

What was leaving hospital like?

**Patient experience of discharge from
Kingston Hospital NHS Foundation Trust**

Survey Report

September 2019

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1. Introduction and thanks

This ‘What was leaving hospital like? Patient experience of discharge from Kingston Hospital NHS Foundation Trust’ survey and report were produced by the Hospital Services Task Group at Healthwatch Kingston upon Thames. We would like to thank staff involved at Kingston Hospital for their support distributing the surveys and the patients who completed surveys and shared their experiences that informed our research.

1.1 About Healthwatch Kingston

Healthwatch Kingston is the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally. We help make health and social care services work better for the people who use them. The way we work varies but everything we say and do is informed by local people.



Figure 1: Healthwatch Kingston ‘The ways we work’

1.2 About the Hospital Services Task Group

The Hospital Services Task Group works voluntarily with the staff team to support Healthwatch Kingston to deliver its health and social care voluntary work programme, with a specific focus on the commissioning and delivery of hospital services and how they relate to the health and social care system as a whole. The Task Group proposes an annual priority research project, in line with the strategic objectives of Healthwatch Kingston.

1.3 About this survey

Healthwatch Kingston wanted to gather feedback from patients about their experiences of discharge from Kingston Hospital, particularly with respect to communications during the discharge process. We were interested in what was working well and what might be done to improve patient experience of the discharge process. Healthwatch Kingston was also interested to find out if experiences varied at different points in the year and also if there was any difference between patients who had a planned (elective) or unplanned (non-elective) stay in hospital.

THE DIFFERENCE BETWEEN AN ELECTIVE AND A NON-ELECTIVE STAY IN HOSPITAL

An **elective** (planned) stay in hospital is scheduled in advance because it does not involve a medical emergency.

A **non-elective** (unplanned) stay in hospital - usually for emergency procedures needing to be done urgently to improve patient's life.

1.4 Disclaimer

Please note, this Healthwatch Kingston report is not representative of the experiences of all patients discharged from Kingston Hospital, only an account of what was shared by respondents during the survey periods.

2. Methodology

2.1. Approach to the survey

When drafting the survey and determining a methodology, it was important that the Hospital Services Task Group made sure it was incorporating Healthwatch Kingston's values which include being independent, influential, inclusive, credible and collaborative. In the spirit of these values, the Task Group drafted the survey in close collaboration with Kingston Hospital, while still maintaining Healthwatch Kingston's independence. It was also important that the survey was inclusive and so it was tested by a range of users including elderly people, disabled people and people for whom English was not their first language.

The surveys were distributed in paper form (with the option to complete online) to all 14 wards in Kingston Hospital across two periods:

1. 500 surveys were distributed from 12th November to 6th December 2018 (Phase 1)
2. 500 surveys were distributed from 4th March 2019 to 31st March 2019 (Phase 2)

2.2. The way we analysed the data

Initially, the purpose of the survey was to find out if patient experiences of discharge from Kingston Hospital varied at different points of the year and also if there was any difference between patients who had a planned (elective) or unplanned (non-elective) stay in hospital.

2.3 Phase 1 and Phase 2 comparison

Having reviewed the results from the two phases, it was clear that there was no significant difference in responses between November/December (phase 1) and responses in March (phase 2). The Task Group therefore decided to combine the responses from both phases and to only make the comparison between patients who experienced a planned stay and those who had an unplanned stay in Kingston Hospital.

2.4 Planned, unplanned and combined

For the purposes of this report, the data sets from phase 1 and 2 were combined and then sorted into three categories: planned, unplanned and combined.

2.5 Number of survey respondents

A total of 183 surveys were returned (93 surveys in November/December and 90 surveys in March). Of the 183 total respondents, 83 said they had an unplanned stay compared with 96 who said they had a planned stay. Four did not specify.

Please note that not all 183 survey respondents answered every question and so the percentages provided in this report are calculated on the total number of respondents to each question, as opposed to the total number of respondents overall.

3. Key findings and recommendations

3.1 Getting ready for discharge

3.1.1 Was an estimated discharge time given within 24 hours?

From the 173 respondents to this question, 59% [102] were given an estimated time for discharge at least 24 hours before they were due to leave. This included 65.5% [59] of planned patients compared with only 52% [43] of unplanned patients.

HWK RECOMMENDATION 1:

Healthwatch Kingston recommends the Trust explore how to ensure all patients, whether in Kingston Hospital for a planned or unplanned stay, are given an estimated time for discharge at least 24 hours before they are due to leave.

3.1.2 How involved did patients feel in the preparation of their discharge?

From the 174 respondents to this question, 88.5% [154] felt sufficiently involved in the preparation of their discharge. Of the patients who had a planned stay, 91.4% [85] were satisfied with the level of their involvement, while 85.1% [69] of unplanned patients felt they were involved as much as they would have liked.

HWK RECOMMENDATION 2:

Healthwatch Kingston recommends the Trust explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

3.2 On the day of discharge

3.2.1 Delay times

From the 169 respondents to this question, over half (57.3% [97¹]) said that there was no delay when leaving the hospital. There was however, a significant difference in the experience of patients who had a planned stay compared to those with an unplanned stay, with 74.7% [68] of planned patients reporting no delay compared with only 37% [29] of unplanned patients.

HWK RECOMMENDATION 3:

Healthwatch Kingston recommends the Trust introduce ways to further reduce delays when leaving Kingston Hospital, in order that patients with either planned or unplanned stays in hospital are provided for equitably.

3.2.2 Reasons for delay

The most common reason for delay from Kingston Hospital, based on the 97² respondents (this includes both respondents who said they were delayed and also some who provided reasons for delay despite stating they did not have a delay) to this question was waiting for medication at 31.9% [31]. This was followed by patients waiting for their discharge letters at 24.7% [24], then waiting for transport at 13.4% [13].

HWK RECOMMENDATION 4:

Healthwatch Kingston recommends that if common reasons for delay to discharge from Kingston Hospital, such as access to medication, waiting for discharge letters and transport can take longer than expected, the Trust consider providing more realistic discharge times to manage patient, family, friend and carer expectations.

3.2.3 Was printed information given upon discharge?

¹ The 97 respondents referred to in 3.2.1 are not the same respondents referred to in 3.2.2. The 97 respondents referred to in 3.2.2. are made up of 72 respondents who said they did have a delay, combined with 25 respondents who said they had no delay yet still provided a reason for a delay (as part of their discharge process).

² Ibid

82.7% [139] of the 168 respondents to this question said that they were given written or printed information about what they should or should not do after leaving hospital with only 17.3% [29] saying they were not. However, 91% [80] of planned patients said they were given materials compared with only 73.7% [59] of unplanned patients.

HWK RECOMMENDATION 5:

Healthwatch Kingston recommends the Trust provide all patients with printed information about what to do after they leave Kingston Hospital (regardless of whether patients are being discharged from planned or unplanned stays).

3.2.4 How useful was this information?

The majority of the 138 respondents to this question, found the information provided to them at discharge very helpful (71% [98]) or 'helpful to some extent' (26.8% [37]), with only 1.4% [2] finding it unhelpful. There was no big difference in the experience of planned and unplanned patients for this data set.

HWK RECOMMENDATION 6:

Healthwatch Kingston recommends that when reviewing information provided at discharge, the Trust consider: being more detailed; using less medical jargon; and how this information might be provided digitally.

3.2.5 Accessibility of information provided

Only 17 of all survey respondents felt this question was applicable to them however, of those 17, only 17.6% [3] said they were given the information they needed in an alternative format, with 82.4% [14] saying they did not receive this.

HWK RECOMMENDATION 7:

Healthwatch Kingston recommends the Trust explore ways to ensure discharge information is provided in accessible and alternative formats for disabled people, particularly where staff are discharging people living with a learning disability, autism and other neurodiverse conditions.

3.3 After discharge from hospital

3.3.1 Knowing what happens to their care after hospital

94.8% [111] of the 117 respondents to this question said they knew what would happen with their care after discharge from Kingston Hospital and the Trust is to be commended for this.

3.3.2 Visits by health care professionals after leaving hospital

51% [20] of the 39 respondents who answered this question said that if arrangements were made for them to be visited by a health professional after leaving hospital, that these arrangements worked well. However, 39% [15] said that they did not work well. There was also a difference in the experience of planned and unplanned patients with 50% [12] of unplanned patients saying the arrangements did not work well compared with 20% [3] in the planned category.

HWK RECOMMENDATION 8:

Healthwatch Kingston recommends the Trust and Community Care Providers explore ways to ensure that appropriate, ‘joined-up’ follow-up care in the community is provided to patients requiring it after they have been discharged from Kingston Hospital.

4. Research findings

PLEASE NOTE

Survey question 1: How many nights did you stay in hospital?

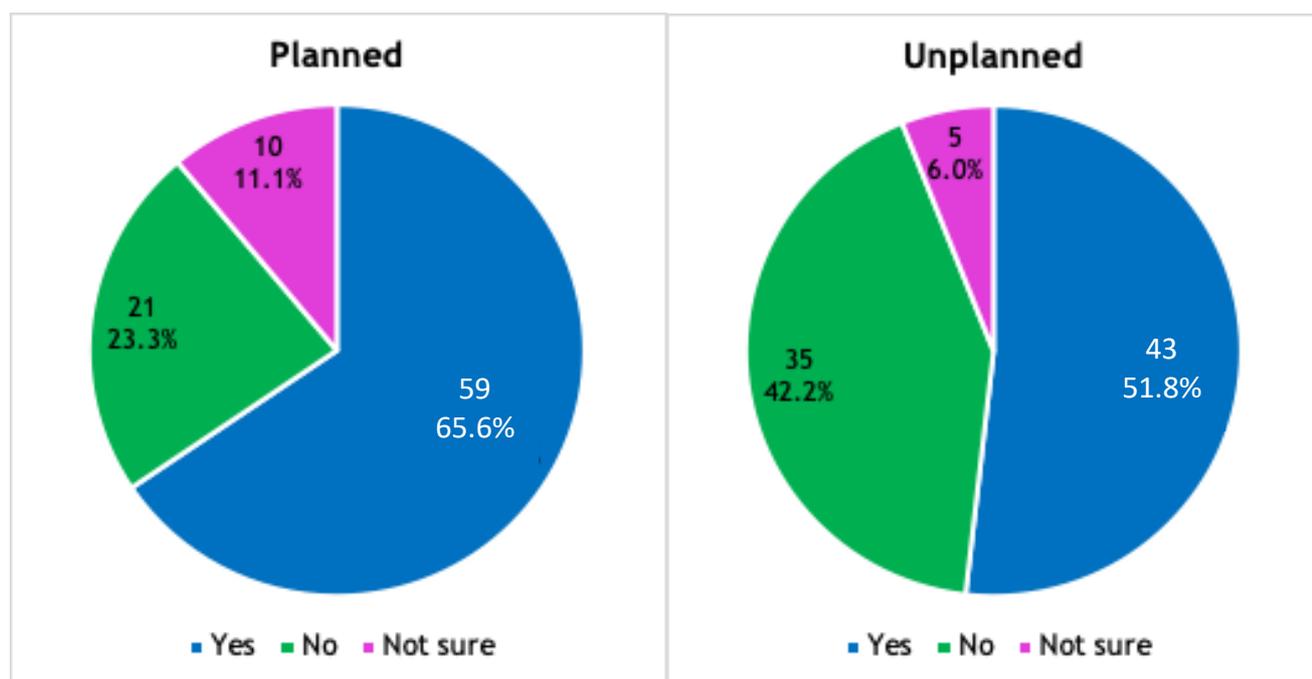
The data provided by respondents to this survey question has not been analysed to inform this report. Healthwatch Kingston plan to review this and provide an additional report on findings.

Survey question 2: Was your hospital stay planned or unplanned?

This question was used to determine which patients had a planned stay and which had an unplanned stay and was used to support analysis of the following questions.

4.1 Getting ready for discharge

Survey question 3: Were you given an estimated time for discharge at least 24 hours before you were due to leave?



