

Hospital Discharge Patient Engagement



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March 2023

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Executive summary

Between August 2022 and March 2023 Healthwatch Wakefield carried out engagement work with people who had recently been discharged from our local hospitals.

This was part of the larger piece of work being carried out by the System Discharge Group under the lead of Wakefield District Health and Care Partnership.

The aim was to gather the views and experiences of adults, and their families, who had recently been discharged from Pinderfields, Pontefract or Dewsbury hospital.

Each month, these experiences would be fed into the System Discharge Group to ensure that the patient voice was heard and to enable appropriate changes to be made to improve the patient experience of hospital discharge.

A mixture of quantitative and qualitative data was collected through survey that were completed over the telephone, with people who had recently been discharged from hospital.

A total of 111 surveys were completed up to 8 March 2023.

Six case studies were also written up in this time.

It is worth mentioning that 14% of phone numbers provided to Healthwatch were unable to connect or incorrect.

Summary of findings

- All respondents had been discharged from Pinderfields or Dewsbury, most within the last two months.
- There were issues around people being transferred from Pinderfields to Dewsbury Hospital and family not being informed.
- 30% of people who had been in hospital for more than four weeks felt that they had been in too long.
- All but 14 people, out of 111, were discharged back home or to the place they had been living before going into hospital, for example with relatives.
- 30% of people didn't feel that they had everything they needed in place when they were discharged from hospital, and 36% didn't feel emotionally prepared. Similar reasons were given for both, with people feeling that they would have liked discharge information to have been communicated better, more support or follow up, or that they felt they needed more time in hospital.
- There was a clear split in feelings of satisfaction with regards to communication and information about discharge. 45% of respondents felt satisfied whilst 45% felt dissatisfied. Those who had been in hospital for less than a week were happiest with communication.

- Positive things about communication and information were staff, being kept up to date with questions being answered, and generally everything working well.
- Things that could have been improved about communication and information were: Generally more and better communication, more information about length of stay and discharge date, attitude of staff, amount of time waiting around and waiting for medication, more information about transfer between wards or hospitals, better written information and discharge notes and wanting a further referral.
- Only 38% of respondents remembered being given written details of who to contact if they needed further advice or support after leaving hospital, this was similar when filtered for length of stay and also for age. This was despite the interviewer explaining what the leaflet looked like and when they should have received it.
- 75% of people had received further care and support since being discharged and 75% of them felt that they were receiving the right amount, 9% said it wasn't enough and 16% were unsure.
- Overall, 48% of people were satisfied with their discharge from hospital, however 34% were dissatisfied.
- Overall, 68% were satisfied with their care and support after discharge with only 13% being dissatisfied.
- Five themes emerged when people were asked to think of one thing that could be improved about the discharge process:
 - Better communication and information
 - Issues with staff and care
 - Everything was positive
 - Reduce time spent waiting around including waiting for medication
 - Not enough follow up
- The themes emerging from the six case studies were similarly focused largely on lack of clear communication, written information and follow up not being in place or clear, attitude of staff, discharge feeling rushed and stressful.

Introduction

Background

Healthwatch Wakefield is your local health and social care champion. We make sure that NHS leaders and other decision makers hear your voice and use your feedback to improve care.

In April 2022, Healthwatch were asked, by the Service Director of Adult Social Care, to carry out engagement work with people who have recently been discharged from hospital.

This is part of a wider programme of work which is being carried out by the System Discharge Group under the lead of Wakefield District Health and Care Partnership.

The System Discharge Group is a partnership group which is co-chaired by both health and social care. It has a broad membership of partners including the West Yorkshire Integrated Care Board, Wakefield Council, Mid Yorkshire Hospitals NHS Trust, community health, Conexus (GP federation), providers of residential care and home care support, and the local voluntary sector.

The overall aims of this programme of work are:

- To have no one in hospital who does not need to be there.
- Any ongoing care needs to be assessed in the right place at the right time, including appropriate recovery and rehabilitation.

There are four key strands to the programme:

1. Operational Efficiency
2. Data and Intelligence
3. Service Redesign and Commissioning, and
4. Communications and Engagement.

The work which Healthwatch Wakefield have been commissioned to carry out falls under the 'Communications and Engagement' strand.

It was agreed that, whilst carrying out their engagement work, Healthwatch staff would be based at the Integrated Transfer of Care Hub, also called the IToCH, at Pinderfields Hospital.

IToCH is a multi-disciplinary hub based at Pinderfields Hospital. It was established in 2022 and is made up of staff from the hospital discharge team, adult social care, community health, housing, reablement and the voluntary sector.

The IToCH hub are sent a daily report highlighting people who have "no reason to reside", that is people who are medically able to leave hospital but have not yet been discharged. "No reason to reside" is recorded by ward staff on to the Trust patient database. These referrals are from all Mid Yorkshire Hospital NHS Trust acute beds and are directed, by the hub, to whichever service is felt appropriate to support the person. The IToCH team work together to streamline the hospital discharge process so that referrals go directly to the right agency. They focus on the people who need further support from health or social care in

order to be discharged, these people are said to be on pathways one, two or three, depending on their level of need.

Pathways

Pathway 0: Likely to be a minimum of 50% of people discharged. Simple discharge home, no new or additional support is required to get the person home.

Pathway 1: Likely to be a minimum of 45% of people discharged. Able to return home with new, additional or a restarted package of support or 24 hour care at home.

Pathway 2: Likely to be a maximum of 4% of people discharged. Recovery, rehabilitation, assessment care planning, or short-term intensive support in a 24 hour bed based setting, before returning home.

Pathway 3: Likely to be a maximum of 1% of people discharged. People who require bed based 24 hour care, and includes people discharged to a care home for the first time plus existing care home residents returning to their care setting.

Aims, objectives and activities

The aim of the work carried out by Healthwatch Wakefield is:

To gather the views and experiences of adults, and their families, who have recently been discharged from Pinderfields, Pontefract or Dewsbury hospital. To feed these experiences into the System Discharge group in order to ensure that the patient voice is heard and to enable appropriate changes to be made to improve the patient experience of hospital discharge.

Key objectives and activities:

- Healthwatch, in collaboration with the System Discharge Group members, to put together a survey to be used as a guide for structured telephone interviews.
- Healthwatch staff to be on site at the Integrated Transfer of Care Hub, IToCH, on average 3 hours per week, each week, to conduct telephone interviews.
- Use Healthwatch contacts, and 1:1 interviews, to complete up to ten case studies.
- Healthwatch staff to provide monthly feedback to the System Discharge Group and the IToCH Development Group.
- Healthwatch to produce a summary report following six months of engagement.
- Healthwatch to produce a final report following twelve months of engagement.

Methodology

Between August 2022 and 8 March 2023, 111 telephone interviews were completed and six case studies were written up.

A mixture of quantitative and qualitative data was collected. The quantitative data allows for comparisons to be made between groups and also over time, whereas the qualitative data allows exploration of personal experiences in more detail, whilst still identifying trends in opinions.

Structured telephone interviews enabled the collection of both quantitative and qualitative data. Where a large amount of qualitative data was collected, some of these interviews were written up as case studies. Further potential case studies were also identified through people already known to Healthwatch Wakefield.

An interview schedule was put together and agreed at the System Discharge Group. The interview schedule was input onto the online survey tool "SmartSurvey" and used as a basis for the structured telephone interviews.

Whilst carrying out the telephone interviews, Healthwatch staff were based at the IToCH at Pinderfields Hospital. Due to data protection guidelines, Healthwatch staff were unable to access the Trust database directly, therefore each week a member of the IToCH Admin Support Team provided Healthwatch with contact details of people who had been discharged from Hospital in the previous six weeks. These people were all on pathway one, which means that they were able to return home with new, additional or a restarted package of support or 24 hour care at home. Please note that for the purposes of this engagement Healthwatch did not speak to people on Pathway 0, that is people who didn't need any new or additional support in order to be discharged.

Findings

Number of calls and surveys completed

A total of 111 surveys were completed over the telephone. Table one is a summary of all calls made between August 2022 and 8 March 2023.

Total number of telephone interviews completed	111
Total number of calls made	307
Declined to complete	15
Didn't answer	137
Phone number incorrect / incomplete	44
Referrals made	4

65% of calls were with the person who had recently been discharged from hospital, 35% were with a friend or family member of the person who had been discharged. It is also worth noting that 14% of the calls made were incorrect or incomplete phone numbers.

Overview of survey findings

Which hospital were you, or the patient, discharged from, and when?

All respondents were discharged from either Pinderfields or Dewsbury hospital. 58% were discharged from Pinderfields, 25% from Dewsbury, and 17% said that they had moved between Pinderfields and Dewsbury.

There were five comments specifically about being transferred between hospitals, further comments about this were also given in response to other questions.

