Adult Mental Health Patient Discharge Questionnaire: April 2015 to March 2016

A quantitative equality analysis considering ward, age, gender, ethnicity, religion or belief, and sexual orientation

REDACTED FOR PUBLICATION

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1   Introduction

1.1   Aim

The present report looks at responses to the Adult Mental Health Patient Discharge Questionnaire during the period April 2015 to March 2016. The analysis aims to identify equality issues arising from service user's responses to the questionnaire.

The questionnaire covers several topic areas to assess patient experience:
- the welcome on the ward,
- staff understanding of the patient's condition and needs,
- safety on the ward,
- availability of staff to talk about worries or fears,
- kind and caring staff,
- understanding of the reason for taking and the side effects of any medication,
- availability of reasonable adjustments,
- patient involvement in care and treatment decisions,
- patient involvement in the planning of discharge from the ward,
- and whether the patient would recommend the ward to friends or family if they required similar care or treatment.

Equality monitoring data were available with respect to age, gender, disability, ethnicity, sexual orientation, and religion or belief. There was also information regarding the ward on which the patient had stayed.

1.2   The Equality Act (2010)

The Equality Act (2010) describes a 'public sector equality duty' (section 149). The 'public sector equality duty' applies to listed public authorities (including NHS Trusts) and others who exercise public functions.

149 Public sector equality duty:
(1) A public authority must, in the exercise of its functions, have due regard to the need to—
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership*; pregnancy and maternity; race; religion or belief; sex; sexual orientation. (*Marriage or civil partnership status is only covered by the first aim of the public sector equality duty, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.)

Listed public authorities must publish information to demonstrate compliance with the duty imposed by section 149(1) of the Act, at least annually. The information that a listed public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—
(a) its employees;
(b) other persons affected by its policies and practices.
Although, only listed public authorities with 150 or more employees need publish information on their workforce.

Regarding other persons affected by its policies and practices, the types of information that listed authorities could publish to demonstrate compliance include[1]:

- Records kept of how it has had due regard in making decisions, including any analysis undertaken and the evidence used.
- Relevant performance information, especially those relating to outcomes, for example information about levels of educational attainment for boys and girls, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
- Access to and satisfaction with services, including complaints.
- Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
- Details of, and feedback from, any engagement exercises.

The present report considers responses to the Adult Mental Health Patient Discharge Questionnaire during the period April 2015 to March 2016, and analyses these responses by the equality monitoring information available and the ward on which the patient had stayed.

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[1] This guidance is taken from the technical guidance published by the Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

1.3 A note on the anonymisation of information about service users within this report

This version of the report has been redacted and edited to allow publication on a publically accessible website. The report contains counts of numbers of service users, analysed in several tables, by their protected characteristics (e.g., age group, gender). The use of these tables to produce aggregated summaries of service user counts has the effect of anonymising much of the information and protecting the identities of individual service users. However, some analyses contain very small counts of service users in some protected characteristic groups, especially when broken down by certain domains of interest. Such small counts could, potentially, be used to identify individual service users, even after aggregation. Consequently, these small counts might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Where there is a risk that individuals could be identified from a small count, these counts have been redacted from the tables. Where the redacted count can be deduced from other counts in a table, these other counts have been redacted as well. In the present report, as a start point for the anonymisation process, counts below 10 have been redacted to mitigate the risk that individuals might be identifiable. The anonymisation process has followed guidance issued by the Information Commissioner's Office[2].

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[2] Information Commissioner's Office: Anonymisation: managing data protection risk code of practice (November 2012)

2 Summary of main findings and recommendations

Data and analyses supporting the findings detailed below are provided for reference in the Appendix of analyses. Each table referred to below is hyperlinked to its occurrence in the appendix.

2.1 Action point summary

- Increase the number and percentage of discharged patients who complete and return the Adult Mental Health Patient Discharge Questionnaire.

- Investigate the deterioration in positivity of responses seen when comparing the 2015/16 financial year to the 2014/15 financial year.