Survey question 3: Observations

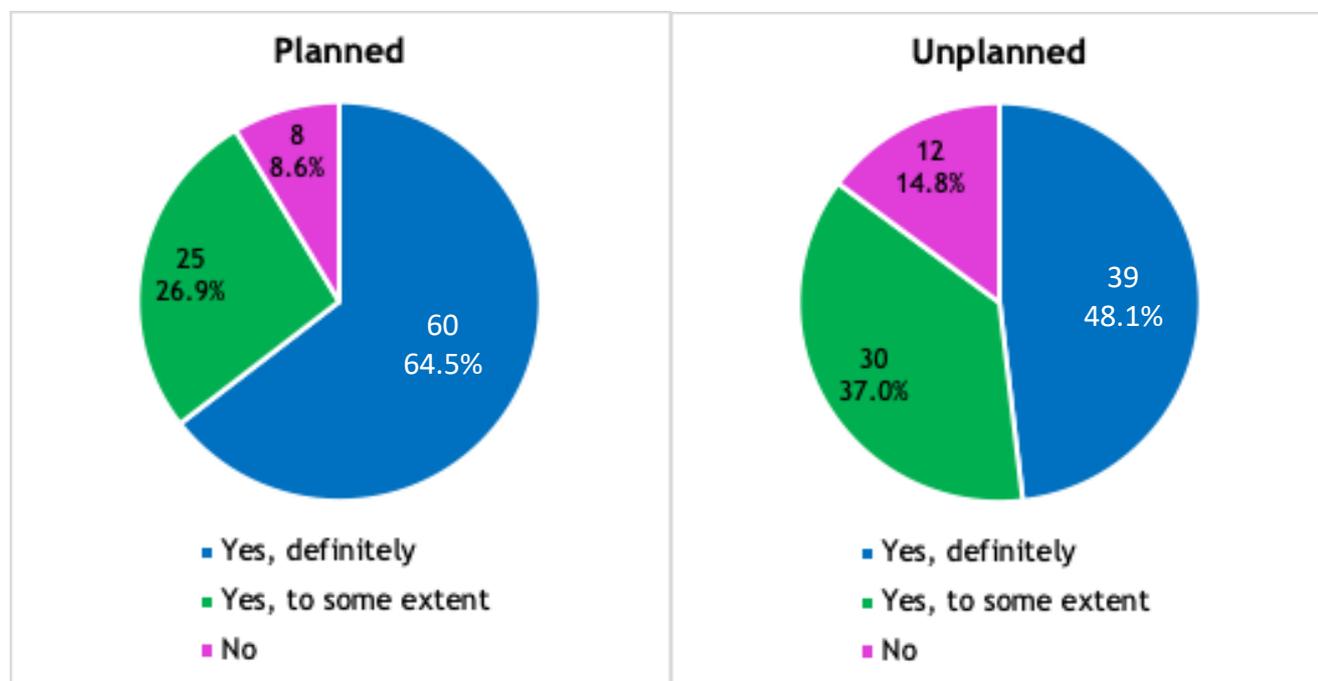
Combined data: Of the 173 respondents to this question, 59% [102] were given an estimated time for discharge at least 24 hours before they were due to leave. 32.4% [56] said they were not given an estimated time and 8.6% [15] were not sure. This indicates that in the majority of cases, patients are given an estimated time for discharge at least 24 hours before they are due to leave, however, there are a substantial number of patients who are not.

Planned compared to unplanned data: Comparing patients who had a planned stay with an unplanned stay, 65.6% [59] of planned patients were given an estimated time of discharge compared with 51.8% [43] of unplanned patients. This suggests patients who have a planned stay are more likely to be told when they can leave at least 24 hours in advance compared with those whose stays were unplanned.

HWK RECOMMENDATION 1:

Healthwatch Kingston recommends the Trust explore how to ensure all patients, whether in Kingston Hospital for a planned or unplanned stay, are given an estimated time for discharge at least 24 hours before they are due to leave.

Survey question 4: Did you feel you were as involved as you wanted to be in the preparation of your discharge?

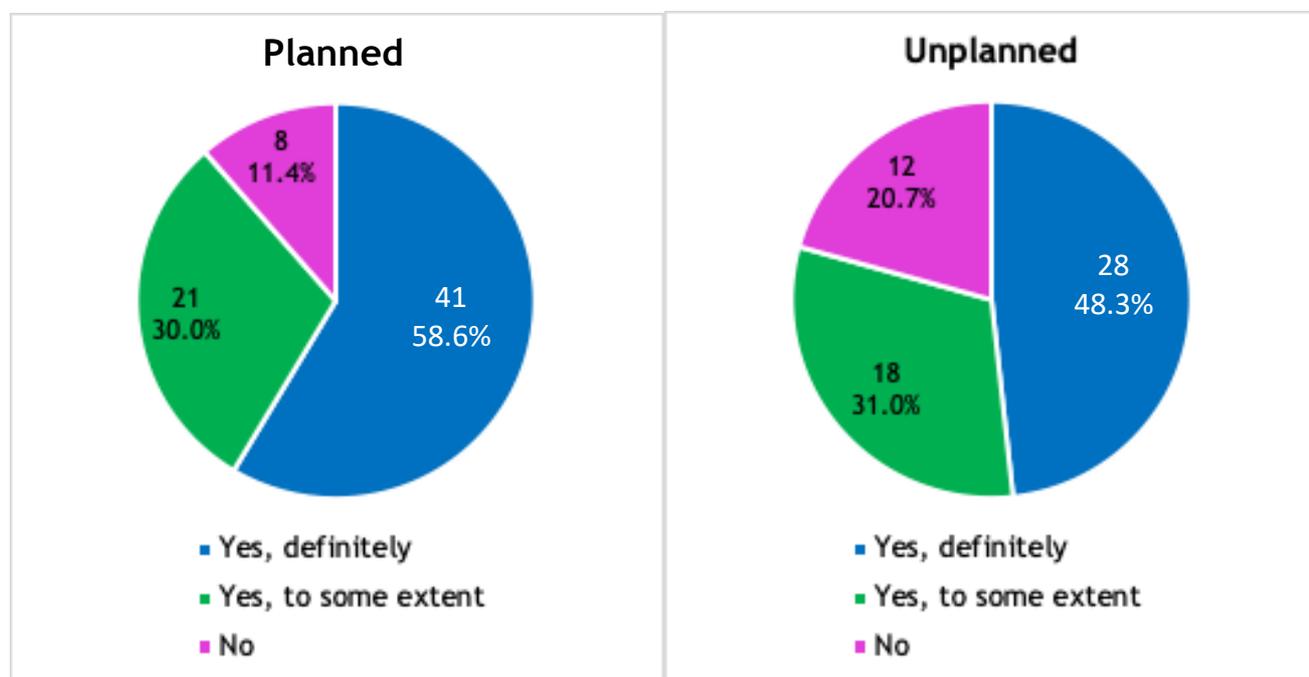


Survey question 4: Observations

Combined data: Of the 174 respondents to this question, 56.9% [99] felt as though they were as involved in the preparation of their discharge as much as they wanted to be, 31.6% [55] felt they were involved ‘to some extent’, and 11.5% [20] said they were not involved as much as they wanted to be. This indicates that for the most part (88.5%) patients did feel involved in the preparation of their discharge however, there appears to be room for improvement as 11.5% [20] of patients did not feel like they were involved.

Planned compared to unplanned data: With patients who had a planned stay, 64.5% [60] were satisfied with the level of their involvement, while only 48.1% [39] of ‘unplanned’ patients felt they were involved as much as they wanted to be. This again indicates a significant difference in patient experience in the two groups of patients.

Survey question 5: If someone helps you at home, for example, a friend or carer, were they sufficiently involved in the planning of your discharge?



Survey question 5: Observations

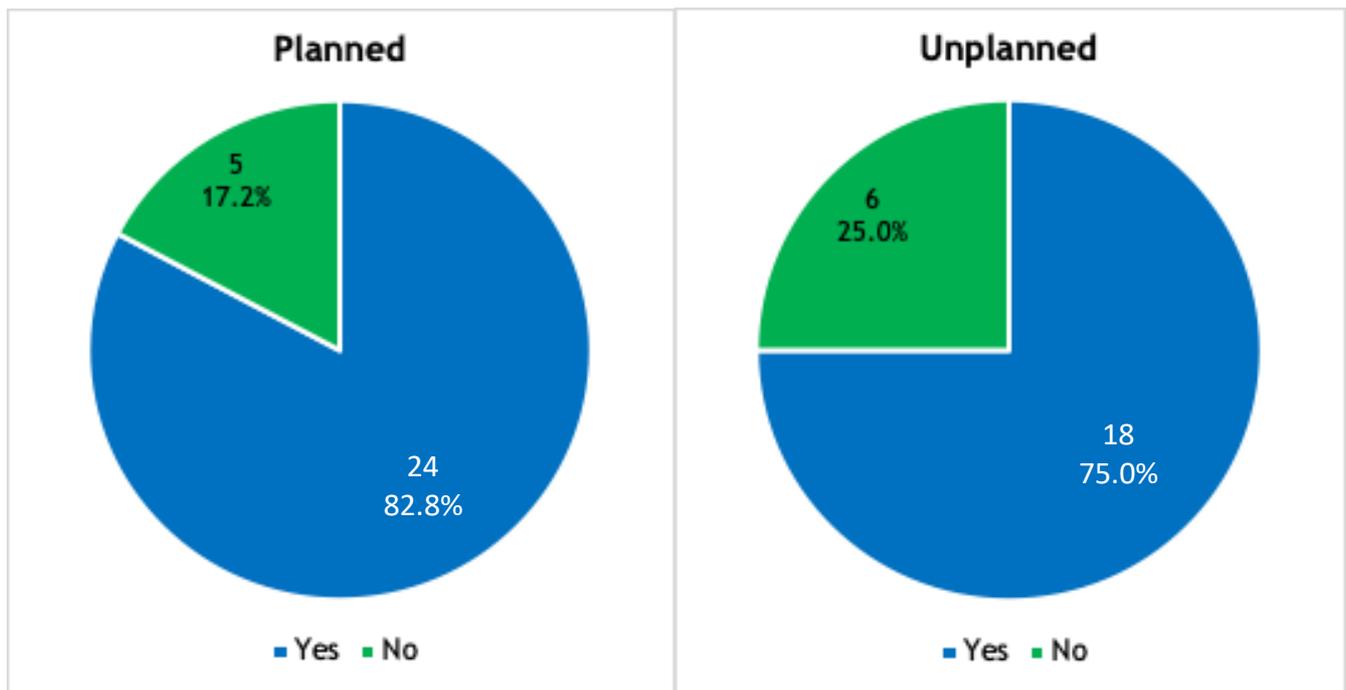
Combined data: Of the 128 respondents to this question, 53.9% [69] of patients who were surveyed and needed someone to help them at home, felt as though the person (a friend or carer, for example), was sufficiently involved in the planning of their discharge. 30.5% [39] felt as though the person helping them was involved sufficiently 'to some extent' and 15.6% [20] felt as though this person was not sufficiently involved. This indicates that for the most part patients and the people supporting them are sufficiently involved in the discharge process however, there were a small number of respondents who felt like they and the people helping them did not receive sufficient support.

Planned compared to unplanned data: When comparing the experience of patients who had planned and unplanned stays, the patient experience is once again better for those in the planned category with 58.6% [41] indicating that their carers were sufficiently involved compared with 48.3% [28] in the unplanned category.

HWK RECOMMENDATION 2:

Healthwatch Kingston recommends the Trust explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

Survey question 6: If you live alone, did hospital staff ask you if someone will be available to help you when you get home?



** I don't live alone: 62

** I don't live alone: 52

Survey question 6: Observations

Combined data: Of the 53 respondents this question (i.e. people who live alone), 79.2% [42] said that hospital staff asked them if someone was available to help them when they got home, compared with 20.8% [11] who said they were not asked.

