Oxford University Hospitals NHS
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 13 July 2016

TB2016.68

Title	National Inpatient Survey 2015

Status	For information and approval
History	This is a new report. The results of the National Inpatient Survey 2015 were published on 8th June 2016.

Board Lead(s)	Ms Catherine Stoddart: Chief Nurse			
Key purpose	Strategy	**Assurance**	Policy	Performance

Executive Summary

1. The results of the National Inpatient Survey 2015 from the Quality Care Commission (CQC) were released under embargo on 25th May and were published nationally on 8th June.

2. The Trust received the National results under embargo week commencing 23rd June so that comparisons with other Trusts could be examined ahead of publication.

3. The priority for 2016/17 is reducing noise at night from both staff and patients. In the CQC national benchmarking the Trust performance for Q15 'Were you ever bothered by noise at night from other patients?' the Trust is within the expected range. However, the Trust performance for Q16 'Were you ever bothered by noise at night from hospital staff?' was highlighted as 'worse' than most other Trusts.

4. A range of strategies in ward areas are currently in progress as part of a larger project called Sleep Sure. ICU is currently evaluating the impact of several interventions to improve noise at night.

   In the NHS England Statistical Bulletin (2014) it is cited that "the question score with significant deterioration measures patients' experience of being disturbed by noise at night from hospital staff (decreasing from 80.5 to 79.7)".[1]

5. **Recommendation**

   The Trust Management Executive is asked to note and approve the contents of this report.

[1] https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/05/Bulletin_2014IP_Final.pdf

National Inpatient Survey 2015

1. Purpose

1.1. The purpose of this paper is to:

- provide a brief overview of the background of the National Inpatient Survey programme and the changes made to the survey in 2015;
- explain the initial results from the National Inpatient Survey 2015 and review changes in performance since 2014;
- outline the dissemination plan for results;
- recommend a Trust-wide priority.

2. Background

2.1. In the 2015 survey, the nationally mandated sample size was increased from 850 to 1250. This is due to a national drop in response rates. This will also allow for more robust reporting, as well as permitting Trusts to carry out further analysis of data other than at Trust level. CQC guidance states that this increase should allow for more reliable data enabling greater insight into the patient experience.[2]

2.2. The Trust has also commissioned an additional sample of 3492, meaning that 4742 surveys were sent out in total. This has allowed for data to become accessible at ward level without compromising patient anonymity. It is envisaged that this will increase staff engagement and ownership of the results. This level of data will also allow for detailed analysis of individual clinical areas. These additional data will not be published. The headline report attached in appendix 1 contains only the mandatory 1250 patient sample because these data have been published nationally.[3]

2.3. The sample included patients over the age of 16, admitted through both planned and emergency routes, who had more than one overnight stay and were discharged from any of the Trust's hospitals in July 2015.

[2] Instruction Manual for the NHS Adult Inpatient Survey 2015, CQC, Picker, July 2015
[3] The additional sample is for internal use and will not be published by the CQC or on the Trust website.

2.4. Respondents were asked 74 questions about their experience and care, plus additional demographic questions. 72 of the 74 questions can be grouped into the following themes[4]:

Theme	Number of questions relating to theme
Admission	5
Communication and information	12
Confidence in and quality of care	5
Environment	2
Hygiene	3
Leaving hospital	14
Medication	6
Nutrition/hydration	3
Overall experience of care	2
Patient involvement in care	1
Patient safety	3
Pre and post-operative procedure	7
Privacy, dignity and respect	9

2.5. There were 3 new questions in the 2015 survey:

New question	Trust Score (standardised CQC score)	Lowest score achieved nationally	Highest score achieved nationally
Q31 In your opinion, did the members of staff caring for you work well together?	88	80	97
Q57 After leaving, did you get enough support from health/ social care professionals to help recover and manage your condition?	69	58	84
Q58 When transferred to another hospital/nursing home was care plan in place to continue care?	N/A[5]	61	88

3. Overview of Results

3.1. The national data were published by the CQC on 8th June.

3.2. Key findings for England: The results of the 2015 inpatient survey indicate that there have been small, but statistically significant improvements in a number of questions, compared with results dating back to the 2014, 2011 and 2006 surveys. This includes patients' perceptions of:

- the quality of communication between medical professionals (doctors and nurses) and patients
- the standards of hospital cleanliness

[4] 'Q12. During your stay in hospital, how many wards did you stay in?' and 'Q10. While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?' do not fit into any of these themes.
[5] The CQC did not provide a score for the Trust for this question due to too few responses.

- the availability of help to eat when needed
- the number of nurses on duty
- being involved in decisions about their care and treatment.