- Investigate and address issues detected by the 15/16 equality analysis of the Adult Mental Health Patient Discharge Questionnaire:
    - women felt less safe on the ward;
    - women felt that it was less easy to find a nurse or another member of staff on the ward to talk to about any worries or fears;
    - women were less likely to recommend the ward to friends and family if they needed similar care or treatment.

- Follow-up on issues detected by the 14/15 equality analysis of the Adult Mental Health Patient Discharge Questionnaire (please refer to Appendix: Equality issues detected by the 14/15 Adult Mental Health Patient Discharge Questionnaire equality analysis).

2.2 Data quality

- It is imperative that the number and percentage of discharged patients who return the Adult Mental Health Patient Discharge Questionnaire is increased.

- Due to small numbers of respondents, the present analysis cannot give a robust assessment of how patient experience has varied across protected characteristic subgroups. The analysis will likely have failed to detect issues that are affecting different groups of patients. Issues that were previously detected in the 2014/15 equality analysis of the Adult Mental Health Patient Discharge Questionnaire are not apparent in the present analysis; it is possible that these issues are still affecting patients, but a drop by half in the number and percentage of respondents and an associated drop in statistical power will have reduced the ability of the present analysis to detect these issues. The present analysis cannot give assurance that equality-related issues detected in the 14/15 analysis have been addressed. Consequently, it will be necessary to follow-up on the previously detected issues by other means–please refer to: Appendix: Equality issues detected by the 14/15 Adult Mental Health Patient Discharge Questionnaire equality analysis.

- A total of 42 Adult Mental Health Patient Discharge Questionnaires were returned in the period April 2015 to March 2016 for a total of 1118 ward discharges (a response rate of 3.8%). This compares with 142 Adult Mental Health Patient Discharge Questionnaires returned in the period April 2014 to March 2015 for a total of 1558 ward discharges (a response rate of 9.1%).

- Amongst discharged patients who returned the questionnaire, data quality for each of the protected characteristics covered by the questionnaire (age, disability, gender, ethnicity, religion or belief, and sexual orientation) varied between 69.05% (ethnicity) and 73.81% (gender and sexual orientation) complete (Table 9).

- In order to obtain a reliable measure of patient experience amongst those discharged, it is recommended to take steps to increase the percentage of discharged patients who complete and return the Adult Mental Health Patient Discharge Questionnaire; and to encourage a greater percentage of respondents to disclose their equality monitoring information. This may involve ensuring that all those patients discharged receive the questionnaire, emphasising the importance of returning the questionnaire with all parts completed, and perhaps giving patients an opportunity to complete the questionnaire prior to leaving the care environment (whilst maintaining confidentiality). At present, the questionnaire is administered in paper form and is returned by post (freepost). Participation rates might be increased by offering alternative methods for completing and returning the questionnaire, perhaps including electronic and online options.

2.3 Overview of the questionnaire

- For each of the topic areas covered by the questionnaire, there were no indications that a particular group of service users was disadvantaged in terms of age, disability, ethnicity, religion or belief, and sexual orientation. There were differences in patient experience between men and women, summarised below in section 2.4 (Figure 5 and Table 5).

- In all areas, responses to the survey were more negative in the 2015/16 financial year than in the 2014/15 financial year (Figure 1 and Table 1).

- The area receiving the most positive ratings overall related to patients feeling that staff were kind and caring (Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Figure 1 and Table 1).

- The areas receiving the most negative ratings overall related to
    - how well patients understood the side effects of their medication (Q6b: How well did you understand the side effects of the medication you were taking? Figure 1 and Table 1);
    - and how easy it was to get support for specific needs (Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Figure 1 and Table 1).

- The majority of respondents (71.4%) were either likely or extremely likely to recommend the ward to friends and family if they needed similar care or treatment (Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment? Figure 1 and Table 1).

- Despite the small number of respondents to this survey, statistically significant differences in experience were detected for men and women (the gender breakdown provides for relatively high numbers of respondents in each subgroup–improving statistical power).

2.4 Differences in patient experience between men and women

- Women gave less positive ratings than men to Questions 3, 4, and 10 (Figure 5 and Table 5):
  - o women felt less safe on the ward;
  - o women felt that it was less easy to find a nurse or another member of staff on the ward to talk to about any worries or fears;
  - o women were less likely to recommend the ward to friends and family if they needed similar care or treatment.

