pressure on urgent and emergency care services. Since 2012 there has been an increase of 18% in emergency hospital admissions in Walsall (Walsall CCG, 2014). Patients have stated that they don't know where to go and often choose to go to A & E, which puts further pressure and demands on the Manor Hospital. Patients are waiting longer to be seen and treated (Health & Wellbeing Board, 2014). Effective planning for discharge with clear dates and times reduces:

- the patient's length of stay
- emergency readmissions
- pressure on hospital beds.

Hospital discharge has been raised as an issue by the national Healthwatch network, which has launched its first special inquiry 'Then what?' The Inquiry will reach out to communities right across the country through site visits, focus groups, public hearings, and the mobilisation of the 148 local Healthwatch groups to hear real life experiences of the discharge process and learn what can be done to improve outcomes

The Manor Hospital Walsall NHS Hospitals Trust

The National inpatient survey and the A&E Survey completed in 2013/14 shows improvements in inpatient survey results. The key areas for focus over the next year are:

- pain control
- out of hours or overnight care
- communication and information
- the discharge process or post discharge information
- the attitude of staff towards patients

(Walsall Healthcare NHS Trust, June 2014; Walsall Healthcare NHS Trust, 2013/2014).

Patient experience has improved since 2010 and there have been improvements in maternity services (Walsall Healthcare NHS Trust, 2013/2014).

The national inpatient survey results for the patients discharged during July 2013 showed a slow but sustained improvement with 12 questions now in the top 20%. The Trust was going to concentrate on improving communication and the discharge process at that point.

The Trust report on patient experience raised concerns about clinical care and treatment, communication and discharge planning (Walsall Healthcare NHS Trust, Feb 2014).



The report identified a number of key areas to focus on:

- Poor communication and lack of information, which included medical staff not answering questions, times of mealtimes not being clear, delays in getting test results and patients not understanding what the results mean, the availability of free prescriptions and the choice of treatments.
- Patients did not understand what is happening with the discharge process or post discharge.
- Lack of adequate pain control.
- Concerns about the standard of care received by patients out of hours or overnight.
- The attitude of staff within the organisation towards patients.

The Manor Hospital has 490 beds with a further 41 beds provided within local nursing homes delivering intermediate care services.

The Trust has listened to patients and is trying to learn from their bad experiences and using that feedback to improve patient care. The past few years the focus was on improving the national inpatient survey results and Family and Friends test results rather than some of the patient issues highlighted above.

The Trust does now recognise that they need to focus on these issues and are being discussed at the Patient Experience Group and the For One and All Group.

Healthwatch Walsall

Healthwatch Walsall has listened to patients in Walsall about their hospital experience. Gathering patient views and experiences of their stay in hospital is important so as to understand what the people of Walsall want.

Patient views and experiences have enabled Healthwatch Walsall to be able to establish what needs to be improved and also what is working for patients. This will ensure that the provision of health and social care services will help to reduce unnecessary readmission to hospital and timely discharge focusing on re-enablement and recovery.

In the summer of 2014 Healthwatch Walsall commenced a study of hospital discharge and aftercare. Through the use of patient surveys called 'My Story' we collated the patient experiences. Appendix 1 is the poster that used to advertise the survey.

114 questionnaires were completed on hospital discharge and 36 case studies were completed. The survey and case studies reveal both good and bad practice within the hospital. A copy of the questionnaire is attached in Appendix 2 and the consent form to take part in the case studies in Appendix 3.



Good Practice

We have seen evidence of good practice and organisation. The system can work seamlessly and joint working can be achieved as demonstrated in the case studies (CS):

- CS 5 was transferred to a hospital closer to home and had received good care. Carers had notified her care provider before she went home and had the necessary equipment in place with carers coming every day and the district nurses came to dress her ulcers. She was reviewed again and new equipment was delivered and she has been receiving care in her home for the past decade. Effective joint working does exist and has shown to work seamlessly.
- CS 9 received good care and aftercare when he left hospital and his experience illustrates that there is good joint working between the hospital and the community.
- Stroke and Maternity services have evidence of good communication between multidisciplinary teams.
- CS 17 experience has had a positive impact on his health and welfare and helped him overcome his phobia of injections.

Areas for Improvement

The survey and case studies identified a number of areas where improvement is required these are split between hospital services and social care:

Areas for improvement in hospital services

Communication

- Consistency of provision of information
- Consistency of involvement in discharge decision
- Minimising short notice discharge
- Consistency in explaining procedures & tests
- Consistency of information on transfer to social care

Care & compassion

- A few staff fall below the generally high levels of compassion, empathy and kindness of most staff.



Areas for improvement in hospital services

Dignity and Respect

- Some patients felt their needs were ignored
- A few concerns about lack of privacy when discussing personal issues, or receiving treatment
- Occasional delays in washing and getting clean clothes

Early Discharge necessitated by

- Impact of norovirus
- Pressure on beds

Organisation & Coordination delaying discharge

- Waiting for doctors
- Waiting for medication
- Waiting for ambulance
- Waiting for test results
- Occasional late night discharge / transfer to care
- Some medication errors reported
- Inconsistent arrangement of follow up appointments

Areas for improvement in social care services

Aftercare and co-ordination

- Consistency in support after discharge
- Consistency of information and signposting to other services
- Delayed provision of care after discharge
- Consistency of information sharing with other teams
- Consistency in transfer & care packages



Areas for improvement in social care services

Staffing

- Concern about levels over weekends & holidays
- Attitudes of some staff upset patients
- Call times do not always meet the needs of patients

A full list of key themes that was gathered from the case studies and questionnaires in in Appendix 4.



Recommendations

Integration

1. Establish an integrated Discharge Task Group involving all partners and Healthwatch Walsall to review the findings and recommendations.
2. Set up an ongoing multidisciplinary monitoring group.
3. Improve the consistency of handover process between wards, departments and other agencies, ensuring the patient and family/carers are kept informed.
4. Establish systems and monitoring procedures to ensure the discharge policy is adhered to at all times especially during festive holiday periods and at weekends.
5. The Trust and all partners are recommended to adopt the refreshed Discharge Pathway.

Hospital care

Review the Discharge Pathway Process internally and with external partners to identify areas for improvement with a special on focus on:

1. ensuring minimum staffing levels
2. developing a Discharge Checklist to ensure consistency and sign off prior to discharge
3. developing a Medication Discharge Checklist to ensure consistency and accuracy and more timely receipt of medication
4. developing a Toolkit and checklist to ensure communications meet the needs of patients with sensory impairments or conditions that affect capacity



-
5. developing a contingency / protocol to deal with outbreaks of Norovirus
 6. involve patients and special needs groups to improve the quality and consistency of advice to patients
 7. implement systems to ensure all follow up appointments and tests are booked prior to the patient being discharged
 8. involve patients in ideas to improve the appearance and fabric of the Discharge Lounge to make it more welcoming and comfortable.

Social care

1. Ensure care staff are trained in the need to treat all patients with dignity and respect.
2. Do more monitoring of the quality of care services and attitude of carers.
3. Improve the timing of care visits to better meet the times that patients normally eat meals or take medication.



Methodology

Aim: To evaluate how well integrated the Manor Hospital discharge system is.

Objectives: Healthwatch Walsall (HWW) wanted to hear about patient experiences, good or bad regarding their stay in the Manor Hospital. To listen to peoples experiences who had stayed for three or more days and within the past six months at the Manor Hospital. This was extended to include views of people who had stayed in hospital over the past year.

Part 1: “My Story” Patients Journey of Hospital Discharge

HWW collected case studies of patient experiences of their stay in hospital. To ensure we gathered as many views and experiences of Walsall people we planned six “My Story” events held across the libraries in Walsall (Central, Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall) over a 4 week period. A trial run was conducted prior to the event.

Participants would contact HWW to book an appointment. At the time of booking they were asked a few screening questions to ensure they were eligible. The screening questions asked were:

1. Were you a Patient at the Manor Hospital for 3 or more days?
2. Was it in the Past 6 months?

Only once they met the criteria were patients booked in for their 20 min one-to-one interview to share their experience of their stay and complete the questionnaire on hospital discharge. Other options were available such as a phone interview or sharing their story by e-mail to HWW. All participants received a £5 gift voucher as a thank you for their time and for sharing their experience.

Recruiting patients to share their experiences

Participants were recruited by advertising in the local Express and Star newspaper two weeks prior to the event. Posters were also distributed to all GP Practices in Walsall, the Manor Hospital, Pharmacies, and local libraries across Walsall as well as promotion on the HWW website.

Part 2: Surgical Follow-up Clinics

HWW, with the permission of Manor Hospital, attended the surgical follow up clinics to complete the questionnaire on hospital discharge. Members of the Hospital Discharge Task Group visited the Manor Hospital surgical follow up clinics on June 30th and July 7th and collected data using the hospital discharge questionnaire.



Part 3: Presentation on Hospital Discharge

Mark Pitcher, ex-lead for integrated discharge team at the Manor Hospital, was invited as a guest speaker to talk to the Hospital Discharge Task Group regarding the Manor Hospital Discharge Process and Practices in Walsall and current local issues.

All the case study data was recorded and transcribed fully. All information collected was anonymised and stored safely in a locked cabinet. The data was analysed for key themes and to gather experiences of good practice and suggestions for improving the hospital discharge process for patients.

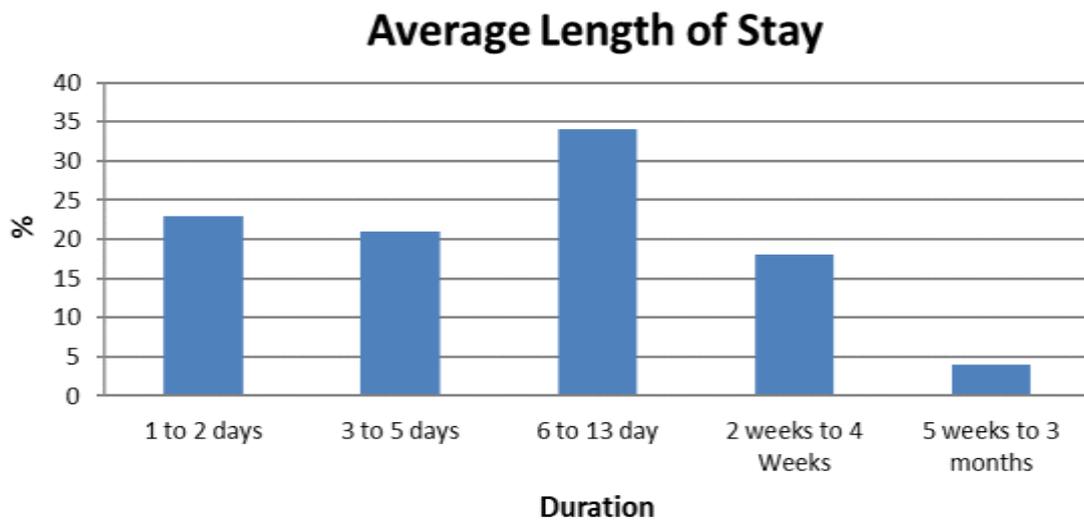


Findings

Average Length of Stay in Hospital

This ranged from 6 days to 13 days (34%) followed by 1-2 days (23%) and 3-5 days (21%) in hospital and 20 people (18%) stayed from 2-4 weeks and 5 people (4%) stayed 5 weeks to 3 months.

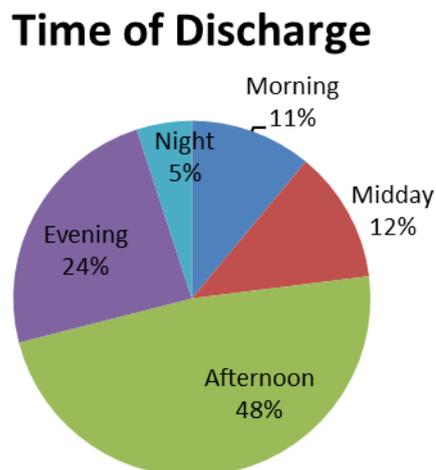
Figure 1



Time of discharge

48% of respondents were discharged in the afternoon between 2pm-5pm. 24% were discharged in the evening between 5:30pm -8pm. 23% were discharged by midday. 5% were discharged at night after 8pm, as illustrated below.

Figure 2





Readmission

17 people (15%) were readmitted to hospital out of total 114 people who completed the survey within a month of discharge. Different people coordinated discharge in 29 of the responses (25%) and 91 people (80%) had enough notice of discharge. 57 people (50%) had a delayed discharge. 36 people's (32%) discharge was delayed due to waiting for medication and 11 (10%) waiting for the doctor to discharge them.

28 (25%) of people they felt that they should have received care once discharged but didn't get any and for those where care was arranged 39 (44%) people said that it met their needs.

Of the 17 were readmitted, at the time of their initial discharge 14 (78%) people were happy to go home and 4 people (22%) were unhappy about the decision to discharge them.

The rate of readmissions at Walsall Manor Hospital between April 2013 - February 2014 report a total of 25,434 patients were discharged and 4004 patients were readmitted within 30 days of admission. This is a 15.7% readmission rate during this period.

The questionnaire results showed 15% were readmitted within 28 days of discharge for the same condition.

A summary of the remaining questionnaire results is attached at Appendix 5 and a demographic analysis is in Appendix 6.

Comments and Suggestions Made by Responders

Appendix 4 highlights some of the key themes that were identified and comments made by those who completed the survey on hospital discharge.

Walsall Manor Hospital Formal Complaints - Themes

- A total of 266 complaints were received during the year (as at end January 2012), of which 241 related to hospital based care and 25 to community care provision (Walsall Healthcare NHS Trust, 2013/2014).
- In 2012/13 the team had 319 complaints, which included concerns raised about care and treatment, poor communication, and regarding appointments and services.
- The main theme emerging in April 2014 was clinical care, assessment and treatment. The second highest theme was discharge and communication (Walsall Healthcare NHS Trust, April 2014).



Poor Communications

72% patients in our survey reported that they were fully informed about their discharge but 26% were not happy with the communications during their stay. 2% of patients were unsure.

The following case studies (CS) demonstrate that the patient would like information and advice from their doctor to simply explain procedures or results and what to expect in the coming days.

A précis of information relating to the discharge process for each case is attached at Appendix 7.

CS 21- his experience highlighted poor communication and the doctor did not explain anything to him nor provide any progress or updates at all.

CS 26 was also not informed about any test/scans

CS 2 highlighted there was no continuity of care and a lack of information, she was not told that she could bring her medicine from home. Nurses need to show empathy and compassion as they did not listen to her requests. The doctor confirmed that he thought she was discharged from hospital and there were further delays due to medication errors. Furthermore her physiotherapy appointment was not arranged and she was still waiting for physiotherapy. She commented: “My stay in the hospital was traumatic and scary as I could easily have been lost in the system”. She felt ignored and depressed, which reflects the findings of research into delayed discharge.

Doctors must provide good care and communicate effectively by listening to patients and answering their concerns. The Doctor is responsible for giving information the patients need to know in a clear way, as well as being considerate and sensitive when giving patient/family information and support. When they are on duty the Doctor must be “readily accessible to patients and colleagues seeking information, advice or support” (GMC, 2014)

Information is not always provided to the patient who is requesting progress updates or provided an opportunity to discuss or raise any concerns. The care needs to be more patient centred and holistic but this too falls short. There was poor communication between patients/family and staff about the ability to care for themselves and a lack of proper assessment for cognitive ability.

CS 32 “On Saturday they transferred me at night at 10pm to the discharge room. I wasn’t aware I was going to be discharged I thought I was going home on Monday morning.”

CS 34 “The discharge was totally out of the blue, giving my family no warning. There had been no heating on in my home and if the family had been warned it could have been turned on in advance.”

