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Healthier Communities Select Committee Supplementary Agenda

Tuesday, 12 September 2017
7.30 pm,
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

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Healthier Communities Select Committee		
Title	Healthwatch annual report	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	12 September 2017

1. Purpose

The annual report of Healthwatch Lewisham is attached.

Folake Segun, Director of Healthwatch Lewisham, will present the report and take questions from the committee at the meeting.

Also attached is Healthwatch Lewisham's report on Patient Discharge at University Hospital Lewisham, which Folake will also present and take questions on.

3. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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healthwatch Lewisham

University Hospital Lewisham

Report on Patient Discharge

June 2017

Hospital discharge - University Hospital Lewisham

1. Introduction

What is Healthwatch Lewisham?

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary - Healthwatch Lewisham is here to:

- help people find out about local care
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care.

2. Strategic Drivers

Healthwatch Lewisham gathers information and the views of the local community to ensure their voices are heard and that their feedback is taken into account. We aim to highlight best practice within a service and identify areas for improvement to enhance service provision.

People spoke to Healthwatch about the hospital discharge service at the University Hospital Lewisham and a review of the service took place over a three month period between March-May 2017. Healthwatch engaged with 72 patients who had received the service within the last six months. A number of patients felt that they were not kept informed or updated about their discharge while in hospital. Some patients had a poor hospital discharge experience and these have been mentioned within this report.

This report explores in more detail patients' and carers' experiences of being discharged from hospital, including the steps taken beforehand, and what happened afterwards. Healthwatch Lewisham carried-out this review in response to feedback received from members of the public who have used the service. People told us that:-

a. They were unclear of the discharge procedure and whether there is an agreed plan in place.
b. Patients said that the communication between the nursing staff and consultants /doctors was not always updated regularly.
c. Healthwatch also reviewed the support given to patients following discharge?
d. We reviewed the transport facilities, are they working for the benefit of patients?
e. Healthwatch compared procedures and protocols against the service actually provided?

This review was carried out as a direct result of the public feedback received.

3. Methodology

As part of this review Healthwatch Lewisham made three separate visits to the discharge lounge at University Hospital Lewisham where we engaged with patients, carers and family members. We also spoke with members of the Discharge Team and, in addition, collected further feedback from the public at our engagement hubs in the borough. Data, patient case studies and quotations were obtained and these have been included within this document.

During our review we listened to people of all ages and backgrounds across the community. Healthwatch will share these experiences with local services so that they can be improved.

This report has been written in order of sequence of events from pre admission to post discharge. Recommendations have been made at the end of each section.

4. Aims & Objectives

The purpose of the review was to obtain direct public feedback on their experience of the discharge service within University Hospital Lewisham. This report seeks to highlight to what extent the discharge service meets the criteria set out by the Lewisham & Greenwich NHS Trust. In addition we looked at information Provision (advice & guidance) provided by the discharge staff to evaluate the level of aftercare support.

Our objective was to gather data and listen to people's experiences and feed this information back to The Lewisham & Greenwich NHS Trust to ensure that The Trust heard their voices and comments.

Through this review Healthwatch Lewisham has gained an understanding and appreciation of people's attitudes toward the current hospital discharge service.

This report will be sent to Lewisham & Greenwich NHS Trust for their formal response and comment 20 days prior to publication and distribution. Following this, the report will be shared with:

- The Lewisham & Greenwich NHS Trust
- The Voluntary and Community Sector
- Lewisham Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthier Communities Select Committee
- NHS England
- Healthwatch England
- Health & Wellbeing Board
- Other Health Subgroups

It will also be published on the Healthwatch Lewisham website where members of the public can review the Healthwatch report.

5. Discharge Information from Lewisham & Greenwich NHS Trust

The information below is the Lewisham & Greenwich NHS Trust discharge document for in patients (extract from their website). It states the levels of service that patients and carers should receive on discharge.

Hyperlink: - https://www.lewishamandgreenwich.nhs.uk/discharge-information

You and your relatives or carer will have been actively involved in the planning of a date for you to be discharged from hospital.

Clear information will have been given to you about follow up arrangements and appointments.