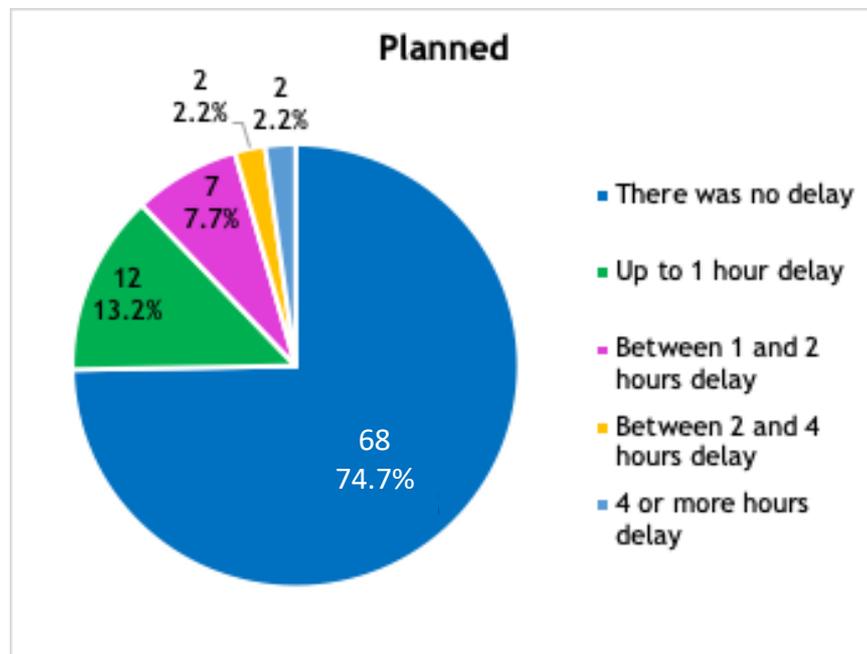
Planned compared to unplanned data: 82.8% [24] of patients who had a planned stay in hospital and lived alone said that they were asked if someone could help them when they got home, compared with 75% [18] patients who had an unplanned stay in Kingston Hospital.

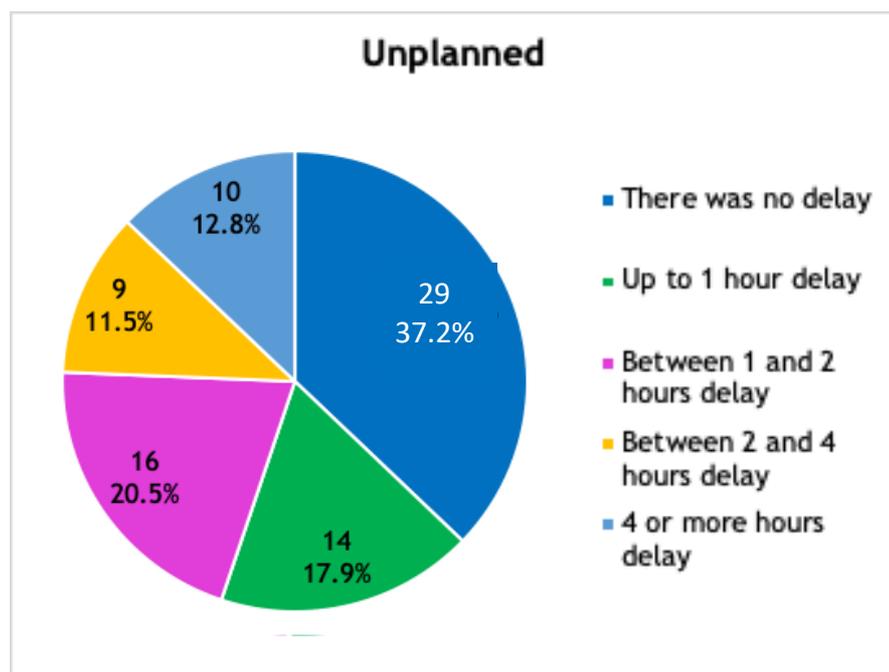
Survey question 7: Is there anything else you would like to tell us about your experience, both good or bad, of getting ready for discharge?

Analysis of this qualitative data is provided in Appendix A of this report.

4.2 On the day of discharge

Survey question 8: Was there a delay in you leaving hospital?





Survey question 8: Observations

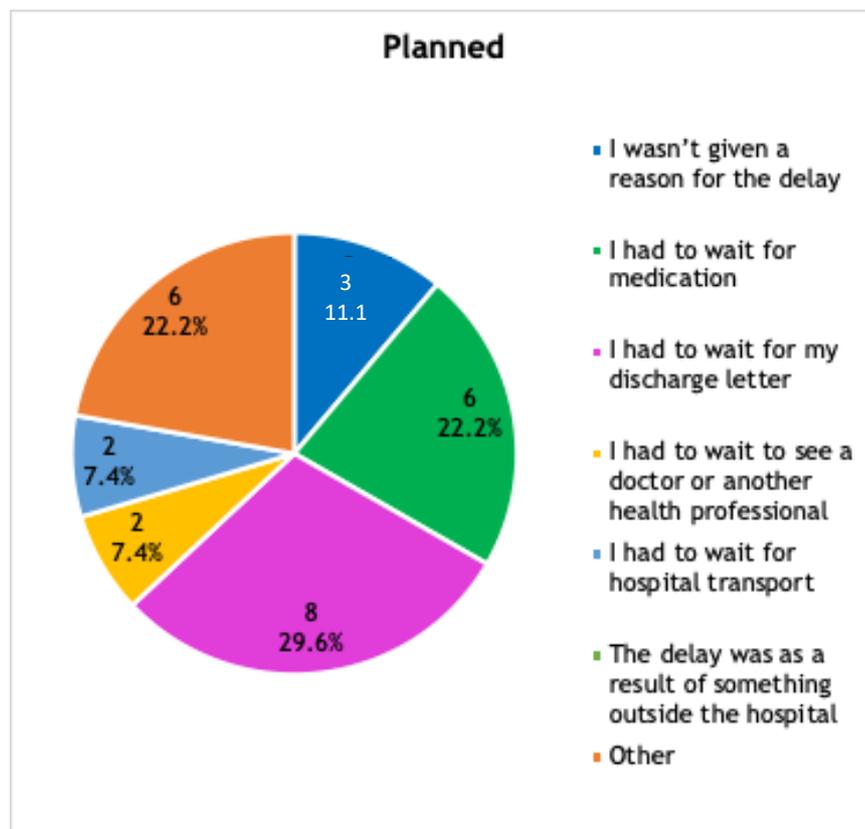
Combined data: Of the 169 respondents to this question (57.4% [97]) said that there was no delay when leaving the hospital, with 15.3% [26] saying they had to wait one hour, 13.6% [23] saying they had to wait up to two hours, 6.5% [11] saying they had to wait up to four hours and 7.1% [12] saying they were delayed by more than four hours.

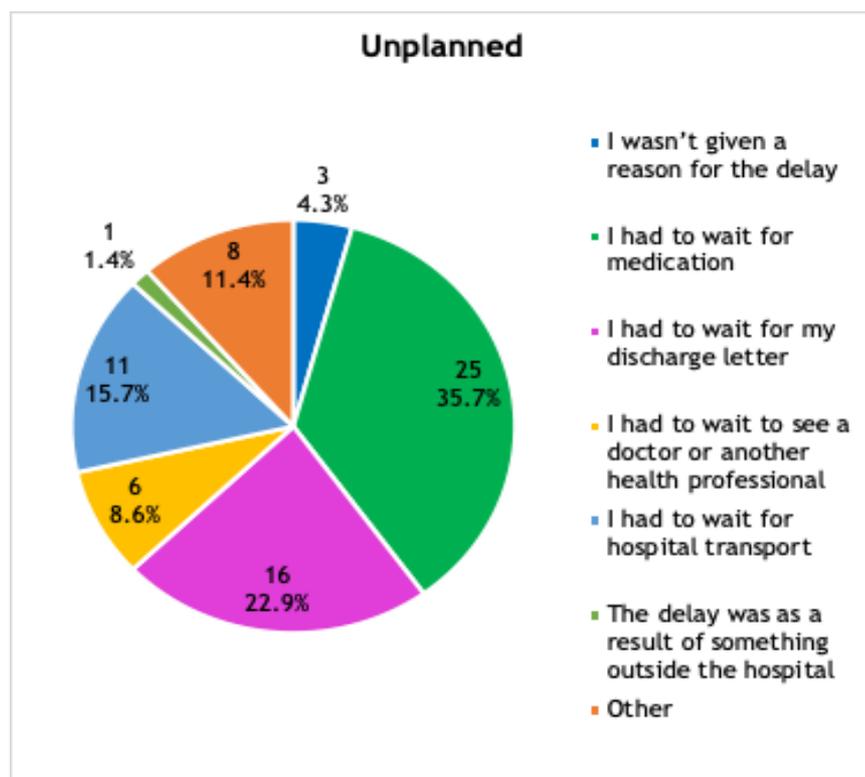
Planned compared to unplanned data: There is a significant difference in the experience of patients who had a planned stay compared to those who's stay was unplanned with 74.7% [68] of planned patients reporting no delay compared with only 37.2% [29] of unplanned patients. Equally 20% of unplanned patients had to wait between 1 and 2 hours to be discharged compared with only 7.7% [7] of planned patients waiting that long. 12.8% [10] of patients who had an unplanned stay experienced a delay of more than four hours compared with just 2% [2] of patients who had a planned stay.

HWK RECOMMENDATION 3:

Healthwatch Kingston recommends the Trust introduce ways to further reduce delays when leaving Kingston Hospital, in order that patients with either planned or unplanned stays in hospital are provided for equitably.

Survey question 9: If there was a delay, can you please tell us the reason you were given?





Survey question 9: Observations

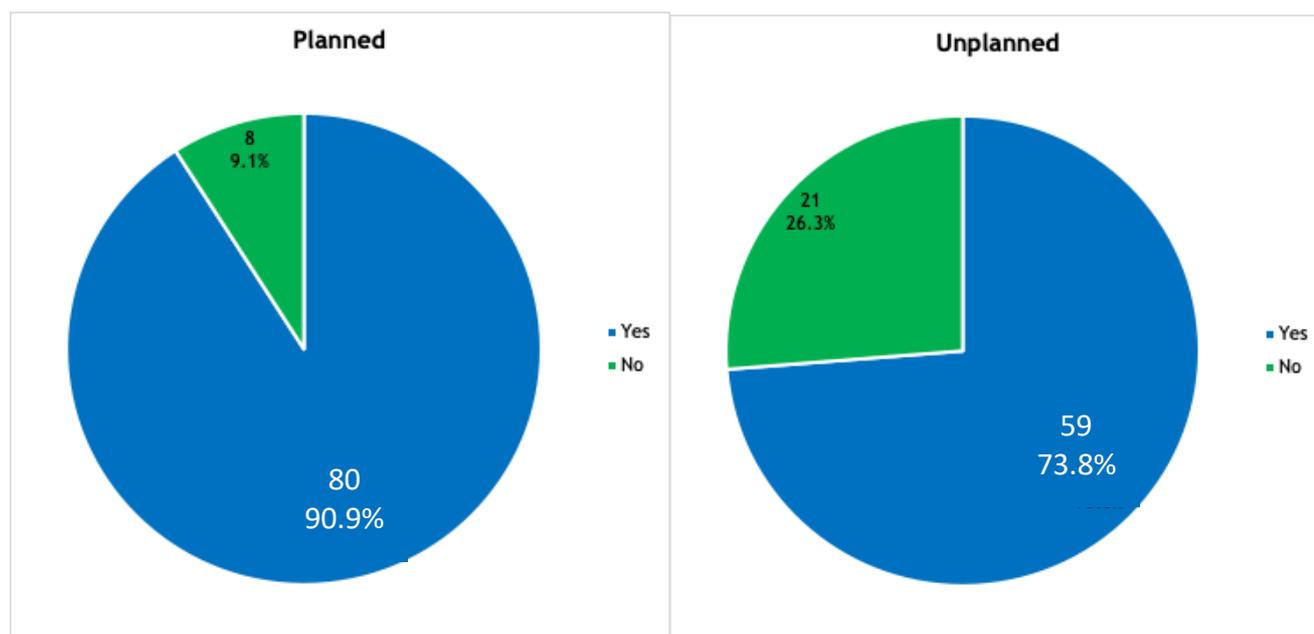
Combined data: The most common reason for delay stated by the 97 respondents who answered this question, was waiting for medication at 32% [31]. This was followed by waiting for their discharge letter at 24.7% [24], then waiting for transport at 13.4% [13], followed by waiting to see a doctor at 8.2% [8]. 6.1% [6] said they were not given a reason for the delay, 1% [1] said it was due to something outside hospital and 14.4% [14] stipulated alternative reasons.

Planned compared to unplanned data: These trends are represented fairly equally between the experiences of planned and unplanned patients without anything extremely different in the reasons for delay between these two categories.

