



**Homerton  
Improving  
Discharge for  
Patients Group  
Report**

**April 2016**

## **Acknowledgments**

**We express our sincere thanks to all the patient representatives who voluntarily took time out of their busy schedules to be part of the project.**

**We also would like to thank Michael Doyle (Homerton Patient Experience Coordinator), Margaret Howat (Head of Patient Experience), Nicola Wagstaff (Snr. Acute Nurse), Sarah Binner (Head of Integrated Discharge) and all the dedicated staff of Homerton University Hospital.**

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## **1. Executive Summary**

This report presents the findings of the investigation by Healthwatch Hackney (HWH) into Homerton University Hospital NHS Foundation Trust (HUHT) discharge processes and arrangements. It focused on the safety, quality and standard of services provided by the Trust in line with their discharge planning guidelines, which states that:

“The aim of discharge planning within Homerton Hospital is to help patients to return safely to their own home or care home with the right level of care and support” .

It is noted that most people do have a good discharge experience. However, a poor discharge experience was identified by patient feedback from a variety of sources such as the national inpatient survey, HWH Report 2013, the Fund for Health reports, patient feedback, complaints and the Patient Advice and Liaison Service (PALS).

Building on this knowledge the City and Hackney Clinical Commissioning Group (CCG) funded Homerton Hospital to further research patient experience alongside funding Healthwatch Hackney to run a 6-month patient group. This group reviewed discharge processes and procedures producing a range of recommendations to improving hospital discharge.

### **1.1 Themes and Recommendations**

This report identified various themes that hinder a good discharge experience at the Homerton Hospital within the following discharge processes:

#### **1.1a Discharge Planning**

- A high percentage of patient discharges are simple and routine however the more a patient discharge becomes complex the more likely that the discharge process faces a risk of becoming a challenging experience for patients, their carers and hospital staff.
- A lack of effective communication was identified as a major problem area between hospital and patients, and also between different hospital departments.

One theme the Homerton Hospital Survey report showed was that a significant proportion of those who responded felt they had not been kept fully informed or consulted about their discharge arrangements and follow-on care. They felt communication lacked understanding of patient centred care and this could be compounded occasionally by poor staff attitude especially once they had started the discharge process. Some patients did not feel involved in decisions about their care.

They felt rushed into decisions about discharge, with insufficient time given to explain how the discharge was to work.

Some patients highlighted an apparent lack of skill and sensitivity among some staff, including management, in communicating sensitively and empathising with their needs. Some patients noted that the staff seemed to be working under considerable pressure.

Staff agreed that there were times when patient discharge summaries were not always accurate due to:

- general discharge dealt with mainly by Consultants and Medical Doctors: and
- different wards applying different discharge rules.

The guideline states that hospital discharge assessment should be done through a single assessment process with health and social care staff working together. This is to make discharge process clearer especially when the patient has very complex follow on care.

The Hospital Lead for Discharge highlighted that her department is making progress by working towards enabling the departments work together effectively. But the problem of recruiting and retaining Social Workers creates a lack of continuity and commitment.

During the investigation it was noted that there were no Welcome Packs in some wards. However, the hospital is making improvements to ensure they are readily available on all wards and a process in place to regularly ensure they are available.

Some patients were concerned that once discharge was decided, the Consultants were unavailable to answer any further concerns and the patients often left with many unanswered questions. Staff do not always inform patients, relatives and carers of danger signals that should be watched for after discharge. The importance of regular, effective communication with patients, their families and carers is central to good patient care. However, the investigation revealed that a significant proportion of those who took part in the survey felt they had not been fully consulted and informed about their discharge arrangement and follow on care.

There are also particular challenges in making discharge arrangements as the hospital finds it difficult to engage with patients' advocates. This is because of data protection and/or patient privacy concerns alongside not having a centralised IT system in place to track or communicate patient information.

**The Group also uncovered a number of specific concerns that highlighted communication issues:**

1. Patients were not always given their discharge summary before leaving hospital.

2. Problems with discharge on Friday afternoons for patients who have care packages.
3. Many social workers are unaware that assessments after hospital discharges do not need to wait for a panel to approve.
4. There was an incident where the Hospital refused to talk to the Senior Nurse over the phone about a patient's condition.
5. Lack of involvement of families in planning the discharge.

**Recommendations:**

1. The hospital to ensure that when patients attend their pre-admission assessments, Welcome Packs are made available for them to familiarise themselves with any important information.
2. The pre-admission letters to have the Welcome Packs weblink address to enable patients familiarise themselves with information prior to their appointment.
3. There to be a process in place to ensure that easy to read versions of the Welcome Pack are made available and other formats are being considered which comply with the Accessible Information Standard.
4. Welcome Packs and Discharge Leaflets to include information on Social Services/Community Care including a link to iCare.
5. Discharge leaflet to be reviewed with patient input and made available online and distributed to patients being discharged from the hospital (Welcome Packs now include Discharge Leaflet and are now available on wards).
6. Realistic Action Plans should be drawn up to enable efficient and safe Discharges.
7. Discharge planning should be improved to avoid re-admissions; a peer supporter could visit patients soon after discharge to smooth the home-coming and adjusting. Carers need sufficient notice and support to effectively manage the return to home.
8. Discharge Assessments for patients well-known to hospital staff should only undertake a new assessment if the clinician recommends one is required as part of the patient's Care Plan.
9. Improve the compatibility of IT systems to enable easy sharing of patient information and care records to ensure effective communication and cross service working.
10. The Homerton Discharge Lead to report implementation of the Group's recommendations to the Integrated Care Programme Board, and the Board to monitor the implementation of these recommendations.

## **1.1b Transport**

Transport disruption plays a major role in hindering a good discharge experience as a whole and its impact for vulnerable patients cannot be over emphasised. Many patients experienced transport delay for about 2-3 hours and in some extreme cases for about 6 hours. Some patients described significant delays in the time they were discharged and eventually getting home, this caused much distress and frustration for patients and their carers. Without a system to monitor progress the patients felt frustrated at how long they had to wait, some felt their requests for information and explanations were being ignored on some occasions.

It was noted that even if a patient's transport has been pre-booked, they could not be collected until their medication is ready and/or their discharge papers have been prepared. Some patients expressed frustration at the current system of dispensing medication which has a huge impact on transport delay as patients cannot be booked ready for transport until their medication is ready for collection. In some cases patients with follow on care could not go home due to such delays.

The Transport Contract Manager mentioned that the most common challenges they face are:

- heavy traffic in inner London;
- patients mobility affected by poor accessibility in the area; and
- long waiting time for medication from pharmacy.

Some patients described that some drivers were at times insensitive to the condition or needs of the patients; this resulted in distress and anxiety for the patients. During our investigation we noted that there were no indication of Transport targets in the hospital and it was unclear as to what the standard of expectation is for patients.

### **Recommendations:**

1. Transport to be booked immediately on admission for day cases to avoid delay and thereby better manage the patient experience.
2. The Transport Team waiting times or standard of expectation to be displayed in the wards to enable patients manage their expectation better
3. To pre-empt problems when patients are being transported, the drivers should have Service User Led training to improve their appreciation of patient circumstances; potentially this could save money longer term by improving the patient experience.
4. Investigate the booking of transport for simple discharge prior to admission to avoid patients being moved to discharge lounge or unnecessary delay.
5. Planning of journey times set by hospital to factor in patient accessibility not just the actual journey
6. A review of Arriva's contract as to compliance and whether they are meeting the expected targets

### **1.1c Complex Discharges**

The investigation revealed that the hospital is facing the huge challenge of recruiting and retaining permanent Social Workers, Discharge Coordinators and staff generally. Most of the Social Workers are Agency staff making early integration of systems between departments and a flow of work difficult to get right. This has also impacted negatively on information sharing between Social Workers and the hospital with serious implications in processing the follow on care of patients generally. The shortage of Social Workers including the closure of intermediate care beds i.e. Median Road, appears to have increased strain on hospital staff and the level of support they can give to vulnerable patients requiring follow on care. Some patients were sent home even though they complained of not feeling well and not ready to go home but ended up being re-admitted. This area appears challenging to effectively manage and suggests a drain on resources for both the Hospital and Social Services.

Adult Social Care Package: In the course of the group's investigation evidence found that the London Borough of Hackney Social Workers are not routinely involved in setting up care packages for patients being discharged, particularly for out of borough hospitals. The group noted that Social Workers should visit the patient at home the day after discharge, but this does not necessarily happen in practice

Some patients:

- Expressed the view that there seems to be pressure to release beds at the detriment of vulnerable patient's health. Staff may not always inform patients, relatives and carers of danger signals that should be watched for after discharge thereby jeopardising the patients' wellbeing following discharge.
- Identified some problems with discharge on Friday afternoons for patients who have care packages putting the patients at unnecessary risk of not having care when discharged during the weekend.
- Experienced delayed discharges because there is no care in place, which highlights inefficiencies in processes and assessments.
- With mental health related conditions feel discharged abruptly, even when they have been prepared, they feel unprepared for discharge. Some need much more reassuring to enable them to leave hospital with a degree of confidence.
- Have been discharged home without any long-term care package in place for extended periods. This may be an outcome of asking patients at the weekend if they can manage until after the weekend, leaving a gap in provision from when the social worker attends or fails to attend within a reasonable timeframe.