If you need any medication on discharge, your named nurse or a member of the nursing team will check through them with you. Medication should also include any medication you brought in from home.

The Hospital has a patient information line for any questions you may have about your medication after you go home. The phone number is on the card supplied with your discharge medicines. A member of the nursing team will ensure you have your belongings.

If you handed any of your valuables to the staff during your admission please make sure you receive your property before leaving the ward. You will be asked to sign a form confirming you have received back your valuables.

Before you leave the ward you will be given a copy of your discharge summary for your records and a copy of this summary will also be sent to your GP. If appropriate, during the morning of your planned discharge day, you will be asked to go to the Discharge Lounge on the ground floor of the Yellow Zone. A nurse from the ward will accompany you.

The Discharge Lounge is available for discharged patients to wait for their family/carers or transport to come and collect them from the hospital. The Discharge Lounge has a dedicated nurse who will care for patients while they are waiting for friends or relatives or patient transport.

As space is limited we ask that the number of people collecting you be limited to one or two where possible. Please also note that parking at the University Hospital Lewisham site is very limited.

6. Pre Hospital Admission

We asked patients if their hospital admission was planned or an emergency. The feedback revealed that 61.1% of admissions came as an emergency rather than a planned visit. Patients who had a planned visit did not report any major concerns. However a total of 10.7% of the patients interviewed said that their planned surgery had been cancelled on at least one occasion. Of the patients who took part in this review over half said that they had at least one additional secondary condition on admission.

Information given to patients prior to their admission to hospital was in the main acceptable, but there were a couple of patients who gave us quotations expressing concerns over their pre admission process:-

"I advised the hospital that I could only eat softer food prior to my admission…. This was ignored and I repeatedly had to tell the staff of my dietary requirements".

"My letter from the hospital said that I should not eat for 12 hours prior to admission which I complied with…. on arrival I asked about my procedure and was advised this would take place the following day… I was very hungry and eventually got some food… I should have been told this before I was admitted".

Recommendations – Pre Hospital Admission

Recommendation 1

All patient information should be available to the nursing (direct line) staff at the time of admission. Special requirement - dietary and other pre-existing medical conditions should be clearly available for all staff to provide the appropriate care.

Recommendation 2

A review of the pre-admission letters may need to take place to avoid patients being either under prepared or over prepared for their procedures.

- Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 1

The Head of Nursing (HON) for Surgery, Critical Care and Anaesthetics for Surgery was sad to see the reported failure of staff in providing softer food for patients undergoing elective surgery. In order to highlight this issue the report will be shared with the Matron for all areas within surgery and will be discussed at the monthly ward sisters meeting. Staffs are actively encouraged to write individualised patient care plans reflective of the nutritional risk assessment completed on admission. In addition, the pre-assessment team will be asked to discuss this report as part of the current review of pre-assessment services for LGT. The fasting policy may need to be revised and will be discussed at the Surgical Clinical Governance Committee when this report is an agenda item.

Response/action to recommendation 2

The HON for Surgery, Critical Care and Anaesthetics has asked for a full review of letters both inviting patients to pre-assessment and the invitation letters patients receive to attend for operations. This will be part of a larger project to review the whole patient pathway and will be reviewed as part of the pre assessment review.

7. Hospital Experience

72 patients were asked to score the service that they received based on seven criteria. The scoring ranged from *1 being poor to 5 Excellent*. The responses for each category were added together to give a score out of 360 (72 x 5). The scores listed below are shown with the highest preference listed first.

The Hospital experience	Score
The cleanliness of the hospital	274/360
The treatment you received by healthcare staff during your stay	266/360
The environment within the hospital	263/360
The information you received about support services available after discharge	230/360
The information you were given regarding the discharge process	219/360
Communication throughout your stay	209/360
The involvement you felt in the decision-making process to leave the hospital	202/360

The top three categories cleanliness of the ward, treatment during the patient's stay and hospital environment all scored over 70% of the maximum total score. Healthwatch has requested a response from the service regarding the four categories where the overall score was less than 65%

These included:-

The information patients received about the discharge process and the support services available after discharge. Patient involvement in the discharge process and general communication between staff and patients during their hospitalisation.

