

**Healthwatch Walsall's Report
into Walsall Manor Hospital Discharge
Supporting Evidence**



May 2019



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Questions and results

Below is the question and results for the 62 patients and up to 12 relatives, carers or visitors to patients who were involved.

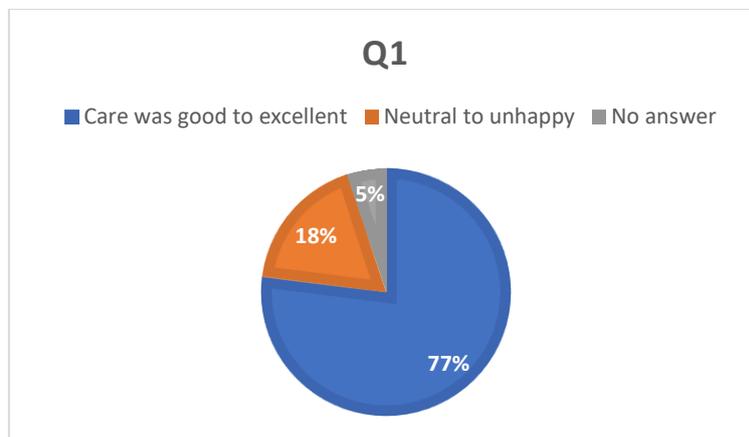
Some of the questionnaire was not completed due to treatment being given, Doctor attended patient for consultation, patient was taken to imaging for scans, etc.

1. How do you feel your treatment and care has been during your admission to hospital?

Results:

48 of 62 (77%) surveyed people felt that their care they had received whilst in hospital ranged from Beautiful to Good.

11 surveyed people of 62 (18%) were neutral to very unhappy with their care with 3 surveyed people (5%) no answer.



Patient comments:

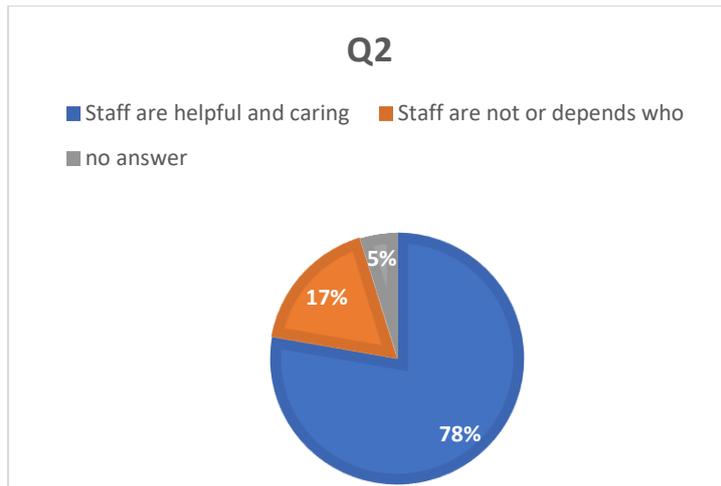
"Pain management could have been better", "Beautiful treatment", "OK but unhappy re: discharge", "Caring good, doctor not listening".

2. Do you feel that the staff are helpful and caring?

Results:

49 of 62 (79%) surveyed people felt that staff were helpful and caring.

11 of 62 (18%) surveyed people felt staff were not or some staff were not with 2 surveyed people (3%) no answer.



Patient/relative comment:

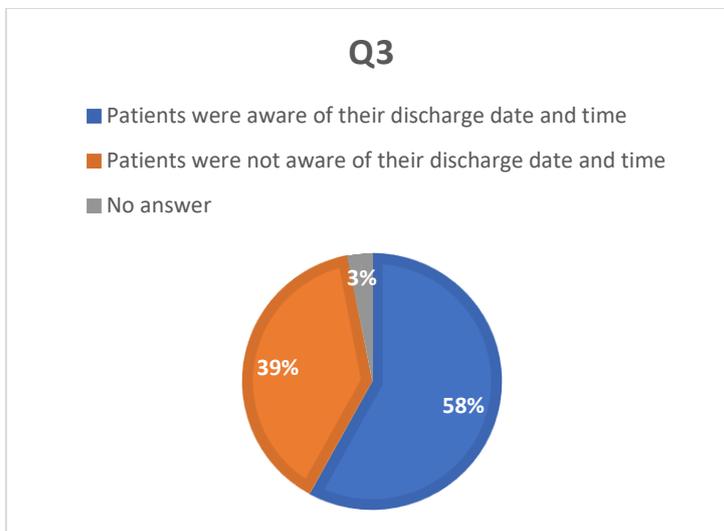
*“Very helpful. Staff have been good to me, “Not enough time for patients, lack of staff”
“Physio advised staff support me walking, but they don’t have time”*

3. Do you know when they are planning to discharge you?

Results:

36 of 62 surveyed people (58%) were aware of their discharge date or time.

24 of 62 surveyed people (39%) were not aware of their discharge date and time with 2 surveyed people (3%) no answer.



Patient Comment:

*“Having to wait for doctor to sign paperwork to discharge me”, “Nurses good. Doctors standoffish”,
“Told to wait, not sure if today or tomorrow”*

4. When were you admitted into this hospital?

Results;

The least time a person had been admitted into hospital was same day with the most/ longest admission to date being 8 and half weeks.

Patient/ relative comment:

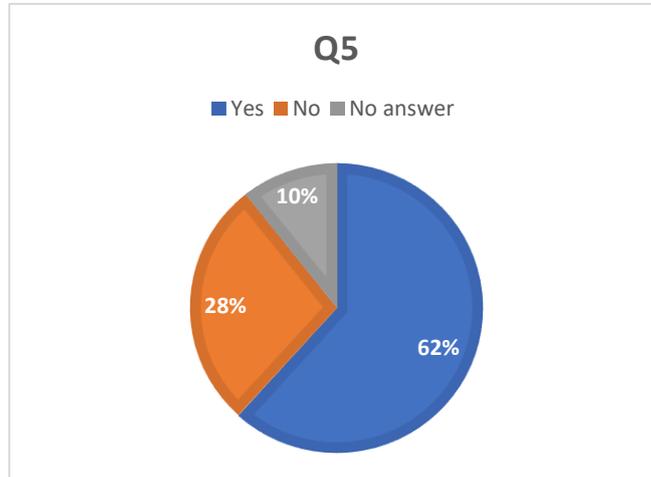
“Over a week, can’t recall when came in”, “3 times since Christmas”, “They were discharging me last week, but now today”.