- It is recommended to investigate why women tended to rate the noted aspects of their care more negatively than men.

3 Appendix: Analyses

3.1 Overall analysis of the questionnaire

3.1.1 Questions posed by the Adult Mental Health Patient Discharge Questionnaire

- Q1: Did you feel you were made to feel welcome when you arrived on the ward?
- Q2: Did you feel the staff knew about your condition and fully understood your needs?
- Q3: How safe did you feel while you were on the ward?
- Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears?
- Q5: Do you feel the staff were kind and caring towards you while you were on the ward?
- Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?
- Q6b: How well did you understand the side effects of the medication you were taking?
- Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support?
- Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?
- Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward?
- Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

3.1.2   Comparisons between the 14/15 and 15/16 financial years for questions 1 to 9

- The overall mean score out of 10 for each of questions 1 to 9 was lower in the 2015/16 financial year than in the 2014/15 financial year, although the difference for question 6b did not attain statistical significance (Figure 1 and Table 1):
  - As in the 2014/15 financial year, ratings were lowest for Questions 6b (How well did you understand the side effects of the medication you were taking?) and 7 (If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support?),
  - whilst ratings were highest for Question 5 (Do you feel the staff were kind and caring towards you while you were on the ward?); (2015/16: Q6b: M = 6.0, SD = 3.9, n = 41; Q7: M = 6.0, SD = 3.7, n = 27; Q5: M = 7.1, SD = 3.6, n = 41; 2014/15: Q6b: M = 6.8, SD = 2.9, n = 122; Q7: M = 7.4, SD = 2.6, n = 69; Q5: M = 8.5, SD = 2.1, n = 133).
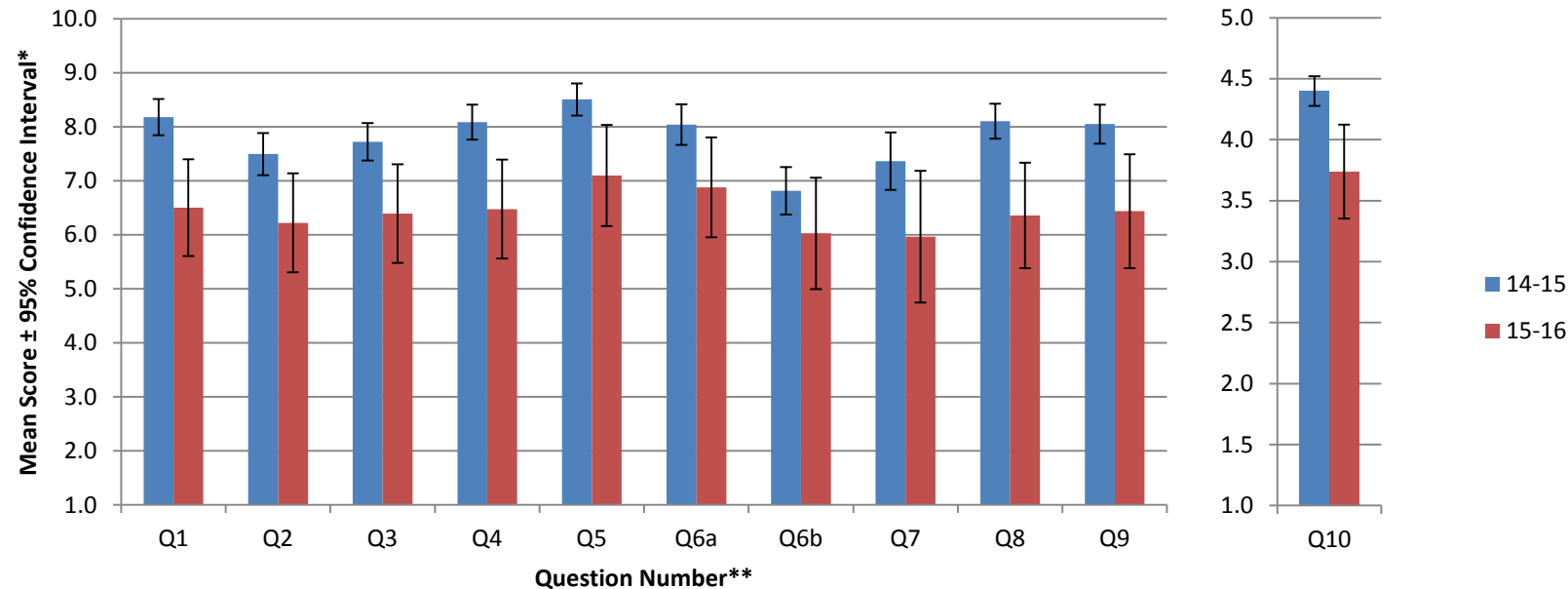
3.1.3   Comparisons between the 14/15 and 15/16 financial years for question 10