Recommendations – Hospital Experience

Recommendation 3

It is recommended that four areas where the service scored 65% or less are reviewed by the Trust. In particular communication and patient/family involvement in the discharge process.

Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 3

The information you received about support services available after discharge - 64%

Response: Prior to discharge patients / families are assessed and the Complex Discharge Team are involved where required, as part of the MDT meetings to ensure all factors are considered. All patients discharge planning is discussed at a whiteboard meeting twice a day and patients with complex discharges are also discussed at an MDT with social care at a twice weekly Diamond meeting.

Actions: Educate staff and develop information leaflet / pack to sign post and inform of relevant resources, support services, contact number for wards and advice. The Home First Choice letters / Leaflet will also address this once it becomes available.

The information you were given regarding the discharge process - 61%

Response: Patients are seen by a doctor daily and discharge plans / information are discussed. Patients are encouraged to be involved in the discharge process, and are also kept updated following the twice weekly Consultant ward round.

Actions: Home first policy has been agreed by community partners and leaflets are currently at the printing stage to be rolled out across the Trust. In partnership with Bexley, Lewisham, Greenwich and Oxleas, the leaflet provides information on safe / effective discharge, patient / family expectation and explanation of the discharge process. Responsibility for ensuring information provided to be allocated to a named individual.

Communication throughout your stay - 58%

Response: All patients are reviewed as part of the weekly MDT and twice weekly Consultant ward round by Medical, Nursing and Therapy staff. It is recognised that throughout a patient's stay they are reviewed by a number of doctors and are often

under more than one Consultant which can cause difficulties with effective communication and responsibility for the information provided to the patient.

Actions: UHL has introduced a Communication sheet in front of all medical notes for use by all involved in patients care. Staff are reminded of the "#Hello my name is …"; a Trust wide initiative scheme with the incorporation of yellow visible name badges to ensure that all staff introduce themselves and can be easily identified.

The HON for Surgery discussed this with her senior management teams including Matrons and Sisters on 5th July 2017. Each Sister is reviewing the ward information booklet provided on admission to ensure this is adequate and meets patient's needs. In addition, each team is considering strategies that will enhance effective communication, an example would be the nurse in charge on Juniper ward speaking to each patient following any interaction with medical staff to ensure patients and relatives are clear regarding plans. This is being replicated by the HON for Adult Medicine to provide an opportunity for questions to be answered and where clinician is not available on the ward, nursing staff to take responsibility for ensuring communication is passed on.

The involvement you felt in the decision-making process to leave the hospital - 56%

Response: All patients are given an estimated discharge date on admission and patients, relatives and carers are encouraged to be involved in discharge planning at the earliest opportunity and articulate their concerns to ensure this is a smooth transition. For those patients who have more complex requirements and specialist input is essential, best interest meeting can be facilitated where patient centred requirements can be addressed in more detail to allay concerns and ensure safe discharge and smooth transition from acute care.

Actions: This report will be shared with all senior management teams including Matrons and ward Sisters, highlighting the need to actively involve patients and their families. As part of engaging with the Nursing Strategy, each Division have developed and launched a specific set of commitments; and one of which is the involvement of patients/families in all decision-making process in order to make these aspirations a reality. Home First policy will describe to patients and relatives why it is important that you do not remain in hospital once you are medically fit.

Communication

Patients were complementary about the nursing staff with over 70% making specific reference to the front line staff. People told us that in general there was a good dialogue between the patients and the nursing staff but communication between the nurses and the consultants/doctors was not as good.

Patient comments on communication:-

"I scored the treatment and staff care highly but the nurses were not able to give me up to date information as they said that the doctor had not told them….The communication between doctors and staff is not working and needs to be sorted out".

"It took over a week before I got a formal diagnosis following many tests... I appreciate that I might have been an unusual case but I was not given any background information as to why particular tests were being done…. I felt like I was in a secret society and could not be told anything".

Poor communication was a common theme from the patient point of view. In particular communication between staff is an issue. The nursing team were not always being updated or have access to current records/diagnosis by the doctor/consultant.