These three feature cases highlight a catalogue of errors, mainly due to a lack of communication and information, from the time the patient entered hospital to the



time they left home and post discharge. Their stories paint a concerning picture of poor care and has left a negative impact on their lives with some of the patients losing faith and confidence in NHS services.

POOR CARE

Hospital Standard of Care

Every hospital has a standard of care that you have a right to expect. All hospitals in England must ensure that the care and treatment they provide meet national standards. “You can expect to be respected, involved and told what’s happening at every stage. Whereby staff will respect your privacy, dignity and independence. You can also expect to be safe such as being cared for in a clean environment, and maintain good staffing levels. Personal records will be accurate and kept confidential.” (CQC, 2013)

CS 2 highlighted that the hospital environment was dark, left on her own in a room with no windows and very depressing atmosphere. This could be improved. There were also comments made about more staff on the wards and keeping accurate records

Continuity of care and co-ordination

The General Medical Council, who regulate Doctors, state “share all relevant information with colleagues involved in your patients’ care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers. Check, that a named clinician or team has taken over responsibility.” (GMC, 2013).

There was a lack of clinical continuity in the cardiac ward, where a patient was waiting to be discharged by the Consultant. The Consultant had shown a lack of professionalism by not taking responsibility for their care. Although the patient felt treatment was good, the service or patient experience was weak due to poor handover or lack of communication and discussion with other members of staff resulting in failure to co-ordinate discharge. This is shocking and poor practice. Even if Doctors are facing huge pressures and demands this does not excuse their behaviour.

Unfortunately, the consultant did not check to see that a named doctor has taken over the responsibility. If the workload is unmanageable then they need to recruit more doctors to serve their patients and provide patients a good quality of care and not be left alone.

On average 54% stated that one person coordinated their care, 25% one person did not and 18% were unsure. It appears a large proportion of patients do not have clear information or even know who is in coordinating their care.

In CS 4 the consultant did not inform the family or listen to the families concerns. She had to be readmitted and had a fall in hospital and needed surgery, which was always rescheduled. She would be left waiting for surgery with nil by mouth and then be told that it was cancelled. She was already in a weak state and these



delays have impacted on her health. There is a lack of compassion and lack of information from Doctors on progress of care. The family would request for updates but were not updated quickly and this would cause distress to the family.

Dignity and Respect

Some patients reported that they did not have the right to privacy and confidentiality, and felt ignored by staff. They felt that they were treated as invisible and stated that staff did not respond promptly to requests for help to go to the toilet.

CS 2 and CS 27's story both talk about what they had witnessed first-hand on the ward how poorly vulnerable elderly people were treated in hospital and state that nurses did not listen to them and did not treat them with respect and ignored their calls for help. Even PALS who visited CS 2 didn't respect her privacy and confidentiality.

One lady felt she would be a nuisance if she kept asking for the nurse and often was left alone upset and crying in hospital (CS 3). Both CS 2 and CS 27 have lost confidence in the Manor Hospital.

Our investigations revealed a number of negative experiences about sensory impairments (CS 12), CS 4 had lost her hearing aids on the ward and they were not replaced. The family made requests but no one did anything about it and nobody was allocated with the responsibility to ensure the hearing aids were found.

Another patient who is diabetic was nil by mouth and waiting all day for his surgery.

All of these are all examples where staff were not sensitive to patient's needs. "Ensure all staff are aware and respond sensitively if you have a hearing or visual difficulties or memory problems" (Age UK, 2012).

It is also important "not to discharge patients with the feeling that they have just been cast on one side as soon as their medical treatment is considered to be complete" (Age UK, 2011). This was felt by several people in this study (CS 15 and CS 25).

"If I am in severe pain and in a busy area I don't expect my medical information to be shared with everyone in the main reception. You need privacy to talk about your problem because they are my medical issues. I don't want to be overheard. They expected me to stand. There is no where to sit and communicate to reception. I found that very difficult to give my information. I had asked for a seat and they didn't have a seat. I believe that 12.5 hours wait in A and E and they don't come. I needed help and I was ignored. That is not right."(CS 26)

Even with the pressures on the ward, staff need to be aware of what needs to be done and implement best practice at all times. Patient should be treated with respect and dignity at all times. There needs to be more care and attention to support the patients care.



Early Discharge

Patients have been discharged before they were clinically ready and clinically safe to be discharged. This could be due to a variety of reasons as reported in the case studies: poor communication, norovirus, or if the patient is self-discharging, and discharge before holiday period. The consequence is unplanned re-admission (CS 36 story). There were 5 people (14%) of case studies were readmitted to hospital for the same condition within 28 days of being discharged from hospital.

Norovirus on the ward puts even more pressures on the ward and results in patient care not being a priority. The patients expressed feeling rushed and ignored and without important support and aftercare in place

Norovirus on the ward puts pressures on staff and consequently affects the patient care. The patients are rushed and discharged early and no after care arranged. After care should be in place before you leave hospital. In some cases there was no assessment done and the patient was not clinically fit to go home. Not always the best interest of the patient.

On several occasions the patient was discharged early without the appropriate needs assessment or even aftercare in place (CS 34, CS 35 and CS 36). The family is left to cope on their own without any support or aftercare being arranged.

Discharge over the Weekend and Holiday

To avoid staying longer in hospital patients often choose to self-discharge home. However, some patients reported this was without any arrangements for aftercare or even a follow up call to see how they are coping at home. There needs to be better support and advice once they go home. This finding is also reflected in other studies (Lynch, 2011; BMA, 2014; DoH,2010; DoH, 2003).

They should also take extra care when making plans to discharge someone on Friday, or during a weekend, as it may be difficult to contact home care workers and GPs on these days. Hospital discharge policies should include details of what to do in such circumstances.

If patients are unhappy about their discharge they should be able to raise concerns with the hospital staff. It is important to take extra care when planning to discharge patients on Friday or during the weekend and holiday periods. This creates difficulties to contact home care workers and arranging for aftercare. More needs to be done to ensure that patients can leave hospital and with the appropriate care in place.

Hospital policies should have protocols in place with details of what to do in such instances. Even though it is acknowledged as part of the Hospital discharge policies should include details of what to do in such circumstances (DOH, 2010).

Better organisation and coordination

80% of our survey stated that they had enough time to be discharged with 17% who did not have enough notice to make arrangements to go home.



76% of patients were happy to go home and 22% were not happy to leave hospital or didn't feel ready to go. Factors in delayed discharge include: poor communication, long wait for medicine, long wait for transport, and time to arrange aftercare as documented in the case studies. However, long stays in hospital increase the risk of infection and depression as witnessed in CS 2 story (CS 27, CS 28, CS 29).

As evidenced in the case studies we can see that additional tests and appointments followed are not always through.

As we have seen the hospital discharge can be a slow process. Where the person is told in the morning that they can leave but are still waiting hours for medication or transport it can be frustrating. This requires better planning and organisation within hospital.

Sometimes even when the patient is ready to be discharged they are faced with further long delays of 3-6 hours waiting for family to arrive or waiting for hospital transport such as ambulance to take them home (CS 5). Long delays create anxiety and may harm the patient. The hospital staff should always try to minimise any delays.

Even before leaving the ward the nurses could have advised a patient that he was under another doctor's care and would be better to reschedule the outpatient appointment and avoid disappointment.

CS 5 experience, the uncertainty of waiting for 'transport' is not caring and should be managed. We have a duty not to harm our patients; however, making them wait many hours, without knowing when they are going to leave creates anxiety and may harm the patient (BMA, 2014).

In this case the patient stayed 8 hours in the discharge lounge after having a heart attack unable to go home. She was distressed and under the circumstances at risk.

Long Delays for Hospital Beds

CS 31, CS 12 and CS 26 had waited many hours; up to 15 hours before they are even admitted to a ward and have a bed

"There were no beds available. I had to wait too long for a bed on the ward nearly 15 hours. I was surprised they took me off the trolley in my condition and had to sit on a chair. This could be better." (CS 31).

Departure Lounge

Long waits in the discharge lounge was a common theme seen in both good and bad experiences of hospital discharge, as well as the wait for medicine, ambulance transport or waiting for a bed to be available. This illustrates that people accept and expect delays and although they may not like it they will overlook it as long as the overall care and treatment received in hospital was good (i.e. informed, tests



done, when talking to the doctor were treated with dignity and respect, given enough notice and support once they left hospital). They are pleased with their treatment in general regardless of the long wait in discharge lounge or wait for medicine.

“On Saturday they transferred me at night at 10pm to the discharge room. I wasn’t aware I was going to be discharged I thought I was going home on Monday morning” (CS 33).

Medication Errors

50% of people in our survey had a delayed discharge due to wait for medicine, seeing a doctor or arranging care. With patients stating “Hospital is struggling to cope, serious delays - the pharmacist holds up a lot of things”.

CS 33 stated “I missed my hospital injections at night, I know on two occasions they did wake me up for my injections, they could have kept to a timetable without keeping it late at night”.

After care support and co-ordination with partners

Most patients (68%) were given a date and times of discharge. A quarter reported that they were given different dates and times of discharge. The Manor Hospital has a hospital discharge policy, which aims to ensure smooth and seamless care and effective joint working. The policy discusses the purpose of discharge lounges, intermediate care services, transfer of care and how joint working is to be achieved. ‘Services you receive from the NHS (continence pads, visit by community nurse) are free but you may be charged for services you receive from your local council’. The policy states that patient transfer will not occur after 8pm without permission of the director on call (Walsall Healthcare NHS Trust, 2011).

A social worker will come to assess your needs and see what services are available to help meet your needs. They can provide equipment in your home below £1000 free of charge (Walsall Healthcare NHS Trust, 2011). Services are available but they are not always coordinated or managed well.

Intermediate care in the community helps support individuals to remain in their own homes. Especially for people who need ongoing support when they leave hospital. The transfer of care process is in place to ensure that patients receive the right care in the right place and at the right time. Unfortunately this is not always the case. Some patients had good care in hospital but had no support or aftercare in place once they went home.

Intermediate care is supposed to bridge services between primary and secondary care but they needs to be coordinated and managed better and need for good joint working between independent sector and community services to improve the quality of life and independence.



It has worked well for CS 16, CS 14, CS 6, and CS 5 who experienced good care and aftercare in place. However, a number of patient stories say their treatment was good but they had problems with aftercare not being in place (CS 8, CS 34, CS 35).

“I was assured that a care package was in place, which started on the night of my discharge. I felt as though I was rushed out of the Manor, with no proper care package put in place and no discussion with my family.” (CS 34)

Health and social care systems need to support individuals and their families to return home or residential care/rehabilitation. We need to know how best to manage discharge of individuals and transfer of care between these different settings? How best to achieve good practice and how to improve the discharge and transfer process and practices?

Sometimes the care and treatment in hospital is good but care stops short. Once they arrive home they experience problems and have no support, help or advice from the hospital (CS 10).

The patient doesn't know who to contact and discuss their concerns and who to tell if they are not managing well at home. (CS 8) Often times it was felt that if someone in the hospital or GP could give a call and check on the patient, especially elderly patients, to see how they are coping and to advise them if they need further assistance and support. This would most certainly improve patient experience.

“A phone call from GP or somewhere to see you are ok. You are left to it and it is a big operation, especially if it's a big wound it is not easy to get over. Luckily I looked on webpage and saw it was normal to feel this way. I managed, I was self-sufficient and had the help of my husband.” (CS 10).

It has been suggested to have 'what if leaflet?'. For instance, if the district nurse has not arrived the leaflet can explain who to contact and what to do in these situations.

CS 8 felt she had to say that she had someone to look after her but in fact she lived alone and had no option to say that, otherwise she was afraid that she would not have surgery. Surely this can't be right. No one should feel the need to lie in order to receive treatment. This makes the situation worse as they are not being assessed properly for appropriate aftercare in place.

For seamless and timely discharge it is essential there is good communication between health and social care agencies, patient and carer involvement in making decisions and accurate needs assessment. In addition agencies need to be aware of their roles and keep both the patient and carers informed passing vital information to multidisciplinary teams on.

Our findings are similar to other reports examining joint working with community care and how well the hospital, social care and community services work together (Walsall LINK, 2013; Lynch, 2011). The case studies also have reported similar findings with a lack of support after they leave hospital, poor communications to arrange social care and no follow up.



Patients also experienced long delays between notification of transfer and ambulance transport and long delays in medicine and patients being discharged with wrong tablets also found by nursing homes, and being discharged late at night. These are common themes and continue to be problems in hospital in general.

Staffing

Some respondents stated that they observed and experienced staff shortages, which impacted on support such as getting out of bed or requests for information or for going to the toilet (CS 34) she had asked for support to go to the loo but soiled herself before the nurse arrived who told her not to worry it happens all the time but CS 34 said she was not used to it, the experience of no one coming help her left her feeling helpless.

CS 25 felt the nurses did not want to know when she buzzed to ask for support as she had had an accident. It was two hours later when they came to change the bedding.



Conclusion

Effective Discharge is important so that there are enough hospital beds for people who are waiting for either planned operations or emergency admissions. The main theme identified at the Manor Hospital is poor communication and the need to share relevant information and improve collaborative working.

Discharge is a slow process and full of possible delays. This could be avoided with better planning and management and clear communication throughout the discharge process. Patients need to be kept aware of what is happening, why it is happening and what they can expect in their care. Patients need to be empowered with clear information, advice and support available to them when they leave hospital.

Hospitals are under pressure to cope with increased demand and bed shortages. To prevent unplanned re-admission and good continuity of care, patients need to be more involved in decisions and have necessary information and support available to them prior to going home.

Sharing patient case studies about good and bad experiences in hospital demonstrates how important it is to work in partnership with other organisations. Their case studies illustrate problems that occur when the process is not planned correctly in accordance with the discharge process and how it can be improved.

The Royal College of Physicians in response to the report 'Hospitals on the edge' in 2012 have set up a Future Hospital Commission (RCP, 2013). The report identifies how hospitals can improve and change to meet patients' needs and shares their vision on future hospitals and involving patients in their care. They report on how integration of social, primary and secondary care, when they work together, can benefit the patient. They also talk about a culture shift towards improving patient experience and care.

The Trust acknowledges that they want to improve patient experience and this has improved since 2010 but unfortunately hospital discharge remains a key theme along with poor communication and information. There needs to be more collaboration and partnership working to achieve positive outcomes. Even with all the efforts to reduce readmission rates it was nearly 16% and needs to be further reduced (Walsall Healthcare NHS Trust, 2014).

The Manor Hospital is sharing patient experience and closing the gap between the board and the patient experiences on the ward. The Walsall Healthcare NHS Trust only now acknowledges the need to focus on what matters most to patients. The Trust needs to continue with its progress made to sustain improvements in patient experiences and to focus on what matters most to patients, i.e. improve overall communication and the hospital discharge process.



Acknowledgements

The Hospital Discharge Task Group would like to thank ...

- All the people who shared their experiences “My Story” on hospital discharge.
- The Manor Hospital.
- Nicola Emes, Marketing and Engagement Support at the Manor Hospital, for making arrangements for the task group to conduct hospital discharge questionnaire in the Manor Hospital clinics and for displaying posters in the hospital.
- Mark Pitcher, ex-Integrated Discharge Team Service Manager at the Manor Hospital, as a guest speaker at our task group meeting speaking about current issues on hospital discharge and providing local information on the Manor Hospital Discharge Process.
- The Walsall Libraries for allowing Healthwatch Walsall to use their venues for conducting interviews.

We are grateful to everyone who helped us to recruit patients and for supporting this study.

Disclaimer

Please note that this report relates to findings as a result of the 36 case studies and 114 questionnaires carried out during October 2014. As such it will not be fully representative of all the patients that go through the Manor.