## **Recommendations:**

1. Patients with mental health related issues should be given realistic action plans for Discharge.
2. Discharge Coordinators/Nurses must ensure that patients and their carers have an understanding of the discharge summary information before the patient is actually discharged.
3. That the clinical and social services communicate and work better together.
4. Complex discharges requiring care packages should not happen in the evenings after 5pm or at the weekends.
5. The Discharge Coordinators/Nurses to assess and identify vulnerable patients' need early during their stay in hospital to ensure smooth transition of the discharge process; the safety of patients must be paramount.

### **1.1d Homerton Research supporting the Homerton Improvement Discharge Patient Group**

To support the Group's deliberations Homerton Hospital appointed Michael Doyle to carry out direct patient research. There were two approaches to gathering feedback: patient telephone discharge surveys after discharge; and patient stories. Each month the results from both the surveys and the stories were presented to the Homerton Improving Discharge for Patient's Group to discuss and follow up on the feedback from patients who had been discharged within the Trust. To date 194 surveys have been carried out and 14 patient stories.

The overarching themes which developed from the surveys are reported below (see Appendix 3):

- 1, It would appear that patients perceive staff not always discussing or taking their home situation into account when planning discharge.
2. Patients report they do not always feel the doctors and nurses have given their family or someone close to them all the information they need to care for them once home.
3. Patients have reported that they did not always feel members of staff told them about danger signals they should watch for once they were home.
4. Patients and carers report long waits for medication after confirmed discharge.

During the course of the project, several themes emerged from over 14 stories with patients, although there were positive comments about the way staff delivered discharge services there were also concerns which included:

- Not always being involved in decisions.
- Delays from time the patient was told they could go home until they could leave.
- Communication lacking understanding of patient centred care.
- At times poor staff attitude which appeared to be linked with feeling rushed on discharge and staff lacking empathy.

There was also positive feedback which commented on the following:

- Staff going the extra mile and being friendly.
- Doctors checking on patients make sure patients were okay.
- Patients and carers experiencing seamless discharge without delay.

### **Homerton Hospital Conclusion:**

It was noted that patients were often pleased to be asked about their experience of discharge and were also often eager to convey their experience of the care they had received during their hospital admission whether positive or negative. Comments and queries such as timing of outpatients' appointments or about care observed on the ward were appropriately fed back to relevant departments and acted on, including the Patient Advice and Liaison Service.

The Homerton Improving Discharge for Patient's Group has identified some key themes around discharge. During the project, the patient discharge project worked closely with other discharge projects in the Trust such as the Improving Emergency Care Project. Going forward, the themes have been fed back to the Trust Improving Patients Experience Committees and will inform the Trust Action Plan and Objectives for 2016/17 and the Quality Improvement Projects.

### **1.1e Discharge Lounge**

The Lounge was created to enhance patient flow and make beds easily available. During the course of the visit to the Discharge Lounge the group was impressed by the commitment and dedication of the Health Care Assistant, Porter and all other staff involved in providing support in the Discharge Lounge. The Lounge was

previously described as being cluttered and uncomfortable; the Hospital has now re-arranged the lay out making it more comfortable for waiting patients. The Lounge has only one staff member who in some cases had to leave the room unattended and the patients inappropriately unsupervised.

It is appreciated that the Discharge Lounge cannot be looked into as a single entity as it is only part process of providing an effective discharge process. The same issues apply to the Surgical Day Unit, Elderly Care Unit, Day Stay Unit etc. The Clinical Site Manager is currently looking into discharge practices to finding better ways to plan discharges and reduce delay.

Some patients expressed frustration at the time they had to wait for transport after discharge (mainly for medication or paperwork delays) without a system for them to monitor progress. This would have helped put them at ease and able to cope better with delays. They felt that information given to them at times was incorrect and not truthful. The Lounge did not have any information of the Transport waiting times or service standards clearly displayed. The staff raised the concern that excessive Transport and Pharmacy delays undermined their efforts to ensure that patients had a good discharge experience at the hospital.

#### **Recommendations:**

1. Develop a cohort of volunteers to support the Health Care Assistant in order to ensure that the patients are never left unattended.
2. Establish responsibility/ownership for the clear pathway to better manage communication between the different teams of the hospital involved in patient discharge: ward staff to oversee patient experience
3. Clear display of Transport targets in the Discharge Lounge.
4. Introduce a ticket system with display screens that shows queue or waiting time for pharmacy and transport so this can manage patients and carers expectations.

#### **1.1f Patient Advice & Liaison Service (PALS)**

The patient representatives visited the PALS team in order to understand their role in ensuring a smooth discharge process.

The investigation revealed that there were 21 cases of discharge issues from April 2015-March 2016 based on quick report of the type categories. They are currently dealing with around 200+ cases each month ranging from information, advice, support and compliments with quite a high proportion of cases resolved without the need for patients to make a formal complaint. All data collected is used to learn from patient experience but it is time consuming to retrieve information for specific problems because they are not categorised. PALS has 2 officers, currently one is on maternity leave, and the contracted PALS manager left following the return of the

permanent post holder from a secondment. At the moment the hospital is advertising for a post to cover the maternity leave (WTE 0.6) and another to support PALS administration (WTE 0.6)

Some patients did not necessarily know who to talk to if unhappy with any service and it seems the function of PALS is not well understood and confused as a complaint service. (See 4.3a for full report).

### **Recommendations:**

1. Homerton to work with HWH to develop a clear and understandable PALS offer for patients.
2. PALS Team to promote PALS offer to patients and visitors.
3. Create a PALS stories leaflet in line with the Accessible Information Standard to inform patients and carers of their role.

**1.1g Pharmacy** – The investigation revealed that effective and timely dispensing of medicines plays a pivotal role in a good discharge process (see full report in 4.3b).

### **Staffing**

The Pharmacy Unit is currently under staffed in comparison to national averages. The Pharmacy Department is also small for the number of staff and the amount of activity.

Staff turnover and sick absence is high. It is difficult to retain staff due to pressure of work and hard to fill vacancies due to the high costs of living in the Borough. The current system does not seem to be able to cope with the hospital demand and as such has a negative impact on the discharge experience.

### **Wasted Medicine**

Nationally about £300 million of medicines (GOV.UK-Dept of Health, Published 8.8.11) are wasted every year for different reasons for e.g. patients' not bringing their medication with them when admitted; medicine prescribed no longer needed and medicine incorrectly prescribed. Some patients also mentioned that they are prescribed medicine they already have without being asked if they need additional supplies. A significant delay is experienced between patient being notified about discharge and receiving their medication.

Overall the current system of dispensing medication has a huge impact on transport delays as patients cannot be booked ready for discharge until their medication is ready for collection.

### **Recommendations:**

1. Following medical decision to discharge, Prescription to be written and sent to Pharmacy in the morning, with the medical report written after lunch.
2. Communication to be improved by keeping patient informed about what's happening i.e. when different stages of the Prescription Journey are reached.
3. Ward needs to notify Pharmacy when the patient is moved to the Discharge Lounge.
4. Set up an electronic notice board in the Discharge Lounge to keep patients updated on length of wait. If confidentiality is an issue, a ticketing system could be introduced (as for blood tests) with ticket number displayed on board.
5. Pharmacy to prioritise the medication for discharged patients, to ensure availability for the patient. In relation to this, there should be a half year review of the way medication is dispensed on the day of a patients discharge.

### **Other areas of concern:**

This report focuses on the clinical side of discharges but it cannot be looked at in isolation from Social Care effects on discharges. There seems to be a lack of communication between the two sides. The effect on the vulnerable members of the society must not be overlooked. The closure of care homes (Median Road) in Hackney and a general lack of Social workers in the borough have an impact on services provided to the vulnerable.

## **2. Executive Summary Conclusion**

Overall the group was impressed with the dedication of the staff to provide good care and support for patients' so they have a good discharge experience. The discharge process is and can be very complex, especially when it involves integrated services. The Hospital Discharge Lead expressed the view that an effective integrated service hinges on how the hospital will be able to improve the provision of care and support to patients. Financial constraints in addition to the inability to recruit and retain the skills required has been a major hindrance to the speed at which the services are and can be integrated. Efforts are being made to integrate pathways and systems but there is still much to be done. The Hospital must work towards employing more Discharge Coordinators (working with appropriate Social Work provision) to cover more wards and patients with complex and long term conditions or mental health issues and support a smooth discharge process.

The integration of the I.T system is still not as effective as it should be and this has had a detrimental impact on the sharing of information between departments and services especially in complex discharges.

There is clear responsibilities for ensuring that discharge planning and transport arrangements should happen as soon as possible after admission with information provided to the patients, carers and families in advance.

The delays on day of discharge are very common and main reason being medication not always available to collect, with patients having to wait long hours which results in disruption to both their transport and care arrangements. There has to be transparency in transport provision and targets, and patients have to be aware of transport service standards.

With a lot of staff under considerable amount of pressure, some patients and carers have not been fully involved in decisions about their treatment and social care arrangements especially for vulnerable patients. There were also issues where patients were not informed or made aware of whom to contact if they had difficulties after discharge. There must be recognition of the importance of getting the discharge process right to ensure that re-admissions do not occur.

The Hospital has revised the discharge leaflet to include information as to what to do following discharge. However, there is a lack of awareness of the needs of certain groups of patients, for example, those with vision impairment. The Hospital has to work towards the accessible patient information for all patients.