Information regarding the discharge process

There is supposed to be a named nurse in charge but patients we spoke to appeared to be unaware of this during their period of hospitalisation. While most patients felt that they had sufficient information about their discharge, carers and family members said that they needed more contact from the hospital during the latter stages of hospitalisation.

Our respondents did not have any comments or problems regarding the medication given during their stay at the hospital.

The cupboard next to the patient bed did not have a lock and one patient had £40.00 stolen whilst in hospital. The theft was reported to staff but the loss could not be proved. It would be helpful if keys could be provided for the bedside cupboards or the process/policy for securing valuables be made clear on admission.

Recommendations – Hospital Experience

Recommendation 4

Communication between consultants/doctors and nursing staff needs to ensure that the up to date patient information is available to patients and their family/carers

Recommendation 5

Patients should be closely involved in their care and decisions about their treatment before particular tests take place to remove anxiety/fear. "No decisions about me without me".

Recommendation 6

Because patients need access to small amounts of cash patients should be told of the policy/process for valuables and cash on wards.

Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 4

Response: Consultants/doctors and nursing staff have daily communication at the whiteboard meeting and nursing handover to ensure updates on patient information in addition to weekly Multidisciplinary Team meetings and twice weekly Consultant ward rounds by Medical, Nursing and Therapy staff.

Action: Each team is considering strategies that will enhance effective communication and the use of the general communication record will help all members of the team to ensure that consistent information is provided to the patient. This report and the National In-Patient Survey are to be discussed at all local governance meetings within the Trust in order that specialties can consider what needs to be done differently.

Response/action to recommendation 5

Actions Improving communication is a high priority for the wards and departments. The trust has recently reviewed written patient information to identify gaps where

information is poor, lacking or not accessible to all patients. New guidance and support in line with CQC standards and Accessible Information Standards is now being produced. Workshops on supporting frontline staff in improving communication and the patient experience have been implemented with further bespoke sessions planned for departments in response to the feedback from staff who attended and patient comments. All investigations and treatments require formal consent by the patient, in the absence of patient capacity to consent the Trust Consent policy would be adhered too and it is highlighted at local Divisional Governance meeting.

Response/action to recommendation 6

Response: All patients are asked to sign a disclaimer and a property list is completed on admission as part of the admission process for all patients. The welcome to our ward leaflet given to all patients and relatives on admission informs them about having valuables on the wards. The wards have no safe and patients are encouraged to handover valuables for storage in general office or send it home.

Actions: Nursing staff to go through the leaflets with patients to ensure they have read and understand the process / policy.

8. Preparing for Discharge

The Lewisham & Greenwich NHS Trust has a discharge policy as part of the preparing for discharge (refer to page 5). Patients will only be discharged once the consultant/doctor has authorised that the patient is fit to leave the hospital. All medication required by the patient will be ordered from the hospital pharmacy and given to the patient before they leave. In addition all follow up care at outpatients specialist services will be organised by the hospital, if this is not possible the patient will be advised of what will happen. The discharge team will also coordinate transport from hospital to the patients' residence (if this service is required).

A key element of the preparing for a discharge process is that the patient and their relatives or carer will have been actively involved in the planning of a date for the patient to be discharged from hospital. This procedure did not appear to be consistent with 13%

saying that they or members of the family were not kept informed. This question scored the lowest in our patient satisfaction question.

Feedback received from some patients pointed to readmissions taking place for the same condition. Some patients felt that staff should ask more in-depth questions about the patients' situation before making decision on when to discharge. We were given two examples of patients being discharged when they are not well enough to go home or where adequate support is not in place were identified. For example a patient told us that they were feeling unwell at the time of discharge (nauseous), he said that he made staff aware but he was still discharged. Another example involved a lady who was due to leave the hospital at 15.00 but actually left early (using the hospital transport service) arriving at home 13.20. Her daughter was due to be at home to meet her mum but arrived an hour and twenty minutes after her mother.