Reference List

Age UK (2011) Going into hospital Things to consider before and during your stay and when preparing for discharge

BMA Patient Liaison Group (2014) Hospital discharge: the patient, carer and doctor perspective.

Care Quality Commission (2013) What Standards you have a right to expect from the regulation of your hospital. www.cqc.org.uk/hospitalstandards

DoH (2010) Ready to Go? Planning the discharge and the transfer of patients from hospital and intermediate care. London: Department of Health. Available from: http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_-_Hospital_Discharge_Planning.pdf

DoH (2003) Discharge from hospital: pathway, process and practice. London: Department of Health

General Medical Council (2013) Eleven Principles of Patient Care https://www.rcplondon.ac.uk/sites/default/files/eleven_principles_of_patient_care.pdf

Lynch, N. (2011) A Qualitative Study into Patient Experiences of Discharge from Hospital.

RCP (2012) Hospitals on the edge? The time for action. London: Royal College of Physicians

RCP (2013) *Future Hospital* Commission. Future hospital: caring for medical patients. London Royal College of Physicians

Walsall CCG (2013/2014) Annual Report, Quality Accounts and Finance Accounts Walsall Healthcare 'For One & All'. [https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/annual-report/quality-account-2013-14-\(1\).pdf](https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/annual-report/quality-account-2013-14-(1).pdf)

Walsall LINK (2013) Discharge Procedures at the Manor Hospital Produced by the Social Care & Hospital Discharge Sub Group

Walsall Healthcare NHS Trust (2011) Hospital Transfer of Care Policy: Transfer of care of adult patients from hospital or between department/wards within the Hospital.

Walsall Healthcare NHS Trust (2014) - Board Meeting June 2014- Patient Experience. <https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/board-papers/2014/june/enc-9-foa-patient-experience25th-june-2014-kh.pdf>

Walsall Healthcare NHS Trust (2014) Board Meeting February 2014-Improving the Patient Experience. [https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/board-papers/2014/february/enc-4-foa-improving-the-patient-experience-february-2014-\(2\).pdf](https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/board-papers/2014/february/enc-4-foa-improving-the-patient-experience-february-2014-(2).pdf)



Walsall Healthcare NHS Trust (2014)- Board Meeting and quality standards report complaints April 2014-Improving the Patient Experience.

https://www.walsallhealthcare.nhs.uk/Data/Sites/1/documents/board_papers/2014/may/k---enc-8-monthly-board-and-qs-report-complaints-april-2014.pdf

Walsall CCG (2014): Consultation on urgent and emergency care choices in Walsall. Clinical Commissioning Group

Strengthening the public and patient voice

Ensuring local health care and care services are centred around what matters to the Walsall people

Sep 2015

healthwatch
Walsall



Appendix 1 - Poster



“My Story”

TELL US ABOUT...

Your Stay at Walsall Manor Hospital and receive a £5 gift voucher

Have you been a patient at Walsall Manor Hospital for 3 or more days and within the past 6 months?

We want to know about your experiences of discharge from hospital and any after care you needed when you returned home.

- Were there any difficulties with your discharge from hospital?
- Did you have appropriate support in place when you returned home?

Call us to book in for a chat about your story or e-mail your story to us. We would like to hear from you.

Book your 20 minute session today
Call us on **01922 614144**
or e-mail your story to shazia.ahmed@healthwatchwalsall.co.uk

Our sessions will be from 10am-4pm on the following days:

Wednesday	7th May	Brownhills Library
Thursday	8th May	Bloxwich Library
Wednesday	14th May	Darlaston Library
Friday	16th May	Central Library
Tuesday	20th May	Aldridge Community Centre
Thursday	22nd May	Willenhall Library

If these dates don't suit you and you would like to take part please call 01922 614144 and alternative arrangements can be made.





Appendix 2 - Hospital Discharge Questionnaire

Manor Hospital Discharge Questionnaire

1. **Gender:** Male Female

2. **Age bracket:** 0-17 18-24 25-44 45-59 60-74 75+

3. **Postcode:** _____

4. **Disability:** Yes No If yes please state: _____

5. **Ethnicity:** British Irish Eastern European Other White Background
Indian Pakistani Bangladeshi Chinese Other Asian Background
Caribbean African Other Black Background Mixed Race
Other: _____

6. **Length of stay in hospital (days):** _____

7. **What time were you discharged?** am/pm _____

8. **What ward(s) were you on?** _____

9. **Reason for hospital admission:**

10. **Were you re-admitted within one month of discharge for the same condition?**
Yes No Don't Know

11. **During your stay in hospital, were you given different dates and times for discharge by one person or different people?** Yes No Not sure

12. **Did one person co-ordinate your discharge from admission to discharge?**
Yes No Don't know

13. **Did you feel fully informed on the decision to be discharged?** Yes No

14. **Were you given enough notice to make the relevant arrangements for returning home?**
Yes No

15. **Were you unhappy about the decision to discharge you?** Yes No



16. Was your discharge delayed? Yes No

a. If so, was this due to waiting...?

Length of delay

i. For medicine? Yes No _____

ii. To see a doctor? Yes No _____

iii. For hospital-organised transport? Yes No _____

iv. For any other reason? Yes No _____

(e.g. discharge to rehabilitation, re-enablement, residential / nursing home) If yes, please state: _____

17. Did you receive a copy of the letter sent from your hospital to your GP?

Yes No

18. Did your GP change the medication prescribed by the hospital?

Yes No

i. If so, were you informed why? Yes No

19. Did someone check if you needed care after discharge? Yes No

20. Do you think you should have received some care/support after discharge home, but didn't get any? Yes No Don't Know

21. If you received care after discharge, did it meet your needs?

Yes No

22. How do you think the discharge process could be improved?



Appendix 3 - Consent Form



Consent Form

Please complete if you are happy to take part in the study.

Title of Study: Patient Discharge from the Manor Hospital.
Please tick

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

2. I understand that any data or information used in any publications which arise from this study will be anonymous

3. I understand that all data will be stored securely and is covered by the data protection act.

4. I hereby consent to sharing my story on patient discharge and agree to have my story tape recorded.

5. I agree to take part in the above study.

Name of Participant

Date

Signature



Appendix 4 Key themes

Key Themes	Comments made for Improving Hospital Discharge
<p>Poor Communication</p>	<ul style="list-style-type: none"> • “Not informed about what happens next, no one tells you what is wrong more spoken at than to.” • “Everyone else on the ward saw the doctor and explained everything to them. Mine never said a word.” • “Sent to discharge lounge at 1pm not discharged until 5pm daughter unaware. GP didn’t receive hospital discharge letter although ward sister said she had faxed it.” • “Poor communication - not receiving appointment and being discharged for not turning up and given wrong appointments. People don't know what is happening confusion.” • “More notification when you are going to be discharged”
<p>Lack of Organisation and Coordination</p>	<ul style="list-style-type: none"> • “Someone to take responsibility if doctor had to go off on an emergency. Someone should step in I would have thought so we were all getting distressed in ward 7 waiting for discharge letters and tablets.” • “Doctor was on holiday and did not discharge me. Need better communication between staff.” • “I was promised an appointment to see respiratory specialist within 8 weeks - still waiting. “
<p>Lack of Follow up and Aftercare</p>	<ul style="list-style-type: none"> • “Too long wait for district nurse to dress wounds. She had to contact district nurse office to arrange a visit. The District Nurses were not informed by Manor Hospital.” • “Make sure adequate provision is in place at home before discharging patient. No follow up by social worker” • “After discharge received no appointment for follow up due to new computer system. Very unhappy with outpatient appointment and follow up care. No results from blood tests and biopsy.”
<p>Lack of Dignity & Respect. i.e. not Listen to the patient, Respecting Patient decision/choice</p>	<ul style="list-style-type: none"> • “To listen to what you want instead of doing what they want”. • “They ignored me and did not listen to me” • “I was not taken to the hospital of my choice and that was not right. “



Key Themes	Comments made for Improving Hospital Discharge
<p>Lack of Personalised care</p>	<ul style="list-style-type: none"> • “I felt once someone said you could go home. There was a rush to get you out of hospital.” • “Once you were discharged it was like you were dismissed. They didn't help me at the end felt a bit ignored.” • “They could have actually asked if somebody was picking you up or if I needed help to take my things down for you. (if the offer to help could have been there)” • “Patients given more time -to make it more personal. More communication between staff and wards” • “Felt pressure/rushed to take her home.” • “The nurses and doctor to sit with the patients and talk to them generally. They don't talk to patient and be spoken to as a human being. To be compassionate and not invisible- more personal care”
<p>Lack of Support and advice when they leave hospital</p>	<ul style="list-style-type: none"> • “There should have been a nurse to come out and support you and the hospital didn't do that you were disappointed.” • “Follow up phone call to ensure all was ok” • “More support and advice for after care.” • “Not given enough information, not knowing what is going to happen it was a difficult time (thought he was dying). It is very hard to know where to go when you have cancer need more support for patient and family.”
<p>Lack of aftercare and lack of care arranged on Friday and Holiday period</p>	<ul style="list-style-type: none"> • “Better after care things should have been in place when you came home. There was no care package in place.” • “I should have been discharged on weekend but after care was not arranged. I wanted care to be in place from Monday. No arrangements were made. They insisted that I stay 3-4 days then they might have arranged for after care. Especially if first operation went wrong and there was no after care. You would have expected it second time.” • “To make sure patient has items/everything they need to help with recovery e.g. equipment (toilet seat frame)”
<p>No Contingency plan for Holiday Period</p>	<ul style="list-style-type: none"> • “Medication should have been there on the first day because she did not have her yellow book to record medicine she couldn't give her medicine -during Easter everything is closed.” • “It would help if someone would pick up the phones on the holiday and nobody answers it there should be a better system in place. A better way to communicate. The intermediate care team had answered the phone and had listened to me and I told them what was happening to her.” • “Not good enough to send people home. No one open to help you during the holidays”



Key Themes	Comments made for Improving Hospital Discharge
<p>Long Delays in Discharge Lounge</p>	<ul style="list-style-type: none"> • “Less stressful /rush from ward to swift ward” • “Patients to be kept on wards rather than discharge lounge because it was congested and not comfortable. I waited 3 hours in the discharge lounge, it could have been coordinated better ” • “When you get to the discharge lounge wait there it’s a very slow process and too many patients to treat.” • “Improve discharge process and not have to wait all day in the discharge suite giving up your bed when you had an operation” • “Experience in discharge room was stressful and long. Not waiting in the discharge lounge for an ambulance.”
<p>Lack of Compassion and Caring</p>	<ul style="list-style-type: none"> • “Staff need to be more polite and caring when you ask them for help” • “Taxi booked for discharge lounge but went to ward and Taxi sent away. Carer was arranged to put patient to bed but due to delay carer had left.” • “They should be more compassion and see if he is clean, they didn't clean up the mess that was made. Poor cleanliness”
<p>Lack of Information from Carers & Not sharing relevant information</p>	<ul style="list-style-type: none"> • “Didn't know who the care teams were and what time they come and what they do. Etc.” • “I don't know it is sad that we have to send people home and they have to fall to go back to hospital and then to a care home. We have to prove that we cannot manage in the home to fall over and then go.” • “Not sure what time the care assistant came and who is doing what etc. who is doing other chores if people are living independently. Not enough information is provided.” • “No communication among multi professional groups and not updating their system. The care is arranged by re-enablement team but they didn't know what had happened and that she had a fall. The district nurses also did not know she had a fall. Nobody knows anything there is no information being passed on from one team to another and it is not right time to discharge people when so close to the holidays. And no one explained about continence needs.”



Key Themes	Comments made for Improving Hospital Discharge
Medication Errors	<ul style="list-style-type: none"> • “I missed my hospital injections at night I know on two occasions they did wake me up for my injections. They could have kept to a timetable without keeping it late at night”
Norovirus	<ul style="list-style-type: none"> • “Norovirus was on the ward. Medical staff needed to focus on the patient and their symptoms and listen to the patient. They lose focus on everything else when you have norovirus on the ward. Nurses were not polite on ward 12 need to be more caring and polite- could be due to the virus but that doesn't excuse their behaviour.” • “More communication with the family. To be notified sooner about elderly parent coming home. To make sure the house is warm and to make arrangements. The norovirus was on the ward and the hospital was closed to visitors during that time.” • “Came in by ambulance at 3pm to A& E and no beds available until 3am - 12 hours later partly because he needed a private room because of infection. The Nurses are under staffed. They rang on the day to say he could go home. We didn't think he was ready to go home at this time. He was sent home early because of norovirus on the ward- he was not ready too weak and couldn't walk. It was too late to be discharged. Family needs to be more informed about what will happen and why doing tests. More notice to come home to prepare house and move the bed downstairs. No communication between doctor and patient and family needs to be improved.” • “Better communications, left sitting on armchair for 7 hours. Rushed out for norovirus twice”
Long wait for beds to be available & Not Enough Staff on duty	<ul style="list-style-type: none"> • “There were no beds available. I had to wait too long for a bed on the ward nearly 15 hours. I was surprised they took me off the trolley in my condition and had to sit on a chair. This could be better.” • “More staff on the ward then the staff would not be rushing around and there is less chance of being held up.” • “More doctors to discharge” • “The staff should be better organised and provide clear information. The ward was understaffed.” • “Staff on stoke ward were busy they had no time for a break. They give so much of themselves to the patient and patients don't realise how busy they are. The nurses rushing around. Need more staff to help people for example to get up out of bed.”



Key Themes	Comments made for Improving Hospital Discharge
<p>Have social service assessment done before discharge and provide care that meets the needs of the individual.</p>	<ul style="list-style-type: none"> • “Before re-enablement team did their assessment a temporary agency provided care for the first weekend that fell very short. The service (Servacare) was inadequate. I would prefer to have social service assessment done before discharge. The care should link up better to meet her needs and expectations of the family straight away within the first week and not delayed.”
<p>Deliver more patient centred care and being aware and sensitive of patient needs.</p>	<ul style="list-style-type: none"> • “Operation scheduled for morning I went to hospital for 7:30 am, I am a diabetic so had to fast. At 9am I was told no operation because not had a swab for MRSA on pre-op check. I could have last operation in the afternoon but still not sure until it happened at 6pm. Sent home 1 hour after surgery and was not given any information on what had been done during the operation and no aftercare information. I had to phone to ask when to have stitches out, told 2 weeks but appointments over 2 weeks. Not happy with the way I was treated. Nurses did not know I was a diabetic. I could not get a doctor to speak to me and I was just given paracetamol for my pain. I would have liked to speak to the doctor. I had an appointment at fracture clinic at 10 am and was seen late.”
<p>After Discharge More Information & Support</p>	<ul style="list-style-type: none"> • “Would have liked more information on what to do if you have any problems. I was told to phone the ward but no one answers the phone. Need for Better communication.”
<p>Need to create a quiet, clean, and comfortable hospital environment.</p>	<ul style="list-style-type: none"> • Treatment was ok. However, I was in the bay with 5 dementia patients and therefore could not get rest and had to sit outside the bay and sit in the office all night. My partner came and was adamant I was not staying so nurse brought paperwork for discharge.
<p>check patient records carefully to avoid making medication errors</p>	<ul style="list-style-type: none"> • “Had allergies and told them, when discharged gave patient medication she was allergic to. So had to get pain killers off the GP. Drs and medical staff should check patients notes carefully”



Key Themes	Comments made for Improving Hospital Discharge
<p>Poor Care for Elderly.</p> <p>&</p> <p>Staff need to listen to the family concerns</p>	<ul style="list-style-type: none"> • “Listen to family when there is a temporary loss of mental capacity (ref ward 9). Do not lie to the family, say patient is ok then family find she is prescribed major antipsychotics and anxiolytics (ward 9). Consider risk of falls due to cardiac conditions especially when there is a risk of falls (critical care unit). Consider she may actually need rehab and be reasonable with family (critical care unit/CCU).” • “When registrar asks the family to contact the medical secretary and she then will not give blood results (due to patient confidentiality) the patient can’t be treated for severe anaemia.” • “Unhappy with decision to discharge because given no availability of rehab beds it would have meant a move to Parklands then rehab. But failed discharge from CCU resulted in a fall and readmission for a femur.” • “Discharged on Sunday and had appointment at fracture clinic on Monday. Ridiculous to send her home and get her back in on the following day. On Monday ambulance turned up but didn't know keys outside of house so couldn't get in. She is unable to move to answer door. Next appointment is 2 weeks away- still couldn't have the plaster off. Ambulance never prepared for the patients lack of mobility nor were the fracture clinic expecting her to get on x-ray beds. Physiotherapy supposed to
<p>Avoid delays in Medicine</p>	<ul style="list-style-type: none"> • “Sorting out medication from pharmacy a little quicker” • “Medications need to be prescribed day before discharge. Mine were sent to another ward which resulted in the delay.” • “Time to discharge a patient and receive prescriptions could be improved a lot” • “Medication should be ready instead of waiting for hours” • “They could sort medicines out quicker. So they are ready at the point of discharge and not to call back or delivered by taxi” • “Everything ready for discharge but failure with medicine had to return” • “Long wait for pharmacy. Far better if you have the prescription and you fill it up at a local chemist.” • “Never gave injections was sent home without medicine and went 4 days and they were not ready.”