HWK RECOMMENDATION 4:

Healthwatch Kingston recommends that if common reasons for delay to discharge from Kingston Hospital, such as access to medication, waiting for discharge letters and transport can take longer than expected, the Trust consider providing more realistic discharge times to manage patient, family, friend and carer expectations.

Survey question 10: Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?



Survey question 10: Observations

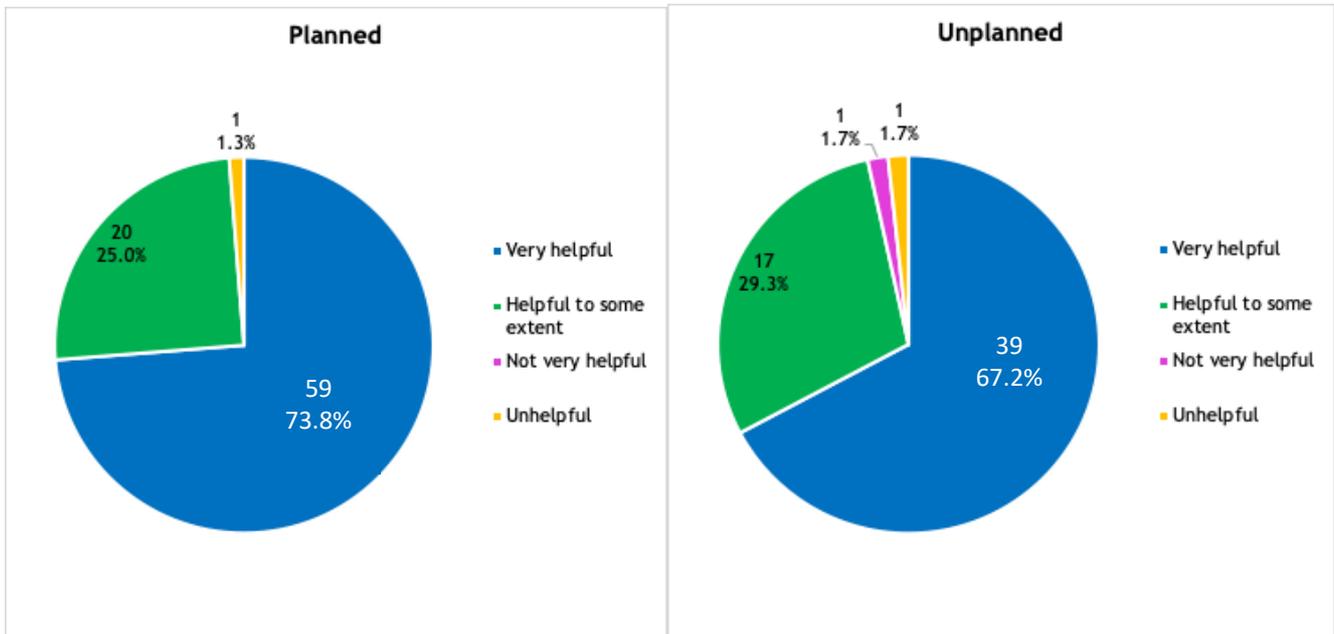
Combined data: 82.7% [139] of the 168 respondents to this question, said that they were given written or printed information about what they should or should not do after leaving hospital with only 17.3% [29] saying they were not.

Planned compared to unplanned data: 90.9% [80] of planned patients said they were given materials compared with 73.8% [59] of unplanned patients.

HWK RECOMMENDATION 5:

Healthwatch Kingston recommends the Trust provide all patients with printed information about what to do after they leave Kingston Hospital (regardless of whether patients are being discharged from planned or unplanned stays).

Survey question 11: How helpful was this information?



Survey question 11: Observations

Combined data: The majority of the 138 respondents to this question, found the information provided to them at discharge very helpful (71% [98]) or ‘helpful to some extent’ (26.8% [37]), with only 1.4% [2] finding it unhelpful.

Planned compared to unplanned data: There was no big difference in the experience of planned and unplanned patients for this data set.

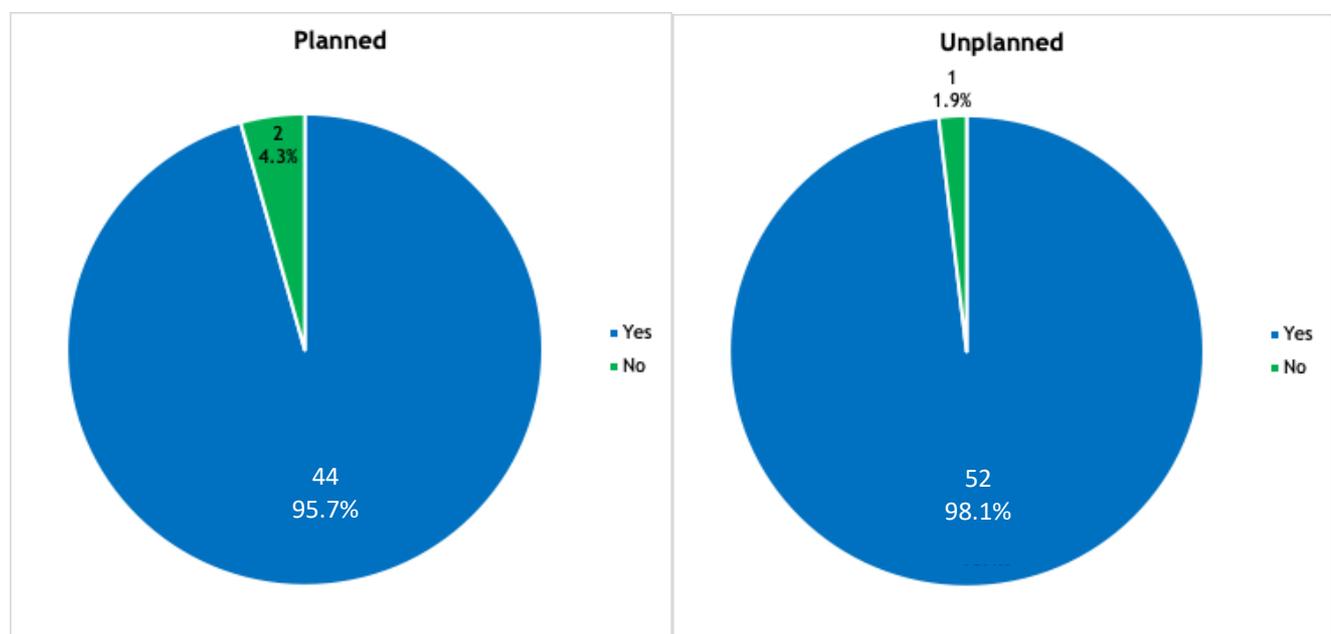
HWK RECOMMENDATION 6:

Healthwatch Kingston recommends that when reviewing information provided at discharge, the Trust consider: being more detailed; using less medical jargon; and how this information might be provided digitally.

Question 12: Respondents were asked to provide further information in answer to question 11.

Analysis of this qualitative data is provided in Appendix A of this report.

Survey question 13: If you were given any medication to take home with you, were you given written instructions on how and when to take the medication?

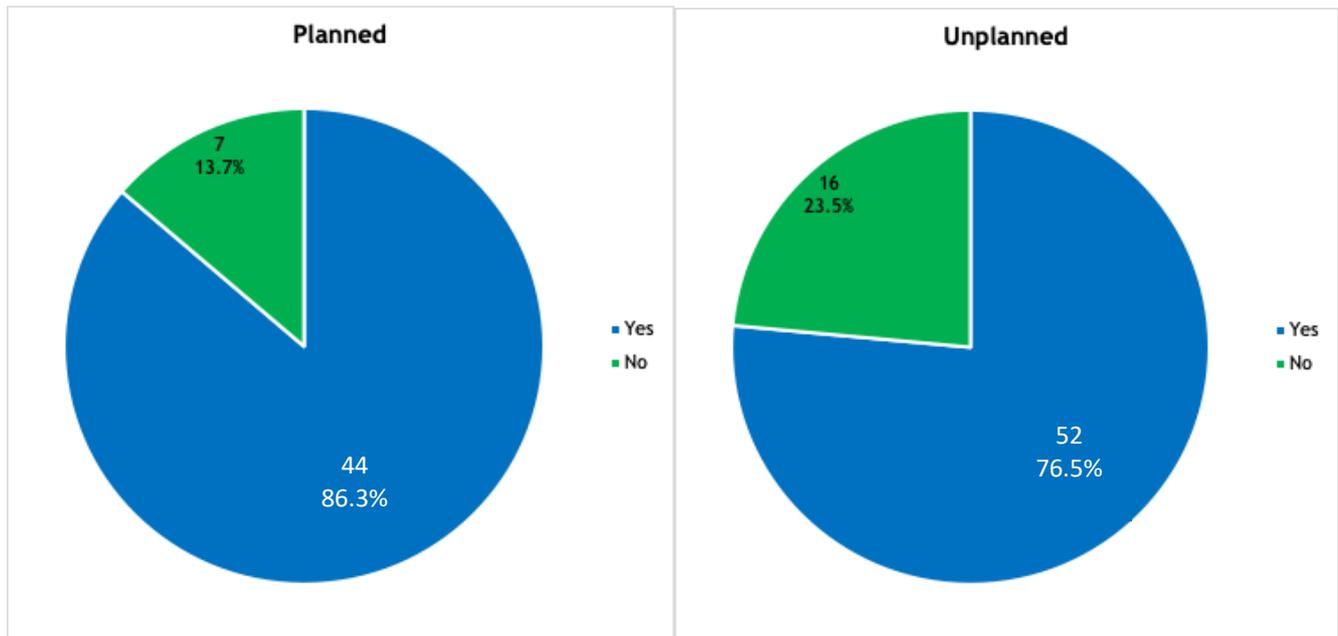


Survey question 13: Observations

Combined data: The majority of patients (97% [96]) of the 99 respondents to this question, were given written instructions on how and when to take the medication they were prescribed.

Planned compared to unplanned data: There was minimal difference in the experience of planned and unplanned, where patients were given medication to take home with written instructions on how and when to take the medication.

Survey question 14: If you were given written instructions, did someone explain these to you or to someone helping you?

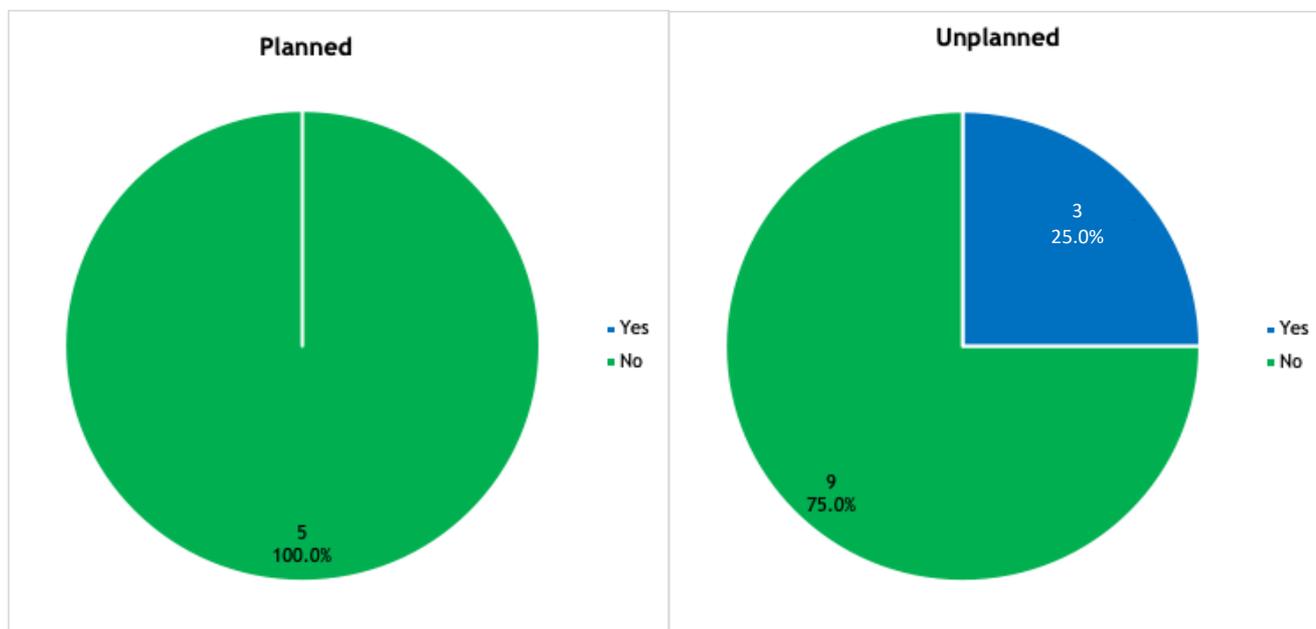


Survey question 14: Observations

Combined data: 80.7% [96] of the 119 respondents to this question, said that someone explained the written instructions about their medication to them, with 19.3% [23] saying they received no verbal instructions along with the written ones.