- How likely are you to recommend our ward to friends and family if they needed similar care or treatment? (Figure 1 and Table 1.)
  - As in 2014/15, the majority of respondents (71.4% excluding those who responded "don't know" or left a blank) were either "likely" or "extremely likely" to recommend the ward to friends and family if they needed similar care or treatment.
  - However, the overall mean score out of 5 was lower in 2015/16 than in 2014/15 (2015/16: Q10: M = 3.7, SD = 1.5, n = 42; 2014/15: Q10: M = 4.4, SD = 0.8, n = 128 respondents), reflecting a greater percentage of "extremely unlikely" responses in 2015/16.
  - Breakdown of numbers of respondents by response category and financial year:

| Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment? | Number of respondents by categorical rating | | | |
| | 2014/15 | | 2015/16 | |
Categorical rating	n	%	n	%
Extremely likely	72	56.25%	17	40.48%
Likely	41	32.03%	13	30.95%
Neither likely nor unlikely	10	7.81%	4	9.52%
Unlikely	4	3.13%	0	0.00%
Extremely unlikely	1	0.78%	8	19.05%
Total	**128**	**100.00%**	**42**	**100.00%**
*Blank or "don't know"**	*14*	*9.86%*	*0*	*0.00%*
Grand Total	**142**		**42**	

*Percentage blank or "don't know" is calculated using the grand total as the base

Figure 1: Overall scores for questions 1 to 10

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 1: Overall scores for questions 1 to 10: Mean score (standard deviation); number of respondents

Financial Year	Question Number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
14-15	8.2 (2.3); n = 130	7.5 (2.7); n = 128	7.7 (2.4); n = 129	8.1 (2.3); n = 133	8.5 (2.1); n = 133	8.0 (2.5); n = 125	6.8 (2.9); n = 122	7.4 (2.6); n = 69	8.1 (2.2); n = 131	8.0 (2.5); n = 127	4.4 (0.8); n = 128
15-16	6.5 (3.4); n = 42	6.2 (3.5); n = 41	6.4 (3.5); n = 41	6.5 (3.4); n = 40	7.1 (3.6); n = 41	6.9 (3.5); n = 41	6.0 (3.9); n = 41	6.0 (3.7); n = 27	6.4 (3.6); n = 39	6.4 (3.9); n = 39	3.7 (1.5); n = 42

3.2 Analysis of the questionnaire by age band

Overall

- For each question, the analysis did not indicate statistically significant variation by age band (Figure 2 and Table 2).