Key Themes	Comments made for Improving Hospital Discharge
Inaccurate medical notes	<ul style="list-style-type: none"> • “I should have had 2 blood transfusions but I only received 1 the second one was not done they said it didn't matter yet my medical notes recorded I had two.”
Access to Medication	<ul style="list-style-type: none"> • “Information before didn't prepare you for what would happen in surgery. It was worse than I thought. In pre- op they said it was ok for me to go on holiday after the surgery but I found it to be struggle and had to have my follow up appointment earlier because of the pain. I also had pain killers and had trouble getting pain relief from out of hours doctor, phoned 111 and said to go to A and E for pain killers. Problem in access to medicine”
Care Staff Issues	<ul style="list-style-type: none"> • Not happy with care staff-time and attitudes. • No social workers available. • Not satisfied with the night carers came too late
Comments	<ul style="list-style-type: none"> • “District nurses are rushed see you once or twice a week too much to do not enough time to concentrate on the job” • “Firstly they need to make sure you are fit and well to leave. I am sure this would make a difference with people being re-admitted. Make sure all medicine is ready for time of discharge and equipment is already at home.” • “Better communication required between hospitals to speed discharge and free up beds” • “Quicker discharge and be more organised. Should happen evening before discharge and be able to leave in the morning” • “Waiting time could be improved” • “Hospital struggling to cope. Serious delay pharmacist holds up a lot of things.” • “Seems too many people involved in discharge. One person needs to make the decision”



Appendix 5

Summary of Responses from Hospital Discharge Questionnaire

Question No.	Yes	No	Unsure	NA
10. Were you re-admitted within a month of discharge for the same condition?	17 (15%)	95 (83.3%)	2 (1.7%)	0
11. Were you given different dates and times for discharge by one or different people?	27 (24%)	78 (68%)	7 (6%)	2 (2%)
12. Did one person co-ordinate Your discharge from admission to discharge?	61 (54%)	29 (25%)	21 (18%)	3 (3%)
13. Did you feel fully informed On the decision to be discharge?	82 (72%)	30 (26%)	0	2
14. Were you given enough notice to make the relevant arrangements for returning home?	91 (80%)	20 (18%)	0	3 (3%)
15. Were you unhappy about the decision to discharge you?	25 (22%)	87 (76%)	Mixed 1(1%)	1 (1%)
16. Was your discharge delayed?	57 (50%)	54 (47%)	0	3 (3%)
17. Did you receive a copy of the letter sent from your hospital to your GP?	67 (59%)	35 (31%)	9 (8%)	3 (3%)
18. Did your GP change the medication prescribed by the hospital?	12 (11%)	94 (82%)	0	8 (7%)
18.1 If so were you informed why?	10 (9%)	4 (3%)	0	100 (88%)
19. Did someone check if you needed care after discharge?	57 (50%)	48 (42%)	0	9 (8%)
20. Do you think you should have received some care/support after discharge, but didn't get any?	28 (25%)	74 (64%)	3 (3%)	9 (8%)
21. If you received care after discharge, did it meet your needs?	39 (34%)	23 (20%)	0	52 (46%)



Appendix 6

Questionnaire on Hospital Discharge

Gender

There were more women (55%) than men (45%) that had completed the survey as shown in chart 1.

Age

People over the age of 45 made up 79% of the people who participated in this survey. The age group 25-44 year old made up 11% of those surveyed and 10% were people under the age of 24. As shown in chart 2.

Disability

There were 58 (51%) people who had a disability and 56 (49%) able bodied people. There were a wide range of disabilities such as schizophrenia, spondylitis, COPD, Blind, learning disability, osteoporosis, arthritis, rheumatoid arthritis, can't walk, hard of hearing, macular degeneration.

Ethnicity

Majority of the ethnic group were British (86%) followed by 6% Pakistani origin, 3% English, 2% Indian, and 1% Northern Irish, 1% Mixed race and 1% Eastern European



Appendix 7

The Patients Experience of the Discharge System at the Walsall Manor Hospital

Case studies



Healthwatch Walsall

NB. These case studies have been edited to exclude experiences as far as possible that are not directly related to the Hospital Discharge process, which is the focus of this study. The excluded extracts which include many examples of good or failed care can be seen in the full versions of the case studies.

Case Study One

“the NHS is letting elderly people down, rather than working together in cooperation,.” (Daughter-in-law)

As far as we know, my mother’s cognitive abilities have never been properly assessed, so people assume she is of sound mind and can make important decisions.

There were no incontinence pads in her home. No-one saw it necessary to inform us before her discharge, that she was not incontinent, therefore not eligible for them. This information was given to me by the care-coordinator after she returned to the nursing home. The paramedics and care assistant agreed that my mother should not have been discharged to be on her own. We were not given details of her care package or who was providing care, and the times they would call. Communication between the family and professionals has been the bare minimum. It was always up to us to ask people to find out any information, which was not made easy. Often it is unclear to visitors whom the people in charge are and whom they need to ask.

We were phoned late afternoon the day before the discharge, asking, if I would be responsible for administering my mother’s medication for one day only, or they wouldn’t be able to discharge my mother. This increased the pressure to agree, because she was really desperate to go home and would have been even more upset. I had expected some instructions for the medication and knew she was on ‘Warfarin’ so each dose had to be recorded in the yellow book but could not find it.

It had been an absolute nightmare, a waste of our time and a complete disgrace! A prime example of one department not knowing what the other one is doing is the hospital appointment, sent to my mother’s address, while she had been in the nursing home for a week!

Main issues highlighted by the case study

1. Difficult for patient’s to know who is in charge on the ward.
2. Discharging patients on Bank Holiday/Easter means less support is available
3. Break down or absence of communication between multi disciplinary teams
4. Incomplete inadequate and untimely information about care packages and incontinence support
5. No assessment of mental capacity for safe discharge home with the right care in place.
6. Inadequate arrangements for medication including lack of instructions to family



Case Study Two

My stay in the hospital was traumatic and scary as I could easily have been lost in the system. I was in A & E for about 5 hours and had various other tests and an x-ray. I was given the option of being admitted or going home. I was told apart from morphine nothing further could be done until I had an MRI. I decided to go home and was given crutches and a Zimmer frame.

I could not mobilise and out of desperation I rang the emergency services again and this time after being in A & E for 4 hours I was admitted due to the pain and weakness in my legs.

When Dr eventually came to see me I think I had been in hospital 9 days, and he apologised and said he did not know I was still in hospital as he thought I had been discharged and I could go home that day. The doctor said his understudy would write it up and send it to the pharmacist ready for me to take home but he did not complete the paperwork correctly, and the pharmacist would not release my medication. The Dr had to redo the prescription and the pharmacy had closed at 5pm. I was told I would have to stay another night as I needed my morphine that evening and the next morning.

My care plan stated it had been done in consultation with me, which is untrue. It also said I had refused to let the nurse examine the site of my injection. That conversation never took place. After leaving the hospital I tried to get my Physiotherapy appointment. No appointment to date. I have now taken out private health care because I am afraid to go back into Manor Hospital.

Main issues highlighted by the case study

1. First hospital stay failed to address the medical problem resulting in re-admission.
2. Nurses not listening to patient requests.
3. Medication mix up wasting time and causing extra night stay.
4. Confusion regarding discharge (doctor thought she had been discharged) and delays due to prescription / medication errors.
5. No consultation / involvement in discharge
6. Follow up appointments not arranged.
7. Inaccurate record keeping.

Case Study Three

I was next to an 86 year old woman who had broken her ankle and had been in hospital a month. The lady would cry a lot. I could tell she desperately wanted to go back home, so she could be with her husband. The main barrier to this appeared to be the capacity of the Physiotherapists. Elderly patients should be prioritised for physiotherapy assessments so that the patient can go into rehabilitation rather than have an extended stay in hospital all alone and missing her family.

Main issues highlighted by the case study

1. Lack of effective co-ordination of care such as physiotherapy caused delays to discharge
2. Delayed discharge adversely affected the emotional well being of vulnerable patients



Case Study Four

This is a very sad case raising many issues about the adequacy of care, but it does not specifically relate to the discharge process.

Case Study Five

She fell and broke her left leg and had an operation in Wales before being transferred to Manor Hospital. She spent 8 days on the ward and was moved to the departure lounge waiting 3 hours for an ambulance to take her to a Nursing Home. She would have preferred to stay in the ward as the departure lounge was very congested. They kept saying ambulance was busy and we waited 3 hours for the ambulance. She came home and already had most of the necessary equipment and all care in place.

Main issues highlighted by the case study

1. Exceptionally long delay (11 hours) waiting for ambulance

Case Study Six

I was admitted to hospital for 2 weeks after having a fall at home. I stayed on the ward for 12 days. All arrangements were made for me to go home and my family picked me up. I had all the equipment I needed at home. Walsall council set up re-ablement care. The physiotherapist came out twice to my home to assess me. I have just been discharged from re-ablement services and I will be contacting my private care company to come visit 2-3 times a week.

Main issues highlighted by the case study

1. This example shows that discharge can work well.

Case Study Seven

I was taken by ambulance to A & E where the Manor Hospital saved my life. They were going to discharge me but I wasn't feeling good and I had a relapse while in hospital. The hospital had made all the arrangements for me to go home. Someone did discuss what care I would need and set up all the necessary care that I needed. I received 6 weeks after care at home.

The first 2 weeks when I was discharged the Carers came too early in the morning. I didn't like that and on 3 separate days a man came out for my personal care. "I refused the care and requested for a female Carer, but they never took any notice." But after that the new Carers came from the social services/care they were better

Main issues highlighted by the case study

1. If the time of care delivery does not meet patient's needs significantly it may not be fit for purpose.
2. Failure to consult the patient about the appropriate gender for care provider can impact on patients dignity especially for personal care.



Case Study Eight

I had a total hip replacement and was asked who would look after me if I had the operation? I live on my own but I said I have someone to look after me because if I didn't have someone to look after me they wouldn't do the operation. Its blackmail. There were complications with the operation but treatment was good and I have praise for the hospital.

The problem was discharge and access to aftercare. I was told that as soon as I was discharged they would arrange aftercare. But the nurse said we haven't got any information about the after-care so I won't be able to go home. I just insisted that I was going home and I was not going to stay 3-4 days unnecessarily. I said I'll sort that out (they backed me into a corner again) I didn't want to stay in. They said how am I going to manage? I said I would sort it out, but I wasn't able to even though I said I would cope but I wanted to go home and not stay in a bed unnecessarily.

I left the hospital with crutches. My daughter and son in law picked me up on the weekend because it would be more difficult during the week. I had a feeling that I wasn't going to get aftercare. But someone should have contacted me to find out how I was managing without after-care. There was no contact at all. If they had phoned me up and ask if I needed aftercare I would have accepted it. I needed somebody. I had all the information about what you should and should not do. I had no Carer and I didn't know what was on offer.

Main issues highlighted by the case study

1. The process was rigid and inflexible and did not meet the patient's needs
2. The decision to self-discharge resulted in forfeit of aftercare and support, leaving her vulnerable and unprotected.
3. The patient was not involved with the decision and her wishes appeared secondary.
4. There was no follow up.
5. Weekend discharge is difficult resulting in longer stays than necessary
6. The lack of sensitivity to patient circumstances led to distress a longer stay in hospital and ultimately risky self discharge and forfeit of aftercare.

Case Study Nine

I had my operation on 21st March. I was there for 7 days and physiotherapy came every day. I was discharged at 1:45pm after lunch. The nurse sorted out all the paperwork. The nurses came around every day. Everything I needed was provided and arranged by the hospital. I had a carer for a week to dress me and I found after 2-3 days we didn't really need it, someone asked why I had stopped care?

They installed another rail on the stairs and arranged a blue badge. I saw the physiotherapist at the hospital 6-week appointment as arranged. The nurses came out and gave injections every day for 6 weeks.

Main issues highlighted by the case study

1. An example of good practice and comprehensive care, which illustrates that effective joint working benefits all concerned.



Case Study Ten

I had a full hysterectomy and felt the care particularly from student nurses was very good and tended to most of my needs with the help of my family. The consultant saw me on Friday with a view of being discharged on Sunday. On Sunday the doctor on duty was happy for me to go home. My daughter came and picked me up which was planned. I think it was more because I wanted to go home as I just needed to rest. They gave me a leaving hospital letter, which basically said if you have a problem give us a call or speak to your GP. They did not ask if we need any care and no help was offered. It was up to me to sort myself out. Everything was a struggle, like climbing a mountain but I got up the stairs one step at a time. I managed it but if there was no backup at home it would be a different story. As it was my wound opened up in a couple of places. I had to bath it myself at home until my husband could take me up to the GP."

Main issues highlighted by the case study

1. No assessment of ability to cope at home.
2. No follow up leaving the patient vulnerable.

Case Study Eleven

Admitted with symptoms of DVT in arm (had previous DVT in right arm after giving birth 5 years ago). Still had severe chest pains but was discharged as no clot was found. I was not happy because they ruled out one thing but did nothing further to find out the cause of my pain. It was only when I made a fuss about this they agreed for me to talk to a doctor. After waiting another hour I was told it was probably acid-reflux (which I never had and no tests were done to prove this) and told they would send for me as an out-patient. To this day I'm still waiting as I never heard from them again.

Main issues highlighted by the case study

1. No Follow up tests organised as an outpatient appointment.
2. Patient not involved with and unhappy about decision to discharge.

Case Study Twelve

They don't take enough care of blind people and nobody knows when they come to your bed that you are blind. Tablets are left on the locker and you don't know they are there. Different people talk to you and you can't see their faces so you don't know who they are. I told a nurse and she put up a notice to say that I was blind. After this they treated me as if I was blind, except when I needed the toilet I didn't know if it was a male or female toilet. I was sent home and when I went to the toilet everything came out of me...blood all over the place. I had to ask my son what colour was coming from me. He said Mom it's blood and he phoned ambulance straight away. They took me to hospital and I was discharged 3 weeks after I was admitted. Nobody tells porters that you are blind, so you have to tell everybody why you can't see the trolley? When I came out of hospital I had a nurse come twice a day to do my insulin. I have good support

Main issues highlighted by the case study

1. Lack of awareness (possibly training) about blindness.
2. Procedures for assessing disability on admission not effective or not followed.
3. Discharge without an accurate diagnosis with serious consequences and risk to patient.