However, the results also indicate that some questions around being discharged from hospital have been less positive. Information given to patients before being discharged from hospital was an area where there has been some deterioration. A smaller proportion of patients in 2015 said they were given information to take home about what they should or shouldn't do after leaving hospital (66% compared with 69% in 2014). The Trust's performance in this respect can be seen below[6].

Question	**Trust score (standardised CQC score)**
Q59 Before leaving, were you given written or printed discharge information?	67
Q60 Was the purpose of medicines to take home explained understandably?	86
Q61 Were the side-effects of medicines to watch for when home explained?	51
Q63 Were you given clear written/printed information on medicines?	84

3.3. The Trust had a response rate of 56%. This is higher than the national average of 47%.

3.4. The method the CQC use for calculating whether trusts are 'better' or 'worse' is very conservative, e.g. a Trust must be two standard deviations away from the mean to be better or worse. The Trust's survey contractor will be asked to calculate whether the Trust is in the top or bottom 20% or middle 60% for all questions. This will be done when the raw data are released, during late summer 2016. Please refer to appendix 2 for more detail on the scoring methodology.

3.5. The Trust was 'about the same' as the national average on all questions, apart from one:

- Worse than other trusts[7]: noise at night from staff. The standardised score from CQC for the Trust is 74.

  (The lowest Trust score achieved: 70. The highest Trust score achieved: 93.)

[6] http://www.cqc.org.uk/content/adult-inpatient-survey-2015
[7] This means the Trust was more than 2 standard deviations lower than the mean.

3.6. The top scoring questions for the Trust were:

Question	Trust Score (standardised CQC score)	Lowest score achieved nationally	Highest score achieved nationally
Q19 Did you ever feel threatened by other patients/visitors?	97	94	100
Q20 Were hand-wash gels available for patients and visitors to use?	97	92	99
Q39 Were you given enough privacy when being examined/treated?	96	91	99
Q25 Did you have confidence and trust in the doctors treating you?	93	84	98
Q7 Was your admission date changed by hospital?	92	85	99
Q70 Overall, were you treated with respect and dignity?	93	85	97

3.7. The lowest scoring questions in the Trust were:

Question	Trust Score (standardised CQC score)	Lowest score achieved nationally	Highest score achieved nationally
Q73 During your stay, were you ever asked views on quality of care?	17	8	41
Q74 Did you see/were you given any information explaining how to complain about care received?	28	15	49
Q58 When transferred to another hospital/nursing home was care plan in place to continue care?	52	61	88
Q61 Were the side-effects of medicines to watch for when home explained?	51	36	78
Q21 How would you rate the hospital food?	53	45	79

3.8. While these are the highest and lowest scoring questions for the Trust, the Trust is about the same as other trusts on all of these measures.

3.9. There were significant improvements in mean rating scores on the following questions:

Question	MRS in 2014	MRS in 2015	Difference
Q13 After moving ward, was it to a mixed-sex room or bay?	90	95	+5
Q62 Were you told how to take the medication in an understandable way?	82	88	+6
Q23 Enough help from staff to eat your meals? (for those who needed assistance)	66	78	+12

Improved performance on Q13 displays that the Trust is acting in accordance with Privacy and Dignity Guidelines and that patients are being treated in comfortable, respectful environments, which is conducive to recovery.

The difference in score for Q62 shows that staff members are ensuring that the correct information is relayed to patients, which suggests a focus on patient safety.

The large increase in score for Q23 shows that the priority of ensuring appropriate nutrition and hydration for vulnerable patients has been progressed.

3.10. There was a significant decline in the mean rating score on the following question:

Question	MRS in 2014	MRS in 2015	Difference
Q67 Did staff tell you told who to contact if worried about condition/treatment once home?	82	77	-5

A decrease in performance on this score could mean that patients do not feel safe if their condition deteriorates once home.

4. Respondents' demographics:

4.1. See appendix 3 for a detailed report of the demographics of respondents in 2014 and 2015.

4.2. The best way to analyse engagement from different demographic groups would be to review response rates from the groups. However, response rates for demographic groups are not available. Instead, the percentage of overall respondents from each demographic group has been reviewed and a comparison has been made between 2014 and 2015. However, differences from year to year do not necessarily imply a change in response rate for people with this characteristic. The differences may be due to the sample containing a different number of people with the characteristic, or an increase in response rate from people who do not hold the characteristic. Additionally, numbers of people with some characteristics are low, and differences may not be

significant. Response rates for demographic characteristics have been requested.