Planned compared to unplanned data: There was minimal difference in the experience of planned and unplanned patients for this data set.

Survey question 15: If you have a need for information in a different format that is more accessible, such as easy read format, audio format, braille etc., did you get this?



Survey question 15: Observations

Combined data: Only 17 of total survey respondents felt this question was applicable to them however of those 17, only 17.6% [3] said they were given the information they needed in an alternative format, with 82.4% [14] of the 17 saying they did not receive this.

HWK RECOMMENDATION 7:

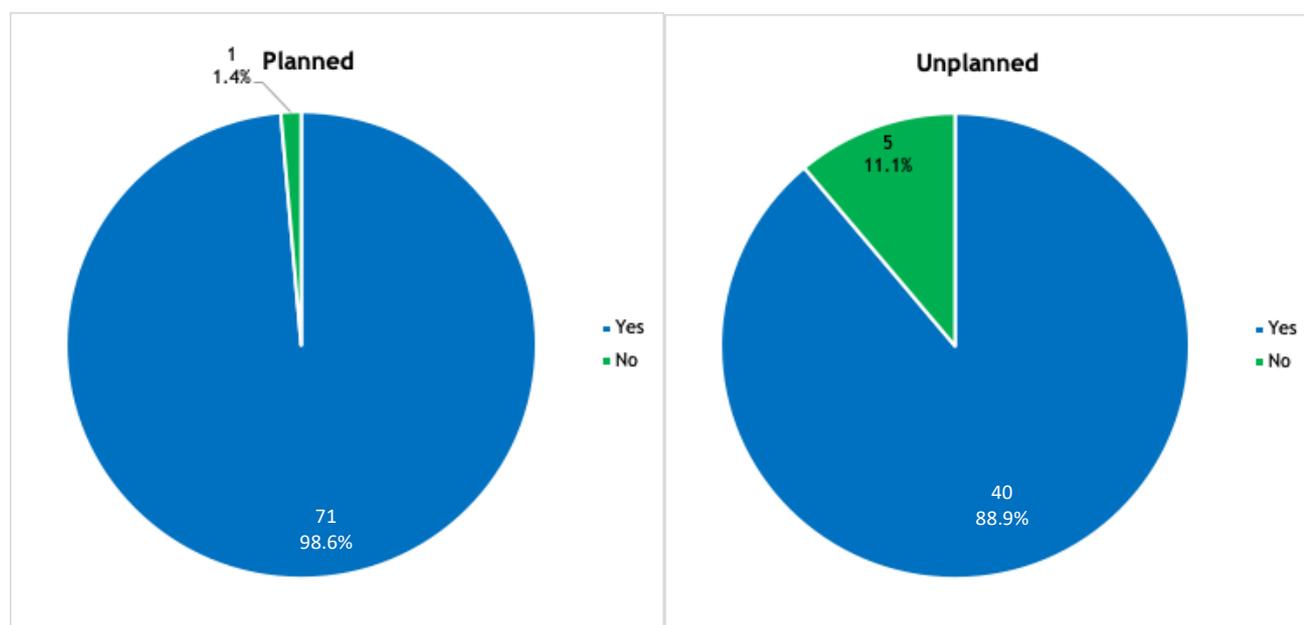
Healthwatch Kingston recommends the Trust explore ways to ensure discharge information is provided in accessible and alternative formats for disabled people, particularly where staff are discharging people with living with a learning disability, autism and other neurodiverse conditions.

Survey question 16: Respondents were asked to tell us anything else about the experience on the day of their discharge.

Analysis of this qualitative data is provided in Appendix A of this report.

4.3 After you were discharged from hospital

Survey question 17: When you left hospital, did you know what would happen next with your care?

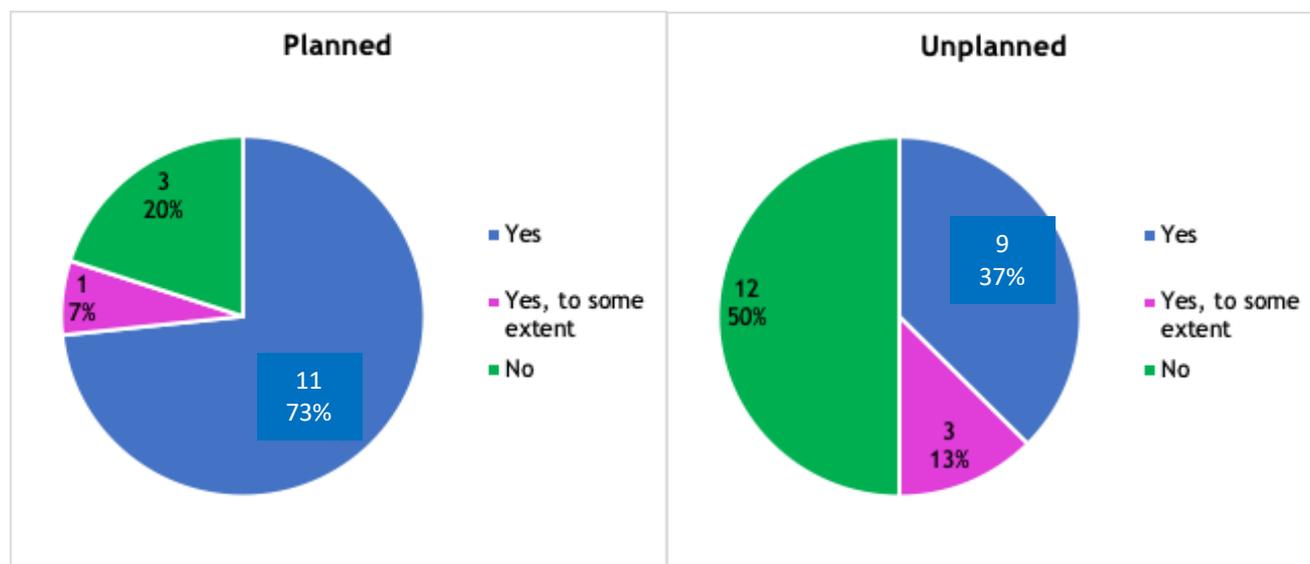


Survey question 17: Observations

Combined data: 94.8% [111] of the 117 respondents to this question said that they knew what would happen with their care next which is very positive.

Planned compared to unplanned data: There was not a distinct difference in the experience of planned and unplanned patients for this data set.

Survey question 18: If arrangements were made for you to be visited by a health professional and / or care worker after leaving hospital, did these arrangements work well?



Survey question 18: Observations

Combined data: 51% [20] of the 39 respondents to this question said that if arrangements were made for them to be visited by a health professional after leaving hospital, that these arrangements worked well. However, 39% [15] said that they did not work well.

Planned compared to unplanned data: There was a significant difference in the experience of planned and unplanned patients with 50% [12] of unplanned patients saying the arrangements did not work well compared with 20% [3] in the planned category.

HWK RECOMMENDATION 8:

Healthwatch Kingston recommends the Trust and Community Care Providers explore ways to ensure that appropriate, 'joined-up' follow-up care in the community is provided to all patients requiring it after they have been discharged from Kingston Hospital.

Q19. Is there anything you would like to tell us about your experience of settling back into your own home or a care or nursing home?

Qualitative data will be analysed in Appendix A.

5. Results - qualitative data

There were 153 individual free text comments. Please review Appendix A for a complete list of comments from respondents. The majority (52% [80]) were positive, 20.9% [32] had a mix of both positive and negative comments or were only moderately negative, and 26.8% [41] were negative comments.

5.1 Positive comments

Of the 80 positive responses, 43 people mentioned the excellent care from kind and caring staff members, especially on the Isabella Ward. Approximately 33 people mentioned that the whole discharge process was efficient, well organised and they were very satisfied with their entire experience. Approximately 16 people mentioned communication as a positive experience and this included the briefings about the process as well as information packs they were given to take home.

*“Very good communication at all stages.
Staff were kind & caring. Couldn't have been better.”*

*“I thought this was excellent. I was informed immediately when I could go home. I was given all my medication and staff explained thoroughly when I should take everything.
They put me in a wheelchair and took me to the collection point. Excellent care.”*

5.2 Comments that were a mix of both positive and negative

There were approximately 10 comments out of the 32 responses in this category who spoke highly of the kindness and care of the staff, however they shared that they felt let down by something else. Areas for improvement included poor communication about the process, mixed messages received, delays and long waits especially for medication, some felt they had been discharged too early and the process was rushed.

“I would have appreciated guidance on accessing further support e.g. mental health support given the nature of the procedure (surgical management of a miscarriage). However, I

would like to note that the care I received on Isabella ward was kind and caring which made a horrific situation a little easier to navigate.”

“The staff were all lovely but very busy. The chaos between doctors and nurses is apparent as they are always rushing, so proper reasoning and diagnosis will suffer as a result. My mother has had a serious UTI for over 2 months, which is causing falls, illness, memory impairment. She is in a care home for 3 weeks at a considerable cost and on a pension. I am confused as to what the long-term solution is for an infection I thought there could be a cure and we can manage her needs here, but we are wasting time (ours and the doctors), money (her life savings) and I had to take her home to look after her. More time to make great care plans would reduce costs.”

5.3 Negative comments

Negative themes included poor coordination and communication of the process, not receiving notice of discharge in a timely way, delays, process rushed and being discharged too early, adequate food and other necessities not provided while waiting to be discharged, blood pressure being taken too many times, wards too noisy and busy, poor communication between different staff and departments.

“My 95-year-old Mother's discharge was rushed as her bed was needed. We were told she would be in the Discharge Lounge. We said we would be there within the hour so please do not put her in the Discharge Lounge, but they said she had to. We found her sitting in a chair just in a hospital gown on a cold day where she was wheeled through the corridors with no blanket, just slippers, no socks or dressing gown. She was given a dried-up sausage roll and a few lettuce leaves to eat. She is diabetic, she could not eat the sausage roll it was so dry. We had to get her dressed in a bathroom that was used as a storage room, we had to move mattresses and equipment and find a seat for her as she cannot stand. We had to find a wheelchair for ourselves. Not very happy with the whole discharge procedure.”

“I was told I was going soon after breakfast, helped to dress and pack and was sitting in my chair until 4pm before I could go. I had my own transport, the delay was discharge papers, medication and finally, a porter! I am 87.”