Something that came up several times was family members not being told that their loved one had been moved from Pinderfields to Dewsbury hospital:

"I wasn't told that she had been moved and I turned up at Pinderfields to visit her. They promised me that she wouldn't be moved to Dewsbury as I don't drive and it takes me hours to get there, she's now end of life care."

Case study one also highlights a similar story with a family member being given incorrect information about transfer between hospitals.

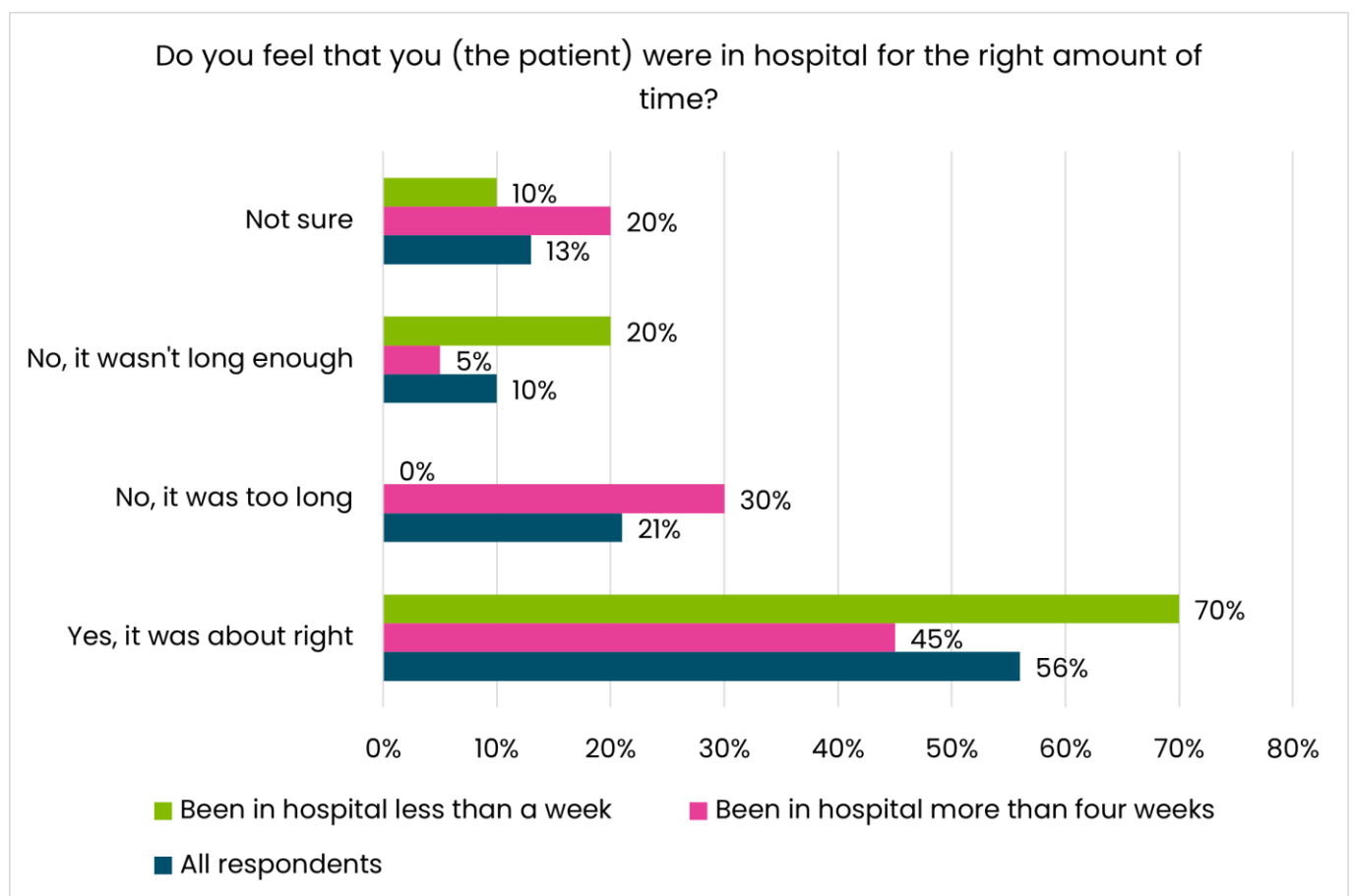
97% of respondents had been discharged within the last two months.

How long were you, or the patient, in hospital for and was that the right amount of time?

62% of respondents had been in hospital between one and four weeks, 18% having been in for less than a week, and 20% being in for over a month.

The majority of people, 56%, felt that the length of time that they were in hospital was about right. 21% felt that they were in too long, 10% said it wasn't long enough, and 12% were unsure. Chart 1 compares whether people felt that they had been in hospital for the right amount of time, filtered by how long they spent in hospital. Unsurprisingly, people who had been in hospital for less than a week were most likely to feel that it was the right amount of time.

Chart 1 Do you feel that you (the patient) were in hospital for the right amount of time?



Were you discharged back home or to the place you lived before going into hospital?

The majority of respondents, 87%, were discharged back to the place they lived before. Of the 14 people who weren't, 10 of them were discharged to a temporary place in a care or nursing home, three to a permanent place in a care or nursing home and one went to a family member.

Did you feel that you, or the patient, were ready for your discharge from hospital?

The majority of respondents felt prepared for their hospital discharge both practically and emotionally, however many didn't feel prepared or weren't sure. This was similar for both practical considerations and also for them feeling emotionally prepared.

Chart 2 Did you feel that you (the patient) had everything they needed in place ready for their discharge from hospital?

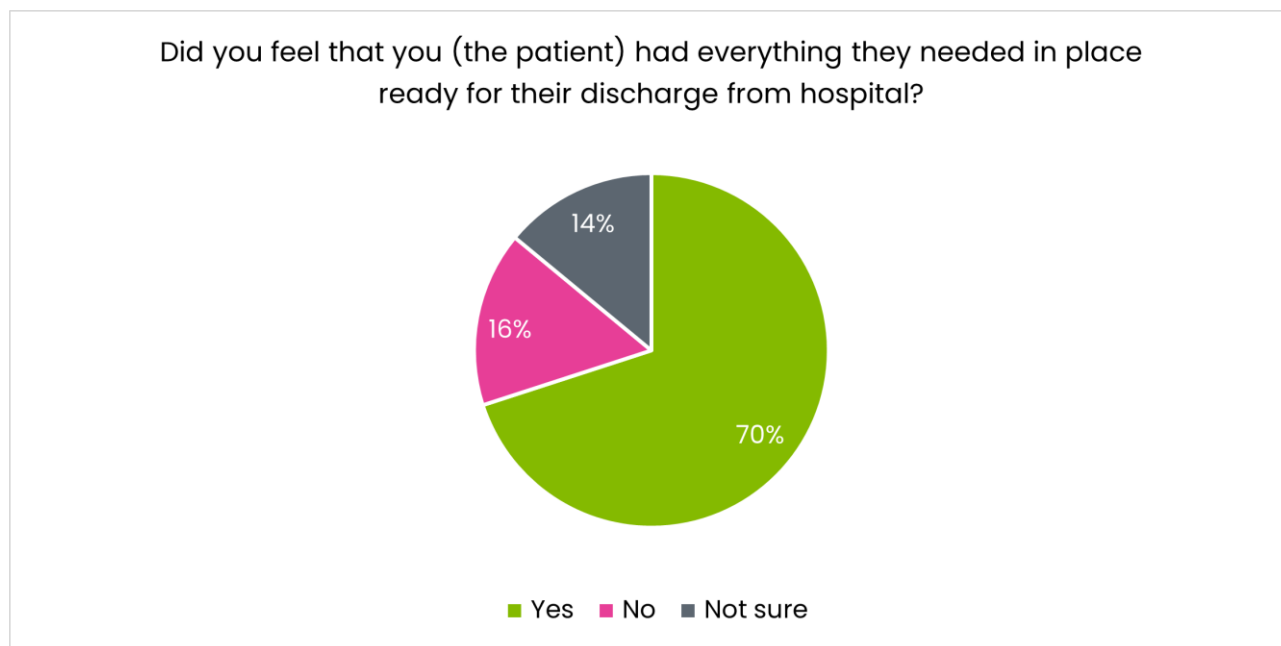
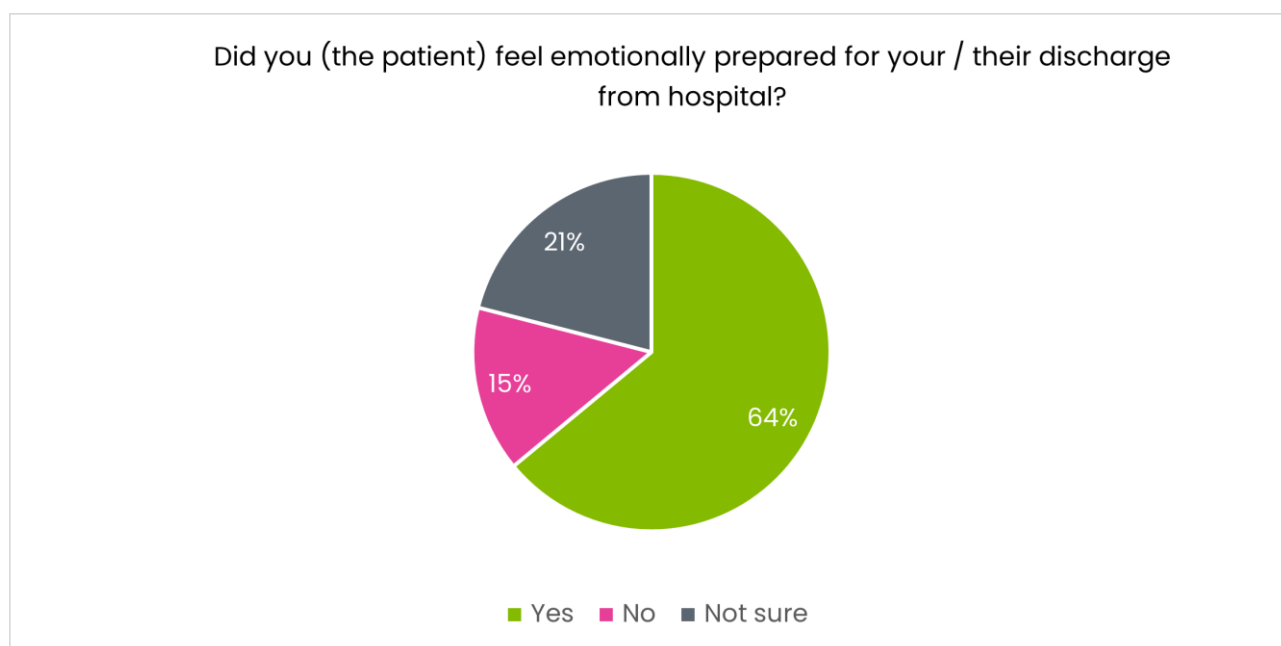