4.3. The key points to note from the data are:

- Disability. 48% of people overall said they had a long-standing condition, compared to 42% in 2014.
- Ethnic group: 92% of the respondents described themselves as "White: English/Welsh/Scottish/Northern Irish/British" in 2015. This was 94% in 2014.

5. Improvements in 2015 (as a result of the 2014 survey)

5.1. The Trust selected a single priority from the National Adult Inpatient Survey 2014. In previous years, action plans consisted of several priorities, and significant improvements were not realised. In 2015, the Trust selected improving responsiveness to patient needs measured via patients' feedback about call bells. The Patient Experience Team and the Chief Nurse raised awareness of this priority by communicating it to Divisional Management teams, supported by a video of the Chief Nurse explaining what made this priority important.

5.2. The percentage of call bells answered within 2 minutes was 45% in 2014 and 51% in 2015. Whilst this is an improvement, the change is not statistically significant. The percentage of call bells answered within 5 minutes remains the same at 83%. As shown in the graph below, the Trust score is now closer to the national average.

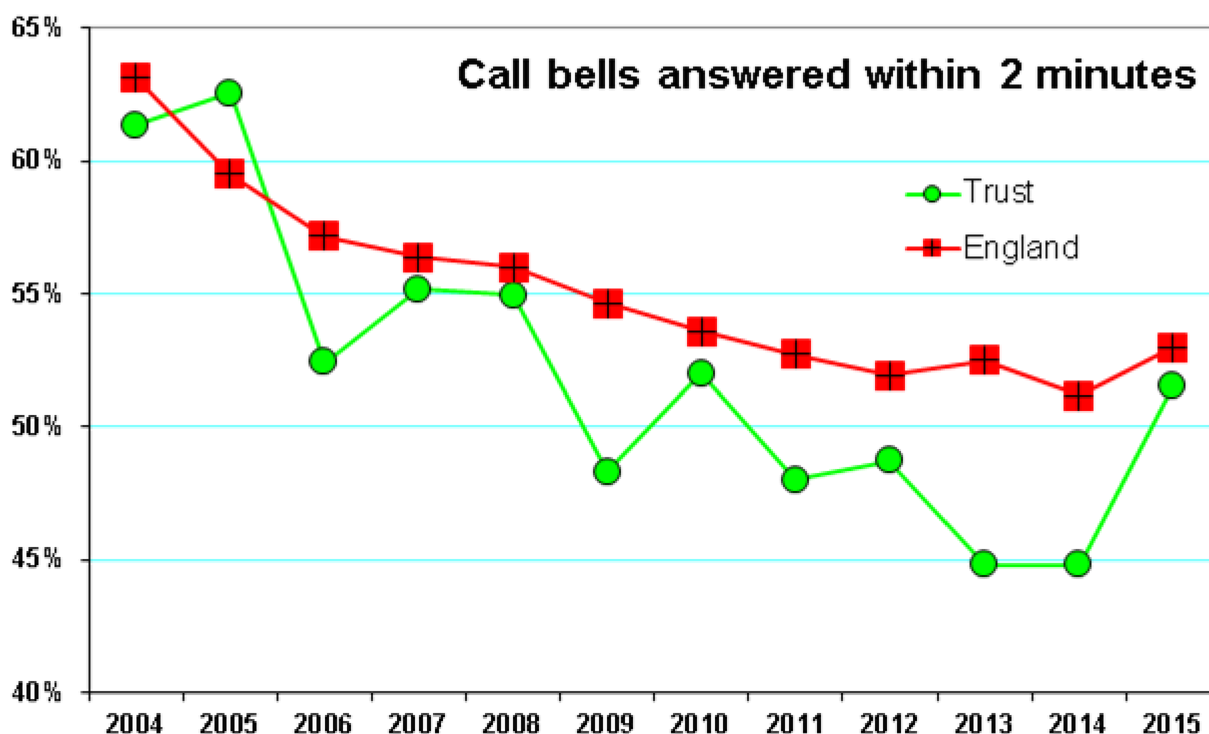

Figure 1 - OUH and National Patient feedback about call bell response times over the last 11 years. Source: CQC inpatient survey national data set.

5.3. The introduction of Trust-wide programmes such as Magnet Accreditation, the Compassionate Care Training Programme, and Safe Staffing level monitoring may have contributed to the improvement in call bell response times, alongside raising awareness of this important priority.

6. Improvements for 2016/17

6.1. For 2016/17 the Chief Nurse has decided to focus on one Trust-wide priority; reducing noise at night, and in particular noise caused by staff. The results of the 2015 survey have highlighted this, as shown in Figure 2 where the Trust is worse than the national average on noise at night from staff.