Case Study Thirteen

I went to the A and E and waited 1-2 hours to be seen by a doctor and admitted to ward 3. I was kept overnight just in case it would happen again. The doctor looked after me and ward nurse was helpful because she spoke my language and helped me with my needs. They said I had sprained my hand and to carry on with regular hand exercise and I could go home. I had to wait for my prescriptions - about 3 hours and then went home at 11am the next day and they told me if I had any other pain in my wrist to come back.

Main issues highlighted by the case study

1. The need to have access to language support in all areas of the hospital
2. The need to have access to patient information in a variety of languages especially for high risk medication and care issues.

Case Study Fourteen

Nurses on ward very helpful and cleared up any issues I may have had. I left hospital with relevant paperwork required for work and any medication. Appointment date given for nurse to come to home to remove staples from wound. No further help required when discharged as stayed with family.

Main issues highlighted by the case study

1. An example of an effective discharge

Case Study Fifteen

I had to attend a clinic and wait to be admitted to a ward for treatment. I sat around the ward and said can I go? I asked for a sick note, which was given to me, which was good as I didn't have to go to the GP. Generally my stay was good the only thing that could be improved i.e. to be asked if they need help to carry your bags etc. Once you were left you were ignored and dismissed. The day after my surgery I was visited by two volunteers from the 'Breast Cancer Awareness Group'. They didn't ask they just came and I thought that was lovely. They were talking to me which was reassuring and very nice. Having that arranged was helpful and useful.

Main issues highlighted by the case study

1. Generally good experience just felt ignored at the end
2. Good communication and information from doctors and nurses.
3. The patient appreciated receiving a sick note showing staff to be "caring and kind".
4. Breast Cancer Awareness Volunteers made a very positive impact and reassured the patient.

Case Study Sixteen

The wound on my foot was not healing and my Dr told me to go to hospital. I was admitted to hospital later that day. Everybody was golden at the Manor Hospital. I was just diagnosed as a diabetic and before I went into hospital I had a phobia of injections and I don't any more. They made you comfortable as possible and they staff treated me with kindness.

Main issues highlighted by the case study

1. Good care and skillful painless treatment had huge impact on patients trust, confidence and phobia of injections.



Case Study Seventeen

The first time I went into hospital I was shaking and not feeling well and the cardiac nurse and cardiologist saved me. I was having a mini stroke. My treatment was perfectly fine and I thank God I was at the right place at the right time. I had to be re-admitted and my treatment and care went like clockwork. They were aiming for discharge on an evening but it's just one of those things. I knew I was coming home the next day. Physiotherapy aftercare was arranged because I need help to walk about and getting up the stairs is not that easy. I had all the equipment that I needed and I could manage. There was the odd delay or two but you don't have a big enough pharmacy to cope because there are too many patients. Overall it was a good experience.

Main issues highlighted by the case study

1. Patients really appreciate the excellent performance by the majority of staff that keeps them alive.

Case Study Eighteen

I have been in and out of hospital during my pregnancy because I have high blood pressure. The nurse told me that we could go home but then the new ward nurse came on shift and saw that my daughter was yellow. They did a few tests and found that she was jaundiced and put her under the light for 6 hours and then had another blood test to check that she was not jaundice. After 2 days she had no more jaundice and they said she was fine. On the last day the doctor had to check the baby to see that she was all right and that took 3 hours. We also had to wait for medication (3 hours). Someone had talked to me about what I should and should not do and gave me a leaflet while in hospital. The Midwife came to see me at home for the first 3-4 days to check the baby. Then it was once a week that the midwife would come to see how we were doing. The midwife had monitored blood pressure at home. I didn't have any problems. After being discharged by the midwife the health visitor came out to see the baby.

Main issues highlighted by the case study

1. Is the initial decision to discharge a cause for concern in light of the second diagnosis?
2. The potential impact of a 6 hour wait for the doctor and medication for mother and baby.

Case Study Nineteen

I presented in labour on Saturday evening in the delivery suite. I stayed 2 days and my care from the moment I attended the delivery suite through to my discharge was second to none. They told me that I would be going home and waited maybe 30 min to 1 hour for the staff nurse to come around and do the paperwork to go home. At 11:30am I went home. The nurse gave me a baby pack and information on what to do. I felt the staff were very busy and could not come to you immediately but they were good. The next day the community midwife came out and saw the baby and me. She came on 3 visits over the course of the week. The Health Visitor then came for a week to do baby checks and gave support. Thank you for a great experience.

Main issues highlighted by the case study

1. An effective well run process and good patient experience



Case Study Twenty

I had a stroke and was taken to A and E and admitted to the stroke unit. All the staff from the paramedics, A&E and the stroke ward were excellent. Physiotherapy and OT assessed me and said I could go home once I had received the medication from the pharmacist. The pharmacist was busy and you received your medicine 6 hours later. I rang my family at noon and told them I was waiting for my medicine. I sat by my bed and got dressed and just waited. The nurse gave you a letter and I picked up 2 stands to hold onto when you use the toilet. That was the only equipment I needed. I walked out of the hospital and went home. The district nurse came the next day to check on me and gave me leaflets on stroke. She said if I had any worries to come to the stroke ward or back to A and E. The district nurse visited a couple of times and then a stroke nurse came every 3 months and then once a year. I stayed in for a week and received excellent care from all the staff including the physiotherapy and occupational therapists. Thank you for a good experience in a horrible situation.

Main issues highlighted by the case study

1. Long delay for medication
2. Good aftercare

Case Study Twenty One

I went in for a routine operation and woke up early the next morning. The auxiliary told me to get out of bed she had to change the sheets. I was in absolute agony. The nurses didn't help you to the toilet and I could not get any real co-operation from anybody. I feel I have been really neglected. The doctor came the next morning and didn't even stop for 30sec. He never explained anything. It was 1 o'clock and the nurse said I could go home. All the paper work was done and I was discharged. But, just before I was going to be discharged I felt a lump and because it didn't hurt. I thought it was natural from the operation and went home. The district nurses came out once a week to treat my wound. Every time I phoned up the hospital there was no follow-up or nothing. I never had a follow up appointment at the Manor. I was fed up with Walsall Manor I was getting nowhere. I went to my GP and told him I want to be referred to Wolverhampton and within a fortnight I had an appointment to see the consultant in Wolverhampton. That was the end of the Walsall Manor Hospital. I wouldn't have anything to do with them again.

Main issues highlighted by the case study

1. Appeared to be a lack of compassion.
2. Poor Communications and lack of information resulted in loss of trust

Case Study Twenty Two

I went to casualty and I told them about the medication and dosage for the patient, who was taken up to the ward. On Thursday, he was very lethargic, mumbling and falling asleep. I said, do you realise he is a paranoid schizophrenic and that is why he is having all these problems. A few days later he could hardly walk and the nurse said he can go home today. "I am not taking him home like that I said. How am I going to handle him? You created the problem you sort it out!" She agreed and they kept him for another week.. As long as he can walk I would be able to manage him better at home. All I wanted to do is get him home. I wasn't happy to leave him in hospital because of the



problems of splitting medicine. When he came home he was still very poorly and would take him 3-4 weeks to get back to normal. Physiotherapy went 2-3 times. While at home he was under constant care with him not walking and his paranoia. This experience illustrates how quickly things can go wrong if there is poor communications and result in a lack of patient care. Better communication from staff and passing patient information such as medication list to the next staff on the ward would have avoided the problems he experienced.

Main issues highlighted by the case study

1. Not listening to carer about medication needs resulted in severe consequence
2. Lack of thoroughness in checking and administering medication
3. Poor Communication and handover of information.

Case Study Twenty three

When he was discharged he had an 8cm wound on his stomach. I queried this and they said it would heal on its own and the district nurse would come out to dress it so we took him home. He came home at 3pm in the afternoon and when he went to the toilet he was bleeding twice within the hour. I phoned the ward and said you discharged him this afternoon and he's bleeding. Can I bring him in as you advised on discharge? When I phoned she said oh no, you can't bring him into the ward you have to take him to casualty? Does that mean I have to sit in casualty? He's had an operation and he's bleeding. She said we have no beds.

I went to casualty and they did an x-ray and couldn't find anything and the next day he could go home. We were told that he would be released in the morning- asked what time? They said it doesn't matter because he will be taken to the discharge room so you can come at any time. We went in the afternoon and he was sitting up in the discharge room since breakfast. That's a long time for somebody to wait sitting in a chair after having had surgery. So I was glad to bring him home.

He was home for a week and we still didn't have a district nurse. I was dressing his wound every other day. I phoned the District nurses up and they said they didn't have any notification of him. The hospital told me they will put it in place. Since then they have been coming regularly. Nice nurses, very good can't fault them. But he has a nasty infection and I do feel as though time was wasted when he came out of hospital. He had been out of hospital a month and had an infection for the past 10-12 days and it is bringing him down.

Main issues highlighted by the case study

1. Was he fit to be discharged
2. Given misleading or conflicting information about going back to the ward
3. Failure to arrange after care as promised.
4. Long wait in the discharge lounge



Case Study Twenty-Four

I went for surgery to the day unit. After the operation they did not tell me anything. Physiotherapist came and I was groggy from anaesthetic and I was told to get off the bed and on my feet and walked me around the ward and ready for discharge. In my eyes I weren't ready for discharge. I thought they would keep me overnight. I was sick from anaesthetic and when I came from theatre I had high blood pressure as well. The physiotherapist was trying to rush me and get me out of bed and get me walking. I nearly collapsed on the floor, I couldn't do it! When I did get home I went to bed and my bandage came off. My wife had phoned 111. A paramedic came out and he assessed me and said I can't touch the knee and called for the ambulance- who advised me to go to the Manor as I may have a blood clot. The consultant didn't even look at my knee he only looked in my file. I was on physiotherapy for a week that was set up by the hospital. After 2 appointments he said I don't need any more physiotherapy. I needed more physiotherapy. When I try to walk down the street I have a limp and I feel pain on my side and front of the knee. I can't even kneel down.

Main issues highlighted by the case study

1. Poor communication, not listening to the patients concerns
2. No Continuity of Care
3. Rushed discharge and questionable patient fitness.
4. Medical problem not resolved for patient (potential re admission)

Case Study Twenty-Five

My wife was admitted after an operation and they pulled her straight off the trolley. She was bleeding. I said "can you pack it in, be gentle". The nurses were nasty towards her. They should take more care of people who come out of operation. She had to stop in for 3 days and could then go home. On the last day the doctor came around 10:30 -11 am and said she could be discharged and took taxi home. She left hospital in a wheelchair and had a month of physiotherapy. Once the wound was better about 2-3 weeks later she was on crutches and physiotherapy showed her how to walk up and down stairs and everything was fine after physiotherapy. Physiotherapy was doing more for her and they were polite. There is no communication with staff you are left on your own. There should be more respect from nurse and be speak politely to patients.

Main issues highlighted by the case study

1. Patient felt harshly treated by staff.

Case Study Twenty-Six

I went to A and E with severe abdominal pain. On the morning the Dr came around and I asked if I could leave and go home and I was discharged later that day. There was a delay in getting paperwork organised it is only a letter and simple painkillers to be prescribed. Pharmacy took so long to get your medicine. I didn't need aftercare and my follow up outpatient appointment letter arrived and was on the Wednesday.

Main issues highlighted by the case study

1. Pharmacy delays



2. Paperwork delays

Case Study Twenty-Seven

I was admitted to Walsall Manor Hospital with pneumonia for 10-11 days. Someone had said I could go home but that member of staff left and the next staff hadn't heard that I was going home. Later she said that I wasn't going home because there was no paperwork completed. Then flurry of activity (I was not included in) then they started asking me questions about medication. The pharmacist had my medicines but still debate about seeing respiratory specialist. I don't know who or why they wanted me to have an appointment to see the respiratory team before I left. Then it was decided I could go home and that I would receive this letter to see the specialist within 8 weeks with the appointment. It is almost 10 weeks later I have still not had a letter. I checked my medication and there was a mistake. It said on the letter I had my previous inhaler and my new inhaler. I obviously had not had my old inhaler. They queried this with the pharmacist- who said I no longer needed my old inhaler and the letter was wrong. This caused a delay of 10-20 minutes. Nobody talked to me about my care plan. They talked at me not to me. They told you how to use medicine and changing my inhaler but not information on how I can manage myself.

Main issues highlighted by the case study

1. Given different discharge information by different staff
2. Lack of communication and explanation about respiratory appointment.
3. Lack of involvement in discharge
4. Error in medication and delay

Case Study Twenty-Eight

I arrived at A and E by ambulance. They rushed me in, I was on morphine and they took me to another department. I could have gone home straight away more or less or the next day, but the doctor went on holiday. The nurses kept coming around but no one told me that I could go home until one of them came back from holiday and said oh are you still here? You could have gone home. Then they arranged that morning for me to go home. The nurse came and told me they would send a district nurse to come and change my dressings. When I was discharged there was no communication with hospital about what is happening, there is no feedback. The district nurses are rushed they have that many people to deal with they have not got the time. They spend more time on administration than where it is needed.

Main issues highlighted by the case study

1. Poor communication
2. Poor co-ordination

Case Study Twenty-Nine

I was taken by ambulance to A and E after a heart attack. They had looked after me very well the care was very good. I just couldn't get discharged. I went to ward 7 and the consultant came the next morning at midday. He said I was alright and I could go home but I believe he had to go for an emergency call. The nurse told me to wait and someone would be up to take me to the discharge room. I was waiting for a wheelchair- they came an hour later and took me to the discharge room. I stayed 8 hrs in the discharge room. No one knew what to do with us. There were 4 of us. From what we were told the pharmacist couldn't give the medication out because there was no discharge letter and you had to wait. Later on they said nobody had admitted me even though I



stayed overnight. So they had to have someone admit me before I could be discharged. At 4 pm I couldn't believe it, you just sat and waited we couldn't do anything without a prescription and discharge letter. You had no choice. Then the nurse said Good News we have your discharge letters and medication. They had arranged everything by 9 pm and then you were free to go home. The treatment was good it was the wait to go home that was the problem.

Main issues highlighted by the case study

1. Poor organization
2. Long delay
3. Missing paperwork (admission)

Case Study Thirty

I was taken into A and E and was in the A and E for 12 hours before they moved me. A consultant came to see me about 4:30-5PM and he gave me a letter off and told me to book an appointment for my COPD. I had to wait two hours for my medication to come and then I was ready to go home on the Wednesday night after a 2 hours delay for in medication. The hospital had arranged for a respiratory nurse to come and see me twice a week. My treatment in hospital was very good. I couldn't fault the nurses at all!

Main issues highlighted by the case study

1. Long delay for medicine

Case Study Thirty-One

I was taken to A & E Manor Hospital and admitted to the cardiac ward then moved to the general ward for one night and then went home. I had raised concerns about coming home with the sister. I was on my own and they never asked me if I needed care or support. They filled a form and tried to arrange support but the office is closed on Friday afternoon. I stayed in hospital till Monday. I said will go home although it was difficult because my wife died in January and I am bereaved. I have disability allowance and my wife would assist me but now she is gone. The hospital arranged for someone to do an initial assessment (took 3-4 days) and I could get free support for 6 weeks but would have to pay for the service after that. It would be nice to have home care and domestic help around the house. This was ok when my wife was alive but now I need help. I have no family assistance, after the 6 weeks then what? I have financial concerns how to manage.