5. What has been discussed with you regarding your discharge?

Results:

35 of 62 surveyed people (56%) had their discharge discussed with them.

17 of 62 surveyed people (28%) had not with 10 (16%) no answer.



Patient/relative comment:

" Was meant to go home last Monday flu virus on ward no discharge"

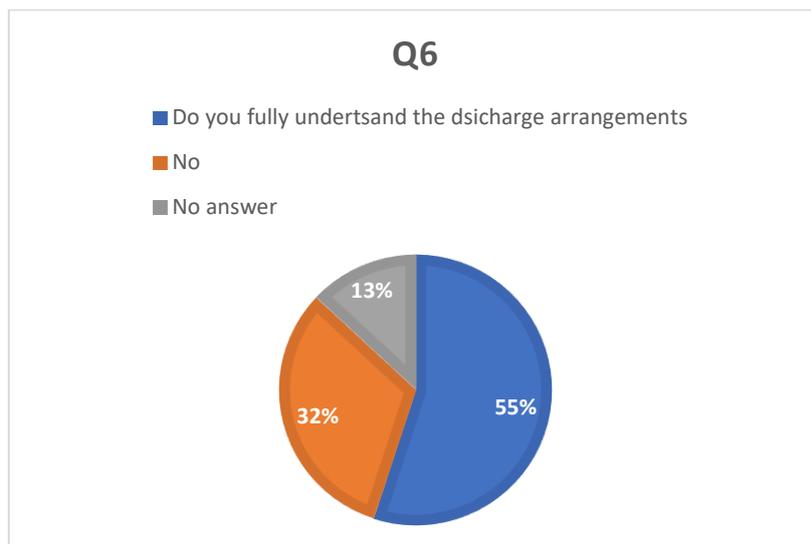
"Awaiting key safe and care package to be organised"

6. Do you fully understand the discharge arrangements?

Results:

34 of 62 (55%) of people surveyed felt that they did understand their discharge arrangements.

20 of 62 (32%) of people surveyed did not understand their discharge arrangements with 8 of 62 (13%) of people survey no answer



Patient/relative comment:

"No, I am confused", "Not aware of how discharge will happen"

7. How involved have you been in the discharge process?

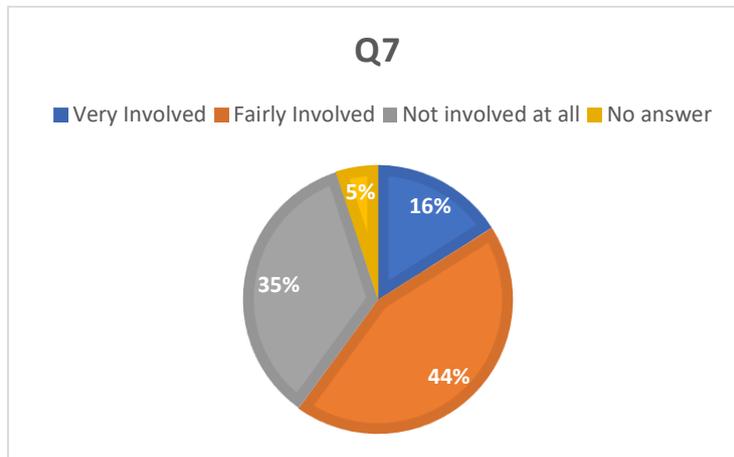
Results:

Very Involved __ 10 of 62 (16%) people surveyed felt they were very involved in the discharge process.

Fairly Involved __ 27 of 62 (44%) people surveyed felt they were very involved in the discharge process.

Not Involved at all __ 22 of 62 (35%) people surveyed felt they were very involved in the discharge process.

3 of 62 (5%) did not answer



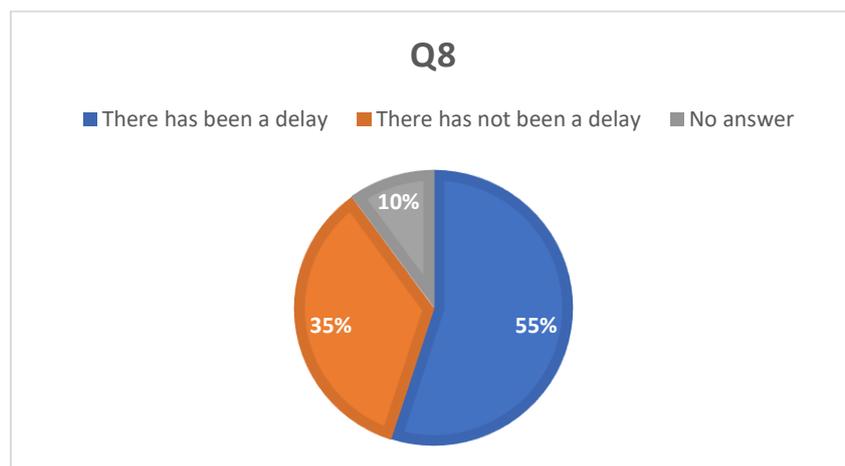
Patient comment: "Fed Up now"

8. If there has been a delay how has this happened? (service related or admin or other).

Results:

34 of 62 (55%) people surveyed indicated there had been delays in their discharge process.

22 of 62 (35%) people surveyed there had not been any or difficult delays in their discharge process with 6 (10%) people surveyed did not answer or chose not to comment.



Possible areas of discharge hold up: OT, Physio, Intermediate Care Arrangements, Social Worker availability, aids and adaptations, Pharmacy/ medication & Other.

Some of the delays were around the arrangement of care packages and fitting of equipment in homes. But a majority of delays in the Discharge Lounge area was due to awaiting a discharge letter, medication or patient transport.