"My father has early onset dementia and gets confused… When asked how he was feeling he said fine and that he was ready to go home... Nobody in the family was contacted and dad was sent home.. His private care package had been stopped and the service could not be reinstated until the following day… This led to unnecessary pressure and stress on the family".

"On three occasions the nurse told me that I would be going home today.. When this did not happen I was very disappointed.. Unless staff are certain that the patient is being discharged they should not raise patient hopes". This is a training issue.

The feedback received from patients regarding the discharge process was better where the hospitalisation was planned rather than an emergency admission. Of the 28 planned admissions 23 were happy with the discharge process 82.1%, while emergency admissions were 44 with 27 being satisfied with their discharge 61.3%.

Recommendations – Preparing for Discharge

Recommendation 7

8% of family members/carers told us that they were not involved in the discharge process. Trust guidelines say that patients and carers are involved at all stages of the discharge planning process, in order to avoid patients being sent home without appropriate support, it is recommended that the procedure is reviewed.

Recommendation 8

Staff training to include involving patients and carers in the discharge process.

Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 7

Response: The nursing documentation contains a discharge checklist to enable planning and involvement of families. We have a comprehensive discharge team with nominated ward representation of both a navigator and complex discharge co-ordinator at a senior grade.

Actions: The information leaflet once printed will be given to every patient on admission to help explain the process and staff training to be organised. The discharge coordinators will continue to work with the hospital integrated discharge social care team to ensure that patients' holistic needs are met prior to discharge. This report was shared and highlighted at the Ward Sisters monthly meeting to ensure all wards are adhering to the discharge policy. A communication sheet has been introduced for relatives/cares who visit late in the evening to leave their contact details if they want to speak to the ward manager or matron, and they will be called the following working day.

Any themes that are identified by the Patient Experience team through the Friends and Family Test around discharge will be acted upon. Each division has a

Patient Experience Officer linked to it where themes, comments and suggestion can be directly feedback. These include reports from the Patient Welfare Forum, comments received via NHS Choices, Patient Opinion and the Trust comments and suggestion boards. These are responded to as they are received and the Matron meets with the patient experience team monthly with a themed report. Patient Experience attends the divisional governance meetings to ensure patient voices remain a high priority on the Trust quality agenda.

Response/action to recommendation 8

Action: The Discharge team will be asked to put training in place for discharge processes. There will also be a new campaign around discharge processes use of the discharge lounge.

9. The Day of Discharge

The Discharge Lounge area is on the first floor of the hospital within the Yellow Zone. Although the Lounge is a small area there was sufficient seating for patients and a couple of beds available (if required). At all times during our visits there was a team leader in the Discharge Lounge and at least one other member of staff to support. There was also a disabled toilet facility and a small kitchen where refreshments can be provided for patients.

We observed the staff engaging positively with the patients and being supportive to their needs and requests. Refreshments were offered to patients upon their arrival into the Discharge Lounge and the staff went through the discharge process, including medication and transport requirements. If patients were in the lounge for long periods they were asked regularly if they wanted more drinks or food. Patients were happy with the service provided by the Discharge Lounge staff.

Four people said that there had been a problem with a previous discharge from the hospital. All of the examples below occurred within the last six months. The timing of the discharge was an issue and patients told us:-

"A friend of mine who was being discharged into a care home, was discharged and arrived at the home who weren't expecting him until the following day… his room was not ready and he had a bad night as a result". "The communication between the discharge process team and the care home had broken down".

"I was discharged too soon and ended up straight back in hospital within 24 hours…. I was told that I was going home at 9.00 but I was still in the hospital at 17:00…. By the time I got home I was feeling poorly and my daughter called 999 and I was readmitted to University Hospital Lewisham".

On one occasion a lady was admitted to hospital following a fall and was feeling uneasy about her discharge, she advised the consultant that she felt disorientated at the time but the discharge went ahead. The lady lives on her own and was relying on hospital transport to get her back to her flat. When she got home late in the afternoon, she had a dizzy spell and had to sit down for a few hours. Although she did not know it at the time she was having a bad reaction to the medication given and she had to be readmitted. The problem was sorted out on the second visit but the patient spent a further three days in hospital.