Figure 2: Analysis of questions 1 to 10 by age band

 *Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 2: Analysis of questions 1 to 10 by age band: Mean score (standard deviation); number of respondents
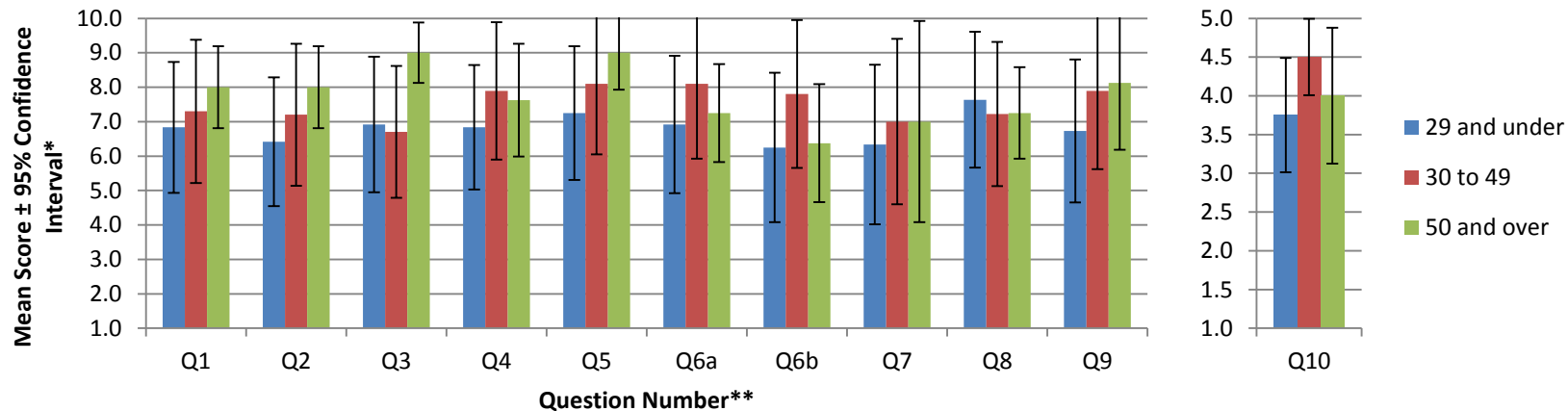
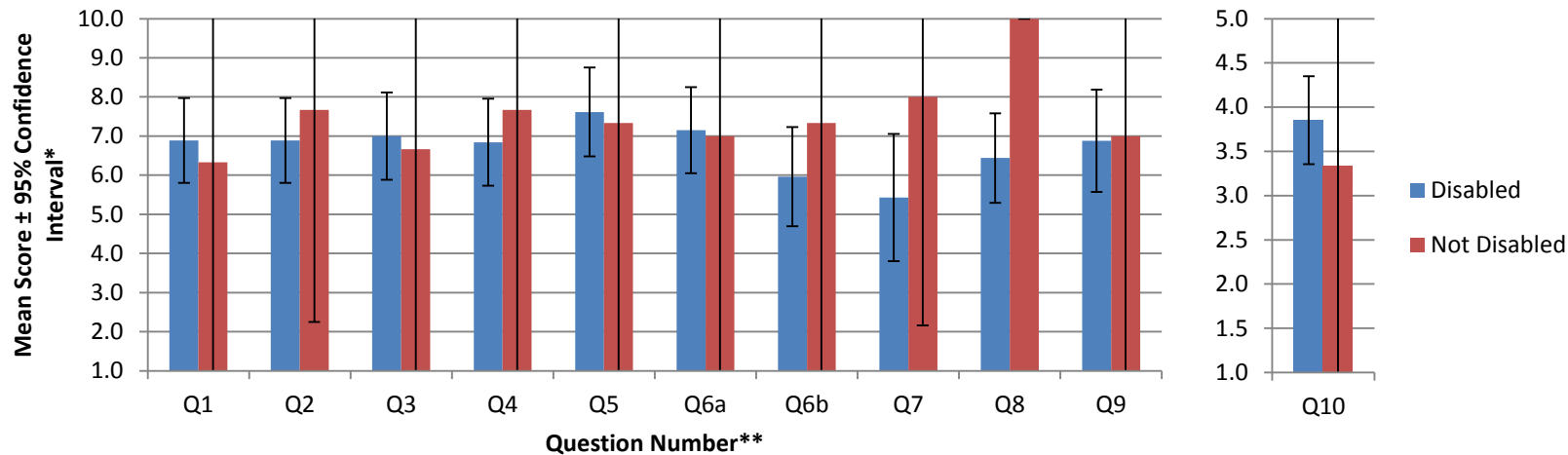| Age Band | Question Number | | | | | | | | | | |
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
29 and under	6.8 (3.7); n = 12	6.4 (3.6); n = 12	6.9 (3.8); n = 12	6.8 (3.5); n = 12	7.3 (3.7); n = 12	6.9 (3.8); n = 12	6.3 (4.2); n = 12	6.3 (3.7); n = R	7.6 (3.6); n = 11	6.7 (3.8); n = 11	3.8 (1.4); n = 12
30 to 49	7.3 (3.6); n = R	7.2 (3.6); n = R	6.7 (3.3); n = R	7.9 (3.2); n = R	8.1 (3.5); n = R	8.1 (3.8); n = R	7.8 (3.7); n = R	7.0 (3.6); n = R	7.2 (3.4); n = R	7.9 (3.7); n = R	4.5 (0.8); n = R
50 and over	8.0 (1.8); n = R	8.0 (1.8); n = R	9.0 (1.3); n = R	7.6 (2.4); n = R	9.0 (1.6); n = R	7.3 (2.1); n = R	6.4 (2.6); n = R	7.0 (1.7); n = R	7.3 (2.0); n = R	8.1 (2.9); n = R	4.0 (1.3); n = R