Patient/relative comment:

“Awaiting medication. Does not know about GP letter.”, “Social care package and equipment, key safe to be fitted.”, “No delays whatsoever other than care package”

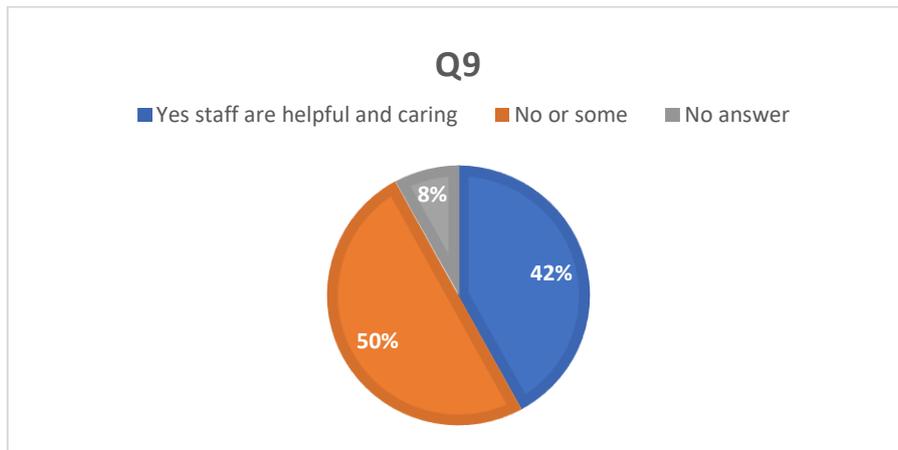
Relatives/carers/visitors survey results.

We were able to speak with up to 12 people during the survey period.

9. Do you feel that the staff are helpful and caring?

Results:

5 of 12 (42%) of people surveyed felt that staff were helpful and caring, 6 of 12 (50%) felt that they were not and 1 of 12 (8%) did not answer.



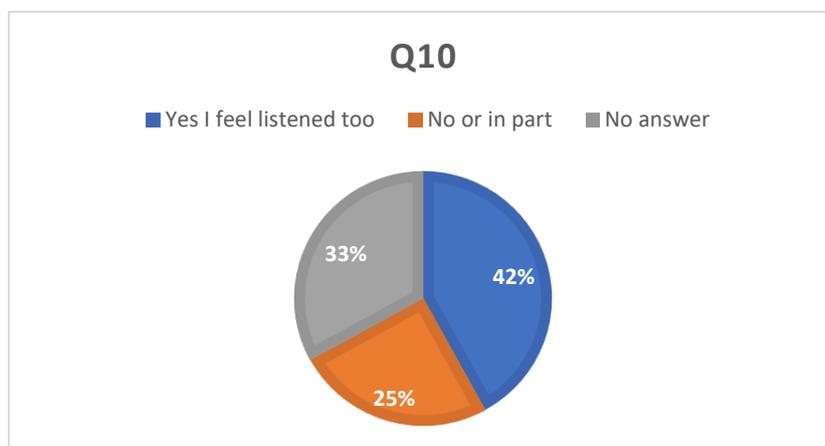
Relative/care/visitor comment:

“Not really, have one good, not everyone”, “Pushed to max, too many patients too little time, discussion about incorrect needles food orders not correct not warm, call bell not working, rot under incorrect size”, “No communication”

10. Do you feel listened to around your relatives' care?

Results:

5 of 12 (42%) people surveyed felt that they were listened to when patient care discussed, 3 of 12 (25%) did not feel listened to and 4 of 12 (33%) did not answer or make a comment.



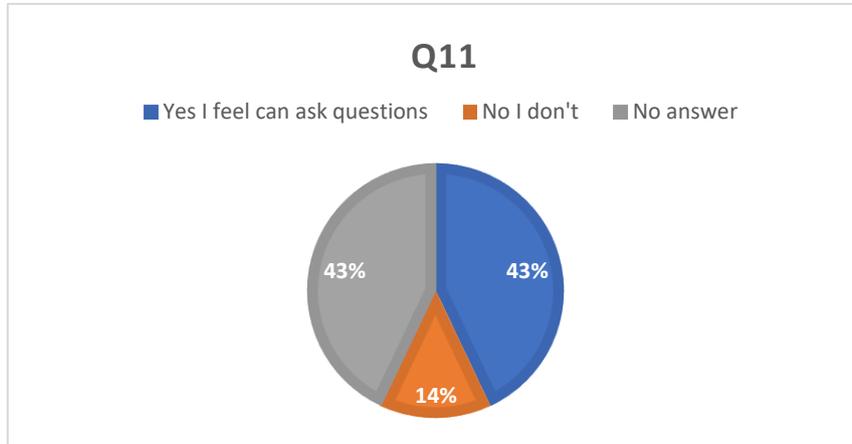
Relative/carer/visitor comment:

“Ward 10 terrible found meds on floor not moms or meds not observed being taken”.

11. Do you feel you can ask questions of the staff?

Results:

3 of 7 (43%) of people surveyed felt that they could ask staff questions, 1 of the 7 (14%) felt whilst they could they did not get an answer back. 3 of 7 (43%) did not answer or comment.



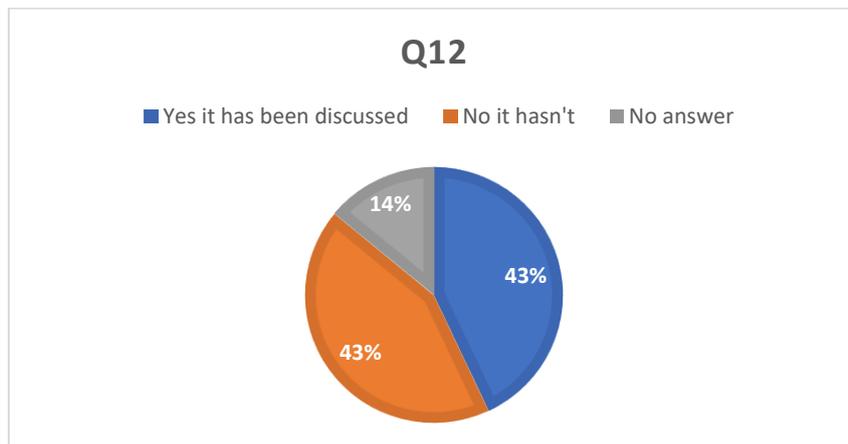
Relative/carer/visitor comment:

“Care good/food good”, “The patient asks questions to the staff but not listening, goes to everyone not me”

12. Has your relatives discharge been discussed with you?

Results:

3 of 7 (43%) people surveyed said the patients care had been discussed, 3 of 7 (43%) said it had not, 1 of the 7 (14%) did not comment.