Chart 3 Did you (the patient) feel emotionally prepared for your / their discharge from hospital?



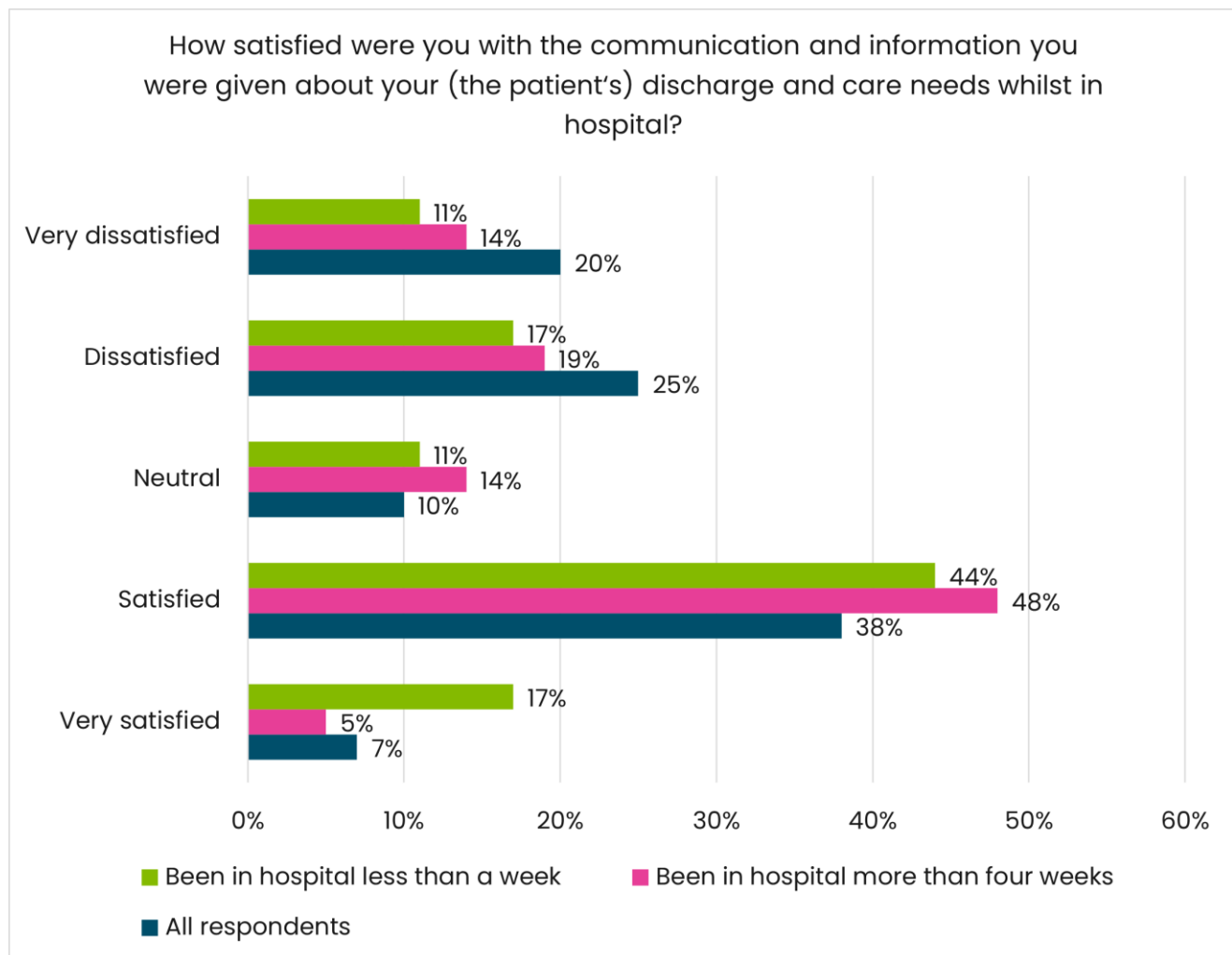
Twenty one people gave further details as to why they didn't feel that they had everything in place that they needed ready for their discharge. The main themes were that discharge information could have been communicated better, they needed more help or care in place, they needed further support after discharge, or that they felt that they needed more time in hospital.

Fourteen people provided additional information about what would have helped them to feel more emotionally prepared to be discharged. The themes were that they would have liked better communication, more written discharge information, more support or follow-up in place or that they felt they needed more time in hospital.

Communication and information about discharge whilst in hospital

When asked how satisfied they were with the communication and information about their discharge whilst in hospital, chart 4 shows that there is a clear split in responses with 45% of respondents reporting being "satisfied" or "very satisfied" with the communication and information they were given about discharge whilst in hospital. However, 45% of people were also either 'dissatisfied' or 'very dissatisfied'.

Chart 4 How satisfied were you with the communication and information you were given about your (the patient's) discharge and care needs whilst in hospital?



Those who had been in hospital for less than a week were the happiest with communication and information. However, those who had been in hospital for more than four weeks were also slightly happier when compared to the overall responses.

What worked well?

There were 31 open responses as to what worked well in terms of communication and information. These responses were split into three main themes:

1. **Staff were good (14 people)**

“Staff were working hard and trying their best.”

2. **We were kept up to date, questions were answered (11 people)**

“There was a lot of waiting but I felt like I know what we were waiting for, for example medicines and test results.”

3. **Everything worked well (six people)**

“Everything was good. I asked questions and got answers.”



What could have been improved?

Seventy five people answered this question, the responses were split into seven themes with a total of 109 comments in the themes:

1. More or better communication (26 people)

It was difficult to split these responses further as they either gave a very general response or a response that was very specific to their particular situation. Several of these responses also mentioned covid on the ward and the impact that this had on communication as they weren't able to visit in person.

"...got very limited information from the ward. They [his daughters] were ringing up and leaving messages, often nobody rang them back".

"...had to phone and ask what was going on, we weren't kept informed".

"I would have liked more information, it felt very rushed, I felt like I had to guess what was going on. Because of covid there were no visitors so that didn't help."

"We didn't get any paperwork".



2. More information about length of stay or discharge date (24 people)

Some comments related to not being given information, others were about being given inaccurate information:

“We weren’t given information, didn’t know what was going on, were told she was leaving then she wasn’t.”

“I got a lot of information, but it wasn’t always accurate... she was told that she was going home at the beginning of the week but didn’t actually go home until Thursday.”

3. Staff could have been better (16 people)

“...phoned one day and said he was ready to be discharged. I said I couldn’t look after him and the staff member was quite rude telling me she had 20 patients who need to go home.”