Most of the patients were satisfied with the level of care provided but a delay in transport and medication undermines the good work done by the Hospital staff and has a negative impact on the patients discharge experience overall.

The Hospital Clinical Site Manager to look into current practices and find better ways to plan discharges and reduce delay, and review the current systems in place to meet Transport and Pharmacy targets.

In conclusion, even though the Homerton University Hospital is facing challenges due to reduced resources they have to find ways to manage the demands on their resources and provide the best possible services to all patients.

### **3. PATIENT COMMENTS ON DISCHARGE**

It is important to note that the vast majority of cases of hospital discharge and subsequent care packages run smoothly without any problems. The managers and staff we engaged during our investigations were very professional and had good ethos of care.

“Staff were very supportive from the start. Really, really pleased how supportive the staff were actually.”

“They called and made sure I had everything and I was okay and so was my partner, that was something I really hadn’t expected.”

#### **Discharge Planning**

Some patients also continue to report that their relatives or someone close to them were not given all the information needed to care for them after discharge.

Based on feedback from patient stories the emerging themes are:

1. Communication lacks understanding of patient centred care;
2. Poor staff attitude; and
3. Feeling more confident when things are explained.

The participants were asked if they felt involved about decisions about their discharge from hospital:

“It was a shame really, in the end it took around 8 hours for me to get home from the time I was told about my discharge, in the end I self-discharged, nobody appeared to be explaining anything.”

“Just listen to the patients.”

“Nobody had discussed afterwards what should and should not be done at home and this was causing anxiety.”

“I recollect the Doctor did not inform me I was staying in the hospital and that I would also be transferred between wards.”

“Nobody had discussed afterwards what should and should not be done at home and this was causing anxiety.”

“Thinking back the discharge plan was not really discussed but people did say who they are, which we appreciated.”

“The Doctors were evasive and failed to take their time to give you feedback and follow up.”

“It would improve the general feeling of being in a hospital if more information was shared with the patient.”

Communication and information giving are vital processes to patients involved in the discharge process.

### **Transport**

The emerging theme is delayed transport and time taken to get home.

“Ended up getting a taxi, was a bit upsetting. Being uncertain, all about what you hear – you wait for transport. “I’ll be coming in a minute”, they say, in the end does not turn up. It does get delayed, main thing is I get home, it can be disorganised.”

“I use transport all the time and I have to wait for long hours.”

“I was waiting for 3 hours in a wheelchair, it wasn’t just me alone, and it was not that long ago. They tell you short staff, staff on holidays and nothing they can do. I don’t live that far from the hospital but I have all this trouble getting around. 2 hours to get home from Homerton it’s not really on.”

“The only concern is that I got home late when discharged as transport came late.”

“I waited even longer for my transport home.”

“Some are VERY rude! Some communicate really well.”

“Frustrated, I remember once I was booked for transport 3pm it did not come until 7pm – it is a long time to wait, sometimes drinks only come on a round and no one offers in between.”

“Transport was fine, it did take around two hours to get home though but we understand they are busy.”

### **Medication**

Pharmacy delays continue to cause concern and distress to patients, carers and their relatives.

The themes from the patient survey are as follows:

1. Medication being not ready to take away when you left the hospital;
2. Members of staff not telling patients about any danger signals they should watch for after going home; and
3. Doctors and nurses do not give family or someone close to you all the information they needed to help care for you once home.

“Pharmacy medication time could improve as this seems to cause delay.”

“Sometimes medicine isn’t ready till very late in the day. It would be helpful if it could be ready earlier on, apart from that everything was fine.”

“I love the Homerton they saved my life twice. The one thing I would say the wait is too long for medication when being discharged.”

“Had a problem with medication, had to go to the GP in the end. The staff were lovely but very busy not surprised things can get missed or forgotten.”

“I had made contact with the hospital in the morning to find out what time she would be coming home, I was informed that they were waiting for her medication.”

“I ended up getting my medication the next day.”

“Already done but you have to wait a long, long time.”

“I even had to wait over four hours for my medication. Four hours is too long.”

“In all my experiences there is a long wait for medication. Whatever the process is in place in these modern times it just doesn't seem appropriate. I've used this hospital a lot of time this just doesn't seem to change.”

### **Empathy**

Some patients expressed frustration at feeling rushed when being discharged with poor staff attitude at times.

“Different people at different times had different attitudes, to be honest the staff appeared overworked and this had an impact on caring attitudes especially closer to discharge.”

“There should be more compassion from the staff, whilst some staff appeared not to be doing very much others were wonderful but it lets everyone down if you're not all on the same page.”

“The person looking after us in the discharge lounge was making me nervous, they had a pretty bad cold, I was thinking I've only just become well, I don't want to be sick here again.”

“Everything was so rushed. He was rushed out of bed and it made me very anxious and worried. I wanted him to recover very well, I understand there is a need for beds.”

“They made him walk all the way to the pharmacy with his two heavy grey bags. I really don't think he should have had to walk with those bags all the way to the pharmacy, that annoyed me, I just felt it was so unnecessary.”

“On the other hand a few patients mentioned that the staff were supportive at times.”

“I had to call an ambulance as he was very unwell, the staff were all very supportive from the start. Really, really pleased with the staff.”

“Even the Doctor called and checked I was okay. They had been called away from us to an emergency, it was incredibly busy.”

“They called to make sure I had everything and I was okay and so was my partner, that was something I really hadn’t expected.”

### **Complex discharges**

The survey also highlighted that staff may not always be informing patients, relatives and carers of danger signals that should be watched for after discharge.

Some patients said:

“I do not think my discharge summary reflected my aftercare.”

“I had to go through my own discharge letter full of faults.”

“Wasn’t happy with how social services dealt with the patient’s care.”

“More care in the community.”

“Nobody discussed with me, although I have somebody from XXXX coming to visit to see my hand-you feel you wait a long time when you are older, you know I find it difficult to use my hands and use a frame.”

“I do not really remember staff discussing this, but I would have liked them to, this would have been useful.”

## **4. Main Report**

### **4.1 Background to the development of the Homerton Improvement Discharge Patient Report**

Healthwatch Hackney and its predecessor bodies through their work with Hackney residents have consistently raised concerns about the discharge process from Homerton Hospital. Whilst recognising that many discharges work smoothly, it has been identified there are persistent challenges in the process. As a result the City and Hackney Clinical Commissioning Group (CCG) funded the Homerton Hospital NHS Foundation Trust to research patient's current experience of discharge process and set up the Homerton Improving Discharge for Patients Group (HIDPG) to meet with Homerton staff to review discharge processes.

The funding for this activity was closely aligned to the ethos of the Better Care Fund to work more closely together around patients and the local community that the CCG serve, with the focus on patients' well-being, experience and satisfaction of Homerton discharge and transfer of care services.

A poor discharge experience was identified by patient feedback from a variety of sources such as the national inpatient survey, Healthwatch Hackney Report, the Fund for Health Report, patient feedback, complaints and the Patient Advice and Liaison Service (PALS). Transfer of care, or leaving hospital, is an area where patients, whose discharge needs may be either complex or straightforward, feel poorly supported. Improvement work continues on areas of complex discharge requiring care packages or on-going support, however, there are many patients where treatment and care allows them to return to their usual way of life very quickly and the discharge process is more straightforward.

Based on the Healthwatch Hackney Report 2013 Discharge Recommendations (Appendix.1) and patient feedback from other sources the Trust agreed patient experience improvements and The Trust improved a wider 5-point improving patient experience action plan; Action point 1 is to improve the transfer and discharge process. Specifically this was:

- The Trust discharge management group has adopted a coordinated approach to discharge and is, amongst other things, working towards the requirements of the new Care Act. Three discharge coordinators are in post with plans for one more covering wards with significant issues and helping to smooth the discharge process.
- The Patient Information Development Group is looking at the information patients receive on discharge or transfer of care. Having achieved the patient information standard it is working towards the accessible patient information standard.
- The Welcome Pack, Discharge Leaflet and Infection Control Leaflets have been revised to include information on what to do following discharge. The discharge leaflet now has information on what to expect at home after an operation, social

prescribing and how to contact Healthwatch Hackney and social prescribing. The infection control leaflet has information on managing infections at home.

- The audit of carers of patients with dementia, have been incorporated into the dementia group action plan. The goal of 10 surveys per month is being monitored by the group. Action has been taken in response to feedback with a Carers Group starting on the Elderly Care Unit in February 2015.

### **Introduction to the new Group remit**

The group aspired to conduct as full an investigation as possible of all aspects of the discharge process from patients' experience at Homerton University Hospital. Discharge processes are becoming complex resulting in an increase in problems and difficulty. Hospital discharge is recognised as a major area of concern especially for vulnerable patients such as elderly people, people with mental health issues and the homeless. A considerable time and effort was put into developing and understanding the whole process of discharge and the role played by various departments. A lot of information was gathered but the focus of the report will be on patient experience and how effectively the system works for them. However, most discharge processes are routine and do not require follow on care. The other group are more complex requiring patient needs assessment and the use of Social Care services.

### **Aim of report**

To understand and learn from the experiences of patients in order to enhance substantially the effectiveness of the discharge process for all patients who use the services of the hospital.

## **4.2 Methodology**

### **Surveys**

Agreed survey questions (Guided questions from the Care Quality Commission (CQC), National Inpatient Survey with some additions suggested by HIPD Group). About 40-50 surveys were conducted monthly by the HUHT Patient Experience Coordinator to give qualitative and quantitative feedback.