6. Appendix A - qualitative data [all comments]

6.1 Positive comments

Question: Is there anything else you would like to tell us about your experience, both good or bad, of getting ready for discharge? Please tell us in the space below.

| Comment | Category |
|---|-------------------------------------|
| <i>Good - physio saw me x2 on discharge day is make sure I could manage stairs. Occupational therapist brought me all the home aids that I would need so they could be taken home before discharge.</i> | Well prepared for discharge |
| <i>Very good communication at all stages. Staff were kind & caring. Couldn't have been better.</i> | Staff, communication |
| <i>Whole process excellent</i> | Process |
| <i>The staff were all friendly and helpful and made the experience as comfortable and pleasant as possible in the circumstances! Thank you.</i> | Staff |
| <i>Good care and information from admission to discharge. Excellent experience. Thank you.</i> | Staff, information, process |
| <i>Discharge was good and well explained</i> | Communication, process |
| <i>Only a short discharge time due to my stay as a day case. Felt well informed and well looked after. All staff involved in my care from admission to leaving were great!</i> | Staff, communication |
| <i>All went smoothly, staff were very friendly and informative about my after-op care and made sure someone (my wife) was in attendance upon my departure. Many thanks</i> | Staff, after care communication |
| <i>I thought this was excellent. I was informed immediately when I could go home. I was given all medication and explained thoroughly when I should take everything. They put me in a wheelchair and took me to the collection point. Excellent care.</i> | Whole process, staff, communication |

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| <p><i>I am very grateful to have my operation at Kingston. I had 3 separate periods as an inpatient at St Georges in late Jan, April and finally Oct 2017 when eventually I had my gallbladder removed when this action was agreed. This meant my hernia problem grew considerably. The hernia was known since April 2017 and possible serious action was considered a possibility. Fortunately, the surgeon did a wonderful job and in retrospect I was more appreciative because of the long period with this condition my day surgery in Isabella ward was a very pleasant experience. I was treated with kindness and a highly professional manner. I took the medication as a precaution but experienced hardly any discomfort and left the hospital a very happy man.</i></p> | <p>Whole process, staff, communication</p> |
| <p><i>I thought the nurses on Isabella were very good. Kept me up to date, helpful and caring. Was sent home with contact information.</i></p> | <p>Staff, information</p> |
| <p><i>We were informed a couple of times that our medication is on its way. The staff were very efficient.</i></p> | <p>Staff, efficient</p> |
| <p><i>I saw the registrar who assisted in my surgery and was able to ask questions about how it went. She was very approachable and helpful. She arrived before visiting hours started and with hindsight it might have been useful to come when visiting hours were commenced to allow my husband to receive information too. Not a big issue though, just an observation. The nurse removed my cannula and gave useful advice on the dressings and feeling able to drive etc. She listened and answered all my questions fully. All in all, a very quick and positive experience. I was asked if i needed a med 3 and this was also provided without delay.</i></p> | <p>Whole process, staff, communication</p> |
| <p><i>GREAT!</i></p> | <p>Whole process</p> |
| <p><i>Coming out of hospital was very easy the nurses were very friendly waving us goodbye</i></p> | <p>Whole process, staff, communication</p> |
| <p><i>I was very pleased with all the staff, they were outstanding helpful, understanding and overall 10 out of 10.</i></p> | <p>Staff</p> |
| <p><i>Very happy with all experience</i></p> | <p>Whole process</p> |
| <p><i>Everyone was very helpful and really looked after me</i></p> | <p>Staff</p> |

What was leaving hospital like? Patient experience of discharge from Kingston Hospital NHS Foundation Trust
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| <i>Going to rehab at Molesey Hospital. I was given my choice for rehab near where I live.</i> | Happy with rehab choice |
| <i>I was kept informed.</i> | Communication |
| <i>All good - kept informed of transport booking etc.</i> | Communication, transport |
| <i>Very helpful and friendly</i> | Staff |
| <i>I was very well treated in general by nurses and doctors to general staff and all had a smile on their face and helpful attitude</i> | Staff |
| <i>The whole experience, other than being ill was extremely first class</i> | Whole experience |
| <i>Went for rehab, notification of available bed was at short notice</i> | |
| <i>Very well look after and would recommend KH</i> | Whole process |
| <i>My Kingston Hospital experience was positive at every level and I am very grateful to the surgeons and everyone in the urology department and Isabella ward for their medical care and kindness</i> | Whole process, staff |
| <i>Was kept up to date at all times</i> | Communication |
| <i>The staff were very kind and helpful</i> | Staff |
| <i>Everything very satisfactory. The staff were pleasant, attentive and professional</i> | Staff |
| <i>The staff were all polite and helpful and in amongst the barrage of insults and abuse from some of the patients. I was appalled at the way the staff were treated and impressed with how the staff dealt with it</i> | Staff |
| <i>I was treated very well, and doctors and nursing staff were extremely helpful</i> | Staff |

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| <i>The Isabella ward staff team were extremely informative and supportive in ensuring that they listened to and responded to my concerns and questions. Prior to being discharged, I was seen by the discharging nurse, the head nurse and doctors. The discharging nurse arranged at my request for strong painkillers to be prescribed by the doctor concerned. Because I was in intense pain, the head nurse examined the location of my wound and explained the reasons behind the pain. She also ensured that I was seen by 2 doctors who explained the reason for the pain and reassured me about the flow of recovery.</i> | Staff, communication |
| <i>Very smooth</i> | Whole process |
| <i>The care was fantastic! The staff looked after me, made me feel very comfortable and aided in my recovery. The hospital was clean, and food was 1st class. A shining example of the NHS</i> | Staff, whole process |
| <i>The staff were very helpful and kind pre-op and afterwards. Thank you so much!</i> | staff |
| <i>Very straightforward procedure efficiently carried out from nursing staff etc. in bay 2 AAU to the staff in the discharge room.</i> | staff, whole process |
| <i>Smooth planning and implementation</i> | planning |
| <i>It went well with my husband's help</i> | whole process |
| <i>Great staff in Isabella ward</i> | staff |
| <i>Very pleased with everything</i> | whole process |
| <i>I was discharged quickly and efficiently by a lovely nurse who listened to me and worked with me throughout my stay</i> | staff, communication |
| <i>The staff were good in supporting and were helpful, especially the nurse who was supporting me in the ward</i> | staff |
| <i>Everyone was very helpful</i> | staff |

Question: Please use this box below to tell us anything else about your experience on the day of your discharge from hospital?

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| Comment | Category |
|---|----------------------|
| <i>I was dressed in my own clothes. My property was packed in bags. I was given drugs to take in the nursing home. There was an envelope with written information for the GP/Nurses in the nursing home about my hospital stay. My daughter was told I was being discharged.</i> | Whole process |
| <i>All good experiences - all very good - thank you</i> | Whole process |
| <i>It was fine. Like everything it seemed to take forever, but in reality, it took just as long as it needed to I expect.</i> | Whole process |
| <i>All was good on the day. As already stated staff were excellent with their care procedures and very professional.</i> | Staff |
| <i>Overall, I was very impressed with the care I was given during my time in Kingston Hospital, both during my first night in A&E and in the ward, I was moved to. The staff were thoughtful and kind and looked after me with carefulness though my last day until I left.</i> | staff, whole process |
| <i>Not really as daunting as I thought it might be, as one gets older the mind can get very anxious! I hope all of my previous comments are helpful none of it is anyway complaints.</i> | staff |
| <i>I hope management look after a very capable and caring team</i> | staff |
| <i>Everything went according to plan. Cannot praise all the staff highly enough.</i> | staff, whole process |
| <i>Very quick, efficient and helpful. Thank you to all the doctors, nurses and staff who looked after me - everyone was excellent.</i> | staff, whole process |
| <i>Very good and quick</i> | efficient |
| <i>All the doctors and nursing staff said goodbye and gave their best wishes - which was lovely and really appreciated.</i> | staff |
| <i>I was very satisfied in general and happy with the way I was cared for</i> | staff |
| <i>Shower and hair wash before I left was good</i> | whole process |
| <i>The staff were kind, polite reassured me and gave me information throughout my stay-everything was explained to me and my consent given first if I was happy</i> | staff |

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| <i>Happy with my treatment and attention thank you</i> | staff, whole process |
| <i>The team was supportive on the day of my discharge, explaining the process of what will happen and at what stage they would take place. It would be helpful to ensure that I was prescribed strong pain relief, as a matter of course, rather than me having to request the tablets. I live a long way from the hospital and took a taxi here and will be returning by taxi. A friendly and welcoming team on the Isabella ward.</i> | staff |
| <i>The doctors and the nursing staff were very kind and caring and clearly explained my discharge information and what to do if I experienced any problems after my discharge</i> | staff, whole process |
| <i>Like everything else it went well</i> | process |
| <i>It was a stress-free experience. I would like to thank those on Isabella ward for their support and kindness</i> | staff |
| <i>Smooth discharge. Asked for a wheelchair to go to carpark TTA's arrived promptly</i> | process |
| <i>Patient transport was booked for 10am arrived on time and efficient</i> | transport |
| <i>Overall very good</i> | Staff, process |
| <i>One nurse was very helpful and pushed me to the entrance as there was no porter available.</i> | |

Question: When you left hospital, did you know what would happen next with your care? Please use this box to tell us more about this.

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| <i>Given O.P.A. and full details of who to contact if I had any problems</i> |
| <i>It's included in the Discharge Summary</i> |
| <i>Will attend urology clinic 2-3 weeks post discharge</i> |

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| <i>I knew I would be having a follow up appointment with my consultant. This was arranged within a week of my operation.</i> |
| <i>I was informed that I will be contacted by the hospital with a follow up appointment</i> |

Question: Is there anything you would like to tell us about your experience of settling back into your own home or a care or nursing home?

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| <i>Felt v. confident as had had full explanations of what to expect and v. pleased to be home. For me early discharge (planned) aided my recovery.</i> |
| <i>No, was able to go home and looked after by family members.</i> |
| <i>All good so far thanks</i> |
| <i>Settled well at home with all the information given to us</i> |
| <i>Happily, back home with my lovely wife</i> |

6.2 Both positive and negative comments

Question: Is there anything else you would like to tell us about your experience, both good or bad, of getting ready for discharge? Please tell us in the space below.

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| <i>I was expecting to be discharged several days before it actually happened. In the last few days I was always expecting to go home "tomorrow". Mind you, this was never absolutely definite. Anyway, it resulted in a feeling of uncertainty. It wasn't until the last minute that I actually left hospital - the result of a final blood test had one missing! However, everyone was very kind and tried to explain the repeated delays. They kept in touch with my daughter who was permanently ready to take me home, so she too was existing in a state of "nearly there not never quite".</i> | Delays |
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| <p><i>Lady in discharge area looked after people very well. Discharge area is very busy with porters and wheelchairs pharmacists carers nurses patients. It is a waiting area not a sterile area. I was surprised that two patients arrived in the area with a cannula still in their arm/hand. A nurse arrived with tape + pad which he put on dining table, he had to remove cannula from a frail old lady. Also. a man had his cannula removed which was hard and took a long time. The nurse was helped by the man's wife. Patients in this area should be ready for discharge all medical procedures should be completed in appropriately equipped areas.</i></p> | <p>staff</p> |
| <p><i>I received superb treatment from the moment I went to A&E on a Saturday evening in February on every level. I was incredibly impressed by the speed at which everything happened, and hugely grateful.</i></p> <p><i>A glitch came on discharge day. I was suddenly asked if I would be willing to move to a corridor. I refused (at the time I had no clothes) but indicated I would be willing to sit in the ward by a window with my husband. The wait was for a respiratory doctor. It was only the day before that I realised there was something wrong with my chest. It was a Monday and it was very busy, and I could see the team were under stress, but I went from being a cherished person to a number. I didn't see the doctor in the end as I think we all agreed it would not add anything. Instead I was referred to the relevant clinic within 2 weeks and in any case a PET scan of my gastro area had already been arranged for two days' time. I feel privileged to have had the care given.</i></p> | <p>staff</p> |
| <p>OVERALL, I WOULD RATE MY EXPERIENCE AS "VERY SATISFYING" IN ALL AREAS - CARE, STAFF ETC. THE ONLY MINOR POINTS I WOULD RAISE IS THAT I WOULD HAVE LIKED A POST-OPERATIVE VISIT BY ONE OF THE SURGICAL TEAM FOR A QUICK EXPLANATION OF HOW THE OPERATION WENT AND TO ANSWER ANY QUESTIONS - MY OPERATION INVOLVED FOUR INCISIONS, THE REMOVAL OF TISSUE AND A GENERAL ANAESTHETIC. ALSO, I WOULD HAVE LIKED A FOLLOW UP APPOINTMENT RE: REMOVAL OF DRESSING AND A PROFESSIONAL OPINION AS TO HOW THE WOUNDS WERE</p> | |