Relative/carer/visitor comment:

“Previously, discharge was due to happen then doctor readmitted him”, “Patient in pain with stomach, not sure staff are aware”, “Not happy”.

13. Have you been kept informed and understand what the discharge process is?

Results:

2 of 8 (25%) of people surveyed felt that they were kept informed and understood, 5 of 8 (62%) did not feel informed and did not understand the discharge process and 1 of 8 (13%) people surveyed did not comment.



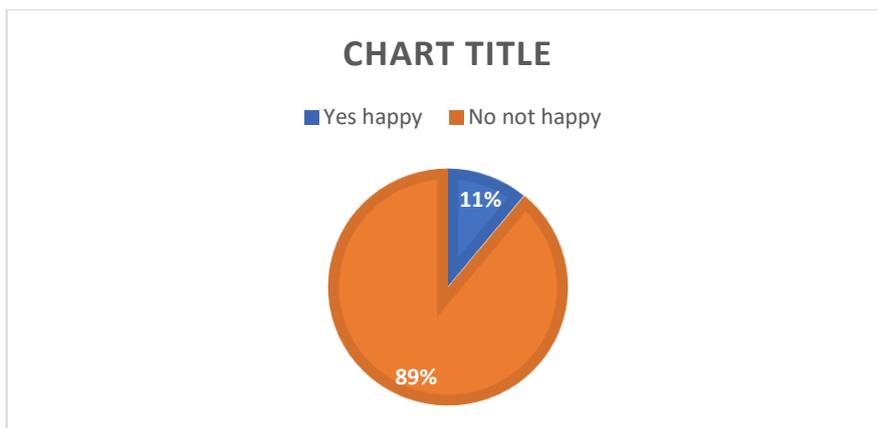
Relative/carer/visitor comment:

"In part, social worker had to chase", "First they said yes to discharge, after blood test, changed minds, no plans now", "Mum has dementia, ward staff informed son that mum had agreed to discharge to stoke".

14. Are you happy with the proposed discharge? If not, Why not?

Results:

1 of 9 (11%) people surveyed were happy with the proposed discharge, 8 of 9 (89%) of people surveyed were unhappy with the patients' discharge.



Relative/carer/visitor comment:

"Not sure why discharged"

"Could have been discharged a week ago, waiting for key safe fitted", "Fit for discharge, readmitted".

Comments made by patients, relatives, carers or visitors.

Q1 How do you feel your treatment and care has been during your admission to hospital?

"Communication problem ", "Day staff more helpful, night staff told patients to wait Definitely", "Everyone was great and paramedics", "Friendly/helpful", "Generally good occasional wait", "Good polite", "Long wait for washing", "Majority are good", "Mostly one or two nurses", "Nice", "No problems with staff, I am independent so try to do much myself", "No one explained properly what's going on re discharge", "Not all. 1st night really good doctors and nurses. 1 or 2 could be better. Some are abrupt", "Not at all", "Not enough time for patients lack of staff", "Nurses available always", "On hand no wait", "Pretty good", "Some are some are not ", "Some of sometimes", "Staff professional/amazing", "There when needed no trouble understanding", "Very helpful staff who have been good to me", "V/helpful/despite short staffed", "Very good", "Ward staff very good", "Yes vast majority".

Q2 Do you feel that the staff are helpful and caring?

*"Pretty Good", "Friendly/helpful", "Majority are good", "Generally good occasional wait".
 "Good/polite", "very helpful staff who have been good to me", "some are some aren't, inexperienced staff with older people", "Not at all Caring", "Nice", "Ward staff very good", "Day staff more helpful, night staff told patients to wait Previous care at home ", "Very good", "V/helpful/despite short staffed", "Yes, vast majority", "Yes, they are", "Sometimes", "Very.", "Long wait for washing ", "Good.", "Some of", "Good", "Yes", "Communication problem ", "Mostly one or two nurses", "Some are some are not ", "Everyone was great and paramedics", "Definitely", "There when needed no trouble understanding", "Staff professional/amazing ", "Very good", "Physio advised staff support me walking but they don't have time'", "Very helpful", "No problems with staff, I am independent so try to do much myself", "On hand no wait", "Not enough time for patients lack staff", "Very helpful", "One nurse in particular", "Very good".*

Q3 Do you know when they are planning to discharge you?

"None", " Nurses' good doctors stand offish", "Waiting for meds", "Told today 11am/DL 1.30", "Informed discharge 10am DL 2pm", "Told are 9am re discharge", "11am informed", "Wednesday been discussed with daughter", "Not sure think will be home soon", "Was supposed to be today", "Bfast time today", "After bfast", "Told 11am re discharge", "9.45 today, DL since 10.45", "Told patient to wait, not sure today or tomorrow", "Since Xmas morning they knew it", "No due to ex-wife issues, with selling the house to pay for care", "Told today at 3pm due to shortage of nurses ", "10.30 today informed of discharge", "2 hours ago, not joined up arrangements", "No", "Thought it was yesterday now today, so not sure", "1.5 weeks", " "Supposed to be today 3pm, waited 2 hours.", "Today, but surprised", "Said yes at first for bloods then doctor said no", "Waiting for meds for discharge", "20/2/19 was originally expected 20/2/19", "Son, carer found out at 4.pm yesterday re: discharge", "Was planned for Monday, but now not known but told need to identify nurse in the community to deal with specialist equipment", "Maybe tonight/ tomorrow not sure depends on bloods.", "Having to wait for doctor to sign paperwork to discharge me", "Fast exit ward I'm not going anywhere I've lost my home no rehab", "Waiting for my prescription and daughter", "Hoping to leave at 6pm" "Waited few min for meds and letter", "Discussed today", "Waiting for meds/discharge paperwork", "Told 1 hour ago by doctor", "Told today at 11.45"Think tomorrow" "Discharged at 12 waiting for relative", "Told half hour ago, so a surprise", "Today, been here since 12.45", "Today waiting for meds", "Today but not sure of time", "waiting for discharge", "Some discussion about today, but feels shouldn't with mental health support ", "waiting social worker to visit at 3pm with daughter", "12.30pm informed of discharge now 3.00pm".