### **Patient Stories**

Patient experience has been gathered by questionnaires/surveys completed by patients and carers who have recently had experience of hospital discharge

processes. The HUHT Discharge Experience Coordinator identified patients' discharged from August 2015 who would like to tell their story face to face.

### **Enter and View visit**

Visits were made to the Discharge Lounge and the Elderly Care Unit of the Hospital to discuss and get feedback from the patients' face to face of their experiences of discharge from the hospital and also to observe how the lounge operates. The members of staff who provide support to discharged patients were also interviewed.

### **Sub Groups**

The group identified a number of areas for review outside the meeting structure and a number of members agreed to undertake this activity. The areas for review included PALS, Discharge Leaflets and Pharmacy/Medication. The group visited the PALS and Pharmacy teams.

### **Meetings**

Monthly meetings were held from September 2015 to March 2016 with the HWH team, patient representatives, Homerton Patient Experience Coordinator and various Homerton Department Leads. The Group very much appreciated staff engagement with them and were impressed by staff desire to improve discharge. In this context the Group congratulate staff for their honesty and transparency throughout this activity.

## **4.3 Sub-Group Findings:**

### **4.3a Patient Advice & Liaison Service (PALS)**

#### **Background:**

Patient Advice & Liaison Service (PALS) was established in 2002 and was formed from Chapter 10 of the NHS Plan July 2000 (p 91-95).

The service aims to:

- **help sort out problems on your behalf or advising you how to sort them out yourself**
- **provide confidential, on-the-spot advice, support and information**
- **listen to your concerns, suggestions or queries to learn what the hospital gets right, what it gets wrong and what could be improved**
- **guide you through the different services available within the NHS.**

## **HIDPG Findings**

The patient representative met the PALS Lead focused on understanding the PALS role, how they operate and get feedback (positive or negative) about their role in ensuring a smooth discharge process.

PALS provide a vital role in bridging the link between patients and the relevant hospital departments within the Trust. They also provide information, advice and support. They help to navigate people within the NHS system. They help with issues and concerns raised by patients confidentially, before it becomes an official complaint. However, they do not investigate complaints. They work across organisational boundaries and support NHS provisions by putting you in touch with people who may be able to help you, and give you details of groups or organisations that work outside the hospital, such as voluntary organisations, community groups or independent advocacy. Where necessary, they liaise with other PALS services across the NHS.

When a concern is raised, PALS will discuss with the patient informally options open to them to resolve the issues they have. For very serious concerns PALS, may recommend the formal complaint process. If people decide not to take forward concerns or do not want to be identified, PALS can still raise the matter anonymously. There is no specific Service Level Agreement (SLA) as the process is a collaborative one.

PALS cannot guarantee outcomes but will work towards getting the outcome the individual is seeking neither can they make changes to services. They provide the services with the data to enable them to see how people experience using their services.

When an issue is raised with PALS, the concern is forwarded to the relevant department to help resolve and feed back to the individual. If it needs to escalate further, hospital procedures are put in place to investigate fairly and within guidelines. The Trust regularly looks at the PALS issues (weekly/fortnightly). With this data, PALS can do trend analysis and feed this back into service delivery. PALS do not make changes to services; rather provide services with the data to allow them to make changes.

### **4.3b Pharmacy**

Previous Pharmacy Audit in 2011 identified an average 8 hour delay between patient being notified about discharge and patient receiving meds from Pharmacy.

A discharge review was commissioned by City and Hackney Clinical Commissioning Group but disbanded in the summer of 2015 (CCG Lead: Mark Scott).

This was superseded by a Pharmacy Audit, also commissioned by City and Hackney CCG - reviewing the 'Prescription Journey' over one week and focusing on these wards: Surgical, Medical, Care of Older People. The audit now completed and report drafted (currently with Charlotte Kirk, Geriatrician, for comment). It can be amended to include relevant outcomes/recommendations from this meeting. It will be published after HUH Care Quality Review Meeting (CQRM) on 8 March 2016.

### **HIDPG Findings**

1. Pharmacy has 46 staff, comprising Pharmacists, Pharmacy Technicians, Assistant Technical Officers (ATOs) and Admin Support. Compared to national averages (Trusts of same size/activity), HUH Pharmacy staffing is between 14 and 22 whole time equivalent (WTE) posts below nationally-recommended levels.
2. Pharmacy is open 7 days per week, 9am-4:45pm Mon-Fri and 3 hours on Sat and 4 hours on Sun.
3. Dispensing has been made more efficient, and safe through the introduction of a 'robot' that uses bar-coding to store and select medicines (expensive piece of kit now in most hospital pharmacies).
4. Homerton Ambulatory Monitoring Unit (HAMU) opened December 2015 to March 2016 to manage winter pressures by treating patients too ill to go to their GP but not ill enough to be admitted (e.g. requiring IV antibiotics).
5. There is a link with community pharmacies for Local Pharmacy Committee.

## **5. Discharge Lounge Enter and View Visit – 3rd March 2016**

### **Introduction**

The visit is as a result of a project being carried out by Healthwatch Hackney (HWH). Healthwatch Hackney and its predecessor bodies through their work with Hackney residents have consistently raised concerns about the discharge process from Homerton Hospital. Whilst recognising that many discharges work smoothly, it has been identified there are persistent challenges in the process. As a result the City and Hackney Clinical Commissioning Group (CCG) funded the Homerton Hospital NHS Foundation Trust to research patients' current experience of discharge process and set up the Homerton Improving Discharge for Patients Group (HIDPG) to meet with Homerton staff to review discharge processes.

As part of the Groups work a number of members carried out an Enter and View Visit to the Homerton Discharge Lounge as patients had consistently raised concerns about the Lounge.

### **Methodology**

The questions for the interviews were developed and agreed by the HWH Coordinator and the patient representatives. Training was also provided for the volunteers from the group.

### **Present:**

Lola Diyaolu, HIDPG Coordinator

Liya Takie, Healthwatch Hackney Representative (Rep)

Jade Green, HIDPG Representative (Rep)

Sandra St Hilaire, HIDPG Representative (Rep)

Norin Khanna, HIDPG Representative (Rep)

### **Function of the Discharge Lounge**

The Discharge Lounge is an area where patients can wait, while the final preparations are made for their safe discharge. The Discharge Lounge opens Mon-Fri 10:00-18:00.

### **Observation of Discharge Lounge:**

1. The room is not very big but is well arranged and comfortable for waiting patients.
2. There was only one Health Care Assistant to assist the patients.
3. The staff are unaware of Healthwatch Hackney.
4. No toilet facility in the room.

5. There were no discharged patients on the day.
6. Staff were cooperative and assisted with our enquiries.
7. Staff seemed to work above and beyond their duties.

### **Feedback from Staff**

#### **The Hospital Care Assistant duties:**

1. Prep for patients, get food, tea/coffee, and check ward to ward which patients will come down and when (approx.), get oxygen for patients, additional needs and wait on patients
2. Follow up with transport and pharmacy for meds.
3. Prints Discharge Summary for patients if on system and completes patients feedback survey.

#### **Porter/Hospital Care Assistant duties:**

1. Porter from ACU (Acute Care Unit) to various wards.
2. Supporting discharge lounge with transfer of patients and ensuring they safely leave the hospital.

#### **Age UK Care Worker duties:**

1. Speaks to vulnerable patients who need support following discharge.
2. Escorts patients home to ensure they are well settled back at home.
3. Collects and delivers meds if not ready at time of discharge.

### **Positive comments from Staff:**

1. Good engagement with patients.
2. Hospital care is generally good.
3. Good environment for patients to wait (as long as it's not too long).
4. Overall good feedback from patients-just the discharge part (timing) can sometimes let down the whole experience.

### **Concerns raised:**

1. Can be frustrated by delays with pharmacy and transport.
2. Average waiting time is 2-3 hours, but can be as long as 6 hours or more.
3. Discharge Lounge open 10-6pm (but there can be delays till after 6pm).
4. Pharmacy checking process can be longer and would impact on patient being able to leave the hospital.
5. Transport questions can be repetitive for regular patients e.g. Do they have mental capacity, wheelchair, Zimmer frame etc but these questions does not always have a bearing on their requirement for transport.
6. Transport not dependable and never on time.
7. Patients hyperventilating as they want to go home but are being kept waiting.

8. One patient was discharged at 3pm, but waited until 10:30pm, with handover from night shift staff. This has happened on 3-4 occasions.
9. Some patients have need for transport, so can't go home e.g. mobility, don't have house keys.
10. Late transport and meds is a bad reflection of the good work done by the hospital. It also breaks down the chain of a good discharge process by compromising the patient's safety.
11. Misleading information from transport: told the transport is 'around the corner' but could still be waiting 3-4 hours later.
12. An incident happened this week where a patient waited so long for transport and didn't want to bother staff to go to the toilet, he became so stressed, he soiled himself and had to be transferred back to the ward to be cleaned and transport had to be re-arranged again.
13. Transport delay affects the level of support Age UK can give at times, especially when patients are held back in hospital. This can be a drain on resources in terms of time and effort wasted.