"I had to wait for over 2 hours to get my medication and was waiting around in the discharge lounge which was hot and not very pleasant".

The comments made by patients and family members highlight some concerns and as a result we are making the recommendations below regarding the day of discharge.

Recommendations – The Day of Discharge

Recommendation 9

Where a patients is being discharged to a care home or similar facility, a check should be made with the service provider that they are expecting the patient. For patients going back to their own home (particularly for frail elderly patients) the family must be advised.

Recommendation 10

A few patients said that they were discharged and were not told about potential side effects and some became unwell as a result. Patients should be informed of any complications arising from their stay in hospital, such as allergic reactions to drugs and there should be written evidence that this has been done.

Recommendation 11

Medication required by patients prior to discharge should be available at the time of discharge. This would reduce the need for patients to wait for (sometimes) hours in the discharge lounge.

Recommendation 12

The Trust should consider a review of the discharge plans to include a more robust system for follow-up checks on patients in order to reduce the risk of readmissions.

Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 9

Actions:

Discussing patients discharge with service provider or family is part of the discharge checklist; this will be emphasised in the training and monitored via the complaint process. This has been highlighted at the Ward Sisters monthly meeting to ensure all wards are adhering to discharge policy, completing the checklist. The Trust is working on ensuring it commences the discharge planning and involving families / cares / nursing homes as soon as is possible and appropriate. Work is already in progress as part of the discharge work stream included in our Joint Quality and Safety Improvement programme.

Response/action to recommendation 10

Actions:

Patients are given such information on their discharge summary and explanations on treatments and what to expect, medications dosage and information on side effects by nurses and doctors. The pharmacists do likewise on screening too and this information is also sent to the GP. This report has been shared and highlighted to nurses, pharmacists and medical colleagues.

Response/action to recommendation 11

Actions:

This report has been shared and highlighted to nurses, pharmacists and medical colleagues to ensure medications are ready the day before discharge.

Response/action to recommendation 12

Actions:

The number of attendances and readmission is subject to a monthly review and work is underway across the Trust with admission avoidance and care in the community.

Many of the clinical pathways are now being further developed with the new Ambulatory Care Centre at UHL, so that any unnecessary admission can be avoided and working with GPs, Social workers and District Nurses, to ensure appropriate suitable packages are implemented in a timely way.

10. Post Discharge

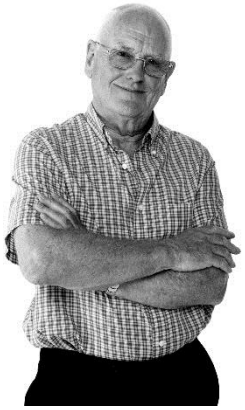
Just over half of the participants received some form of care or support after leaving hospital, requiring assistance with either medical or personal needs. This is in addition to care given by relatives. The majority of participants were satisfied with the service they received, and were grateful for the support provided following discharge.

Many patients received care from more than one organisation, each of which might send a number of different individuals. Elderly patients felt that there was a lack of consistency as they don't see the same person every time.

The aftercare in terms of the initial follow up appointments was generally working well according to the patients surveyed. However, Healthwatch did obtain two stories from patients and one in particular questioned the aftercare pathway.

Fred's Story

Fred was discharged from University Hospital Lewisham following a planned heart operation. Fred was given information about his recovery process and what he should expect once he got home. He was told how to treat his wound at home and the dressings he should use. He was told how to manage the pain and given an appointment at outpatients. At the point of discharge Fred was told that he would receive a letter regarding his rehabilitation.



Two weeks after discharge

Fred received his rehabilitation letter within a few days of discharge. At this point he had commenced a rehabilitation programme. Fred was happy with the programme and given clear guidance and support throughout the programme.

Six weeks after discharge

Fred had completed his rehabilitation and was happy with the support given to him post operation. He is currently taking regular exercise and has changed his diet as a result.

Manshvee's Story

Manshvee was discharged from University Hospital Lewisham following a leg infection. She needed to take regular medication and required aftercare support from the District Nurse team. The medication was given to Manshvee on discharge together with the arrangements for her follow-up homecare.