6.2. There are a wide range of scores nationally on the questions about being bothered by noise at night from staff (scores range from 69 to 94; see Figure 2) This shows that it is possible to achieve a better score.

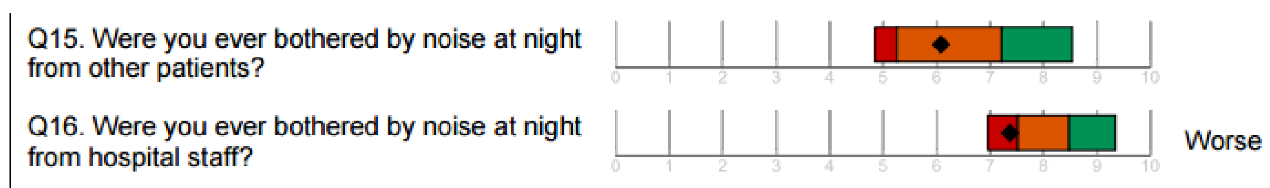

Figure 2 - Noise at night: comparison to other Trusts

6.3. The scores on the noise at night questions are shown below:

Question	No. of respondents	% Yes	% No	MRS	Change from 2014
Q15 Were you ever bothered by noise at night from other patients?	663	38	62	62%	+2 (60)
Q16 Were you ever bothered by noise at night from staff	657	25	75	75%	-3 (78)

6.4. Please refer to Appendix 4 for a selection of comments about noise at night.

6.5. A research project about the quality of sleep in hospitals.[8] Doctors within the Trust will trial the use of eye masks and ear plugs over the summer of 2016. Patients are offered aid to their sleep and therefore their recovery. Patients will be involved in planning this research. The study will monitor:

- Length of stay
- Quality of sleep (using patient questionnaires).

6.6. The Trust's Critical Care departments have been given a grant to research noise in the Critical Care Units of the Trust. The study aims to look at the key sources of noise, monitor noise levels, assess how feedback to staff on noise levels affects subsequent noise, and assess the effectiveness of a staff training programme on reducing noise levels.[9]

[8] For more information visit https://clinicaltrials.gov/ct2/show/NCT02732912
[9] For more information visit http://www.ouh.nhs.uk/kadoorie/research/critical-care-research.aspx

7. Improvements in Nutrition and Hydration

7.1. Improvements in nutrition and hydration are part of the Commissioning Quality and Innovation (CQUIN) Programme for 2016/17. There are several initiatives being implemented across the Trust to address this priority, including the development of a Nutrition Strategy, and Nutrition Policy to coincide with the strategy.

7.2. The Trauma ward has been trialling 'finger food' boxes as an alternative for meals and snack boxes for patients with Dementia. These boxes, funded by Carillion offer 900 calories and allow patients to eat over longer periods of time. It is predicted that this type of innovation with patient meals will lead to greater nourishment in vulnerable patients, therefore reducing length of stay and, in turn, costs.

7.3. Wards 7B and C are being audited for nutrition, including observation of meal times, cleanliness, and bell ringing.

7.4. Satisfaction rates for food on the Haematology Ward were low (MRS score of 39 for rating of food); a Nutrition Assistant is being recruited for the Haematology and Oncology wards and for Upper Gastro-Intestinal ward.

7.5. Results of the questions relating to nutrition are shown below, with comparison to the NHS average in 2014.

Question	**Trust Average 2015**	**NHS Average 2014**
Q21 How would you rate the hospital food?	53	55
Q22 Were you offered a choice of food?	90	87
Q23 Enough help from staff to eat your meals?	73	74

8. Divisional and Directorate Ranking

8.1. The table below shows how the divisions have performed against one another in terms of the overall average scores for all survey questions. The questions about patients' experiences in the Emergency Department have been removed from the ward rankings as they are not relevant across divisions.

Division	**NOTSS**	**S&O**	**C&W**	**MRC**
Overall Ranking - Division	**1**	**2**	**3**	**4**
Average Score	81	78	78	76

8.2. The highest performing directorate is Oncology and Haematology, followed by Orthopaedics. Acute Medicine and Rehabilitation is ranked 11th and Gastroenterology, Endoscopy and Churchill Theatres scored the lowest at 12th.

9. Dissemination plan

9.1. The results were made available to Divisional Leads in April.

9.2. The Patient Experience Team presented the results to the Divisional Management Team or at the Divisional Governance Meeting, according to what is agreed with the Divisional Patient Experience lead.