“I wasn’t given much information about discharge and was quite unhappy about the attitudes of some of the nursing staff... felt that there was a lack of compassion and empathy from some.”

4. Less waiting around or waiting for medication (12 people)

Comments were around general waiting around and the length of time between being told that they would be discharged and actually going home, waiting for medication was also mentioned several times:

“People are told in the morning that they can be discharged and are then sitting around all day waiting to leave, only to be told at 10 pm that their medicine hasn’t been prescribed so they can’t go.”

5. More information about transfer between wards or hospitals (six people)

“[the patient’s wife] arrived at Pinderfields to be told “sorry, he’s been transferred to Dewsbury, we thought someone had let you know.”

6. Better written information or discharge notes (six people)

“He [the patient’s son] would have liked to have been able to see written notes about his mum, if you didn’t ask you didn’t get told.”

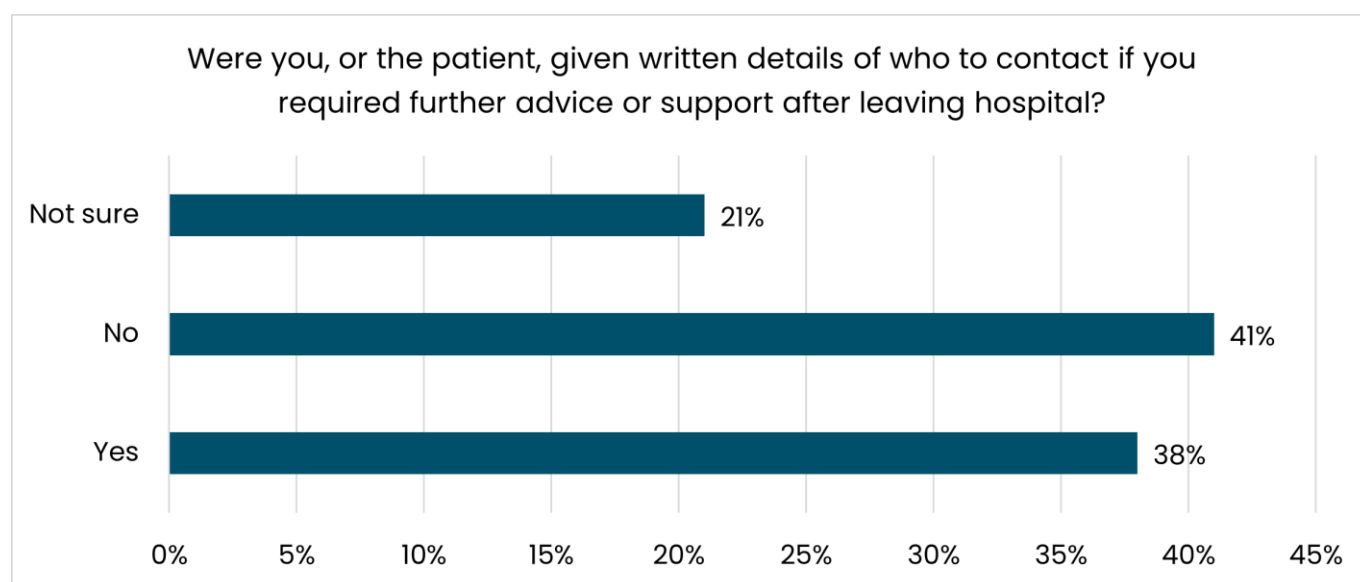
7. Felt that they should have had a further referral (three people)

There was no correlation between the length of time in hospital and whether the respondent was happy with communication.

Were you, or the patient, given written details of who to contact if you required further advice or support after leaving hospital?

Chart 5 shows that only 38% of respondents remembered being given written details of who to contact if they needed further advice or support after leaving hospital. This was despite the interviewer telling people what the booklet they should have received looked like.

Chart 5 Were you, or the patient, given written details of who to contact if you required further advice or support after leaving hospital?



Filters were applied to see if there was any correlation between the amount of time spent in hospital and reporting receiving written details on discharge. When filtering for people who were in hospital for less than a week, and then also for people who were in hospital for four weeks or more, and comparing to overall responses, the range of responses were very similar. A further filter was applied for people aged 80+, again the range of responses was very similar.

Care and support following discharge

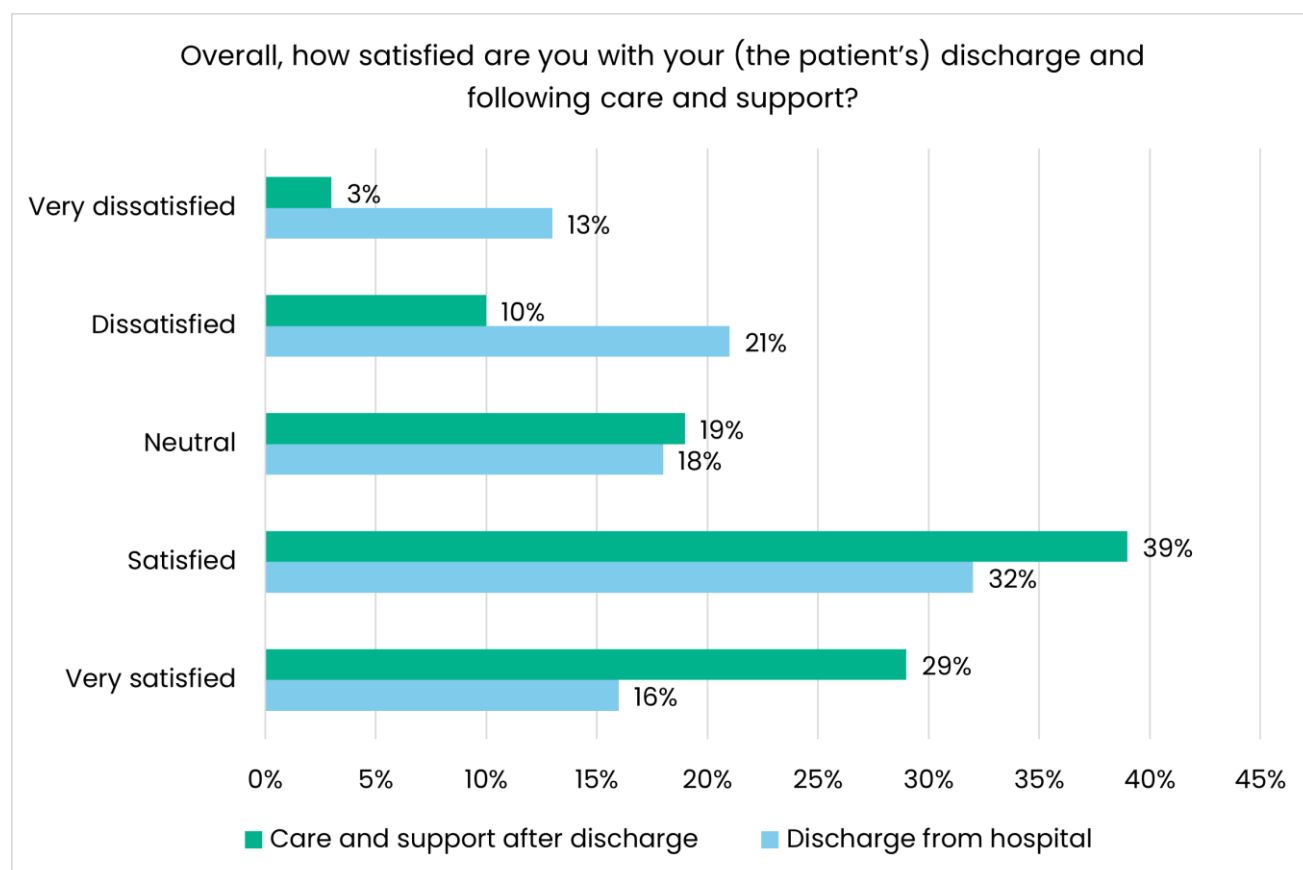
The majority of people, 74%, had received some further care and support since being discharged. This care and support was from a variety of places, primarily carers, friends and family, district nursing, the social work team, and reablement services. Other sources mentioned were physiotherapists, MY therapy, mental health services, Age UK, Admiral Nurse, dementia care, GP, Macmillan, and the respiratory team.

75% of people felt that that the care and support that they were receiving was the right amount, 9% said it wasn't enough and 16% were unsure. Of those that were unsure, or said that they weren't receiving enough support, several mentioned that the carers weren't providing the support that they needed, or that they felt that they should be receiving care and weren't. A couple of people mentioned feeling that they would have benefitted from further physiotherapy.