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| <p><i>HEALING. THIS COULD HAVE BEEN POSSIBLY WITH A DISTRICT NURSE, BUT NO RECOMMENDATION WAS MADE. I DID MAKE AN APPOINTMENT AT MY LOCAL SURGERY WHERE EVERYTHING WAS PRONOUNCED OK. THESE ARE ONLY MINOR CRITICISMS AND NO WAY DISTRACTS FROM THE OVERALL SATISFACTION FROM MY STAY AND GRATITUDE TOWARDS ALL THE STAFF</i></p> | |
| <p><i>Generally, a bit vague up to last visit from medical team.</i></p> | Medical |
| <p><i>All was quite straightforward although I wish I had more information as to what to expect afterwards.</i></p> | Information |
| <p><i>I would have appreciated guidance on accessing further support e.g. mental health support given the nature of the procedure (surgical management of miscarriage). However, I would like to note that the care I received on Isabella ward was kind and caring which made a horrific situation a little easier to navigate.</i></p> | More support needed, Positive (staff) |
| <p><i>Would have been helpful to have the process explained before it happened and why there might be a delay e.g. waiting for meds. I had to ask what the process was.</i></p> | Lack of communication about the process |
| <p><i>My discharge pack was not sufficient. Not enough advice and husband not talked with before leaving. He felt inadequate to deal with me. Only advice about seeing a GP in the future for bloods to be taken. I did not feel well enough or confident enough to leave after one night and only left as was told about high level of infection on ward. The staff were all very kind and pleasant but 24-hour visitors was difficult to cope with as some people had 3 or 4 visitors at a time, using the one toilet. With a drain in my neck + feeling wobbly from anaesthetic was difficult enough to use. Nurses would find it easier to nurse if visitors not allowed in all day. I feel strongly about this also because of infection brought in.</i></p> | Information pack not sufficient, Positive - staff, Too many visitors |
| <p><i>I was ready for discharge 2 days prior, but they were unable to arrange 4 visits with 2 people over the weekend and due for release on the Monday often problems are caused by lack of communication. As it becomes more sophisticated there is more red tape to plough through! and people do not communicate. Wrong mattress ordered to go into hospital bed so finally discharged on the Thursday.</i></p> | Delay |

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| <i>I should have stayed a bit longer.</i> | |
| <i>Not pleased with showers left by builders with black footprints and brick dust. Not hygienic not good for sick people - reported it and nurse actioned straight away apart from that KH is excellent, food excellent choice, nurses and doctors excellent and caring.</i> | Not good experience with builders, Positive - staff |
| <i>It was difficult for them to give a definitive answer on discharge day as they wanted a clear urine test and an improved blood count.</i> | Not given time for discharge |
| <i>Discharge has not been discussed at all so hard to say</i> | |
| <i>Excellent, kind, friendly staff especially nurses and nursing assistants who went the extra mile. Bad lack of entertainment-expensive TV sets which is exploitative £9.90 a day! I think it's important patients know when they are being discharged. I was upset not to see the psychiatric team.</i> | Positive - staff, wasn't given sufficient notice of discharge |
| <i>The staff knew better than I did that it was time to move on. The tendency was to want to stay a little longer, but the recovery is being pushed on this way.</i> | staff positive |
| <i>Good food spoilt-no taste. It was better 20 years ago</i> | food |

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| <p><i>Recommended 24-hour nursing care and was discharged under "NHS continuing healthcare". Proved to be stressful and demanding, due to finding nursing home. Relative/carer given 1 or 2 names, expected to travel miles from home to different borough (often little public transport) view and report/accept through discharge team. Expected to go to view immediately, not always possible. Even when family given accessible nursing home, NHS continuing healthcare took too long for home to accept patient. They took quicker, easier option. Patient elderly very ill patients need and rely on visitors, thus need to be accessible by public transport and within a certain time-frame, a certain radius of their homes and communities. Target-driven teams may have difficult jobs but need to be aware of points made above. Patient badly affected by process. Whole process not made at all clear at any stage. Patient felt under threat.</i></p> | <p>poor communication about process</p> |
| <p><i>I forgot to ask about eating and they didn't say anything</i></p> | <p>food</p> |
| <p><i>I have been waiting too long for the porter to come and take me to reception</i></p> | <p>long waits</p> |
| <p><i>I feel I was discharged too soon. I would have liked to have stayed in a couple of nights for better pain relief</i></p> | <p>discharge too soon</p> |

Question: Please use this box below to tell us anything else about your experience on the day of your discharge from hospital?

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| <p><i>A bit of a delay to find my shoes that were stored under the trolley I was brought to the Isabella ward on. No one knew where they were there!</i></p> | <p>Lost shoes</p> |
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|---|------------------------------------|
| <p><i>When packing his car, the person who come to pick me up had difficulty finding the ticket machine for the parking ticket and wasted a fair amount of time looking for it. It turned out to be in the entrance to the building opposite the car park. Unfortunately, this was not the building my driver had to go to. I suggested the ticket machine should be placed where they usually are in all other car parks and that is at the car park entrance.</i></p> | <p>Ticket machines in car park</p> |
| <p><i>Apart from one day's delay, discharge went well, and hospital transport was provided. Discharge sheet very helpful.</i></p> | <p>Delay</p> |
| <p><i>The staff were all lovely but very busy. The chaos between doctors and nurses is apparent as they are always rushing so proper reasoning and diagnosis will suffer as a result. My mother has had a serious UTI for over 2 months, which is causing falls, illness, memory impairment. She is in a care home for 3 weeks at a considerable cost and on a pension. I am confused as to what the long-term solution is as for an infection I thought there could be a cure and we can manage her needs here but wasting time ours and the doctors/money her life savings and home to look after. More time to make great care plans would reduce costs.</i></p> | <p>positive staff</p> |
| <p><i>If a decision has been made I have no firm inkling-seems to be a chain process at which the patient is the last element for notification as by then all other staff and involved participants have an idea that it will happen</i></p> | |
| <p><i>No problems really not to do with discharge. My husband would like to add that he has one concern regarding the attempts to take blood. There was quite a few attempts the first has left his arm very bruised</i></p> | |

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| <i>I was discharged from CCU at 10.30am. I was taken to the departure lounge. After half an hour I was told by the woman in charge that I would have to wait at least 2 hours for my medication, as the pharmacy was very busy. At about 12 o'clock she revised my departure time to 14.30 at the earliest. Eventually I was given my medication at 14.35. Is it really necessary to have to wait 4 hours for 1 packet of pills when you have just been discharged from the ward and are not feeling your best? And the pharmacy cannot be more than 100 metres away</i> | Delay - medication |
| <i>Might have been nicer to have update on e.t.a of transport</i> | transport |
| <i>After surgery to be told what happens, how long on the ward, pain relief etc.</i> | communication |

Question: When you left hospital, did you know what would happen next with your care? Please use this box to tell us more about this.

| | |
|---|----------------|
| <i>Discharging doctor told me there is no need to attend post operation outpatients appointment. My discharge pack which was given to me states I should.</i> | mixed messages |
| <i>Not yet happened</i> | |
| <i>Patient discharged to nursing home for 24-hour care as confused, family aware</i> | confusion |

Is there anything you would like to tell us about your experience of settling back into your own home or a care or nursing home?

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| <i>I settled back well, but due to extremely disturbed nights in hospital, I had not had broken sleep for several nights and I had been hallucinating as a result. However, after an initial phase of bewilderment at home, I settled down quickly and remembered where everything, I am still very tired and lacking in strength. Very happy to be home.</i> | |
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| <i>General underestimation of how weak I would be</i> | |
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6.3 Negative comments

Question: Is there anything else you would like to tell us about your experience, both good or bad, of getting ready for discharge? Please tell us in the space below.

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| <i>My mum was well prepared for discharge back to her nursing home. She was upset about the delay of transport (ambulance to take her back - she needed a stretcher).</i> | Transport |
| <i>The experience post theatre was slow - took a little while to get someone's attention. Felt part of a process instead of a patient.</i> | Process slow (lack of individualised care?) |
| <i>My 95-year-old mother's discharge was rushed as her bed was needed. We were told she would be in the Discharge Lounge. We said we would be there within the hour so please do not put her in the Discharge Lounge, but they said she had to. We found her sitting in a chair just in a hospital gown on a cold day where she was wheeled through the corridors with no blanket, just slippers, no socks or dressing gown. She was given a dried-up sausage roll and a few lettuce leaves to eat. She is diabetic, she could not eat the sausage roll it was so dry. We had to get her dressed in a bathroom that was used as a storage room, we had to move mattresses and equipment and find a seat for her as she cannot stand. We also had to find a wheelchair for ourselves. Not very happy with the whole discharge procedure.</i> | Bad experience, process rushed, adequate food and other necessities not provided |
| <i>The answers were given on succeeding pages. I feel there was little coordination between patient and staff. "Healthwatch" helpful and porter was a patient person as no one came on ward to help me and meant I went to the main entrance by wheelchair otherwise alone.</i> | Poor coordination |

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| <p><i>Had to be discharged to a dementia home with no notice (24 hours is not enough) only discovered (not told) discharge delayed because of medical complaints that arose unexpectedly. This gave us more time to address homes. I had no idea such a person as a discharge supervisor even existed. I only happened to discover this through a charitable volunteer I appreciate bed space is important finding bed space in a dementia home as rare as hens' teeth. As "privately funded" no one from social services or hospital helpful to locate bed.</i></p> | <p>Poor experience - rushed, poor communication and lack of coordination between hospital and care home</p> |
| <p><i>When in hospital last month did not have a good experience transport wise was put into the ambulance and driver went to pick someone else up. Driver got delayed and mum was left on her own for about twenty minutes it was getting dark and mum is a 90-year-old and got very distressed. Mum was somewhat apprehensive that this may happen again.</i></p> | <p>Transport</p> |
| <p><i>This was the fourth procedure this year for me and on the previous occasions the nurses insisted I eat before leaving (after having general anaesthetic - on one occasion my husband had to bring me a sandwich that I had to eat and on two occasions the hospital provided a meal. With my last stay they did not care if I ate or not and on previous occasions they had to take my blood pressure reading ten times before I could leave and this time it was only taken twice before discharge.</i></p> | <p>No adequate food provided, concern over blood pressure not taken enough</p> |
| <p><i>Kept waiting for meds and discharge papers. A fellow patient got into breathing difficulties and it was left to me and another patient to get a nurse as all were outside the bay. at the time I found this quite upsetting - although when alerted they acted swiftly and called in the crash team</i></p> | <p>Delay</p> |
| <p><i>I felt it was rushed to free a bed. There was no post hospital care plan other than home help in the morning and evening. There was no referral to the district nurse to change dressing and monitor the healing of wound. When referred to DN by carers she was appalled that 1. the patient had been discharged too early, 2. No arrangements / contact with DN made 3. details of patient operation were given show needed stitches removed could be serious repercussions for someone with low physical or mental capacity</i></p> | <p>Rushed, poor communication</p> |

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| <i>In my opinion I was discharged too early: 5 days on I have still not fully recovered</i> | Discharged too early |
| <i>I was sent home the previous evening because my bed was needed</i> | Rushed |
| <i>I was very disappointed with the attitude and the way I was spoken to by the nurse who told me I was being discharged a day earlier than the registrar and myself had discussed. She informed me that I could not have morphine to take home as it was too expensive. The registrar had not been informed of me being discharged and he was the one who was supposed to have discharged me. I was told a consultant had said that I was fit enough to go home. I had not seen this so-called consultant or any doctor with authority. Neither the registrar or any of their team had given their consent for me to go home. I am absolutely appalled how I was treated for my discharge</i> | Discharge too early, Poor communication amongst staff |
| <i>I was not informed of any timing or totally sure of which day I would be leaving. I had to ask a nurse who wasn't sure but thought I might be leaving that day</i> | Notice of discharge not given |

Question: Please use this box below to tell us anything else about your experience on the day of your discharge from hospital?