Q5 What has been discussed with you regarding your discharge?

"Nothing", "No paperwork, told tomorrow.", "Little discussion", "Not much", "Told to go to DL for meds", "All hasn't been discussed think having a care package done", "Been discussed about going home ", "Very little", "Going back to the care home", " very little", "Have explained delays after I asked ", "Shower stool commode discussed", "Told yesterday being discharged, told will be at 3pm" Hospital Patient Discharge Report 21 "Community nurses/dressings/meds/app". "Patient knows and ambulance coming " " Was mentioned but not clear now "Nothing s/worker said place in Birmingham, didn't say it is care home "Ward said discharge in few hours", "S/worker said furniture available" "Not sure ", "Meds, attend 3 weeks' time", "Compliance with medicine use of blister packs", "Use of nebuliser at home" "Very little", "Doctor said would have to be above a certain oxygen level delay of discharge but do know what's happening", "Just told me I'm well enough to go home", "Getting nowhere ", "The doctor has spoken to me ", "Medication, sicknote, wound care" "My daughter will be consulted when she arrives" "No arrangements When going home, carers ass. And falls ass." "Told yesterday and understood" "No meds /letter update" "Son in law came to pick me up no carers by choice" "Equipment being delivered" "Discussed with daughter" "Everything discussed with discharge "Told today" "Doctor informed me this am" "Waiting for a letter" "Some mention, but has changed he fears mental health needs will keep him in.", "Was meant to go home last Monday flu virus on ward no discharge", "Given some leaflets", "Told to come to discharge lounge and await medication" "Awaiting key safe and care package to be organised".

Q6 Do you fully understand the discharge arrangements?

"No", "Some of it", "Yes, I do", "I understand fully", "No", "Yes", "Carers ready plus family friends", "Yes, but not working as planned", "Patient is aware and knows, D/nurse visiting today", "No", "Awaiting letter, wife been to see nurse", "Hasn't made plain Waiting time, can be long winded", "Has dementia", "Long process", "Glad to be going home", "No arrangements", "Will wait for doctors' letter through post", "Yes, previous experience from hospital", "Went to discharge lounge, fell, went back to ward", "Not fully", "Not aware of how discharge will happen".

Q8 If there has been a delay how has this happened? (service related or admin or other).

"Waiting for meds expect up to 4pm", "No", "Social care issue regarding partner and house", "Not sure why not", "Community nurse not available otherwise could have been discharged", "Awaiting with mom for pts journey to stoke", "Plans for treatment not made in time", "No referral", "Not getting updates about discharge", "Still trying to get sorted", "Wife checking", "3.30 came in at 11am, still awaiting discharge letter", "Meds letter", "In DL since 10am awaiting pts/ pts arrived 3.30pm", "Awaiting transport for journey to stoke", "No home to return to.", "Trying to contact relatives to get picked up", "Medical advice staying in little longer", "Waiting for letter/meds", "I've been here over 4 hours", "No delay", "4 day delay due to discharge/physio", "Waiting for discharge letter", "Been smooth so far", "Medication waiting when came to DL", "Discharge letter waiting", "Because of mental health/physical decline", "Social worker/ OT", "Social care package and equipment, key safe to be fitted".

Q9 Do you feel that the staff are helpful and caring?

"Dressing needs changing, promised in DL but still has not been done", "Pushed to max, too many patients too little time, discussion about incorrect needles. Food orders not correct, not warm, call bell not working, rotunda incorrect size", "Nurses stated patient too fat, requires more support, waking patient asked for support not been given", "Not really, have one good, not everyone", "No communication", "Ward 3 yes/ward 10 no", "All staff first class(husband)".

Q10 Do you feel listened to around your relatives' care?

"The patient asks questions to the staff, not listening, goes to everyone not me", "Discharge lounge seems untidy cluttered with equipment", "Staff pulled in from other wards, ward 3 /ward 10 a fight, but no answer, or info on this".

Q13 Have you been kept informed and understand what the discharge process is?

"Ambulance arrived no meds, First they said yes, after blood test changed minds, no plans now", "In part social worker had to chase them", "MUm has dementia but ward staff informed son that mum had agreed to discharge to stoke"

Q14 Are you happy with the proposed discharge? If not, Why not?

"Doctor said sending me home, took 2 days to get care package and D/nurse /care company", "No", "Not sure why discharged", "Because not feeling well, worried about urine bag changes", "They said we don't know things", "Could have been discharged a week ago waiting for key safe Hospital Patient Discharge Report 22 fitted", "No. Would have preferred inpatient stay to assess recurring problem", "No care home too far away", "query regarding final treatment timing, same date as discharge, despite discussion", "ambulance arrived, no meds but told 10minutes", "if fit enough for discharge? but then readmitted"