Overall satisfaction

Respondents were asked how satisfied they were overall with their discharge from hospital and also with the care and support they received after discharge. Chart 6 shows the responses and highlights that overall, respondents were happier with the care and support that they are now receiving than they are with their discharge from hospital. Overall, 48% of people were satisfied or very satisfied with their discharge from hospital, however, 34% were either dissatisfied or very dissatisfied.

Chart 6 Overall, how satisfied are you with your (the patient's) discharge and following care and support?



Any other comments / if you could improve one thing about the discharge process, what would it be?

Five themes emerged when respondents were asked about one thing about the discharge process that they would like to see improved:

1. Better communication and information (37 people)

Many of these comments talked generally about the need to improve communication and information. Some related to communication about discharge whilst on the ward, others to written information on the ward and on discharge. Several people talked about phones not being answered and family and friends not being able to find out information about their loved ones:

“She kept having to ask what was happening with her going home and with care being put in place, she felt that she should have been told and she shouldn’t have had to keep asking.”

“Overall, it is communication. His daughters have had to keep ringing the hospital to find anything out, nobody rings back.”

“They had to chase all the time, people don’t ring them back, they don’t communicate with you, she’s lost weight through worrying so much.”

“She has memory problems and finds it hard to remember information that she has been given.”

“Discharge papers before being discharged, not just put in an envelope... better with a member of staff talking you through the discharge papers.”

2. Issues with staff or care (18 people)

Several people talked about staff being busy and overworked and therefore not seeming to have time to communicate as they should. Other people talked about issues around care on the wards which were very specific to them.

“Sometimes at the desk the staff don’t even look up and acknowledge you are there – these are little things that make a big difference”.

“Attitude of nursing staff, lack of compassion and empathy”.

“At one point the patient moved wards at midnight and was left on a corridor with all their belongings at their feet for 45 minutes”.

3. All positive (13 people)

Thirteen people were completely satisfied with their hospital discharge experience:

“From start to finish it was excellent... the food was good; the ward was clean, and the staff were great.”

“It went very smoothly. Age UK brought her home.”

“I thanked staff on my way out, I had no complaints at all.”

4. Waiting too long, including waiting for medication (eight people)

As well as talking about generally waiting too long on the day of discharge, or discharge day or time being delayed, several people specifically mentioned waiting for medication.

“On the day of discharge, getting medication is terrible, people are waiting all day and then still not going home.”

“The only thing that went wrong was her medication wasn't ready so the ambulance turned up to take her home but then had to be sent away. She was kept informed but said it wasn't well organised.”



5. Not enough follow up (four people)

Some people felt that they were left alone after their hospital discharge:

“The aftercare... was very poor, they did the bare minimum.”

Case Studies

Six case studies were completed. These were either people identified by members of the Healthwatch team through contact in their work, or people who had taken part in the telephone interviews and the findings were written up in more detail as individual case studies. Three of these case studies are detailed below.

Case Study 1

Patient, female aged 80+, interview with her Sister-in-law, EB

EB's Sister-in-law had been discharged from Pinderfields hospital.

EB has had concerns about her Sister-in-law's care home for a while, these concerns have been raised both with the care home and Healthwatch.

EB's Sister-in-law has fallen out of her bed a couple of times, when EB spoke to the Care Home Manager about getting a bed with rails, they said she would have to fall out of bed multiple times before they could change her bed. When she's fallen she's also been left on the floor for hours.

Recently when EB's Sister-in-law fell out of bed she hit her head which resulted in her going to Pinderfields. At Pinderfields, EB was told by the Sister on the ward that the hospital had safeguarding concerns and weren't going to discharge her Sister-in-law straight back to the care home but were going to send her to Dewsbury for a while. EB has a reference for the safeguarding concern but still hasn't been told what it was.

She was expecting her Sister-in-law to be transferred to Dewsbury however when she phoned Dewsbury the day after to see how she was, she was told she wasn't there and wasn't in the system. She then found out she had been discharged back to the care home. The care home have put crash mats around her bed.

EB is very upset and disappointed about the lack of information and communication she's received from Pinderfields. EB has made a complaint through PALS, the Patient Liaison and Advice Service, and received notification that it could take a month to get a response.

She was expecting her Sister-in-law to be transferred to Dewsbury however when she phoned Dewsbury the day after to see how she was, she was told she wasn't there and wasn't in the system. She then found out she had been discharged back to the care home. The care home have put crash mats around her bed.

Case Study 2

Patient, male, aged 85, BH, interview with daughter

BH lives in Wakefield and was referred to Spire Methley Park Hospital in Leeds for a hip replacement. Staff were informed that on discharge he would be staying with his daughter who lives in Leeds.

BH and family were told that he would be expected to stay in hospital for two to three days. After the operation he needed a catheter which was unexpected. The first night there he fell out of bed and hurt his head and ankle. He also tested positive for covid whilst on the ward. Despite this, he was discharged on day three as planned and his daughter was kept informed. When his daughter went to collect him, she said that nobody went through the discharge information with her. She also had to ask how to change his catheter bag and was shown briefly in the reception area how to do this.

“He couldn’t walk to the toilet; nobody told us how to get a commode or made sure we had what we needed. It was very rushed and felt stressful. I felt like they couldn’t get him out quick enough!”

His daughter said that she had to make a huge number of phone calls to find out what needed to be done to have the catheter removed. His daughter also registered him temporarily with her GP in Leeds and had several problems then getting a District Nursing referral for him. His daughter feels that these things should have been in place before he was discharged, or at least information should have been given, for example to let her know that she could register him with her GP before he was discharged. This would have made the process simpler.

BH was given clear, written discharge notes and information with a number on them to phone if he had any queries. However, his daughter felt it would have been useful for someone to go through all the information with her.

...he was discharged on day three as planned and his daughter was kept informed. When his daughter went to collect him, she said that nobody went through the discharge information with her.

Case Study 3

Patient, female, aged between 55-70, interview with her son, SP

SP's mum had been discharged from Pinderfields hospital. Whilst in hospital SP felt that the staff on the ward looked after her mum well. The interviewee said his main objections were with the process, a lack of communication and visitation.

He is a carer for his mum but was only allowed to visit her in hospital once a day which was upsetting for them both. During visits, he felt that he was updated well by the nurses and her care was good. Another challenge was getting his mum medication in a timely manner. He gave two examples of medication taking up to eight hours to get.

He said that he and his mum did not feel prepared for her discharge from hospital. There were issues on the day of her discharge ranging from staff attitude to a lack of communication. On the day of his mum's discharge, she was moved from the ward to a discharge lounge where she sat for most of the day. Whilst waiting in the discharge lounge His mum was told by a doctor that if they couldn't get through to social care that day, she might be moved to Dewsbury Hospital, his mum found this really distressing. He spent a lot of time on the day of his mum's discharge phoning teams in the hospital, specifically doctors and social care to ensure she could be discharged that day. Overall, the interviewee was:

"...very disappointed with the discharge from hospital, the process was too complex and resulted in distress and anxiety."

He felt that there was a lack of communication between the Social Care Team and the Doctor. He spent a lot of time on the phone doing what he described as "their" job communicating with the Social Care Team and the doctors and coordinating them to allow her to be discharged on time.

He said that he and his mum did not feel prepared for her discharge from hospital. There were issues on the day of her discharge ranging from staff attitude to a lack of communication. On the day of his mum's discharge, she was moved from the ward to a discharge lounge where she sat for most of the day.

Positive feedback

It is often common for people to want to talk about negative experiences more than positive ones. This can lead to feedback feeling more negative than is actually the case. It is important not to lose sight of the many positive comments we heard. These quotes draw attention to some of those positive comments.

“There was a lot of waiting but she felt that she was given information about what she was waiting for, for example, medicines and test results.”

“I [patient’s wife] rang up every night for three weeks whilst he was on the covid ward and got through and they were very helpful.”

“My Grandma doesn’t speak English, so my Auntie was able to stay with her in the hospital to translate.”

“I couldn’t be more complimentary about the staff and how caring and pleasant they were. I wasn’t made to feel a nuisance and they worked really hard, and the communication was very good.”

“It went very smoothly. Age UK brought her home in hospital transport.”

“The referral nurse at Pinderfields was brilliant.”

“I thanked the staff on my way out, I had no complaints at all.”

The communication was good. I knew that they were trying to organise a care package for my mum and that this was taking some time to sort out. I asked if my mum could be discharged before the care package was in place as I could look after her in the meantime. This was listened to and she was able to leave a week before the care package was in place. This was really good as my mum has dementia and is partially sighted so I really appreciated her being able to get home as soon as possible.

Recommendations

The following recommendations are made to the System Discharge Group.