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|---|---|
| <i>I had to update my partner on when to come in but it wasn't clear when it would all be ready. In the end my discharge documentation was gone through over lunch which I didn't think was best. Then i was put under pressure to leave as the bed was needed. Fine but I had to guess the time of discharge to my partner who was travelling in. He could have been earlier had I known the discharge time.</i> | Notice of discharge not given, Info given at discharge and communication poor |
| <i>I think the whole discharge policy stinks. Especially in the elderly patients, even though they know they might have memory problems, and might not have family to help them on discharge day.</i> | Generally poor experience |

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| <p><i>I could not fault the nurses, auxiliary staff and Dr's whilst I was in hospital. The day of my discharge however was very poor which left me feeling anxious and frustrated. I was on Bronte ward at 7.30 hrs another patient was brought into our ward in a porter's wheelchair and left. She was an older patient which made me feel awkward that I had a bed and she didn't. Another lady and I was discharged by the Dr at 9.30 hrs. I was told my discharge papers were already completed and I would just have to wait approx. 1/2 hour for them. As my bed was needed I was put in a porter's wheelchair to wait for a porter to take me to the AAN discharge lounge. The lady waiting was given my bed. 11.00 I am still waiting on the ward until a nurse offered to take me down. 14.30 hours I finally got given my medication. I was left feeling lethargic as although discharged I was still unwell and given antibiotics to continue taking at home. This also had a financial implication as my partner who had to come to collect me was charged £6.50 to get out of the car park.</i></p> | <p>Positive - staff, Delay - medication</p> |
| <p><i>Told by Surgeon on round I could leave. I became surprised that I was given oral paracetamol and no antibiotics as though there is a discharge process of speaking to the patient and to sign a discharge form. I was waiting for this and after lunch just got ready to leave when "Healthwatch" gave me this form to complete. [I understand beds are needed on this ward, yet other patients did receive preparation time as my driver was only able to go to the entrance and time and wheelchair porter time needed to be coordinated. The nurse's desk had not prepared or coordinated time. "Healthwatch" did the last for me but I had not checked all the patient's cabinet for all possessions to leave with me which were picked up later. I would definitely say the discharge was not smoothly made. It would not have been complicated or delayed if I had been told or understood the discharge procedure.</i></p> | <p>Delayed</p> |

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|---|---------------------------|
| <p><i>Fortunately a photographer! from hospital photo shoot took pity on mum and found a sister who could lead me through the process. I had not been told who was the sister, what she could do etc which was useful. It was sheer luck the photographer knew the ropes. After that discharge went faster and with less stress. The junior doctor was helpful I don't want to waste valuable NHS resources but I felt at a loss RE procedure chains of command, options or lack of them. Finding a place for demented person on a locked unit must sure be taken into account. My demented mother had been violent. I was desperate.</i></p> | <p>Poor communication</p> |
| <p><i>Noisy and chaotic on ward, not due to staff but to too many visitors and people waiting on ward while their family had operations. I really don't think this is good practice. It was embarrassing using toilet facilities with so many people there (using them too)</i></p> | <p>Too noisy busy</p> |
| <p><i>My two bags of clothes failed to be moved from AOD to my bedside, so my wife had to go and find them.</i></p> | |
| <p><i>I was told I was going soon after breakfast, helped to dress and pack and was sitting in my chair until 4pm before I could go. I had my own transport, the delay was discharge papers, medication and finally, a porter! I am 87.</i></p> | <p>Delay</p> |
| <p><i>The transport was only a few minutes late and he was very helpful. The medication was not ready when we left, they said it would be taxied to us later with the discharge letter. However they phoned saying there would be a delay and it would happen on the following day. I rang them at lunchtime to ask after the medication, it was waiting on the ward. I could not get there so it arrived by taxi at 3.00pm It would have been better if the medication had been ready before we left</i></p> | <p>Delay - medication</p> |
| <p><i>The lady was sent out of hospital on Friday at 3pm, very poorly, so ill in fact she was back in hospital 2 hours later as the carer called an ambulance. She was unable to stand, she was unable to walk, she was unable to transfer she was in pain she was feeling sick she was unable to understand what was happening. It was an utter disgrace</i></p> | |

| | |
|---|--------------------|
| <i>I mentioned I didn't really think I was ready to leave. The doctor didn't listen to my chest I am still wheezy</i> | Rushed |
| <i>There was a delay in getting meds which made me 2 hours late for my appointment even though they were informed</i> | Delay |
| <i>I was told that a care plan would be put in place but I did not appreciate someone turning up on the doorstep the next day announcing that she was going to help me wash and have breakfast which I was eating! Apparently I asked for help on a Wednesday evening and Friday morning but I think this has now been cancelled.</i> | Post hospital care |
| <i>I was totally upset and very disappointed. The registrar and their team had all agreed that all being well I would be able to go home on Friday</i> | Delay |

Question: When you left hospital, did you know what would happen next with your care? Please use this box to tell us more about this.

| | |
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| <i>Was told to see GP only to discover that GP's are unable to prescribe Dalteparin - it was difficult to then get it from anticoagulation clinic as a referral has not been made to them.</i> | |
| <i>I was advised by a Doctor that the District Nurse would remove my staples. On the day of discharge, the Ward Sister said I should go to my Practice nurse to remove staples. I rang my Doc they had no information.</i> | |
| <i>I was asked to contact the GP for further care but getting an appointments very difficult. it makes you feel you are getting into one big pot to fight for a slot.</i> | |
| <i>By this time I had found my (mum) a home/respite only because we had family and friends to call on</i> | |
| <i>Yes but didn't understand about wound dressing. Told it would stay on and till i get results 2-3 week. not good</i> | |
| <i>Other than carers no further info provided - no referral to DN made</i> | |

| | |
|--|--|
| <i>I was told to take the tablets for 2 days and go to my GP</i> | |
| <i>I need psychological help</i> | |
| <i>I do not need anyone to get me up, give me a wash, give me breakfast, or help me get to bed at night!</i> | |
| <i>I knew to return the next day for a CT scan however, nobody knew what I should do after that.</i> | |

Is there anything you would like to tell us about your experience of settling back into your own home or a care or nursing home?

| |
|--|
| <i>I was told the date of my next appointment. 19th December. But had to find out myself what time it was. Big let-down.</i> |
| <i>Hospital staff and OT social worker and their counter parts in the community do not really talk to each other. they say they try not to duplicate systems but in fact it is just huge gap for anyone to fall in. There were so many individuals I tried to keep a list of who was who and who could authorise actions and who might (?) disallow actions, which rules apply or don't.</i> |
| <i>Found it challenging</i> |
| <i>After a urology op it would have been nice to have been given a couple of incontinence nappies and help me get home in a "dry" condition.</i> |

7. Appendix B - who completed the survey

Gender

Male: 79
Female: 97
Transgender: 0
Other: 0

Ethnic origin

Asian British: 4
Arabic: 1
Pakistani: 1
Indian: 0
Chinese: 5
Asian other*: 0
Mixed (White & Black African): 0
Mixed (White & Black Caribbean): 0
Mixed (White & Asian):
White British: 142
White Irish: 3
White European: 9
White other*: 6
Mixed other*: 1
Black British: 1
Black Caribbean: 0
Black other*: 0

Sexual orientation

Bisexual: 2
Gay: 1
Heterosexual / straight: 155
Lesbian: 0
Prefer not to say: 12

Age

Under 18: 0
18-24: 1
25-34: 17
35-44: 12
45-54: 15
55-64: 22
65-74: 43
75-84: 40

85+: 21

Do you have a disability

Yes: 30

No: 140

Your religious beliefs

Buddhist: 2

Christian: 95

Hindu: 0

Jewish: 1

Muslim: 4

Sikh: 1

None: 43

Prefer not to say: 21

8. The Trust's response to the recommendations

What was leaving hospital like?

Patient experience of discharge from Kingston Hospital NHS Foundation Trust

THE TRUST'S RESPONSE TO HEALTHWATCH KINGSTON RECOMMENDATIONS

Healthwatch Kingston would like to acknowledge the large number of positive responses to this survey from patients about their experience of discharge from Kingston Hospital. The following recommendations are provided to support the Trust build upon quality improvements made to date.

HWK RECOMMENDATION 1:

Healthwatch Kingston recommends the Trust explore how to ensure all patients, whether in Kingston Hospital for a planned or unplanned stay, are given an estimated time for discharge at least 24 hours before they are due to leave.

THE TRUST'S RESPONSE TO RECOMMENDATION 1:

This finding will be discussed with staff via the Nursing and Midwifery Board and Sisters Forum in order to identify what further actions can be taken to improve how staff communicate with patients, relatives and carers in relation to time of discharge. We will also take steps to encourage patients, relatives and carers to ask the question 'when am I likely to leave hospital?' by including this in

question in patient information available on the ward, and training our patient experience volunteers to talk to patients about this.

HWK RECOMMENDATION 2:

Healthwatch Kingston recommends the Trust explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

THE TRUST'S RESPONSE TO RECOMMENDATION 2:

Patient experience volunteers will offer patients, relatives and carers on wards the opportunity to watch the Trust's new information film about discharge 'Homeward Bound'. We will signpost community and voluntary sector partners to the film's location on the Trust website and ask for support in disseminating its messages. Actions taken in response to recommendation 1 will also support recommendation 2.

HWK RECOMMENDATION 3:

Healthwatch Kingston recommends the Trust introduce ways to further reduce delays when leaving Kingston Hospital, in order that patients with either planned or unplanned stays in hospital are provided for equitably.

THE TRUST'S RESPONSE TO RECOMMENDATION 3:

More pharmacists are being trained in prescribing discharge medications. This will reduce the reliance junior doctors' availability to do this and reduce discharge delays. The Trust is working to reduce transport delays and has established a working group to oversee the implementation of recommendations following a review of patient transport. This group is being led by a member of the Executive Team.

HWK RECOMMENDATION 4:

Healthwatch Kingston recommends that if common reasons for delay to discharge from Kingston Hospital, such as access to medication, waiting for discharge letters and transport can take longer than expected, the Trust consider providing more realistic discharge times to manage patient, family, friend and carer expectations.

THE TRUST'S RESPONSE TO RECOMMENDATION 4:

The Patient Experience Team will request a 'Grand Round' session on patients experience of discharge from Kingston Hospital. These sessions focus on learning from experience and implementing change. They are attended by junior doctors, Consultants as well as other members of the multi-disciplinary healthcare team. The session will explore how to communicate with patients, relatives and carers about discharge and manage their expectations. A Schwarz Round on the topic of discharge will also be organised.

HWK RECOMMENDATION 5:

Healthwatch Kingston recommends the Trust provide all patients with printed information about what to do after they leave Kingston Hospital (regardless of whether patients are being discharged from planned or unplanned stays).

THE TRUST'S RESPONSE TO RECOMMENDATION 5:

The Volunteering Service has developed a Discharge Volunteer programme over the last 6-12 months and is expanding this. This means that more potentially vulnerable patients will be supported to access relevant information at discharge. The Patient Experience Team will produce an A5 discharge card together with ward staff. This will provide generic information about what to do or not do following discharge and who to contact should they have questions or concerns about their health during recovery.

HWK RECOMMENDATION 6:

Healthwatch Kingston recommends that when reviewing information provided at discharge, the Trust consider: being more detailed; using less medical jargon; and how this information might be provided digitally.

THE TRUST'S RESPONSE TO RECOMMENDATION 6:

In October 18 the Trust started a quality improvement project to standardise how patient information is produced and reviewed. This has included the launch of patient information templates, and information surgery appointments to enable staff to work directly with members of the Patient Experience Team to produce leaflets using plain English and a clear structure. A panel of Patient Partners and Trust staff meets every six weeks to review and approve information. Going forward we will ensure that at least 1 piece of discharge information is reviewed at each panel meeting. New and revised patient information will be made publically available when the new Kingston Hospital website is launched later in 2019.

HWK RECOMMENDATION 7:

Healthwatch Kingston recommends the Trust explore ways to ensure discharge information is provided in accessible and alternative formats for disabled people, particularly where staff are discharging people with living with a learning disability, autism and other neurodiverse conditions.

THE TRUST'S RESPONSE TO RECOMMENDATION 7:

Flagging learning disability patients within our hospital information system is a Quality Priority for 2019/20. This report's finding will be taken to our new Learning Disability Collaborative for guidance and support with identifying specific information gaps on discharge and addressing these. Staff and volunteers are now pro-actively approaching people on inpatients wards to ask

them about their accessible information needs. Mandatory training on accessible information is now a requirement for all staff.

HWK RECOMMENDATION 8:

Healthwatch Kingston recommends the Trust and Community Care Providers explore ways to ensure that appropriate, ‘joined-up’ follow-up care in the community is provided to patients requiring it after they have been discharged from Kingston Hospital.

THE TRUST’S RESPONSE TO RECOMMENDATION 8:

The Emergency Programme Board involving the Trust and community partners is strategically planning the better integration of hospital and community healthcare services. Their focus includes ‘joining-up’ follow-up care for people needing this following their discharge from hospital.

9. Further Information

People have shared their experiences of being discharged from hospital, Healthwatch England, October 2017:

<https://www.healthwatch.co.uk/news/2017-10-05/people-share-their-experiences-being-discharged-hospital>

Leaving Hospital, Kingston Hospital, April 2019:

<https://www.kingstonhospital.nhs.uk/patients-visitors/inpatients/leaving-hospital.aspx>

This What was leaving hospital like? Patient experience of discharge from Kingston Hospital NHS Foundation Trust report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website. Hard copies will be made available on request.

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