Additional Comments from Surveys

"Food is given on location rather than patient focus; some patients get sooner", "Doctor requests staff get topical cream, and this wasn't done", "Originally promised she would return to care home for lunch time -very frustrated", "Discussions around Community nurse thinks carer 3 x daily sister told her about discussions with number of social workers", "Has prostate cancer no supporting information after discharge", "Gran is deaf/blind, so this makes conversations difficult", "Been in 2 weeks, ward 3 for 2 days /social services and nieces coming tomorrow for discussions", "Staff slow to

respond to requests for help to the toilet”, “Originally destined for respiratory ward but no beds”, “My blister pack of meds will be delivered tomorrow”, “Delays with patient transport”, “Was discharged, but no one informed, turned up in street of family member, readmitted less than 48 hours later”, “All the staff are first class”, “ No communication about discharge, does not know what is happening , given no clear answers. 2 discussions took place around female/male carers so care package could be arranged, this will take time.” “Great concern about discharge to care home in Stoke. Son main carer lives in Walsall and is on crutches following a stay in hospital. Daughter lives in Telford and does not drive. Ward sister who informed son about discharge that he needs to take up complaint with social services”. “Bottle neck could be relieved by home delivery of meds, so patient go straight home papers aren’t ready either”, “In past had to wait for meds, not sure if needed for this discharge”, “Ward 10 staff were subjected to verbal abuse and threats of violence by a patient, his language was vile, he should have been sedated, he monopolised staff so other patients had less”, “Discharge chaotic, admin poor, not enough space”, “Very stressful, not enough transport 10am now 3pm in lounge leaflets would be useful”, “Process of freeing bed quick, waiting in lounge is too long, has walked out in past, may do the same”. “Overall happy with stay and effectively communicated throughout whole stay. Took 4-5 minutes wait for meds”, “discharge is make do, admin poor”, “I felt night staff were not helpful on ward 3, overheard others complaining”, “Nurses stated to the patient she is too fat, and requires more support in walking , she has no carers at home and no physio.”



Ward Round Visit - Walsall Manor

Healthwatch is an independent consumer champion for health and social care services in Walsall. Our role is to ensure that patients access the most appropriate and quality care available. We listen to patients to gather their views and experiences when using health and social care services. We are here today to talk to patients to gather their views on the care that they are currently receiving and specifically, we want to gather information around discharge arrangements.

Are you happy for us to ask questions about the care you receive and your discharge arrangements? Under the GDPR regulations you need to provide permission for us to; hold and share this information with; Walsall Borough Council, Adult Social Care and Care System Providers to find out what the issues are around discharge arrangements in order for improvements to be made.

We shall also use this information for us to write a report, however, any personal identifiable information shall be removed. The data shall be stored on a secure database system and will be destroyed within 3 months. Paper copies will be stored safely and shredded within 72 hours.

I give permission for Healthwatch Walsall to share such information to Walsall Borough Council for the purposes of making improvements to discharge arrangements.

Sign

Date

NAME			
DATE OF BIRTH			
CONTACT NUMBER			
NAME OF HOSPITAL			
WARD			
DATE OF VISIT		TIME OF VISIT	

AUTHORISED REPRESENTATIVE(S)	
NAME	ROLE

PATIENTS EXPERIENCE				
	YES	NO	COMMENTS	
How do you feel your treatment and care has been during your admission to hospital?				
Do you feel that the staff are helpful and caring?				
Do you know when they are planning to discharge you?				
When were you admitted into this hospital?				
What has been discussed with you regarding your discharge?				
Do you fully understand the discharge arrangements?				
How involved have you been in the discharge process?			Very Involved __ Fairly Involved __ Not Involved at all __	
If there has been a delay how has this happened? (service related or admin or other).			OT, Physio, Intermediate Care Arrangements, Social Worker, Aids and Adaptions, Pharmacy & Other	
RELATIVES				
	YES	NO	COMMENTS	
Do you feel that the staff are helpful and caring?				
Do you feel listened to around your relatives' care?				
Do you feel you can ask questions of the staff?				
Comments				

Relative Experience

Has your relatives discharge been discussed with you?

Yes/ No

Have you been kept informed and understand what the discharge process is?

Yes/ No

Are you happy with the proposed discharge? If not, Why not?

Summary

Do you have any comments you would like to raise with us?

Healthwatch Walsall (HWW) asked a number of questions to the Trust representative and here are their answers.

Q1. What is the process for discharge including: ooh and weekends, who makes the decision and signs the documentation and in what timeframe?

The process for discharge

The process is that the patient must be declared medically stable for discharge (MFFD). This is a medical decision and may be made as follows:

- By a doctor at a board round (where the patient is discussed amongst a multi-disciplinary team).
- By a doctor on a ward round (actually seeing the patient).
- By a doctor stating the clinical criteria by which a patient will be MFFD (e.g. blood tests – if the result is within a specified range then the patient can go; if the patient's temperature comes down to 37 degrees C; uneventful recovery post surgery etc) then the nurses on the ward can confirm that the patient is medically fit for discharge.

Once a patient is MFFD, in the vast majority of cases they do not require any further support and will go home – this is termed a 'simple' discharge. Sometimes however the patient may require more support before they are ready to go home. Consider for example those patients who require Physiotherapy to get them walking again before they are able to go home, or those patients who will require aids and adaptations at home to deal with the care needs arising from. An example would be someone who has been admitted with a fall and has lost mobility as a result; they now need help to mobilise again and equipment to reduce the risk of them falling while at home. These patients will require therapy (Physiotherapy and Occupational Therapy) assessment prior to discharge. Some patients will need extra support when they go home such as a package of care in their own home, or their care needs are such that they can't go home and instead require a place in a care home. These patients then need assessment and support from the Intermediate Care Service, composed of health and social care staff focused upon 'complex' discharge needs. In these cases, the patients don't go home until all parts of the multi-disciplinary team have declared that they are happy with the discharge and they are 'MDT-fit for discharge'

Who signs the documentation (and in what order of signature) and should there be a signature before discharge is started?

The fact that the patient is MFFD should be recorded in the patient's notes following the process above. In terms of documentation required before a patient can go, the key is the Electronic Discharge Summary (EDS). This is the system that generates a summary of the patient's stay, their diagnosis / treatment, any further instructions for care, medications on discharge. This is usually a doctors responsibility, particularly so as it requires prescribing authority, however there are Nurses and Allied Healthcare Professionals who have received supplementary training around prescribing and thus are able to complete the EDS.

Timeframe from final signature to discharge (as an average)?