9.3. Results will be disseminated to Trust-wide groups to ensure corporate overview and assurance. Where available, this will include both the comments and numerical data from the questions on the topic:

- Results relating to nutrition and hydration have been shared with the Trust leads for nutrition. These will be fed into the Nutrition Steering Group.
- Results relating to discharge will be presented to the Discharge Assurance Oversight Group (Please refer to Appendix 5 for the report).
- Results relating to cleanliness will be sent to the Infection Control Committee.
- Results relating to food and cleanliness will be split by site and send to the Soft Facilities Client Contract Managers (people responsible for managing the contracts for cleaning and food within the trust)
- Results relating to privacy and dignity will be fed into the Privacy and Dignity Policy.
- CSS will receive the results of the results relating to theatres, anaesthetics, and pharmacy services (on the sites they are responsible for managing these services).[10]
- The Complaints Team will receive the ward-level results about whether people saw information on how to complain.

10. Conclusion

10.1. There were some significant changes between 2014 and 2015 results. One question was worse and three were better.

10.2. The Trust was significantly worse than the national average on one question: noise at night from staff.

10.3. An increased sample size will allow for more personalised feedback at ward level and it is envisaged that ownership of and engagement with the results will be improved as a result.

11. Recommendation

11.1. The Trust Management Executive is asked to note and approve the contents of this report.

Catherine Stoddart

Chief Nurse

[10] CSS do not have any ward-specific results for the National Inpatient Survey as so few people are discharged from Critical Care wards.

Report prepared by:

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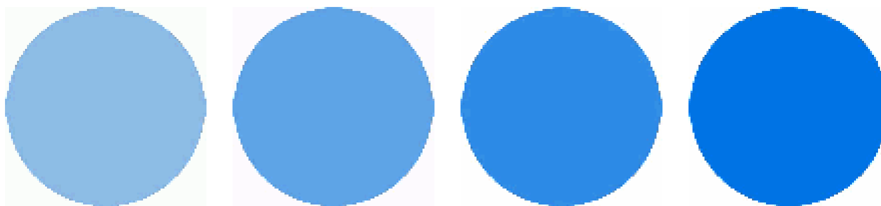
June 2016

Appendix 1 double click to open



Patient Survey Results - Final Report

Oxford University Hospitals NHS Foundation Trust

National Inpatient Survey 2015

Sample: Patients discharged JULY 2015

www.patientperspective.org

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Appendix 2: Scoring methodology

1. The mean rating scores have been calculated as a summary measure for each question. This allows comparisons with the Trust's results in 2013, and allows benchmarking between Trusts.
2. The mean rating score is calculated by allocating a 'weight' to each response, with positive scores (e.g. excellent, very good) allocated a higher score than negative responses (e.g. fair, poor). An average for each question is then calculated, with higher scores indicating a more positive patient experience.
3. There are two types mean rating scores, both of which are used in this in this report. It is important to understand the differences between the types of scores (adjusted and non-adjusted) when interpreting the results and deciding upon the priorities for action, as performance can differ depending on which type of scores are used.

    3.1.1. Non-adjusted scores (used internally to compare the Trust's scores over time)

    3.1.2. Adjusted scores (used to compare the Trust nationally).

4. The CQC report adjusts the mean rating scores for each trust. This approach provides controls for demographic profile and route of admission, in order that scores for one Trust are not adversely or positively affected by factors beyond their control.
5. The CQC standardises scores by three criteria: route of admission (emergency/elective), age, and sex; because older people, men and people admitted electively tend to rate their care more positively than younger people, women and people admitted in an emergency. Therefore, if a Trust has a lower percentage of emergency admissions than the national average, the emergency admissions in that Trust's sample will count as more than one person, while the elective admissions will count as less than one person. In such a case, the adjusted scores would be lower than the non-adjusted scores.
6. Adjusted scores are useful for comparing different trusts, but scores can differ from the actual responses that patients gave. This means that adjusted scores are less stable over time. The CQC IP14 technical document states that:

    6.1.1. […] when looking at scores within a trust over time, it is important to be aware that they are relative to the performance of other trusts. […] it is more accurate to look at actual changes in scores and to test for statistically significant differences.

7. The CQC report also benchmarks the Trust as 'better', 'about the same' or 'worse' than other Trusts. Trusts are defined as 'better' or 'worse' if they are more than 2 standard deviations higher or lower than the mean.
8. The CQC presents scores out of 10 rather than out of 100; to reduce confusion the scores in this report have been converted to out of 100.