Two weeks after discharge

Contact was made with Manshvee a few days after discharge and a nurse visited to change her dressings. The service was working well for the first couple of weeks and then a few District Nurse appointments were missed. Manshvee's son chased the service who said that there had been a transport problem and a new appointment was made on each occasion. In total three visits did not take place and had to be rearranged.

6 weeks after discharge

Manshvee believes that her recovery was delayed due to the additional worry about the missed appointments and the possibility of her getting an infection and having to be readmitted to hospital. Manshvee told us "I don't think that the hospital followed up on my care once I had been discharged". "My leg is now slightly better and I am now visiting my GP surgery regularly".

Recommendations – Post Discharge

Recommendation 13

The aftercare pathway should be reviewed to ensure that patient needs are being met. The hospital does not appear to receive or hold information on aftercare support in the event of readmission. Clarification on aftercare information from the Trust would be helpful.

Response from Lewisham & Greenwich Trust on behalf of University Hospital Lewisham

Lewisham and Greenwich NHS
NHS Trust

Response/action to recommendation 13

Actions: All information held regarding a patients ongoing care and discharge are held in the medical and nursing records and with the introduction of Connect Care, GPs, community teams and hospital teams can access the patient's information after discharge. This has been introduced across the borough and if there were to be a readmission, then the patient's information can be accessed. However, we would hope that the aftercare put in place post discharge, would avoid the need to re-attendance or re-admission.

10. The Discharge Service - General

Patients were asked if they had been discharged from University Hospital Lewisham in the past 18 months excluding this visit. Our review revealed that 31.8% of patients had been readmitted to hospital within the above time period. A majority of these admissions were for a separate condition, however 2.77% were related to their previous visit and occurred within 48 hours of the original discharge, **a failed discharge**. The above percentage represents 2 of the 72 patients surveyed. A further 12 patients said that they were unhappy with the discharge service.

11. Conclusion

The discharge team were very positive, warm and welcoming towards patients. However, there are internal communication issues identified and some training could help to enhance the patient experience.

The Trust needs to ensure that staff follow the policy (page 5) as there are a number of areas that are not being followed.

Community House
South Street
Bromley
BR1 1RH

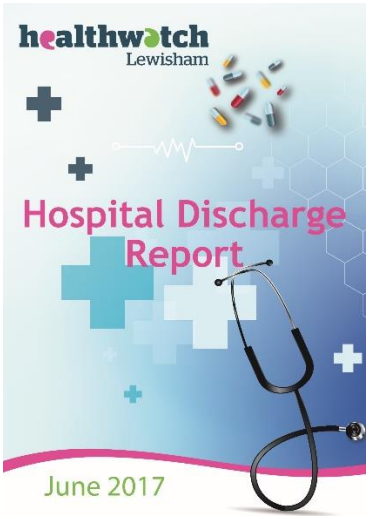
Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Tim Higginson, Chief Executive
Date sent	16th June 2017
Details of report	This report covers Enter & View visits made by Healthwatch Lewisham to the Discharge Lounge at the University Hospital Lewisham. It incorporates public feedback on the patient discharge experience from the hospital.
Date of response provided	
Response (If there is a nil response please provide an explanation for this within the statutory 20 days)	**Thank you for your continued support and very informative and useful report which helps us continually improve our services to patients.** **The clinical teams have shared your report and considered what actions they must take to address some the existing challenges your report alludes to. As you may be aware we have a system wide collaborative improvement programme post our CQC inspection which took place in March 2017, which will include some of the areas you have picked up in your visit and report.** **The response and actions have been incorporated within the report. To review a copy of the full response from Lewisham & Greenwich NHS Trust, please click this link.**
Response from	**Belinda Regan on behalf of the University Hospital Lewisham**
Name	**Belinda Regan**
Position	**Interim Director of Governance & Patient Experience Lewisham and Greenwich NHS Trust**

For office use only	
Date response received	17th July 2017
Within 20 days	



This report was produced by:

Healthwatch Lewisham

Community House

South Street

Bromley, BR1 1RH

Telephone: 020 8315 1916

June 2017

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