### **Main Findings**

1. The patients were mainly satisfied with the hospital care provided.
2. Some patients who had been discharged were unsure of when they were going to be collected.
3. A couple of patients had been discharged in the morning but not yet received a discharge summary.
4. A patient had been told she had been discharged three times but was waiting to be collected and for her meds as well.
5. One patient said he had been hurriedly discharged from hospital without a doctor saying so. His main hospital was Whipps Cross Hospital. He felt he had not been treated nicely because he had no papers on him.

## **INTERVIEWS WITH PATIENTS**

### **ENTER AND VIEW VISIT TO HOMERTON HOSPITAL (DISCHARGE LOUNGE)**

#### **Patient 1**

**Date and Time of Interview**      **04/03/2016 @ 12.30pm**

**Interviewer's**                      **Lola Diyaolu and Jade Green**

Rating: 1 poor and 10 is excellent

Male – 20years old, EU

Why were you in hospital? Flare up (5 days in hospital)

Were you assessed on admission? Yes I was

Did discussions take place with you or anyone about your discharge? Yes

When were you told about your discharge? This morning

When planning your discharge were you asked about Transport, medication or after care? Told about Discharge lounge this morning

Do you know who to contact if worried on return home? Yes

Were you happy with the support offered? Yes

Did you receive a copy of your discharge papers? No

Did you get medication on discharge and was it explained to you? Was prescribed but waiting to collect it

How do you feel about your overall experience? Happy with the service

Was there any delay in your discharge and why? No but I am waiting for my meds

How do you feel about your overall discharge experience? It was okay

**Patient 2 (ELDERLY CARE UNIT)**

**Date and Time of Interview**      **04/03/2016 @ 11.30AM**

**Interviewer's**                              **Lola Diyaolu and Jade Green**

Rating: 1 poor and 10 is excellent

Female – 87 yrs. old, White English

Why were you in hospital? Fell over

Were you assessed on admission? Yes I was

Did discussions take place with you or anyone about your discharge?

When were you told about your discharge? I think I will be discharged today but don't know what time

When planning your discharge were you asked about Transport, medication or after care? No

Do you know who to contact if worried on return home?

Did you receive a copy of your discharge papers?

Did you get medication on discharge and was it explained to you?

How do you feel about your overall experience? I was well taken care of

Was there any delay in your discharge and why?

How do you feel about your overall discharge experience?

Comment: Patient did not seem very aware of his situation.

### **Patient 3**

**Date and Time of Interview**            **04/03/2016 @ 12pm**

**Interviewer's**                                **Lola Diyaolu and Jade Green**

Female, 81 years old, White English

Why were you in hospital? Fall

Were you assessed on admission? Yes I was

Did discussions take place with you or anyone about your discharge? Yes I have been told I have been discharged three times but each was cancelled due to lack of Transport.

When were you told about your discharge? This morning but not sure of time I will be going home

When planning your discharge were you asked about Transport, medication or after care? Yes, my sister will be helping me

Do you know who to contact if worried on return home? My sister will help me.

Were you happy with the support offered? Yes it was very good

Did you receive a copy of your discharge papers? Not given any paper work yet.

Did you get medication on discharge and was it explained to you?

How do you feel about your overall experience? Good

Was there any delay in your discharge and why? Cancelled twice already

### **OBSERVATIONS AND COMMENTS**

- The Age UK Care worker visited to confirm discharge but not sure if patient will be able to without transport

**Patient 4**

**Date and Time of Interview**      **04/03/2016 @ 12,30pm**

**Interviewer's**                      **Lola Diyaolu and Jade Green**

Rating: 1 poor and 10 is excellent

Male, 65-75 years. Black African

Why were you in hospital? Diarrhoea

Were you assessed on admission? Yes I was

Did discussions take place with you or anyone about your discharge? Not really because I have family

Were you happy with the support offered? Good service generally. Some good and bad

**OBSERVATIONS AND COMMENTS**

Patient was not very coherent. He seemed tired so we did not want to bother him too much.

## **Patient 5**

**Date and Time of Interview**      **08/03/2016 @ 1:30pm**

**Interviewer's**                              **Lola Diyaolu**

Rating: 1 poor and 10 is excellent

Male, 40 years. White Eastern European

Why were you in hospital? Heart problems

Were you assessed on admission? Yes I came in by Ambulance. There was no bed available so I was delayed for quite a bit.

Did discussions take place with you or anyone about your discharge? I was meant to be discharged on Friday, but because I was not in the cardiology ward due to no bed. The doctor visited though.

When were you told about your discharge? This morning the nurse gave me discharge papers and hurriedly discharged me, there was no doctor there to update me. Not seen by anyone today on discharge.

When planning your discharge were you asked about Transport, medication or after care? Not really but I have friends outside to help me.

Do you know who to contact if worried on return home? Yes

Were you happy with the support offered? Not entirely

Did you receive a copy of your discharge papers? Yes

Did you get medication on discharge and was it explained to you? I was given medication. I am waiting to collect it.

How do you feel about your overall experience? Not very good.

Was there any delay in your discharge and why?

## **5.0 Group Members List**

Barbara Tuckett

Christine Compagnoni

Jacky Gruhn

Jade Green

K.G. Lester

Norin Khanna

Sandra St.Hilaire

Shirley Murgraff (Chair)

Susan Wengrower

Malcolm Alexander

Chris Tymkow (Age UK East London Homerton Home & Settle)

Jahada Abdul (Age UK East London Homerton Home & Settle)

In attendance:

Jon Williams (Healthwatch Hackney Director)

Maria Polcicova (Healthwatch Hackney Patient Coordinator) until October 2015

Lola Diyaolu (Healthwatch Hackney Patient Coordinator) from October 2015

Michael Doyle (Homerton Patient Experience Leaving Coordinator)

Margaret Howat (Homerton Head of Patient Experience)

## **6.0 Glossary**

**AKI** – Acute Kidney Injury

**ATO** – Assistant Technical Officer

**CCG** – Clinical Commissioning Group

**CQC** – Care Quality Commission

**CQRM** – Care Quality Review Meeting

**HAMU** – Homerton Ambulatory Monitoring Unit

**HIDPG** – Homerton Improving Discharge for Patient's Group

**HWH** – Healthwatch Hackney

**HUH** – Homerton University Hospital

**HUHT** – Homerton University Hospital Trust

**HUHFT** – Homerton University Hospital Foundation Trust

**ITU** – Intensive Treatment Unit

**PALS** – Patient Advice and Liaison Services

**SLA** – Service Level Agreement

**WTE** – Whole Time Equivalent

## Appendix 1.

### Healthwatch Hackney Report 2013 discharge recommendations (need to review other Homerton related reports)

1. Planning for discharge to start when patient arrives
2. Transport: Patients would like the transport systems to flexible and for patients to be informed about the timing of transport services. Some patients stated they do not mind waiting for transport as long as they are kept informed.
3. There should be a designated person serving as a bridge between transport and discharge services.
4. If waiting for transport the patient waiting should be offered food/drink and be informed how long the waiting is for the patient.
5. There should be method for patients to see live updates of where vehicles are in relation to their pick-up time.
6. Detailed discharge plans should be drawn up simultaneously with diagnoses and treatment. This plan should be frequently updated as treatment developed and patients should be informed of the discharge plan.
7. Good communication and information to services in the community who will care for the patient e.g. District nurses, carers, friends, GPs etc.
8. Transport must be available and flexible to avoid frustration.
9. After operations and being discharged, patients need to be monitored at home as well. However there isn't such a service, only follow up appointment is given which is at least 2 months after operation.
10. District nurses: Patients would like district nurses to play a larger role in the discharge process and coordination between services.
11. How does the Homerton work with the council to ensure that people who have social services transport arrive on time for their appointments.

## **Appendix 2**

### **Terms of Reference**

#### **Introduction**

**Homerton Improving Discharge for Patients Group (HIPDG)** will seek to gain a detailed overview of the Homerton Hospital Discharge Process. Using the Trust's 'Ward to Board' reporting structure, recommendations will be submitted to the Homerton Hospital Board of Directors via the Improving Patient Experience Committees. This is a time-limited project to provide the patient's perspective to help improve the patient experience of the discharge process at Homerton University Hospital Foundation Trust (HUHFT). HIPDG will complete its work in March 2016. Although time for this project is limited, the Group aspires to conduct as full an examination as possible of all aspects of the discharge process, from patients' experience at HUHFT.

#### **Aim**

To understand and learn from the experiences of patients in order to enhance substantially the effectiveness of the discharge processes for all patients who use the services provided by HUHFT.

#### **Objectives**

To establish a group of non-professional people with experience of the discharge process at HUHFT, who will:

1. Develop and monitor the discharge experiences of patients by ensuring that detailed information is gathered from the personal experiences of patients, families and carers during admission and following discharge.
2. Support the project by collecting and sharing detailed information from patients, families and carers about the effectiveness of discharge planning, the process of discharge and the outcomes of discharge planning, both negative and positive.
3. Agree clear recommendations to be made to HUHFT for more effective discharge planning, service improvement and outcomes for patients.
4. Develop a set of indicators (metrics) with HUHFT of successful discharge from the patient's perspective
5. Ensure that any recommendations made by HIPDG are reported to HUHFT and followed up with the subsequent actions and plans reported back to HIPDG and after March 2016 to Healthwatch Hackney.