Appendix 3: demographic information about respondents, 2014 and 2015

1.1. Disability.

Question	% 2014	% 2015
Q76a: Are you deaf or have a severe hearing impairment?	16	11
Q76b: Are you blind or partially sighted?	6	4
Q76c: Do you have a long-standing physical condition?	24	25
Q76d: Do you have a learning disability?	1	2
Q76e: Do you have a mental health condition?	3	5
Q76f: Do you have a long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy?	35	29
Q76g: Do you have any long standing condition?	42	48

1.2. Gender (Q78)

Gender	% 2014	% 2015
Male	49	49
Female	51	51

1.3. Age (Q79)

Age group	% 2014	% 2015
16-35	9	9
36-50	12	14
51-65	25	28
66-80	38	34
81+	15	15

1.4. Religion (Q80)

Religion	% 2014	% 2015
No religion	25	18
Buddhist	0	1
Christian	71	77
Hindu	0	0
Jewish	0	1
Muslim	1	1

Sikh	0	0
Other	1	1
I would prefer not to say	1	1

1.5. Sexual Orientation (Q81)

Response	% 2014	% 2015
Heterosexual/Straight	95	95
Gay/Lesbian	0	1
Bisexual	1	1
Other	0	0
Prefer not to say	4	2

1.6. Ethnic Group (Q82)

Response	% 2014	% 2015
1 White - English/Welsh/Scottish/Northern Irish/British	94	92
2 White - Irish	1	1
3 White - Gypsy or Irish Traveller	0	0
4 White - any other White background	2	3
5 Mixed - White and Black Caribbean	0	0
6 Mixed - White and Black African	0	0
7 Mixed - White and Asian	0	1
8 Mixed - any other Mixed background	0	0
9 Asian - Indian	0	1
10 Asian - Pakistani	0	0
11 Asian - Bangladeshi	0	0
12 Asian - Chinese	0	0
14 Black - African	1	1
15 Black - Caribbean	0	0
16 Black - any other Black/African/Caribbean	0	0
17 Arab	0	0
18 Any other ethnic group	0	0

Appendix 4: Comments about noise at night

"I could hear the staff talking all night. I only stayed one night following operation. My sleep was disturbed due to being slightly uncomfortable (understandably) after having operation but I found the staff talking loudly stopped me from sleeping."

"Staff should respect patients' need to rest and not have loud tea parties in the staff room - so much laughing and chatting after midnight I found quite rude! I had to get up to ask them to please talk softer."

"The nights! Lights were left on often way after midnight (this is excluding those lights which were necessary). There was often a lot of noise: nurses talking, calling to one another, loud TV noise which nurses were reluctant to interfere with. On one occasion a TV in a single room opposite my ward was blaring until 1.30am. Someone eventually turned it off after I had peeped in carrying drains, drips, bags etc. and discovered that the patient inside was asleep."

Appendix 5: Report on the Trust's performance on questions relating to leaving hospital, National Inpatient Survey 2015

1. Overview of the questions about discharge

1.1. There were 12 questions on the 2015 national inpatient survey about patients' experiences of leaving hospital. The Trust's scores on these questions in comparison to the NHS average in 2014 are shown in table 1 below. [11,12]

Table 1: Trust's scores on questions relating to leaving hospital

Question	Trust (2015)	NHS (2014)
Q51 Did you feel involved in discharge decisions?	72	69
Q52 Were you given enough notice about when you were going to be discharged?	74	71
Q53 Was your discharge delayed?	56	58
Q57 After leaving, got enough support from health/ social care professionals to help recover?	67	
Q58 When transferred to another hospital/nursing home was care plan in place to continue care?	52	
Q59 Before leaving, were you given written or printed discharge information?	69	68
Q60 Was the purpose of medicines to take home explained understandably?	85	84
Q61 Were the side-effects of medicines to watch for when home explained?	52	50
Q62 Were you told how to take the medication in an understandable way?	86	83
Q63 Were you given clear written/printed information on medicines?	82	80
Q64 Were you told about any danger signals to watch for when you went home?	56	55
Q65 Did staff take your family/home situation into account when planning your discharge?	75	72
Q66 Did doctors/nurses give family/friend all information needed to help care for you?	62	62
Q67 Did staff tell you told who to contact if worried about condition/treatment once home?	78	78
Q68 Did staff discuss whether you may need any equipment/adaptations in your home?	86	82
Q69 Did staff discuss whether you may need further health/social care services after leaving?	83	85

2. Personalised discharge plans

- 59% of those who wanted to be involved in decisions about discharge felt that they 'definitely' were involved as much as they wanted to be, and a further 29% felt they were involved "to some extent" (Q51). However, 12% did not feel involved in these decisions.[13]

[11] The mean rating score is calculated by allocating a 'weight' to each response, with positive scores (e.g. excellent, very good) allocated a higher score than negative responses (e.g. fair, poor). An average for each question is then calculated, with higher scores indicating a more positive patient experience.