Main issues highlighted by the case study

1. Delayed discharge due to no cover over the weekend.
2. Patient discharged without aftercare.

Case Study Thirty-two

My daughter phoned the paramedic and took me to A&E. They took me to acute medical unit and then after an hour I went to the general ward. On Saturday they transferred me at night at 10pm to the discharge room. I wasn't aware I was going to be discharged I thought I was going home on Monday morning. On the Sunday morning a different doctor came around midday and told me I could be discharged. My Grandson had come to visit me. I don't think he was told I was going home. He took me home by 3pm. There was no one to look after me when I was discharged. We



are still waiting for CT scan appointment, which was arranged by the hospital. It has been 6 weeks (the waiting list is 6-8 weeks). I had my follow up appointment letter by post to see the urologist, but we are still waiting for the CT scan appointment arranged by hospital. It has already been 6-8 weeks.

Main issues highlighted by the case study

1. No involvement in discharge decision
2. Poor communication with family about discharge
3. Poor arrangements for aftercare

Case Study Thirty-Three

The paramedic brought me to the Manor. I was transferred to the angiogram ward in the night and in the morning after breakfast the doctor checked me and said I could go home. It was 4-5 hours before I was discharged home. My daughter came for me and I could go home. The district nurses came out the next day. The hospital had arranged for the district nurse to come out twice a day for a fortnight for my IV antibiotic injections. It put it right. After a fortnight the nurses told me to contact my GP and have the injection strength increased. Nobody followed it up. I had to get my own GP to increase the dose of the injections.

Main issues highlighted by the case study

1. Co-ordination did not meet patient expectations

Case Study Thirty Four

I was taken by the family to A and E and was admitted into a cubical. My discharge was a nightmare, the hospital rang my daughter and told her to fetch me, at the time she was at work so told them she could not come until evening. The discharge was totally out of the blue, giving my family no warning. There had been no heating on in my home and if the family had been warned it could have been turned on in advance. The ward also demanded that my daughter collected my equipment, which my daughter refused to do because her car is not big enough. In the end the equipment (2 walking frames, toilet seat, and a commode) came with me on the ambulance.

I was put on an ambulance and my daughter was told I would arrive home at about six o'clock but I did not arrive until after eight o'clock. I have no bed downstairs and could not by any means get upstairs by myself or with my daughters help. I was assured that a care package was in place, which started on the night of my discharge. At ten o'clock my daughter rang the care providers and was told that they did not know anything about the call. Fortunately they sent someone out at 11 pm to help put me to bed. They said the hospital didn't tell them they had to come. But the hospital had told my daughter that a carer would be sent. I felt as though I was rushed out of the Manor, with no proper care package put in place and no discussion with my family. I am 86 years old and I needed the help, but it was very poor and took weeks before the carers got into a routine with me. I had 6 weeks of care package arranged by the hospital. I was having 4 visits a day and 4 different people every day. One day I was woken up at 7am, had my dinner at 12pm then they did my tea at 4pm and came round to put me to bed at 7.30pm. This is very poor service leaving me in bed for 12 hours at a time. I talked to the providers and there was nothing they could do I had care for 6 weeks but if I wanted any more care I would have to pay for it. It is so expensive I can't afford it. They don't want to know and there is pressure on the family. Both my daughters are the main Carers but I live alone and am on my own for long periods of time.



Main issues highlighted by the case study

1. Poor co-ordination
2. Poor communication
3. Poor service received from carers.
4. Timing of aftercare visits did not suit the patient's needs.
5. Too little notice and rushed discharge

Case Study Thirty-Five

On the day my wife was discharged they told me she was going to be discharged from the ICU because of the Norovirus on the wards. She would be better coming home. She was discharged at 4:30pm and by the time the ambulance came it was 9:30pm and arrived at home at 10:10pm on the Monday night. I had no aids whatsoever, it was over 2 weeks later that the OT came out to see me about help. In hindsight those things should have been in place when she left hospital and I needed help, which didn't arrive. I had aftercare for 3 weeks I thought I could cope better. They came in twice a day morning and night. The Carers met your needs. I can't fault the hospital care, it was the discharge, the way it was done, with no help and a very sick lady. The problem lies with aftercare, it should have been organised better. I was told a few days ago that she might not pull thru and that she might die. You can't imagine the state I was in. She was on life support for 9 days. You see if I could have stopped in intensive care I wouldn't have wanted to come home early. It was all rushed and I had no after-care. We complained about the after-care. They have apologised for the failings but also state that I agreed to take her home but not realising what I was taking on. I was in a traumatic state of mind. She was very poorly to come home, she was hallucinating, didn't know where she was because of the state she was in. Happy she was alive and to get her home. I thought I could cope. I didn't know, she was not assessed they said we won't release her until she manages the stairs. She never even tried the stairs but was still discharged early. When the ambulance men came they brought her home they had to support her from the wheelchair to the bed. No way could she climb the stairs at home.

Main issues highlighted by the case study

1. Discharged with poor health
2. Agreed to self-discharge but did not have information about her needs.
3. Lack of information and advice
4. No aftercare in place before they were discharged
5. Discharged late at night due to long wait for ambulance

Case Study Thirty-Six: Female patient's Story

My nephew made an emergency appointment with the GP. The GP gave me a letter and sent me straight to the hospital and the doctor checked me and said I would be admitted to the ward. I was on the ward for 3 days and I wanted to go home. I raised the issue to go home with the nurse who said she would discharge me in a bit and later that evening I was discharged at 6:30pm. No doctor came to examine or visit me during these days. I think it was because the Norovirus was on the ward. I felt the virus was the focus not me, I didn't feel any better in hospital and so I went home. I



was home for a day and I went back to my GP and he sent me back to Manor Hospital requesting a chest x-ray. which revealed that my lung had collapsed and I had pneumonia. He gave me antibiotics and sent me home. I felt even worse. I could not speak and whispered to her brother, “get me an ambulance”. The ambulance came and the paramedic put an oxygen mask on me. I could finally breathe and took me to hospital. The paramedic said if I didn’t ring when they did it could have been fatal. I went to A and E and the doctor admitted me. The doctor said that they have no record of me being in hospital a few days before. I was on the ward for about a week. Then the head nurse said that I have finished my course of antibiotics and now it is going to be a slow recovery and I could go home. The nurse gave me a discharge letter to give to my GP and gave me another 7 days course of antibiotic and anti-sickness tablets to take home and finish. My brother came and picked me up. I was happy to be discharged. I didn’t feel rushed in my discharge.

Main issues highlighted by the case study

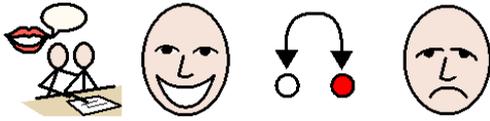
1. Early discharge with no assessment
2. Re-admitted and had not updated records

Mental Health Services from Black Country Partnership NHS Foundation Trust

Please tick the services you have used in the last twelve months



<u>Mental Health:</u>			
Adults:  <input type="checkbox"/>		Older People:  <input type="checkbox"/>	
<u>Children Young People and their Families:</u>			
Community  <input type="checkbox"/>	Healthcare:	Children and Adolescents Mental Health Services (CAMHS):  <input type="checkbox"/>	
<u>Learning Disabilities:</u>			
Inpatient Services:  <input type="checkbox"/>		Community Based Services:  <input type="checkbox"/>	
<u>Therapy Services:</u>			
Family Therapy:  <input type="checkbox"/>	Occupational Therapy:  <input type="checkbox"/>	Physiotherapy:  <input type="checkbox"/>	Counselling:  <input type="checkbox"/>
Speech & Language Services:  <input type="checkbox"/>	Psychological Services:  <input type="checkbox"/>	Cognitive Behavioural Therapy:  <input type="checkbox"/>	
<u>Group Sessions:</u>			
Healthy eating:  <input type="checkbox"/>	Sexual health:  <input type="checkbox"/>	Hospital liaison:  <input type="checkbox"/>	
Male/Female hygiene:  <input type="checkbox"/>		Dental hygiene:  <input type="checkbox"/>	



Did the support make you feel happy or sad?



Very happy



Happy



Ok



Sad



Very sad



Was the support/care good or bad



Very good



Good



Ok



Bad



Very bad



Was the communication good or bad



Very good



Good



Ok



Bad



Very bad



Were the staff good or bad?



Very good



Good



Ok



Bad



Very bad



Was the support right for you?

 Very good	 Good	 Ok	 Bad	 Very bad
---	--	--	--	--



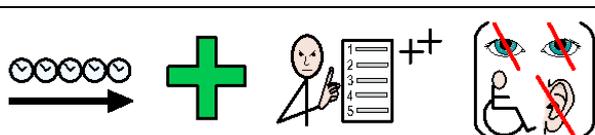
Was your support/care organised ok?

 Very good	 Good	 Ok	 Bad	 Very bad
---	--	--	--	--

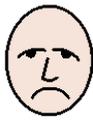
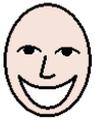


Did you feel safe during your support/care?

 Very good	 Good	 Ok	 Bad	 Very bad
---	--	--	--	--



Do you have any long term health conditions or additional needs (e.g. a disability?)



Compliments and complaints

Are you? Male Female

Your age? Under 12 years 12-17 years 18-24 years 25-34 years 35-44 years
45-54 years 55-64 years 65-74 years 75 years or over

Contact Information – if you want to tell us your story in more detail

Title*:	Mr	Mrs	Miss	Ms	Other
Full Name*:					
Contact E-mail**:					
Post Code*:				HOUSE NUMBER	
Contact Numbers*:	Landline:			Mobile**:	

*The personal details you provide will not be passed on to any third party or be used for any purpose other than contacting you regarding your story of health or social care services by Healthwatch Walsall. The information provided will be held in accordance with the provisions of the Data Protection Act 1998. The monitoring information will be used to show how effective Healthwatch Walsall is in reaching out to all communities in Walsall.

** We need your permission to be able to email and text you. By giving us your email address and mobile number you are agreeing to receive information by email and text message and understand that the information given will be held and used in accordance with the Data Protection Act 1998 and that your permission continues to be granted until you confirm to us in writing that it is withdrawn.

Signature	Date Signed
For office use only: Ward:	Date logged:

Healthwatch Walsall

Annual
Report

2014/2015





Contents

Contents	3
Note from the Chairs	4
Simon Fogell, Chief Officer	5
About Healthwatch	6
Our vision/mission	6
Our strategic priorities	6
Engaging with people who use health and social care services	7
Understanding people’s experiences.....	7
Enter & View.....	8
Providing information and signposting for people who use health and social care services	10
Helping people get what they need from local health and social care services.....	10
Influencing decision makers with evidence from local people	12
Producing reports and recommendations to effect change	12
Putting local people at the heart of improving services	13
Working with others to improve local services	14
Impact Stories - Case Study One	16
Impact Stories - Case Study Two.....	18
Our plans for 2015/16	19
Opportunities and challenges for the future.....	19
Our governance and decision-making	20
Our board	20
How we involve lay people and volunteers	20
Financial information	22
Contact us	23
Get in touch	23



From the Chairs



This has been a very challenging year for Healthwatch Walsall, as our work programme has expanded and expectations have grown...

At the start of the year Healthwatch Walsall produced an ambitious Annual work plan in response to our contract with the Council. This was also informed by feedback from public surveys and consultations carried out in our first year and of course priorities identified through Assembly meetings.

Our work plan has expanded further during the course of the year as new issues have been flagged up through our engagement and workstream activities.

We have laid good foundations for engagement with our partners and stakeholders to help influence and inform service developments and strategies such as the:

- Urgent Care review
- Council budget consultation
- Co-commissioning
- Pharmaceutical Needs
- Quality account.

Despite this workload we delivered most of the 2nd Year Delivery Plan

with only a few tasks being carried over into the first quarter of year 3.

We have also grown our supporter base through a very successful and extensive engagement programme exceeding our target of 1,000 with over 1,200 supporters being recruited. The supporter base closely aligns to that of the Walsall demographics and is clearly an asset that we will continue to utilise in ongoing engagement and consultation work.

Our members and volunteers also contributed a huge amount of time valued at over £26,000 (based on national guidelines) for which we are very grateful.

These achievements and those highlighted in our Chief Officer's report are a huge tribute to the commitment of our volunteers and staff during our second year as Healthwatch Walsall

Rupy Pandaal and Richard Przybylko.

Joint Chairs Healthwatch Walsall.



Simon Fogell, Chief Officer



Annual reports have the wonderful focus of reminding you of just how much has been achieved over a 12 month period. Healthwatch Walsall has continued to build on its successes it enjoyed in its first 12 months with continued hard work and dedication by its Members and Volunteers to ensure the second year has been even more successful.

Healthwatch Walsall has continued to have its focus led by the Members of our Assembly. The Assembly has looked at no less than 18 specific topics that have helped health and social care commissioners and providers of services receive feedback based on the Members considerable knowledge and experience of how their commissioning or service provision can be improved.

One prime example is the successful collaborative working with the Walsall NHS Trust over improving the content and detail of the Annual Quality Account. This shows the benefit of collaborative approaches but also shows the importance of the role that Healthwatch Walsall has and how it is perceived by key providers of services.

Healthwatch Walsall's Service Watch questionnaire produced over 1200 completed responses. They came from all over the borough and thanks to the success of our engagement programme and our innovative engagement grants scheme Healthwatch Walsall was able to reach out to many traditionally hard to reach groups providing a wealth of intelligence.

Healthwatch Walsall undertook its first large scale investigation that focussed on hospital discharge from the Manor

Hospital. It shared the results with Healthwatch England to help inform the emerging national picture on discharge from hospital. Our final report on this is being published in the summer of 2015.

Other work is continuing on GP Satisfaction, Accident & Emergency services and Obesity.

Healthwatch Walsall also developed an innovative grant scheme aimed at building relationships with underrepresented groups in order to understand their experiences of health and care to help inform commissioners and providers of these services.

The grants fund was aimed at supporting voluntary and community groups in different ways to extend our engagement work and tap into existing networks to reach out further into the community.

In doing this we demonstrated our commitment to hearing the voices and experiences of all Walsall people to try to create a truly unique comprehensive account of all people's experiences and expectations. This can only strengthen our role as the public champion when working with commissioners and providers and creates a strong foundation for Healthwatch Walsall to continue to deliver its key functions next year.



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our conversations with local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of service configuration and service delivery.

Our vision/mission

Healthwatch Walsall was commissioned to create a locally based Healthwatch for the benefit of Walsall citizens that was user led. In order to be accountable and responsive Healthwatch is committed to:

- ensuring Walsall people are setting its strategy, direction and influencing the quality of health & social care
- becoming a recognised and respected member led consumer champion that is trusted by stakeholder's providers and commissioners alike
- contributing to shaping local health and care strategy through the JSNA and Health and Wellbeing strategy

- improving the quality of health and care services by forming effective influential partnerships and collaborative relationships with all stakeholders
- supporting individuals to make informed choices by helping them to access information and advice
- becoming an effective advocate and recognised as the health and care champion for the community and individuals.

Our strategic priorities

We developed the following strategic priorities for 2014 - 2015 to help deliver the vision:

- Enable people to make informed choices about services
- Share people's views and experiences with Healthwatch England to help it carry out its role as national champion
- Recommending investigation or special review of services via Healthwatch England or direct to the CQC
- The involvement of people in the commissioning and provision of local services
- Gathering views and understanding experiences of patients and the public
- Making people's views known
- Provide access to the NHS Complaints Advocacy Service
- Legacy work
- Robust finance and governance
- Promotion of Healthwatch Walsall to the public and stakeholders
- Develop collaborative working and partnerships.