For simple discharges the process is usually the same day. There may be a delay waiting for the EDS to be signed off, as the doctors will tend to deal with tasks associated with the acutely ill patients first rather than the more stable patients on the wards. The process of SAFER that is being

implemented on the wards, reminds the clinical teams that they should be dealing with the 'sick & the quick' first, i.e. seeing the acutely ill patients then seeing the patients for discharge and completing their documentation, then dealing with the other patients. We use the discharge lounge for patients waiting for the EDS to be completed and medications dispensed, so a bed is released early on the wards for the acutely ill patients from ED.

For the more complex patients, there may be a delay of several days while the other requirements for discharge are being out in place.

Discharge over a weekend?

Patients are discharged at a weekend, particularly for the simple discharges or those needing a package of care, however discharge rates tend to drop over the weekend. The reasons for this are:

- There are not as many clinical staff working on discharge as during the week – attention is focused on those patients who are acutely unwell.
- Care homes are reluctant to accept patients over the weekend (mainly linked to their staffing levels and also the ability to get out of hours medical cover arranged).
- Some equipment required may not be available and isn't delivered at the weekend e.g. hospital beds for care at home.

Q2. How many patients are considered Medically Fit For Discharge (MFFD); What is the average time to be discharged once on the MFFD; and what are the Reasons for Delays.

The number of patients and reasons vary examples of the reasons are:

Hospital

CHC Checklist, Equipment – Health, ICT paperwork, MDT, Nursing assessment/D2A, Older Mental Health, SAP3/SAP4, Therapy Assessment, Therapy Treatment, Younger Mental Health.

Integrated Care Services (ICS)

SC Allocation, SC Assessment, SC Equipment, SC Placement, SC POC, CHC Fast Track, CHC Placement, CHC POC, DST, Equipment – ICS, ICT (Rehab), Locality Social Care , Sec 2,D2A Bed, Spot Bed.

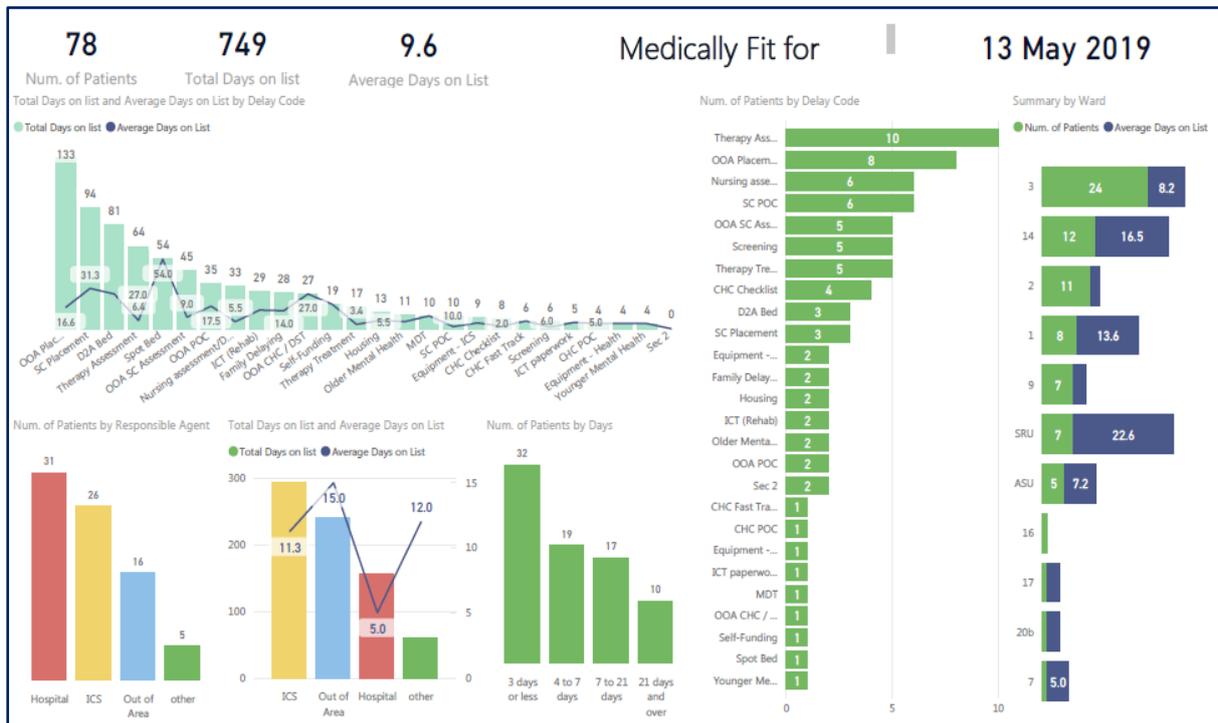
Out of Area

OOA CHC / DST, OOA Fast Track, OOA SC Allocation, OOA SC Assessment, OOA POC, OOA Placement, OOA ICT (Rehab), OOA Equipment, OOA Self-Funding,

Other

Housing, Family Delaying, Self-Funding.

An example of the number of MFFD patients, average stay once fit and reason for delay is shown below:



Q3. How does EDS work?

As part of the discharge planning process the EDS is completed by the doctor or ACP. This provides details on details of the

admission, treatment, further follow up and medication A copy is sent to the GP and copy given to patients.

Q4. Why has the Discharge Lounge moved so frequently i.e. Ward 10 to HDU (route 237) to AMU? Will there be a permanent location for the Discharge Lounge?

Discharge Lounge was originally on ward 8. SAU moved to ward 8 as SAU required more space than being on the end of one of

the surgical wards

The Discharge lounge was located on Ward 10 but was again moved to the room at the start of AMU during winter due to winter

bed pressures necessitating the opening of ward 10. The current location of the discharge lounge is back on ward. A permanent location

for both the discharge lounge and Frail Elderly service is still being worked through by the Exec and Operational Teams to ensure

that winter bed pressures do not necessitate a move. That said, the Trust winter planning for next winter does not include ward 10.

Q5. What is the process for collection or delivery (by taxi) of medication after discharge, how mitigate risks?

Patients medication to take home should be given and explained to them at the time of discharge. The use of taxis for taking medication to the patients home when discharged should not be routinely used.