[12] The 2015 NHS average on these questions will be available later in 2016.

[13] There were 14 people (2% of sample) who did not want to be involved in these decisions, but they have been removed before calculating the percentages above.

- Similarly, 61% felt they were ‘definitely’ given enough notice about their discharge, 28% ‘to some extent’ and 12% did not think they were given enough notice (Q52).
- 201 respondents (31%) felt they did not need their family or home situation taken into account when planning for discharge (Q65). Of those who needed it, 65% felt this happened completely, 19% to some extent, and 15% felt this did not happen.
- Q66 asks whether information was given to a friend or family member to help care for the patient at home. The question was not relevant to 200 respondents (21%). Of those to whom the question was relevant, 46% and 20% felt that the information was given “completely” and “to some extent” respectively. 23% felt this information was not given.
- The majority of patients (72%, n = 470) felt that they did not need any discussions about adaptations or equipment in their home (Q68). Of those who needed it 88% received this support.
- Nearly half of respondents (47%, n = 314) felt that they did not need any discussions about health or social care services after leaving hospital (Q69). Of those that needed these discussions with staff, 82% had them.

3. Discharge delays

- 64% of respondents were discharged with no delay or within the hour (Q53 & Q55). However, 23% of respondents waited more than 2 hours (Figure 3).

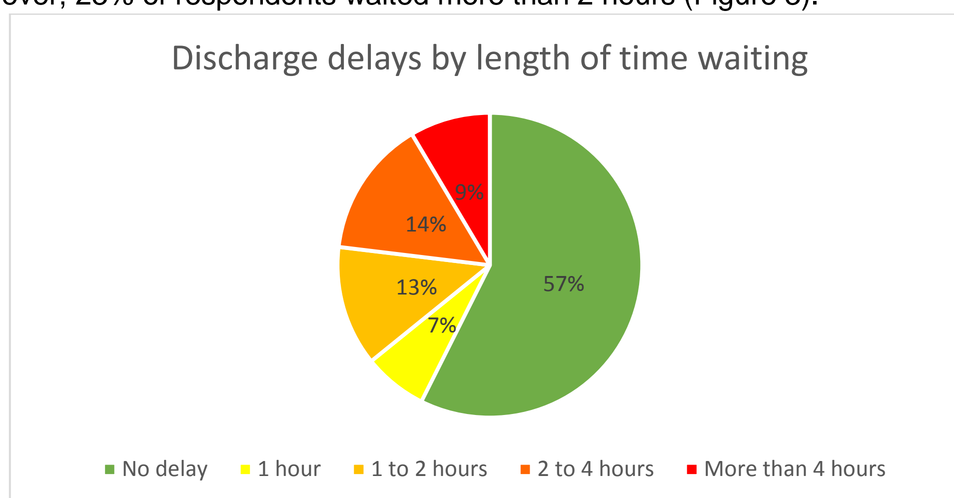

Figure 3 - discharge delays by length of time waiting

- The most common reason for the delay was waiting for medicines with 69% of respondents citing this reason for waiting (Figure 4; Q54).

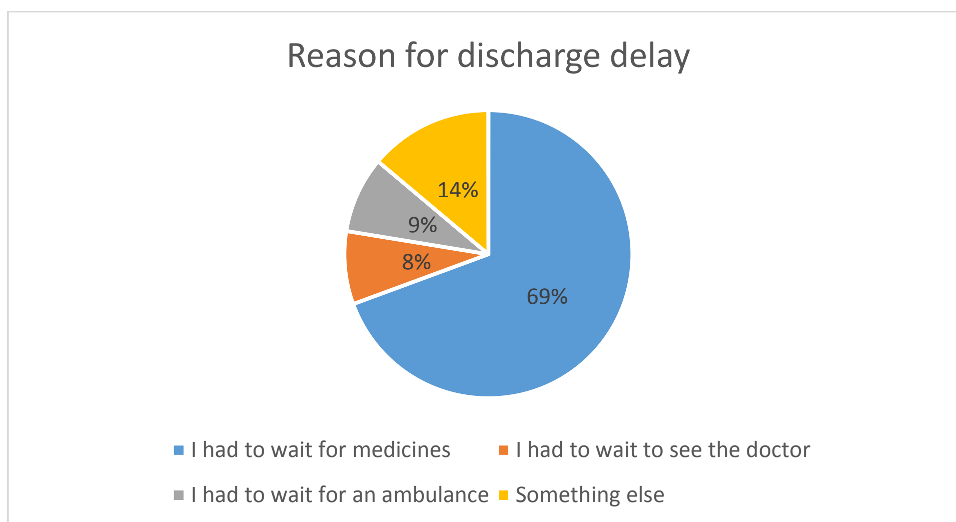

Figure 4 - reason for delay

4. After leaving hospital

Q56 asks about where respondents went after leaving hospital. 91% of respondents went home, while 4% went to stay with family or friends, 2% were transferred to another hospital, 1% went to a residential or nursing home, and 1% went somewhere else.