Overall, communication and information were highlighted in responses to almost every question in the survey. The overall recommendation is to review the communication and information given to patients and families, with a particular focus on:

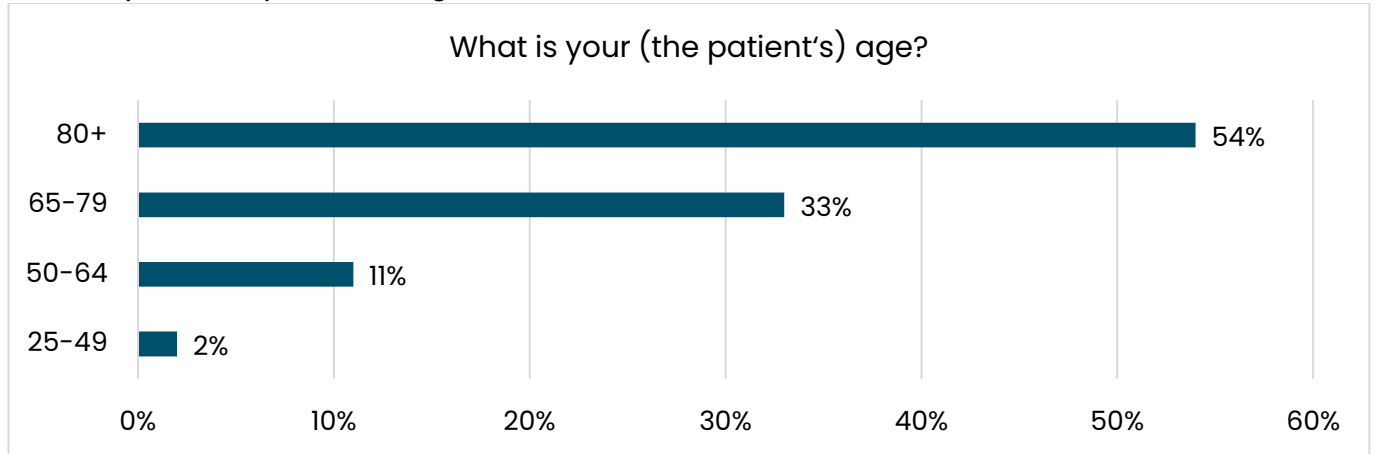
1. **Review systems to ensure that patient information and contact details are up to date.**
2. **Review communication at time of discharge in order to ensure that people feel as ready as possible, both practically and emotionally. Particular focus should be on information that people are given about their discharge, the follow up and support they may need, and allaying any concerns that they may have regarding whether they require further care in hospital.**
3. **Review systems on wards for keeping family up to date, with a particular focus on dealing with telephone calls and messages from family members and procedures for keeping family up to date when wards are closed and visiting is not allowed.**
4. **Consider what is in place to keep family members up to date where patients are unable to keep in touch themselves.**
5. **Put systems in place to ensure that no patient is transferred to a different hospital without their family being informed prior to the transfer.**
6. **Review systems that are in place to ensure that patients and / or their family have clear communication around expected length of stay in hospital.**
7. **Review the information leaflet given regarding discharge, including how it looks, when it is given, how it is given, for example are patients talked through the booklet, are the telephone numbers pointed out, is this information reiterated on discharge.**
8. **Review medicine discharge procedures and communications with patients in this area in order to manage expectations.**

This work will continue for a further six months, at which point the recommendations here will be revisited.

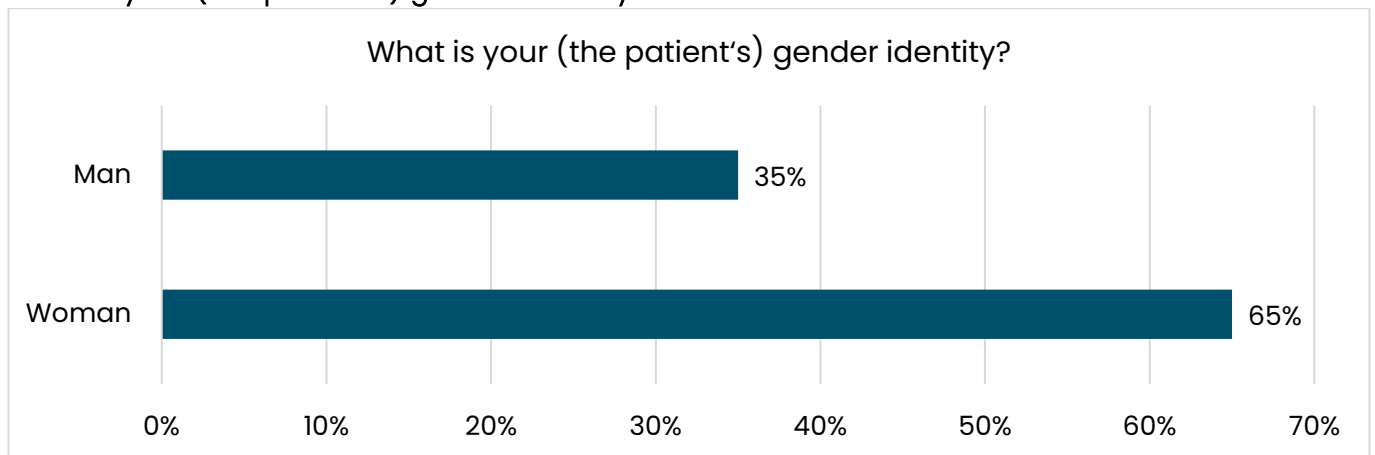
Demographics

Demographics as tables follow charts

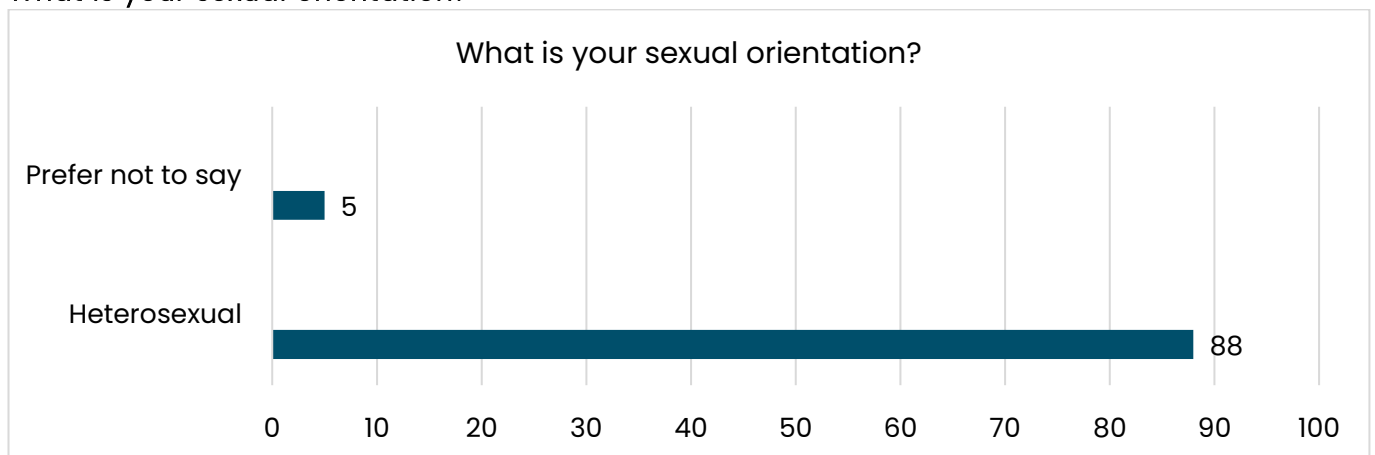
What is your (the patient's) age?



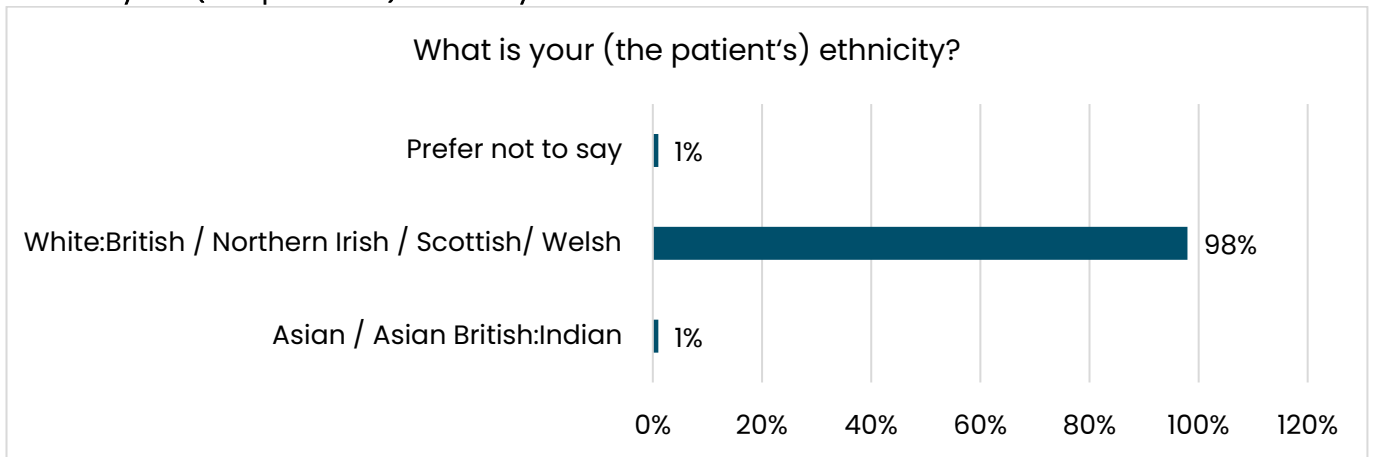
What is your (the patient's) gender identity?