Media newspaper reports from the Express and Star.

Article 1.

Bed blocking soars at Walsall Manor Hospital

Express and Star. May 1, 2019



Bed blocking cases have soared at Walsall Manor Hospital over two years, new figures have revealed.

The number of beds lost due to delayed discharges more than doubled to 148 in 2018 from two years earlier.

It meant that when combined, 4,522 bed days were lost due to people being in hospital when they didn't need to be. That figure was up from 1,473 in 2016.

Bed blocking heaps pressure on hospitals and occurs when patients are medically fit to be discharged but cannot be moved on, often due to objections from relatives or a lack of available space in the social care sector. It means beds are unnecessarily occupied and cannot be used by hospitals.

Data released under the Freedom of Information Act revealed concerns from family members was the most common reason for patients remaining at Walsall Manor.

Walsall Council leader Mike Bird admitted bed blocking can be a difficult problem to solve.

He said: "Hospital beds are extremely important and extremely expensive and where anyone is occupying one when they don't need to, we should be looking at it and asking why.

"We need to make sure these people are safe. Sometimes they come out of hospital and go into residential or nursing homes and they need to be assessed and family arrangements made.

"It is a matter of getting these people assessed and out into the community where they belong."

Margaret Barnaby, interim chief operating officer at Walsall Healthcare NHS Trust, which runs the hospital, said: "We try our best to ensure timely discharges when inpatients no longer require care

or treatment in hospital, this is most often what patients and their families want too. This means that those most sick can get to see our doctors and nurses as fast as possible.

“To help support this, we have developed a discharge lounge facility at the Manor Hospital that aims to help patients get back to their usual place of residence before noon.

“Staff work hard to identify discharges early on and support patients’ families and carers, and our partners, to ensure they can happen as quickly and as smoothly as possible. Sometimes arranging home adaptations for equipment can take longer, than when a patient does not require these adaptations, and individual patients will improve their mobility and independence following a hospital stay at their own pace.”

Nick Barker, a director at care home provider Cera Care, which released the data, said “Delayed discharge from hospital is a challenge for the NHS and can mean an unnecessarily long stay in hospital for patients. In some cases, care provided in familiar surroundings can help a person’s recovery. Outcome based support can help in enabling customers to do more for themselves.

“NHS trusts are clearly struggling to deal with this problem of delayed discharge, often despite their best efforts and careful planning. One key thing our research revealed was the important role that partnerships between hospitals and other organisations play in reducing delayed discharge.”

Link: <https://tinyurl.com/y58442wq>

Article 2.

Hospitals spend more than £800,000 on taxis

Express and Star, Apr 11, 2019



The screenshot shows the top portion of a news article on the Express & Star website. The page has a red header with the 'Express & Star' logo and a 'News' button. Below the header is a navigation bar with categories: Local Hubs, Voices, Crime, Politics, Business, Education, Health (highlighted in red), Features, and More. The main headline reads 'Hospitals spend more than £800,000 on taxis'. Below the headline, it says 'By Richard Guttridge | Wolverhampton | Health | Published: Apr 11, 2019'. The first line of the article text is 'Hospitals in the West Midlands spent more than £800,000 on taxis last year, it has been revealed.'

Hospitals in the West Midlands spent more than £800,000 on taxis last year, it has been revealed.

The Royal Wolverhampton NHS Trust, which runs New Cross Hospital spent £35,000, while the University Hospitals of North Midlands, which oversees Stafford's County Hospital, paid out £266,000.

Critics said it was "an extraordinary amount of money to spend on taxis".

Taxis can be hired by the NHS when there is a shortage of ambulances and other patient transport, as well as for moving equipment and blood.

Figures showed a total of £824,225.81 was spent by West Midlands hospitals on taxis - equivalent to £2,258 every day.

Some NHS trusts also have contracts with private taxi firms, including the Royal Wolverhampton NHS Trust, which spent £35,000 in the last year on taxis and has an account with Britannia Taxis that will run until 2022.

The trust said it uses taxis to move equipment between sites and also in "emergency situations".

The University Hospitals of North Midlands Trust spent £266,343.81. Bosses said the total was a combination of uses for "patients, staff, urgent samples and letters".

The Liberal Democrats, which unearthed the figures following a Freedom of Information request, said the pressure on ambulance services means that the NHS is spending large amounts getting people to and from hospital.

Queen Elizabeth Hospital Birmingham spent £257,000 and Heartlands, Good Hope and Solihull Hospital spent £190,000 in 2018.

Coventry & Warwickshire NHS Trust have spent £75,882 on taxis and have said that their 'contract will be going out to tender in the foreseeable future.'

Other hospital trusts in the Black Country did not respond to the request for information.

Liberal Democrat campaigner Nick Machnik-Foster said: "This is an extraordinary amount of money to be spent on taxis.

"This clearly demonstrates the failure of Government ministers to provide the resources needed by the patient transport service and the ambulance service to meet the needs of patients travelling to hospital appointments or return home or to their place of care."

Royal Wolverhampton NHS Trust spokeswoman Amy Downward said: "We use taxis when we occasionally need to urgently transfer items/equipment between our sites. We also use taxis for our staff for emergency situations and to transfer blood specimens.

"We work hard to minimise such spend and make sure the trust's taxi contract is best value for money."

Lorraine Whitehead, director of estates at UHNM, said: "We treat more than two million patients a year so keeping the flow of patients moving through our hospital is crucial. The vast majority of our patients needing transportation are transported by patient transport ambulances. However, on rare occasions and in the patient's best interest, we may need to use taxis. This is generally only required as a last resort.

"We have a contract in place with a taxi company to support the trust's existing transport services and may also be used to transport samples and correspondence. This contract went through a tender process to ensure we receive a service that is good value for money, without compromising quality and efficiency."

Link: <https://tinyurl.com/y2xchebq>

Note: Whilst the above does not mention figures for Walsall Manor Hospital it is apparent that money is being spent on Taxis. No figure has been disclosed.

healthwatch Walsall

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Part of Engaging Communities Staffordshire(ECS)