Engaging with people who use health and social care services

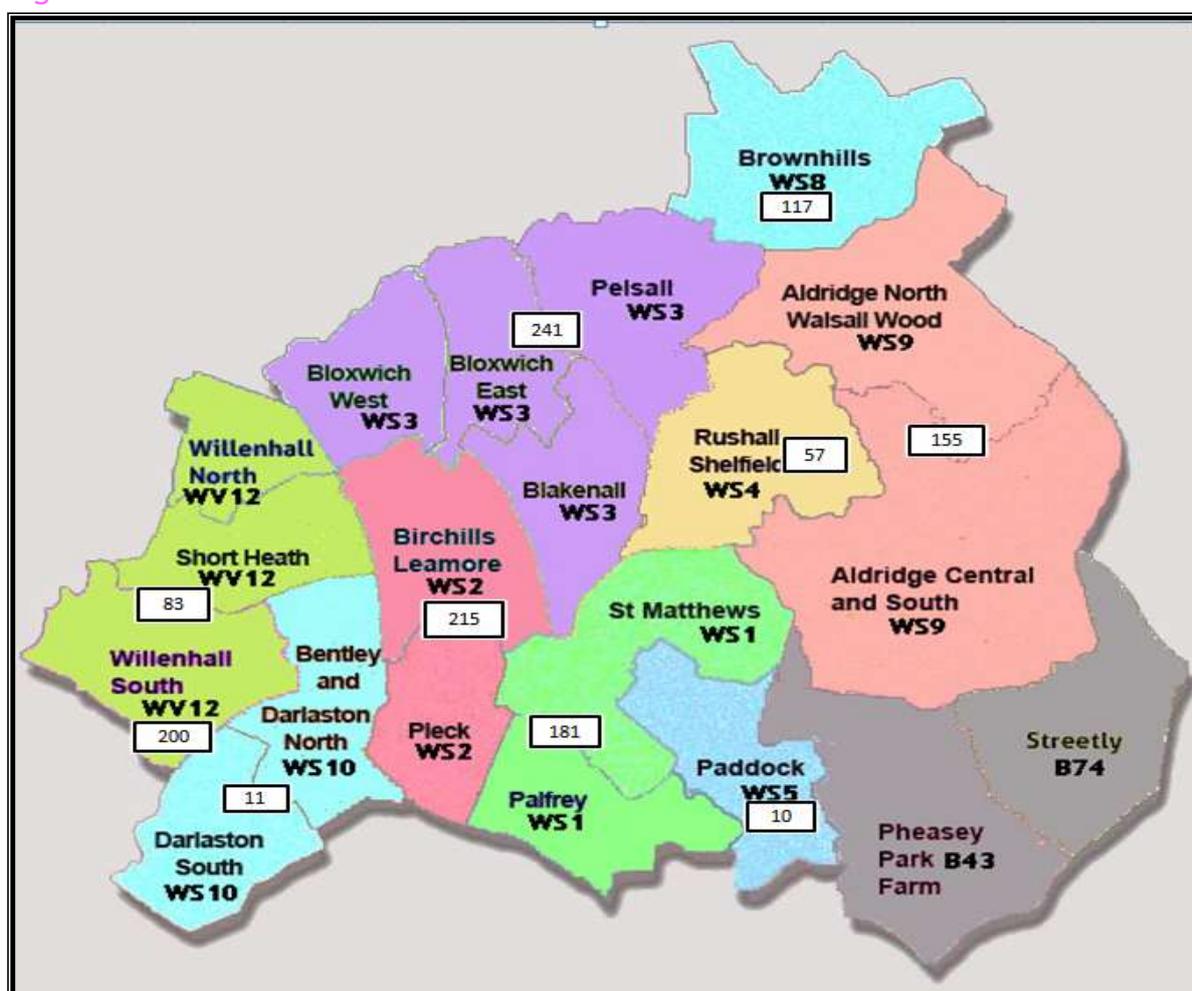
Understanding people's experiences

Healthwatch Walsall's core activity is centred around gathering local people's needs and experiences of health and social care services. These are fed into our Assembly to decide what our strategic work streams should be. In this way we make sure that our work programme is firmly based on local people's needs and experiences and nothing else.

In 2014 to 2015 Healthwatch Walsall designed a questionnaire to gather information about local people's needs and experiences of health and social care services. This questionnaire was called 'Service Watch'.

This was an immensely successful data gathering exercise with over 1200 people contributing their views being completed. The results were collected across the geographical area of Walsall as depicted below.

Figure 1





Healthwatch Walsall was very keen to make sure that the questionnaires reflected as much of the demographic profile of the borough as possible and it achieved this by targeting activities in specific areas,

An event was held especially for young people called Youth 4 Health. It took place at Myplace Youth Centre next to Joseph Leckie Academy to enable many young people to take part in a range of activities designed for them. 50 Service Watch questionnaires were completed as well as a graffiti board and video blogs.

Events were held for vulnerable and seldom heard people. These took the shape of Conversation Cafés which allow more interactive dialogue. They were organised in conjunction with local Mosques and Temples in Walsall. At these events the Service Watch Questionnaires were also promoted.

Healthwatch Walsall also worked in partnership with several voluntary groups that supported people from hard to reach groups such as:

- adults with sensory deprivation
- females from ethnic minorities and disadvantaged backgrounds
- drug and alcohol dependants
- female sex workers
- hostel dwellers
- homeless
- sofa surfers.

Questionnaires were also widely distributed through public libraries, care homes, at major public events, GP surgeries and hospitals. This helped capture a wide cross section of views including people volunteering or working in our area but who do not live in the borough.

Additionally our workstreams have gathered people's views on specific services like Hospital Discharge, Walsall Healthcare Quality Accounts, Pharmacy services and Obesity.

Enter & View

We decided to undertake a series of enter and view activities as it forms part of our contractual arrangements with Walsall Council and is a fundamental part of the statutory responsibilities that we hold.

The following were trained as our “enter and view” team:

Tony Wilson, Doreen Wilson, Brian Gilham, Hazel Gilham, Jenny Haswell, Deirdre Pedley, Sue Cousins and Richard Przybylko.

Healthwatch Walsall initially carried out six enter and views. These visits were used as a training and development opportunity for our Assembly members.

They were all two hour visits and were a mixture of large residential and nursing homes.

The reports from these visits have been shared with the homes, Care Quality Commission and Walsall Metropolitan Borough Council Contract Monitoring team.

The objectives of the visits were:

- quality of care
- care and dignity of the residents
- listen to staff, residents, families and friends through conversations
- make discrete notes
- interaction
- training programme
- established relationship with council and CQC.



Flyers and photos from Healthwatch Walsall's engagement work:



The graffiti wall created by young people as part of the focused work with them.



Insert photo of graffiti wall



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch Walsall published the Health and Social Care Signposting Directory 2014 which was widely recognised as a very useful information document. This publication contains information about Healthwatch Walsall and details the ways that people can become involved.

The Directory also includes information on commissioners and providers of healthcare in Walsall. It gives advice on healthy living and choosing a GP and lists all the GP practices, pharmacies, dentists and opticians within the Borough.

The Directory provides information and advice on funding for health care and about Personal Health Budgets. It also advises on funding for social care and Direct Payments. It tells people about Independent Living and has information about being a carer and receiving care in your own home.

There is a section that gives people advice on choosing between Residential, Nursing and Independent Living as well as how to choose the right care home. It includes a list of all the Residential and Nursing homes in the borough.

The Directory is available to download from the Healthwatch Walsall website and hard copies were widely distributed

including to venues such as all GP surgeries and libraries.

Healthwatch Walsall staff attended many stakeholder events throughout the borough during 2014 - 2015 and as part of its own focussed engagement activity.

We have organised and attended over 60 events of which 20 were tailored as innovative ways to engage different communities and age groups to collect their experiences of health and social care. During these engagement activities we have provided information and signposting for many people. Here are some specific examples:

- **A 79 year old lady** had recently lost her husband. She had concerns over what help was out there and what services or support she was entitled to. Healthwatch Walsall contacted social services about her situation and were able to provide her with the answers she required.
- **Mrs C was an elderly lady** who staff met through Mend-it. She was recovering from a brain tumour operation. She had been promised by social care services, as part of her care plan, that she would have hand rails fitted at her home. She had other sensory impairments, such as being hard of hearing, which made communication difficult. Our staff contacted social services explaining the problems she was experiencing.



Within a week, the hand rails she was expecting were all fitted plus some extra ones. As she was also having her front step adjusted staff also contacted the Independent living Centre in Walsall and passed on her information (with her permission) for further support.

-
- **Mrs C was overjoyed with the help Healthwatch Walsall had given to help her situation**
 - **Pelsall Hall Care Home** contacted Healthwatch Walsall, complaining about GP's/surgeries refusing to take on their new patients, so elderly people were being left without medical treatment. Due to the severity of the call we contacted every Care home in Walsall to see if they were experiencing similar issues. There were recurring issues with some GP practices. A report and findings will be sent to Walsall CCG, CQC and Healthwatch England about this issue.
 - **Miss L is a young lady** who staff met at an event they attended with Walsall Housing Group at Cuddy Walker School. She had had many issues with her stay at Walsall Manor Hospital. Miss L said that 'her ordeal' was still upsetting to her now (months later). She felt nothing was being sorted and no-one cared. She had contacted PALS with no joy so we rang PALS on her behalf to help raise her concerns.

Miss L received a phone call back that same day, she was really happy with the outcome and grateful for Healthwatch Walsall's help.

Healthwatch Walsall carries information on it's website designed to help people find the services they need for their health and social care support needs. Our website is being enhanced to provide interactive services and accessibility improvements.

Healthwatch Walsall also raises public awareness of services available to them by promoting national campaigns giving details of services available and of events where further information can be obtained.

This enables people to go along to often informal drop in sessions to find out more about the health and social care services available to them for the given topic such as diabetes or dementia as two examples. In this way we can help break down the perceived boundaries or taboos that sometimes hold people back from formally accessing help and support.

Healthwatch Walsall also use social media to raise the profile of the different national awareness weeks and of the different events and services available to people.

This enables us to reach out to different audiences who may not access the traditional sources of media such as newspapers. It also helps us to reach out to younger audiences many of whom now use social media channels as their primary platform for sharing information about local events and their interests. Of course it only takes one person to like or share a particular topic that can then be cascaded even wider around their circle of contacts and on again if it is similarly liked or retweeted by their friends.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch Walsall (HWW) produced a set of recommendations to improve the Walsall NHS Trust Manor Hospital Quality Accounts (QA).

There were concerns about the timeliness of the information and it being incomplete, which meant it was difficult to establish if patterns were occurring by not having reference to comparative data from previous years.

Through the work of our Quality Account workstream we were able to agree a much improved process and higher degree of engagement. The outcome should bring greater clarity about performance and a better understanding of the context. This change in approach adopted by Walsall Healthcare will help lay people more easily judge performance trends and give a better understanding and appreciation of the issues affecting performance that are outside the Walsall Healthcare's control.

The recommendations were:

1. The QA process needs to be reviewed and a framework agreed in advance
2. Healthwatch Walsall should be involved earlier in the process
3. Basic training on QAs would improve Healthwatch Walsall volunteers understanding of the data and issues faced by the WHNHST.

4. Ensure that all data is provide in the QA before Healthwatch Walsall is asked to review it
5. The QA should include a synopsis and easy read version to facilitate wider consultation
6. Carry out a joint review after the QA is produced to see if the process has led to an improved QA document.

The Trust's point by point response was:

1. Mr. Amir Khan, Medical Director, met with our Joint Chairs and agreed to implement the recommendations
2. The Trust and the QA team met earlier in the year to agree the way forward
3. Two presentations were given to our Assembly that led to detailed discussion and questions from our Members
4. HWW received a positive response to our requests and more data has been made available
5. This has yet to be produced
6. HWW aim to jointly review the 2015 QA to assess the final outcome.

Further insight to the success of the work of the HWW QA team can be found in the Impact Stories Case Study 2 on page 18.

Healthwatch Walsall has undertaken an investigation into the experience of patients discharged from the Manor Hospital. The draft report was shared with Healthwatch England to help inform their national inquiry into discharge from



hospital. Our report will be available in the summer of 2015 and will be shared with the Manor Hospital, Walsall CCG, Walsall adult social care and the Health and Wellbeing Board and Health and Social Care Scrutiny panel in September.

This work also led to the Manor Hospital sharing what is working well at the Trust and what is proving challenging within their monthly Performance and Quality Report. This shows their performance against a range of core quality and safety indicators, waiting time standards, workforce indicators and financial management. The family and friends test scores are also included.

This demonstrates our influence in helping to forge good relationships with a key stakeholder for healthcare in Walsall.

Putting local people at the heart of improving services

Healthwatch Walsall holds monthly meetings for its Assembly Members. Each month one or two topics are chosen whereby a health or social care commissioner or provider of services is invited to the meeting to give a presentation on a particular theme. Our Members will then have time for discussions before posing questions regarding issues that they have identified from the presentation.

In this way the Assembly Members directly influence the health or social care commissioner or provider of services with their feedback and views on how the commissioning process or delivery of services can be improved or equally to seek further information with to consider the potential implications further.

Topics covered through 2014 - 2015 have included:

- Dudley & Walsall Mental Health NHS Trust -Mental Health Issues

- Walsall Healthcare NHS Trust Quality Accounts
- Walsall Healthcare NHS Trust Annual Plan 2014/15
- Walsall CCG Strategic Plan 2014-19
- Replacement of Disability Living allowance (DLA) with Personal Independence Payments (PIP)
- Changes to Services for Disabled Children
- Tour of 111 and 999 Control Centres and presentation on West Midlands Ambulance Service
- NHS England - Reorganisation Briefing
- Proposed Congenital Heart Disease Standards
- Joint Strategic Needs Assessment & Health & Wellbeing Strategy
- Walsall MBC - Budget Savings Proposals and Charging Policy
- Walsall MBC - Proposed Public Health Cuts as part of the wider Council Cuts
- Walsall CCG - Next Steps towards Primary Care Co-Commissioning
- Outline Plans for Quality Accounts - Manor Hospital
- West Midlands Quality Review Service
- West Midlands Ambulance Service (Contingency WVA role and strategy)
- Walsall CCG Commissioning Intentions
- Better Care Fund

Assembly Members use their own knowledge or experience of receiving services to be able to feedback to the health or social care commissioner or provider of services. They also use the intelligence that is gained through other networks they are part of and from the engagement and survey work that Healthwatch Walsall (HWW) undertakes with the public of the borough.

HWW has undertaken an extensive programme of engagement in all local



Area Partnership areas. Events have been designed to be innovative and welcoming to encourage wide appeal. These have included:

- Face Painting
- Refreshment stand - Healthy Dips
- Arts & Crafts Stall - Bath Bomb Making
- Flower Arranging
- Nail Art
- Smoothie Bike
- Head Massage & Reiki
- DJ & Music
- Let's Get Cooking Workshop
- Dance Mats
- Creative Consultation Methods
- Display Boards
- Graffiti Board
- Big Brother DVD.

In addition to these engagement events HWW's innovative grant scheme is aimed at building relationships with underrepresented groups to get their experiences to inform health and social care provision. Some of the hard to reach communities we have been able to reach through our engagement programmes are:

- Alcohol users
- Drug users
- Sex workers
- Non UK residents
- Unemployed
- Homeless
- Vulnerable housed
- Children and parents
- Minority Ethnic
- Low income
- Learning difficulties
- Physical disabilities
- Lone parents

More details on the innovative grant scheme can be found in Impact Stories Case Study 1 on page 16.

Healthwatch Walsall has enabled its representative on the Health and Wellbeing Board (HWBB) to be more effective by producing briefing notes for the HWBB on Healthwatch Walsall activity and achievements.

We have also created a strong relationship with the HWBB Chair by arranging regular discussions and briefings on our work. Our representative has attended HWBB development sessions to help understand and contribute more effectively to it's objectives.

Healthwatch Walsall volunteers have:

- Led on Enter and View visits to nursing and residential care homes
- Undertaken a pharmaceutical needs assessment survey
- Completed obesity and hospital discharge surveys with the public
- Contributed to our workstreams
- Been involved in many engagement events
- Gained experience in our office processes.