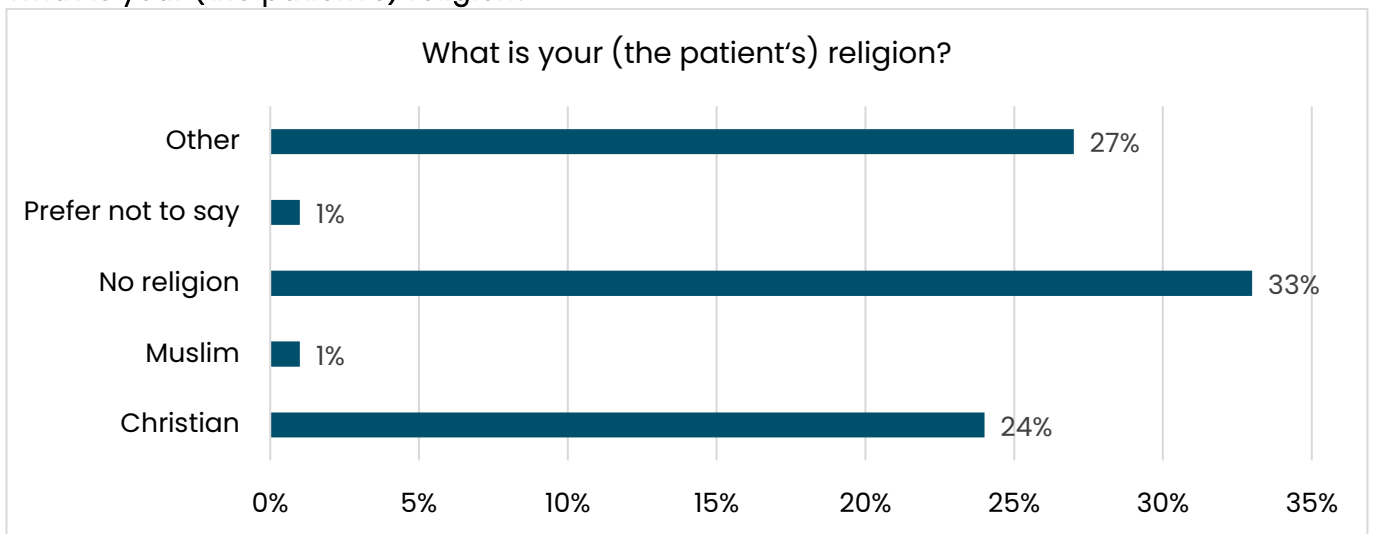
What is your sexual orientation?



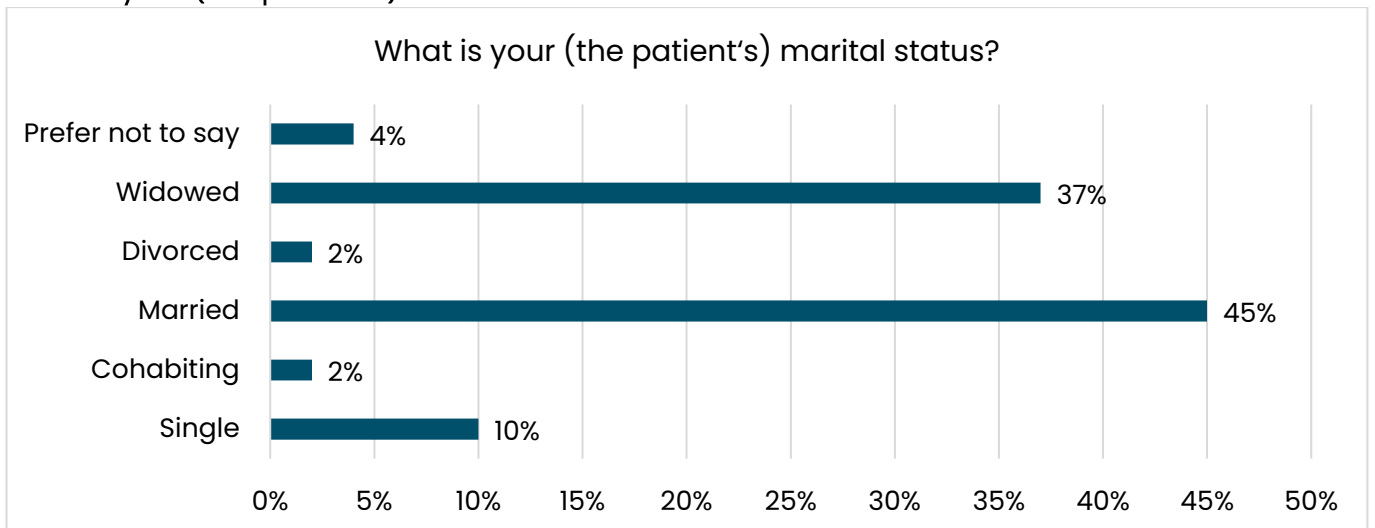
What is your (the patient's) ethnicity?



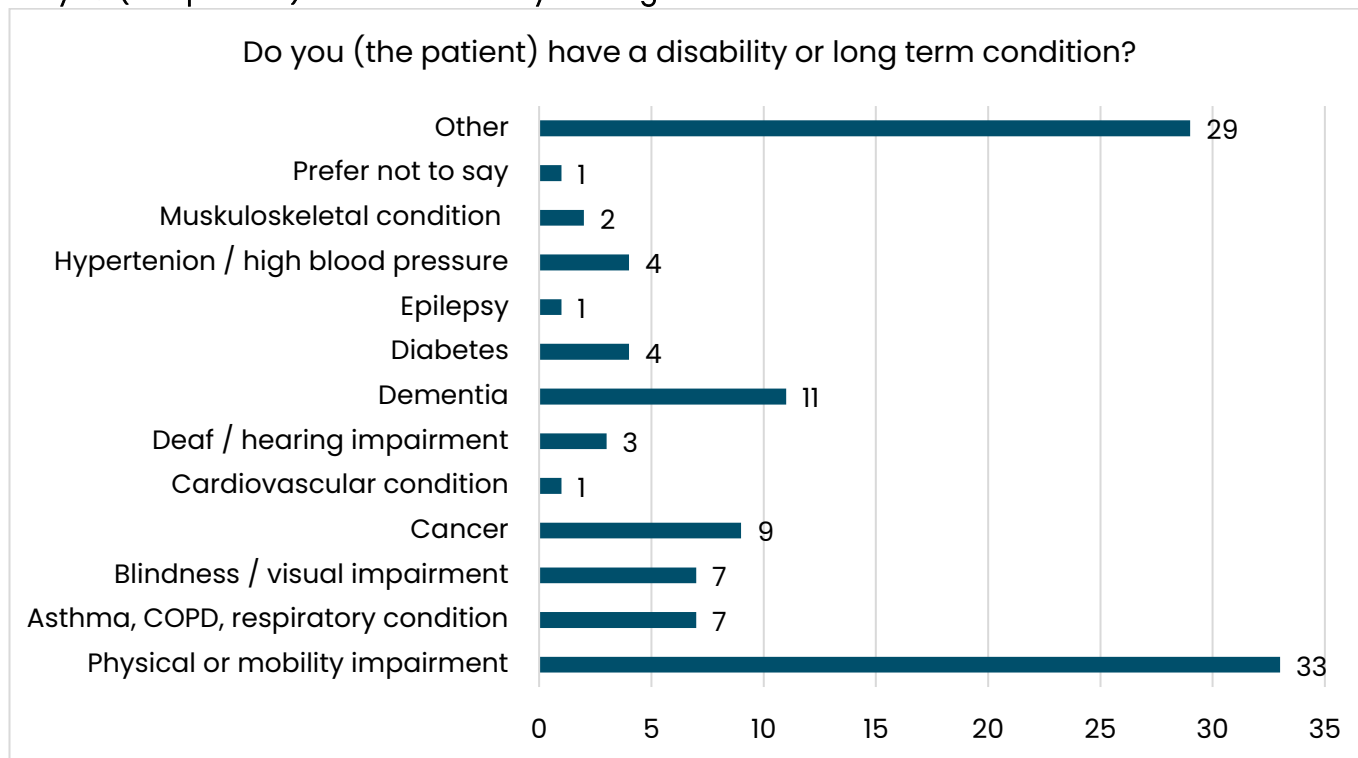
What is your (the patient's) religion?