## **Main responsibilities**

1. Agree survey questions to be put to patients, families and carers about their experience of discharge arrangements at the HUHFT.
2. Discuss within the group, on a monthly basis, the results and feedback from qualitative and quantitative surveys gathered by the Patient Leaving Hospital Co-ordinator.
3. Consider issues raised by patients relating to the discharge process at HUHFT.
4. Approach the role with a strong focus on the needs of patients, families and carers, drawing on and using Group members' own experiences to inform discussions, decisions and recommendations.
5. Formulate clear recommendations for improvements to discharge planning, process of discharge and the outcomes to HUHFT
6. With regard to the above, provide feedback on the responses from the Homerton Hospital Patient Leaving Hospital Coordinator on proposals and changes made in response to the above recommendations.
7. Identify and agree additional patient representatives who will act as expert advisors to the HIDPG and be consulted on specific aspects of the discharge process.
8. Ensure that the Group's recommendations to HUHFT include an effective process for implementation.
9. Ensure all HIDPG members give written consent to be identified in any reporting. Where consent is not given the reporting should reflect their views anonymously ensuring that they cannot be identified from their comments.
10. At the end of the project, report the outcomes to the Homerton Hospital Board of Directors via the Improving Patient Experience Committees, in accordance with the HUHFT decision-making structure.

### **In order to meet the objectives we invite you to:**

- Contribute your personal experiences of the HUHFT discharge system
- Attend monthly meetings of the Group and any pre-meetings/ brief meetings, not exceeding 12 in total until March 2016
- Respect the confidentiality of patients whose experiences may be discussed at HIDPG meetings

### **Expenses:**

- Group members will be reimbursed for their time in accordance to CCG policy
- Transport, where needed, will be organised by Healthwatch Hackney

### **Ground Rules for the conduct of meetings:**

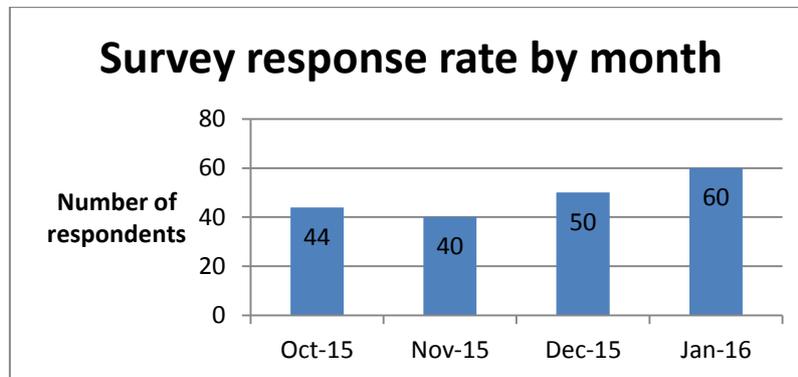
1. Work as a part of the Group in order to reach its main objectives

2. Ensure your mobile phone is switched off or on silent OR when you introduce yourself, explain why you need to receive calls.
3. Indicate that you want to speak and wait for the Chair to give you the go ahead – don't all speak at the same time.
4. Identify yourself when you start to speak.
5. Speak clearly and not too fast.
6. If you are speaking about a section of a paper, read out the section first - some people at the meeting won't be able to refer to written information.
7. Avoid jargon if at all possible; otherwise explain what it means when you use it.
8. Be focused, clear and brief.
9. If making more than one point, make each point clear.
10. Don't interrupt when other people are speaking, unless invited to do so.
11. Give others a chance to speak – so that everyone who wants to speak has the chance to.
12. Respect each other's opinions.
13. The Chair will check that everyone is following the discussion.
14. The Chair will check with deaf representatives about when they need eye breaks.

### Appendix 3

## Homerton Improving Discharge for Patient's Group (HIDPG) 2015

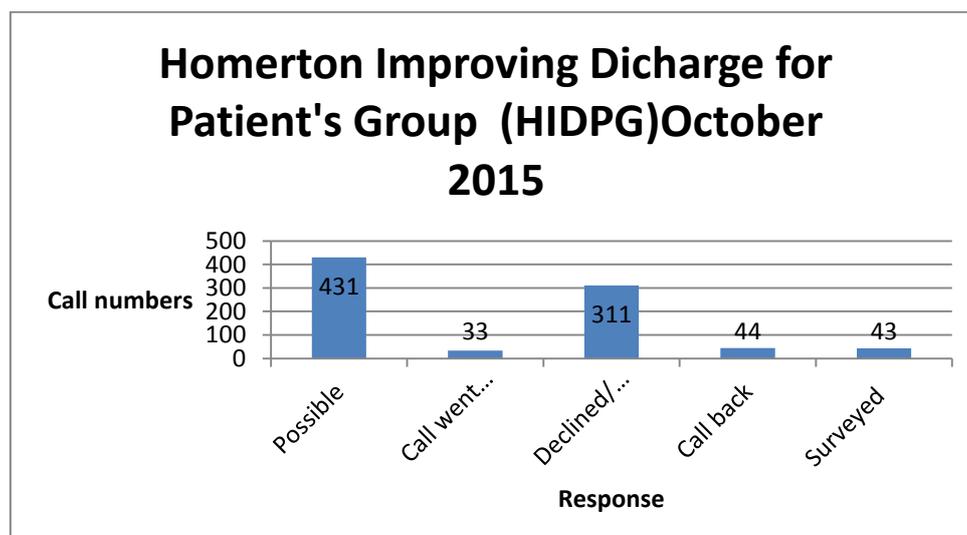
The following bar chart is an explanation of the survey response rate by month.



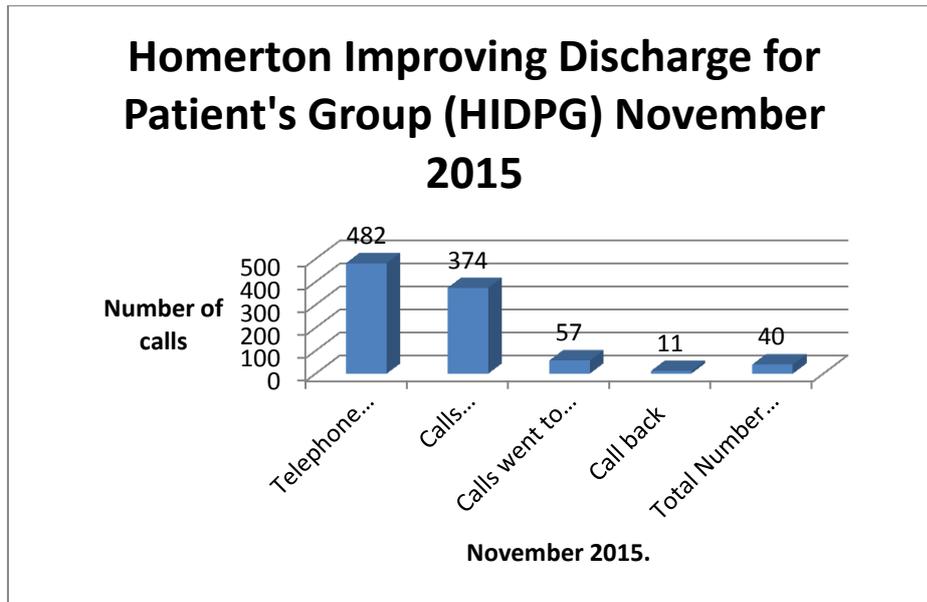
As the researcher in the project became more experienced at calling this appeared to help increase the call return rate. The low survey response rate in October and November may be attributed to a slightly later than planned start of the project and holiday season.

The following bar charts explain calls actually made by consecutive month and response:

### October 2015.

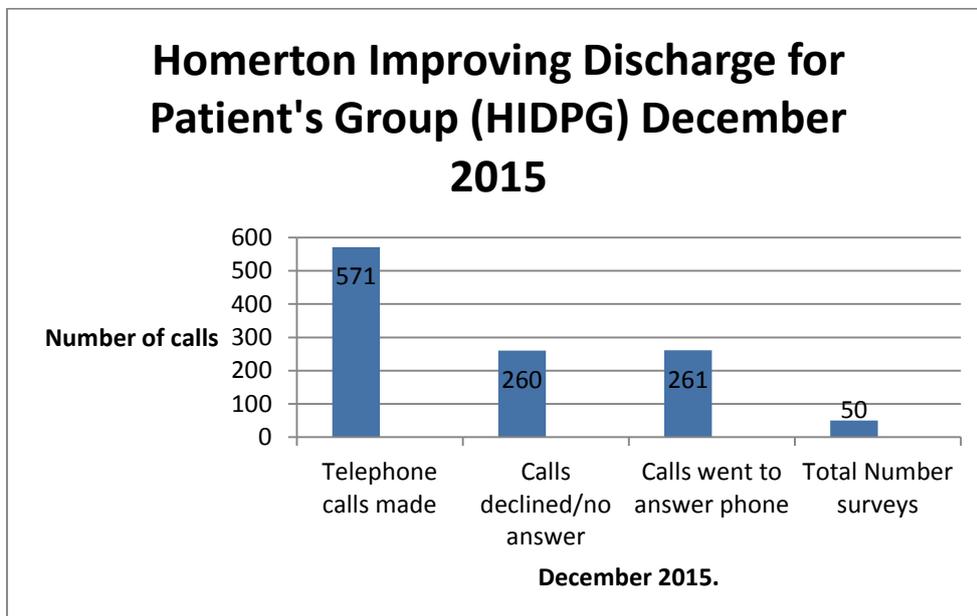


**November 2015**



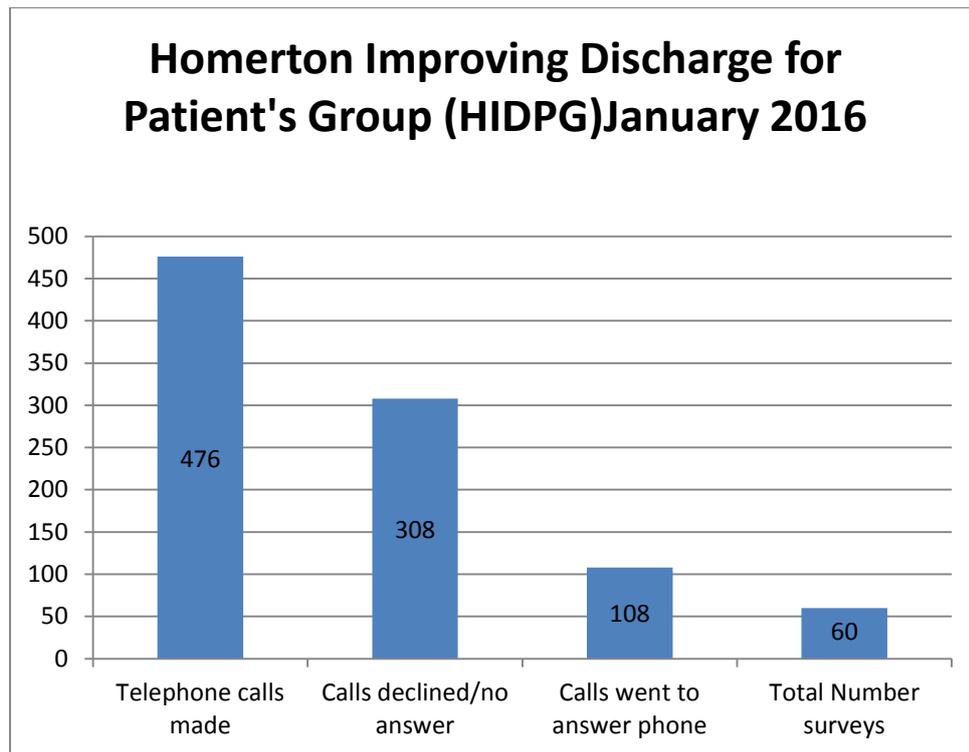
The following bar charts explain calls actually made by consecutive month and response:

**December 2015.**



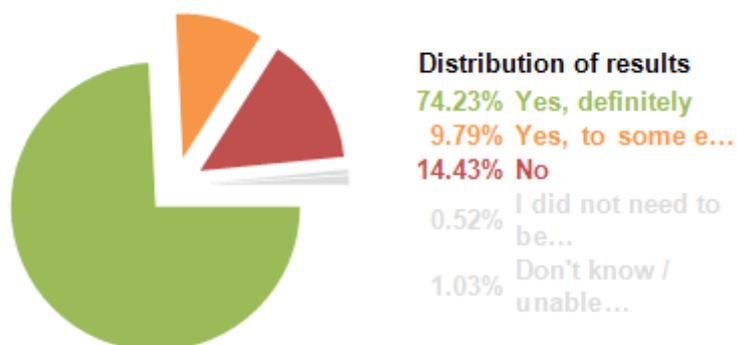
The following bar charts explain calls actually made by consecutive month and response:

**January 2016.**

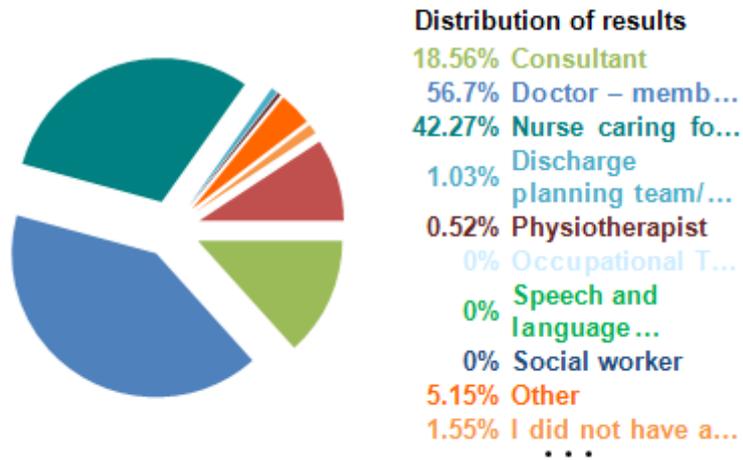


The following pie charts are representative of all 194 people surveyed throughout the project so far October 2016 –January 2016:

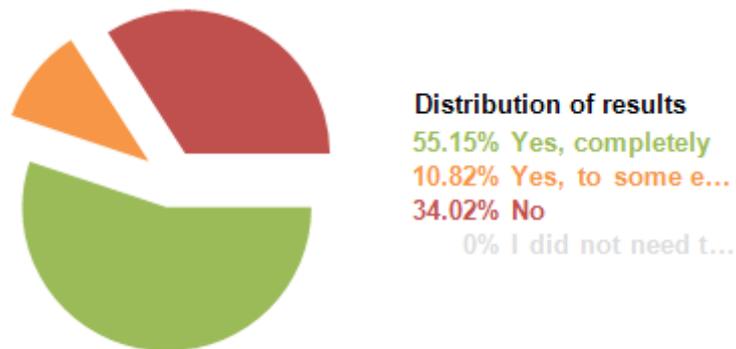
**1. Did you feel involved about decisions about your discharge from hospital? (your care plan for leaving hospital) (Overall score: 80.37%)**



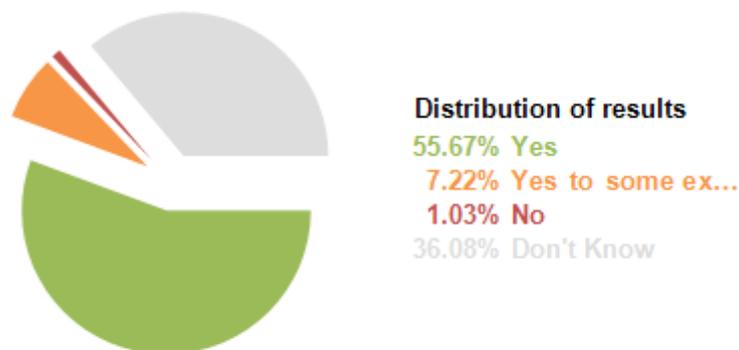
**2. Which members of the healthcare team caring for you have discussed your discharge plan with you? (Non Scoring)**



**3. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (Overall score: 60.57%)**



**4. Was this information in the right/suitable format for you? (Overall score: 92.74%)**



**5. Did hospital staff take your family or home situation into account when planning your discharge? (Overall score: 63.71%)**



**Distribution of results**  
 53.09% Yes, completely  
 8.76% Yes, to some e...  
 28.35% No  
 4.64% It was not nece ...  
 5.15% Don't know / unable...

**6. Was your medication ready to take away with you when you left the hospital? (Overall score: 68.39%)**



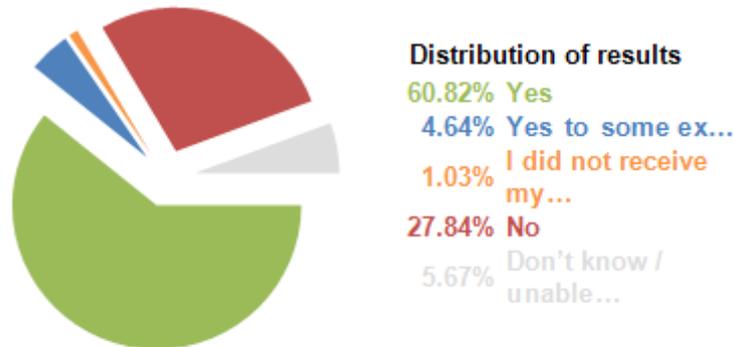
**Distribution of results**  
 61.34% Yes  
 28.35% No my medication wa...  
 9.28% I did not have a...  
 1.03% I did not want to wait...  
 0% Don't know / unable...

**7. How long did you have to wait for the medication, after discharge was agreed? (Overall score: 46.85%)**

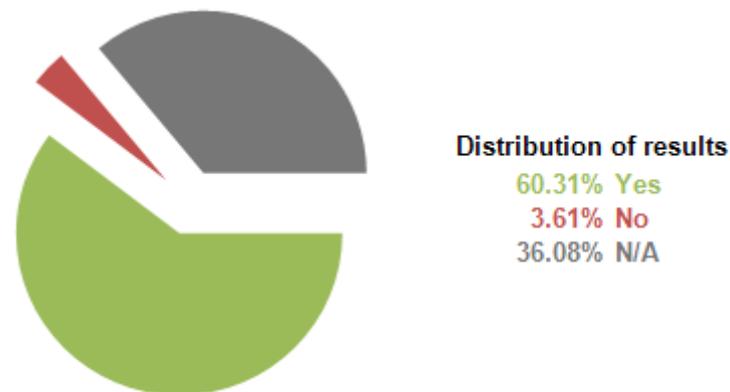


**Distribution of results**  
 5.15% Within half an h...  
 8.76% 1-2 hours  
 4.64% 3-4 hours  
 8.25% over 4 hours  
 73.2% Don't know / unable...