45% of overall respondents (n = 292) felt that they did not need any support to recover and manage their condition once leaving hospital (q57). Figure 5 below includes only those patients who felt that they needed support. Of those, the majority felt that they did definitely get support (57%) or did have support “to some extent” (23%), but 20% of those who responded felt that they needed support and did not get it.

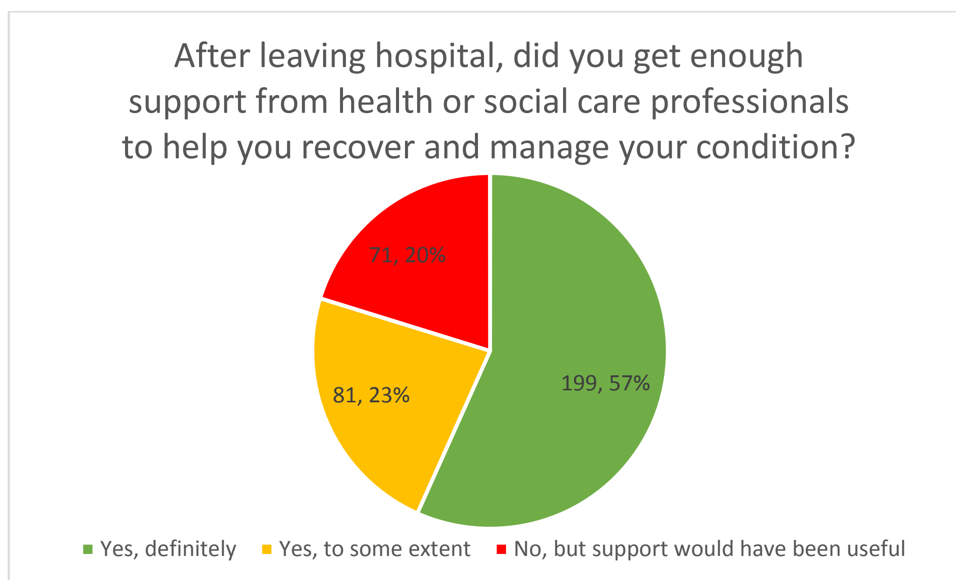

Figure 5 - support after leaving hospital

The survey asks about whether there was a plan in place to continue care after transfer to another hospital or care home (q58). Only 71 people responded to this question, and 10 of those said they did not know whether there was a plan in place. Of those who were able to provide a response, 36% said there was definitely a plan in place, 16% said “to some extent” and 48% said there was not a plan in place.

5. Safety and information on discharge

5.1. Safety information

- 68% said they were given written information about what they can and cannot do after leaving hospital (Q59).
- 143 respondents (22%), felt that an explanation about danger signals was not necessary (Q64). These respondents have been excluded from the following percentages. About half (51%) felt that they were completely given this explanation, and a further 17% felt that this was explained to some extent. However, 32% felt they did not receive this information.
- 77% of respondents said they were told who to contact if they were worried after leaving hospital (of those who could remember; Q68).

5.2. Medicines

Questions 58-63 ask about information given on medicines at discharge.

80 respondents (12%) were not given any medication on discharge. Many of the respondents who did have medication did not feel that any further explanations were necessary (these vary by question).

- Purpose of medications: 70 respondents (11%) felt they did not need an explanation (excluded from the following percentages). Of those who needed an explanation, 79% felt they had a complete one, and 15% felt the purpose was explained "to some extent". 6% felt the purpose was not explained.
- Side-effects of medications: 157 respondents (27%) felt they did not need an explanation (excluded from the following percentages). Of those who needed an explanation, 44% felt they had a complete one, and 20% felt there was an explanation "to some extent". 36% felt that side-effects were not explained.
- How to take medicines: 128 respondents (21%) felt they did not need an explanation (excluded from the following percentages). Of those who needed an explanation, 82% felt they had a complete one, and 11% felt there was an explanation "to some extent". 7% felt that they were not told how take their medicines in a way they could understand.
- Given clear written or printed information about medicines: 114 respondents (19%) felt they did not need any printed information (excluded from the following percentages). Of those who needed an explanation, 78% felt they had completely had clear information, and 14% felt the information was clear and complete "to some extent". 9% felt that they were not given information that was clear for all of their medicines.