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3.3 Analysis of the questionnaire by disability

Overall

- For each question, the analysis did not indicate statistically significant variation by disability (Figure 3 and Table 3).

Figure 3: Analysis of questions 1 to 10 by disability

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 3: Analysis of questions 1 to 10 by disability: Mean score (standard deviation); number of respondents

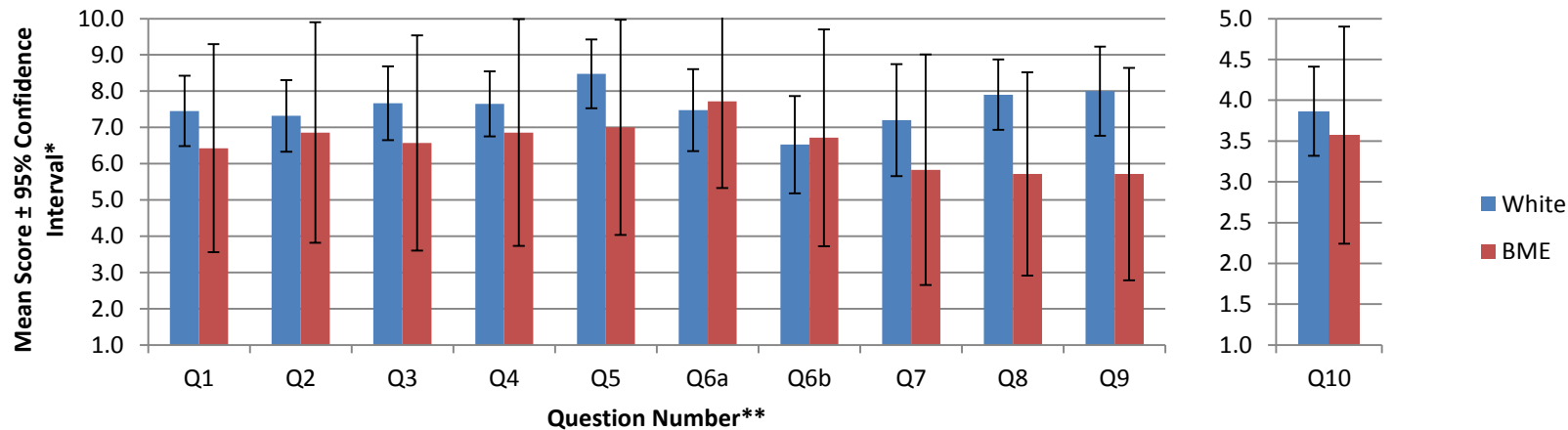| Disability	Question Number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Disabled	6.9 (3.3); n = R	6.9 (3.3); n = R	7.0 (3.3); n = R	6.8 (3.2); n = R	7.6 (3.4); n = R	7.2 (3.3); n = R	6.0 (3.8); n = R	5.4 (3.4); n = R	6.4 (3.3); n = R	6.9 (3.8); n = R	3.9 (1.5); n = R
Not Disabled	6.3 (4.0); n = R	7.7 (3.2); n = R	6.7 (4.9); n = R	7.7 (4.0); n = R	7.3 (4.6); n = R	7.0 (5.2); n = R	7.3 (4.6); n = R	8.0 (3.5); n = R	10.0 (0.0); n = R	7.0 (4.4); n = R	3.3 (2.1); n = R

R - Redacted

3.4 Analysis of the questionnaire by ethnicity

Overall
- For each question, the analysis did not indicate statistically significant variation by ethnicity (Figure 4 and Table 4).