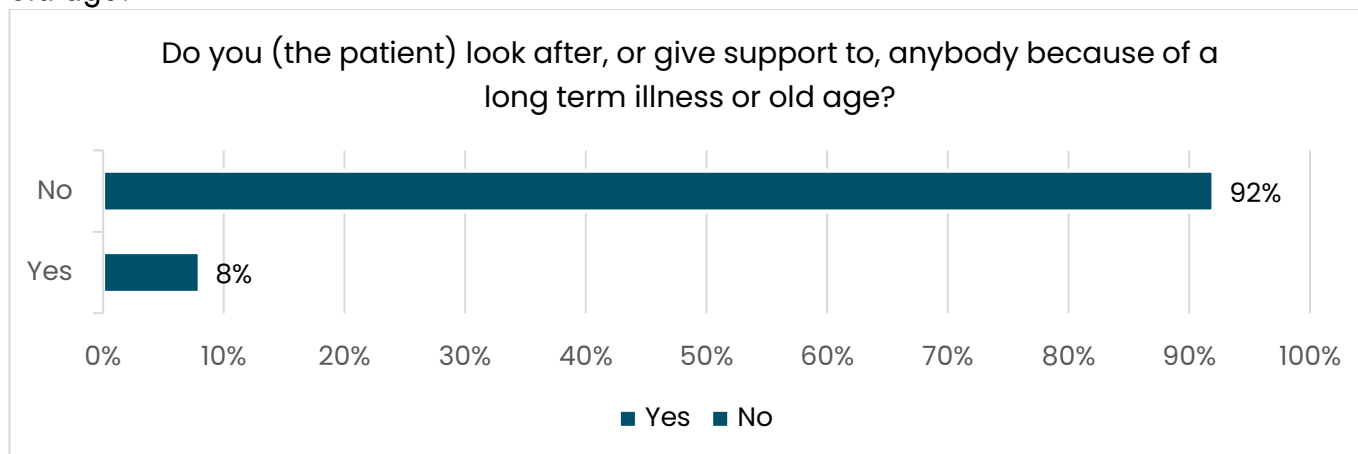
What is your (the patient's) marital status?



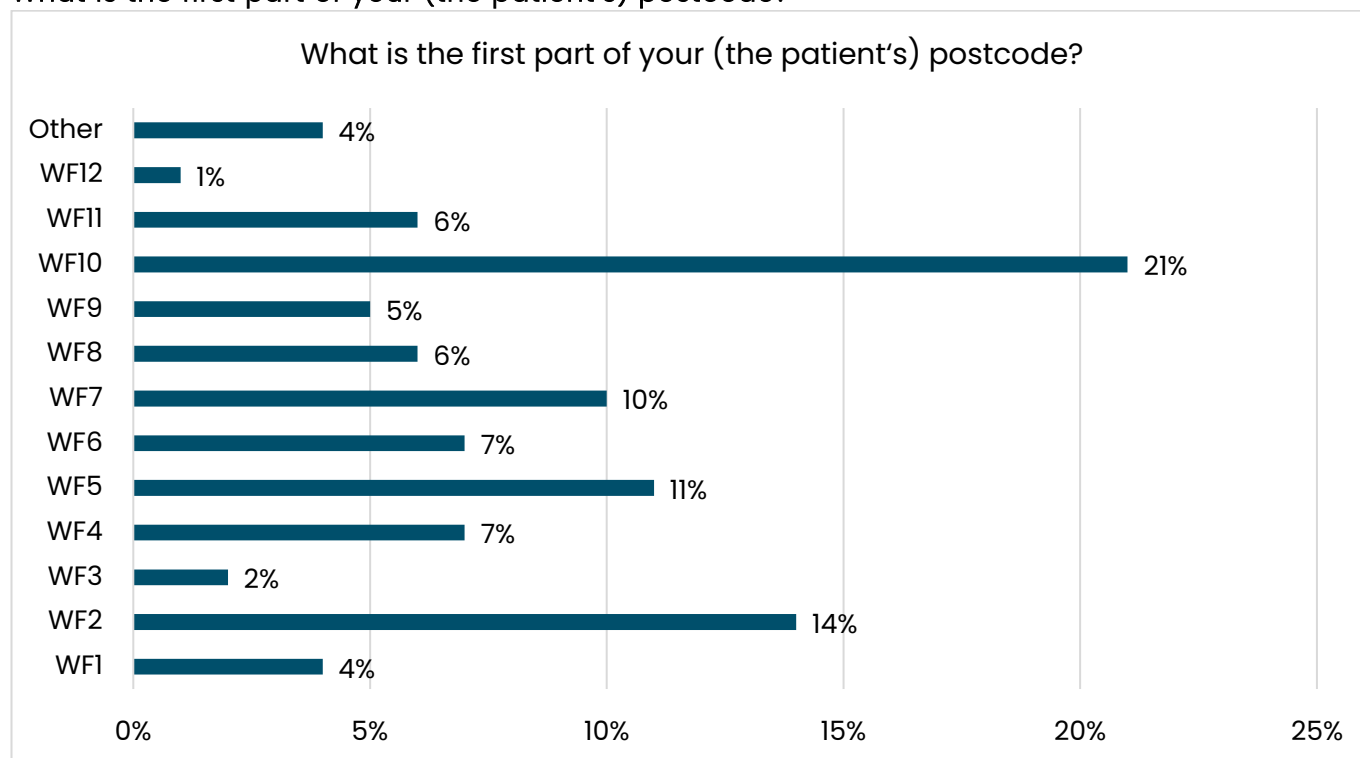
Do you (the patient) have a disability or long term condition?



Do you (the patient) look after, or give support to, anybody because of a long term illness or old age?



What is the first part of your (the patient's) postcode?



Demographics as tables

Q 25. What is your (the patient's) age?	Count of Q 25. What is your (the patient's) age?
80+	58
65 - 79	35
50 - 64	12
-	4
25 - 49	2
(blank)	
Grand Total	111

Q 26. What is your (the patient's) gender identity?	Count of Q 26. What is your (the patient's) gender identity?
Woman	70
Man	38
-	3
(blank)	
Grand Total	111

Q 27. Please select the option that best describes your (the patient's) sexual orientation	Count of Q 27. Please select the option that best describes your (the patient's) sexual orientation
Heterosexual / straight	88
-	18
Prefer not to say	5
(blank)	
Grand Total	111

Q 28. Is your (the patient's) ethnicity	Count of Q 28. Is your (the patient's) ethnicity
White: British / English / Northern Irish / Scottish / Welsh	104
-	5
Asian / Asian British: Indian	1
Prefer not to say (blank)	1
Grand Total	111

Q 29. Is your (the patient's) religion or belief	Count of Q 29. Is your (the patient's) religion or belief
No religion	33
-	25
Christian	24
Church of England	16
Methodist	5
Roman Catholic / Catholic	3
Pentecostal	1
Methodist	1
Muslim	1
Jehovah's witness	1
Prefer not to say (blank)	1
Grand Total	111

Q 30. Is your (the patient's) marital status	Count of Q 30. Is your (the patient's) marital status
Married	46
Widowed	37
Single	10
-	10
Prefer not to say	4
Divorced	2
Cohabiting	2
(blank)	
Grand Total	111

Q 31. Do you consider yourself (the patient) to have a disability or long term condition, if so, which of the following do you (they) have?	Count of Q 31. Do you consider yourself (the patient) to have a disability or long term condition, if so, which of the following do you (they) have?
No	77
Yes	33
-	1
Grand Total	111

Q 32. Do you (the patient) look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill health, or problems related to old age?	Count of Q 32. Do you (the patient) look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill health, or problems related to old age?
No	92
-	11
Yes	8
Grand Total	111

Q 33. What is the first part of your (the patient's) postcode?	Count of Q 33. What is the first part of your (the patient's) postcode?
WF10	20
WF2	14
-	14
WF5	11
WF7	10
WF6	7
WF4	7
WF8	6
WF11	6
WF9	5
WF1	4
WF3	2
S72	1
DN14	1
Pontefract	1
Couldn't remember	1
WF12	1
Grand Total	111



Healthwatch Wakefield
The Plex
15 Margaret Street
Wakefield
WF1 2DQ

www.healthwatchwakefield.co.uk

01924 787379

If you are Deaf, you can text us on 07885 913396

enquiries@healthwatchwakefield.co.uk

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