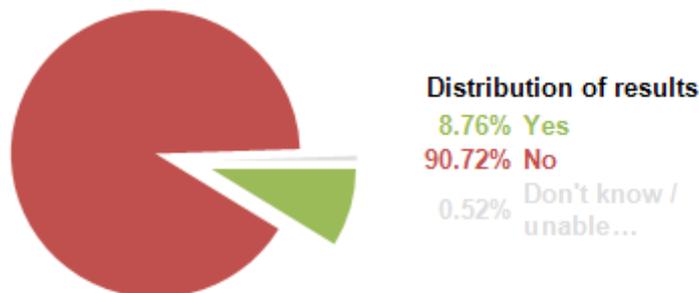
**8. Did the Nurse read and explain the discharge summary with you? (Overall score: 66.94%)**



**9. Did the discharge summary reflect what you understand about your care and treatment? (Overall score: 94.35%)**



**11. Did you use hospital transport to go home? (Overall score: 8.81%)**



**13. Did you arrive home at the time you expected?**  
**(Overall score: 81.38%)**



**Distribution of results**  
 4.64% Within half an...  
 3.09% 1-2 hours  
 0% 3-4 hours  
 0.52% over 4 hours  
 91.75% Don't know /  
 unable...

**14. Did a member of staff tell you about any danger signals you should watch for after you went home?**  
**(Overall score: 44.71%)**



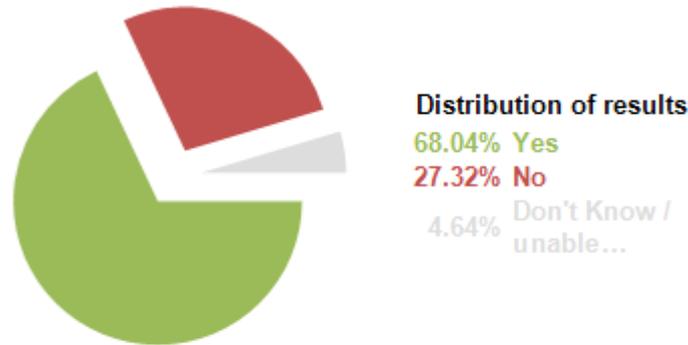
**Distribution of results**  
 37.63% Yes, completely  
 11.86% Yes, to some e...  
 47.94% No  
 0% I did not have a...  
 2.58% Don't know /  
 unable...

**15. Did the doctors and nurses give your family or someone close to you all the information they needed to help care for you?** (Overall score: 45.69%)

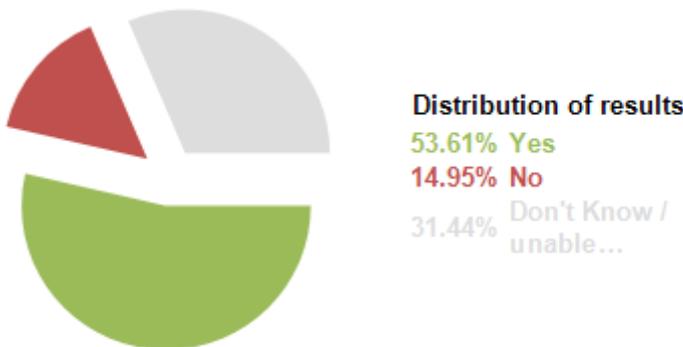


**Distribution of results**  
 36.6% Yes, definitely  
 8.76% Yes, to some e...  
 44.33% No  
 6.7% No family or  
 friends...  
 1.55% My family or  
 friends  
 did not want or...  
 2.06% Don't know /  
 unable...

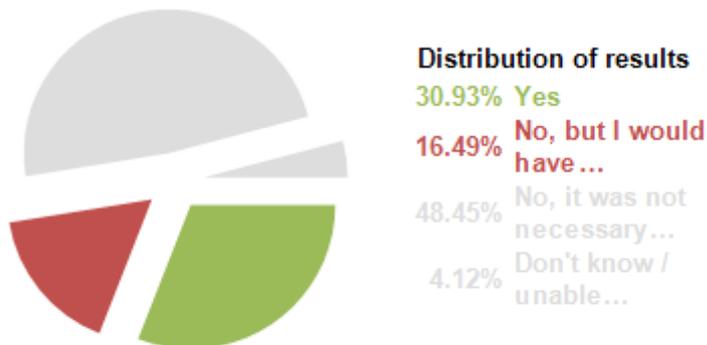
**16. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? (Overall score: 71.35%)**



**17. Following your discharge, do you know if your GP was informed about your hospital stay? (Overall score: 78.20%)**



**18. Did hospital staff discuss with you, that you may need any further health or social care services after leaving hospital?(e.g. services from GP, physiotherapist ..... (Overall score: 65.22%)**



**19. Were your health and social care needs met once you were home? (Overall score: 80.77%)**



**Distribution of results**

19.59% Yes, completely  
4.12% Yes, to some e...  
3.09% No  
3.09% I did not have a...  
70.1% Don't know / unable...

**20. Did a member of staff give you a 'This is Me' book to take home? (For patient identified with a diagnosis of dementia). (Overall score: 100.00%)**



**Distribution of results**

1.09% Yes  
0% Yes, I already had 'This...  
0% No, but I would have...  
0% No  
98.91% N/A

**21. Gender (Non Scoring)**



**Distribution of results**

34.02% Male  
65.46% Female  
0% Other  
0.52% Would rather n...

**22. Please select your age group (Non Scoring)**



**Distribution of results**

- 0.52% 15 or under
- 10.82% 16-24
- 23.71% 25-34
- 14.95% 35-44
- 20.1% 45-54
- 18.04% 55-64
- 11.86% 65-74
- 0% 75-84
- 0% 85 +

**23. What do you consider to be your ethnic background? (Non Scoring)**



**Distribution of results**

- 37.63% White British
- 5.15% White Irish
- 2.58% Mixed White and Black...
- 0% Mixed White and Black...
- 1.03% Mixed White an...
- 1.03% Mixed any other mixed...
- 6.7% Asian or Asian British ...
- 1.03% Asian or Asian British ...
- ...

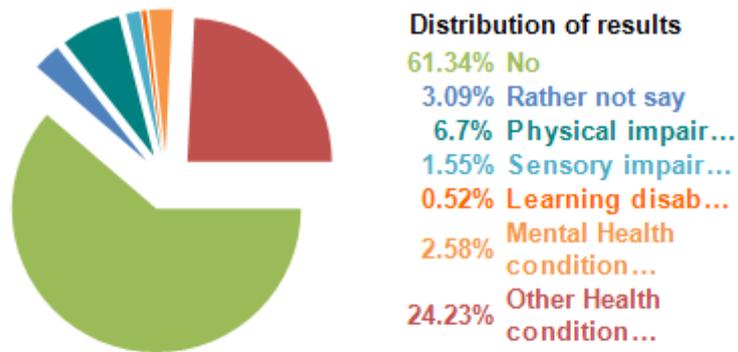
**24. Religion or Beliefs (Non Scoring)**



**Distribution of results**

- 6.19% Atheism
- 1.55% Agnosticism
- 0.52% Buddhism
- 50.52% Christianity
- 2.06% Hinduism
- 0% Humanism
- 13.92% Islam
- 0% Jainism
- 2.58% Judaism
- 0.52% Sikhism
- 4.64% Other
- 13.4% No Religion or...
- 4.12% Rather not say

## 25. Do you have a disability? (Non Scoring)



## Monthly breakdown of themes October 2015

Based on scoring of actual responses the following themes occurred from October's 2015 data:

Three key themes have developed from patient survey in October 2015:

- Being involved in decisions.
- Being given written information.
- Having home situation into account.

From the four patient stories key themes which have developed:

From the patient stories key themes which have developed in October 2015:

- Communication lacks understanding of patient centred care.
- Poor staff attitude.

## November 2015

Based on scoring of actual responses the following themes occurred from November's 2015 data:

Three key themes have developed from the patient survey in November 2015:

- Doctors, Nurses giving family/someone close to you all the information they need to help care for you.

- Members of staff identifying danger signals to watch for after you went home.
- Being given written or printed information about what you should or should not do after leaving hospital.

From the patient stories key themes which have developed November 2015:

- Being involved in decisions.
- Transport and time taken to get home.
- Not discussing further health or social care services after leaving hospital.

## **December 2015**

Based on scoring of actual responses the following themes occurred from December 2015 data:

Three key themes have developed from the patient survey in December 2015:

- Members of staff telling patient about any danger signals they should watch for after going home.
- Doctors and nurses give family or someone close to you all the information they needed to help care for you once home.
- Medication being ready to take away when you left the hospital.

From the patient stories key themes which have developed in December 2015:

- Feeling involved
- Feeling rushed
- Empathy

## **January 2016**

Based on scoring of actual responses the following themes occurred from January's 2016 data:

Three key themes have developed from the patient survey in January 2016.

- Medication waiting time
- Lack of information given to carers
- Members of staff not identifying and telling patients of danger signals to watch out for when they go home.

From the patient stories key themes which have developed in January 2016:

- Feeling involved/ Feeling rushed.
- Lack empathy and poor staff attitude.
- Delay from time the patient was told they could go home until they could leave.