Working with others to improve local services

Healthwatch Walsall is working collaboratively with VoiceAbility on evaluating and identifying trends and lessons from complaints made by Walsall people.

Healthwatch Walsall worked with a community engagement specialist to extend our engagement with more deprived and hard to reach communities.

Also Healthwatch Walsall used the grant scheme to develop relationships and



identify issues affecting underrepresented groups and communities.

We have good relationships with our Consortium partners (Walsall Housing Group, Age UK Walsall and Walsall CAB) which help to enhance our reach into communities.

Our partners also offer a good source of advice and support including sitting on our Grants Panels to help assess bids from communities and groups for our innovative grants scheme.

Healthwatch Walsall has achieved change in some key areas by working collaboratively with key providers of health and social care services:

- Healthwatch Walsall has influenced change in the Quality Account process
- Healthwatch Walsall has influenced the consultation and engagement plans for the Urgent Care Review carried out by the CCG. We also helped to enhance its reach through our own engagement.
- Healthwatch Walsall has influenced the consultants brief for reviewing procedures at WHNHST following a serious incident and contributed to changes in internal processes.
- Healthwatch Walsall has highlighted key concerns with several serious incident reports which have been taken on board by WHNHST in process changes.

- Our Assembly is becoming recognised as a valuable consultation body due to the extensive knowledge and experience of its community members.
- The Assembly enabled a number of organisations to carry out short notice consultations and receive high quality feedback and pertinent questions to consider. We have been receiving good feedback from presenters.

Healthwatch Walsall shared its draft Hospital Discharge Report with Healthwatch England to help inform the national inquiry on hospital discharge and to enable Healthwatch England to consider if the draft findings needed to be escalated to the Care Quality Commission (CQC).

The CQC has not yet been requested to undertake any special reviews or investigations based on our reports.

Healthwatch Walsall has generally good relationships with stakeholders, providers and commissioners and generally receives a good response to information requests. We do have equally good relationships with key personnel within these organisations which help to iron out any difficulties experienced.

We have not as yet had cause to request the CQC to undertake a special review or investigation based upon our findings but it is expected that this is likely to happen in the near future.



Impact Stories - Case Study One

Reaching out

Our mission is to become an organisation that continues to be rooted in local communities, with an Assembly that is able to speak knowledgeably about the needs and views of people across Walsall, informed by a strong evidence base.

In order to reach large parts of the whole community and be as inclusive as we can Healthwatch Walsall realised it could not be at all places for all people. Also the brand is a relatively new one so we needed to become an accepted name that people can trust to share their views, experiences and expectations of health and social care services.



Engagement with hard to reach groups.

Healthwatch Walsall developed a Community Engagement Grant scheme that made funding available for grants of up to £2000 for community groups working with “hard to reach” communities.

The aim of the grants were to enable Healthwatch Walsall to engage with these communities, discover their experiences, concerns and aspirations and use this information to help inform decisions made about their services.

The Grants fund was aimed at supporting voluntary and community groups and organisations to carry out this engagement work so that Healthwatch Walsall could tap

into existing networks to reach out further into the community.

Healthwatch Walsall considered applications from community groups and organisations that:

- Identify the challenges of accessing specific health and social care services
- Identify particular health and social care needs
- Discover experiences of users of health and social care services
- Identify gaps in provision

Healthwatch Walsall approved 13 grants to a range of different organisations, which would include the following range of people:

- Survey of 150 people to hear their experiences of health and social care services. The sample would include -
 - 40 day care users/vulnerable adults
 - 60 adults age 50+
 - 50 young people age 8 - 16
- Survey of 250 people to hear their experiences of health and social care services. The sample would include (Eastern European) women and children for whom English is a second language.
- Consultation to gain an understanding of the issues and needs of people affected by autism to include waiting times to see specialists, support, obtaining appointments, diagnosis and aftercare:
 - 50 people consulted through autism support workshops
 - 200 users at the Centre (for a general survey rather than focussing on autism)



- Consultation with 300 young Muslim people focussing on -
 - Access to GPs
 - Mental health
 - Drugs / alcohol
 - Contraception
 - Potential for a youth health forum.
- Engage with 150 service users in order to help identify community concerns and suggestions for them to be improved. The target group includes -
 - Pakistani Muslim women
 - Migrants
 - People with challenging lifestyles due to additions.
- Survey of 300 Centre Users to discuss relevant issues regarding health and social care needs/experiences. Hard to reach groups targeted included -
 - Alcohol users
 - Drugs users
 - Sex workers
 - Non-UK residents
 - Unemployed
 - Vulnerable housed
 - Homeless.
- Health promotion to parents to improve child safety in the home and consultation with 150 service users exploring experiences of GP practices' telephone systems and access to baby clinics. Hard to reach groups engaged included -
 - Parents and children
 - Low income
 - Learning difficulties
 - Minority ethnic communities
 - Physical disabilities
 - Lone parents.

- Proactive testing of GPs surgeries by a volunteer led access audit
- Gathering young people's concerns about the relocation of the Walk-in Centre
- Developing a Team of Health Champions
- Mental health issues, particularly as experienced by looked-after children and care leavers
- Survey support for the African Caribbean community
- Establishing a young people's peer support group

We are not at the completion stage yet for the different grants but the interim contract monitoring results are showing constructive and useful information is being received back through the different channels. Importantly it is also building the awareness of the Healthwatch Walsall brand to areas of the community that are hard to reach.

We are working hard to build trust within the community to enable people to have confidence in sharing their experiences and aspirations with us. This should enable us to have greater success in the future when we run further consultations and surveys.

When all the activity has finished we will be drawing out all the implications for the various stakeholders and engaging with the senior management teams and commissioners to let them know about peoples experiences of health and social care support along with their aspirations.





Impact Stories - Case Study Two

Improving the quality of Quality Accounts

Healthwatch Walsall was invited to contribute to a review of Walsall Healthcare NHS Trust Annual Quality Account (QA) report for 2013/14.

There were concerns about the timeliness of the information and it being incomplete that the trust supplied, which meant it was difficult to establish if patterns were occurring by not having reference to year on year trends.

Our Assembly established a panel who attended meetings with Walsall Healthcare to progressively review the Quality Account. The positive aspects for the meetings were that:

- We were listened to
- We were treated with respect
- Our comments were taken on board at the time of delivery
- Some changes were made or information provided in response to our input.

Main issues needing improvement:

- Earlier involvement to allow more time for the process
- A lot of time was lost due late arrival at two meetings and non-attendance at one meeting.
- The overall impact of these absences was detrimental to the process and reflected poorly on the Hospital.
- revised documents were distributed at the start of each meeting, which limited the quality of feedback.

- The final version (Version 14) presented for comment was still incomplete in data.
- These shortcomings prevented Healthwatch Walsall Review Panel from conducting a fair and thorough review.
- The document is very lengthy and quite technical which makes a consultation with the wider community very difficult.

Through the hard work of our QA Panel we have triggered a much improved process and higher degree of engagement. The outcome should be greater clarity about performance and a better understanding of the context that will help lay people judge performance with a better understanding and appreciation of the issues that affect performance that are outside the control of Walsall Healthcare.

These comments and recommendations were taken on board by Walsall Healthcare prior to adopting a new process this year with greater involvement of senior hospital staff.

We have had positive responses to requests for better clarity and showing performance over a number of years to show trends in performance.

Our members now feel more supportive of Walsall Healthcare's predicament and more confident about the performance figures.





Our plans for 2015/16

Opportunities and challenges for the future

Healthwatch Walsall aim to build on the successful engagement programme carried out during the last year. We have set up an engagement team to expand our capacity and to follow up and further develop newly established relationships through our engagement grants scheme.

Through these contacts we will aim to collect feedback from users who experience unique difficulties that Healthwatch Walsall can then feedback to service providers and commissioners to help tackle any inequalities in service provision experienced from communities that do not normally engage with the system.

Healthwatch Walsall aims to get more detailed patient and service user experience through our second Borough wide Servicewatch survey.

We will be launching our refreshed website which will have improved accessibility facilities and which will provide a step change in the way we gather people's views and experiences. The new website will be much more interactive, and will offer much easier feedback opportunities giving up to date and visible commentary of people's experiences. We plan to offer a real time feedback facility to service providers on a licensed basis through our website.

Healthwatch Walsall will be expanding its Enter & View activity to provide more service user experiences during the intervals between formal inspections by the Care Quality Commission (CQC) or commissioners. We will also be working closely with the CQC on the planned inspection of Walsall Healthcare due to take place in the autumn.

We will be aiming to publish findings reports and recommendations from our workstreams which are looking into Hospital Discharge, GP satisfaction, Obesity and Accident and Emergency services.

New workstreams are expected to support Healthwatch England key lines of inquiry and pick up on Mental Health services as well as the implementation of the Better Care Fund and Co- Commissioning. Finally as we enter the 3rd year of our contract we look forward to negotiating a new contract with the Council to ensure that the infrastructure, relationships and experience we have built up over the past 3 years can continue to be of benefit to Walsall people.



Our governance and decision-making

Our board

Healthwatch Walsall's Board Members for 2014 - 2015 were:

- Community members:
 - Rupy Pandaal - Joint Chair
 - Richard Przybylko - Joint Chair
 - Dominic Leadbetter - Vice Chair
 - Peter Browne - Vice Chair
 - Mike Eyre
 - Brian Gillham
 - Mark Pulford
- Organisational members:
 - Carl Rice - Walsall Citizens Advice Bureau
 - Carole Wildman - Walsall Housing Group

How we involve lay people and volunteers

Healthwatch Walsall is an independent organisation. It is led solely by its Members and volunteers who decide the direction of travel and work programmes of the organisation.

There are three levels of membership in terms of how people can be involved with Healthwatch Walsall. The first level is as a 'Supporter' and is open for any individual or organisation with the option to attend meetings, fill out feedback forms or e-mail us with feedback to voice their opinions.

Supporters can also attend workstream meetings and receive consultation requests and regular newsletters and updates.

The second level is an 'Assembly Member'. Both individual and organisation Supporters can nominate themselves for the Assembly. They will need to have been Supporters for at least 6 months and demonstrate active participation in Healthwatch Walsall or a similar health or social care role.

Assembly Members focus on the issues and topics raised by members or through presentations from stakeholders and providers. The Assembly will help to develop a work programme, and are therefore a key component of Healthwatch.

Members of the Assembly are encouraged to join workstream focus groups and workshops and to represent Healthwatch on groups in order to gain and share in-depth opinions and evidence of the performance of Health and Social Care services.

The Assembly will also receive presentations from service providers and commissioners, and will aim to gather views and challenge providers and policy makers to be accountable to service users.

The third level of membership is that of 'Board Member'. Board Members are elected at AGMs by the Assembly.

There are 10 Board seats, 7 for individuals and 3 for organisations, and up to 3 places to co-opt members with specific skills to assist the Board in its duties. Board Members are responsible for ensuring the organisation is run properly in accordance with its contractual obligations and to comply with its Memorandum and Articles



of Association and other legislative requirements.

The Board elected 2 Joint Chairs and 2 vice Chairs at the Board meeting following the last AGM. Together with the Chief Officer they form the Chair’s Group and look after delegated operational matters in between Board meetings, reporting on actions taken to the Board.

The Board has agreed to publish minutes of Assembly and Board meetings on our new website as soon as this functionality is enabled to help provide greater openness and transparency on our work.

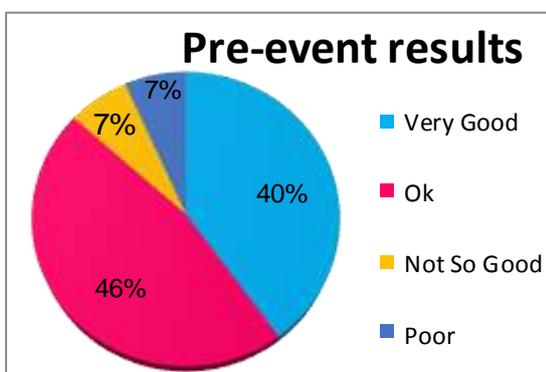
During 2014 - 2015 Healthwatch Walsall organised two away days, one for the Assembly and one for the Board that focused on roles and responsibilities

Assembly away day

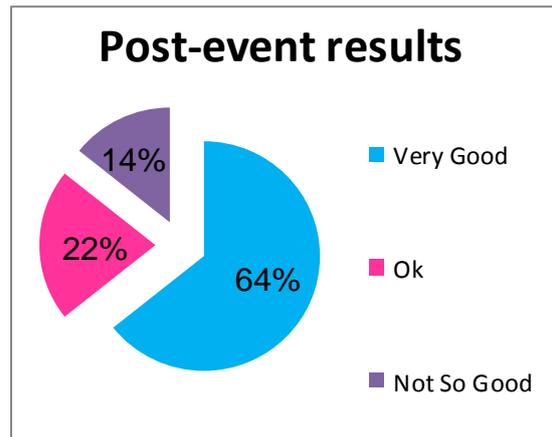
The objectives of the Away Day were to ascertain whether Assembly Members were clear about their roles and responsibilities, and the general opinion about the performance of Healthwatch.

Attendees were requested to answer five questions at the beginning of the event and the same questions on the completion of the event.

One question asked ‘Overall how do you feel the Assembly is working?’

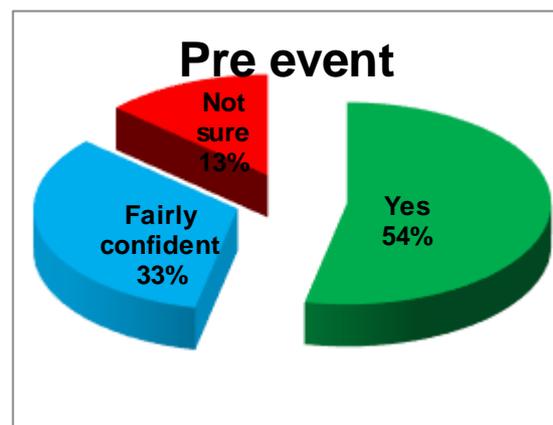


Pre-event 46% of respondents felt the Assembly was working “Ok”.



Post-event this increased the “Very Good” responses by 24% to an impressive 64%.

Another question asked ‘Do you understand your role in being a member of Healthwatch Walsall Assembly?’



The main area of improvement here was in the “Yes” and “Fairly confident” categories with a total of 94%. This suggests that the event had provided clarity of individuals’ roles and responsibilities.





Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	243,411	
Total income	243,411	

EXPENDITURE		
Meeting & Events	3,155	
Outreach costs	20,478	
Staffing costs	105,976	
Refreshments	129	
Insurance	3,805	
Printing, Postage and Stationary	5,423	
Telephone	2,413	
Volunteer and Staff Expenses	3,544	
Professional Services	25,747	
Recruitment Expenses	1,860	
Rent and Rates	20,930	
Accountancy	1,020	
Subscriptions	4	
Computers and Software	4,076	
Repairs and Renewals	53	
Promotional and Marketing	29,318	
Legal fees	1,980	
Bank Charges	46	
Volunteer & Staff Training	2,520	
Depreciation	7,131	
Total expenditure	239,608	
Operating profit	3,803	
Interest payable	45	
Net Income/(Expenditure) for the year end	3,758	
Corporation Tax	150	
Fund Balances Brought Forward	36,442	
Balance brought forward	40,350	



Contact us

Get in touch

Address:

Healthwatch Walsall

The Hub

17 Lichfield Street

Walsall

WS1 1TU

Phone number: 01922 614144

Email: info@healthwatchwalsall.co.uk

Website URL: www.healthwatchwalsall.co.uk

We will be making this annual report publicly available by 31st July 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Walsall 2015