Figure 4: Analysis of questions 1 to 10 by ethnicity

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 4: Analysis of questions 1 to 10 by ethnicity: Mean score (standard deviation); number of respondents

Ethnicity	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
White	8.4 (2.2); n = 81	7.7 (2.4); n = 81	7.9 (2.3); n = 83	8.3 (2.0); n = 84	8.6 (2.0); n = 84	8.4 (2.2); n = 80	7.1 (2.7); n = 79	7.6 (2.4); n = 33	8.2 (2.0); n = 82	8.3 (2.3); n = 80	4.5 (0.7); n = 81
BME	8.0 (2.3); n = 24	7.1 (3.0); n = 24	7.2 (2.7); n = 23	7.5 (2.8); n = 25	7.9 (2.6); n = 24	7.1 (3.1); n = 22	5.8 (3.4); n = 21	7.3 (3.0); n = 22	7.5 (2.7); n = 24	7.4 (3.0); n = 24	4.2 (0.8); n = 24

3.5 Analysis of the questionnaire by gender

Q3: How safe did you feel while you were on the ward?
- The mean score varied to a statistically significant degree by gender (Figure 5 and Table 5):
  - women felt less safe on the ward than men (Female: M = 5.9, SD = 3.6, n = 14; Male: M = 8.5, SD = 2.3, n = 17).
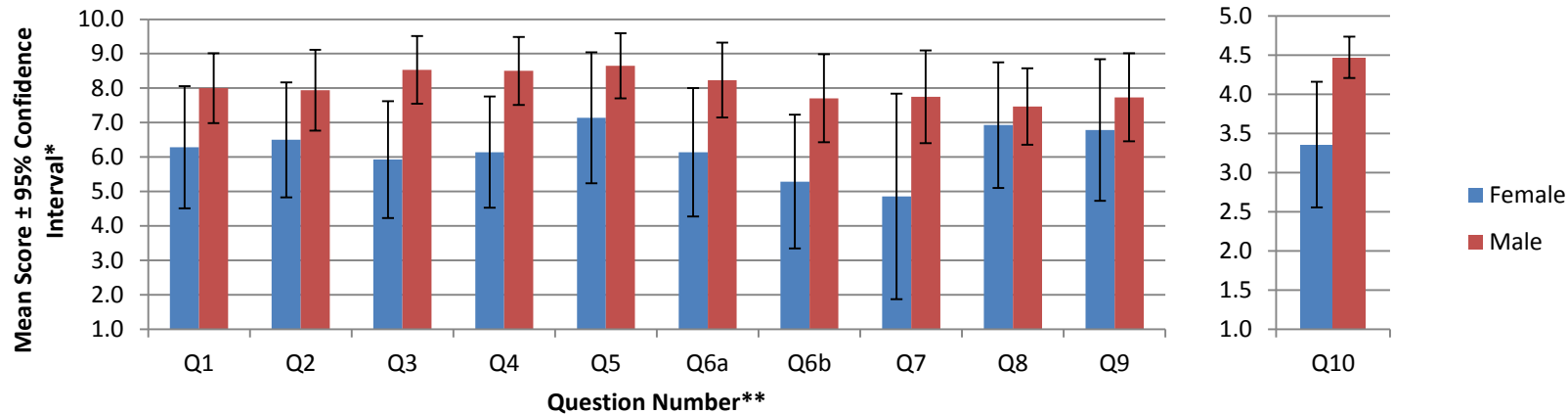
Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears?
- The mean score varied to a statistically significant degree by gender (Figure 5 and Table 5):
  - women felt that it was less easy to find a nurse or another member of staff on the ward to talk to about any worries or fears (Female: M = 6.1, SD = 3.4, n = 14; Male: M = 8.5, SD = 2.3, n = 16).

Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
- The mean score varied to a statistically significant degree by gender (Figure 5 and Table 5):
  - women were less likely to recommend the ward to friends and family if they needed similar care or treatment (Female: M = 3.4, SD = 1.7, n = 14; Male: M = 4.5, SD = 0.6, n = 17).

Figure 5: Analysis of questions 1 to 10 by gender

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 5: Analysis of questions 1 to 10 by gender: Mean score (standard deviation); number of respondents

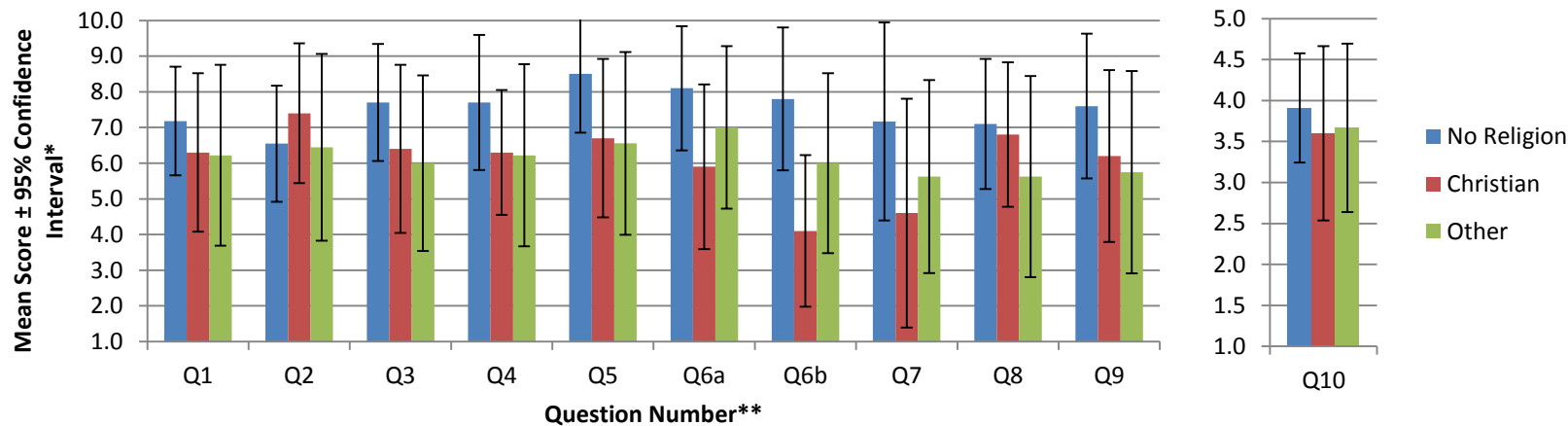| Gender	Question Number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Female	6.3 (3.8); n = 14	6.5 (3.5); n = 14	5.9 (3.6); n = 14	6.1 (3.4); n = 14	7.1 (4.0); n = 14	6.1 (3.9); n = 14	5.3 (4.1); n = 14	4.9 (4.1); n = R	6.9 (3.9); n = 14	6.8 (4.3); n = 14	3.4 (1.7); n = 14
Male	8.0 (2.4); n = 17	7.9 (2.8); n = 17	8.5 (2.3); n = 17	8.5 (2.3); n = 16	8.6 (2.2); n = 17	8.2 (2.6); n = 17	7.7 (3.0); n = 17	7.8 (2.6); n = R	7.5 (2.4); n = 15	7.7 (2.8); n = 15	4.5 (0.6); n = 17

R - Redacted

3.6 Analysis of the questionnaire by religion or belief

Overall

- For each question, the analysis did not indicate statistically significant variation by religion or belief (Figure 6 and Table 6).

Figure 6: Analysis of questions 1 to 10 by religion or belief

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 6: Analysis of questions 1 to 10 by religion or belief: Mean score (standard deviation); number of respondents

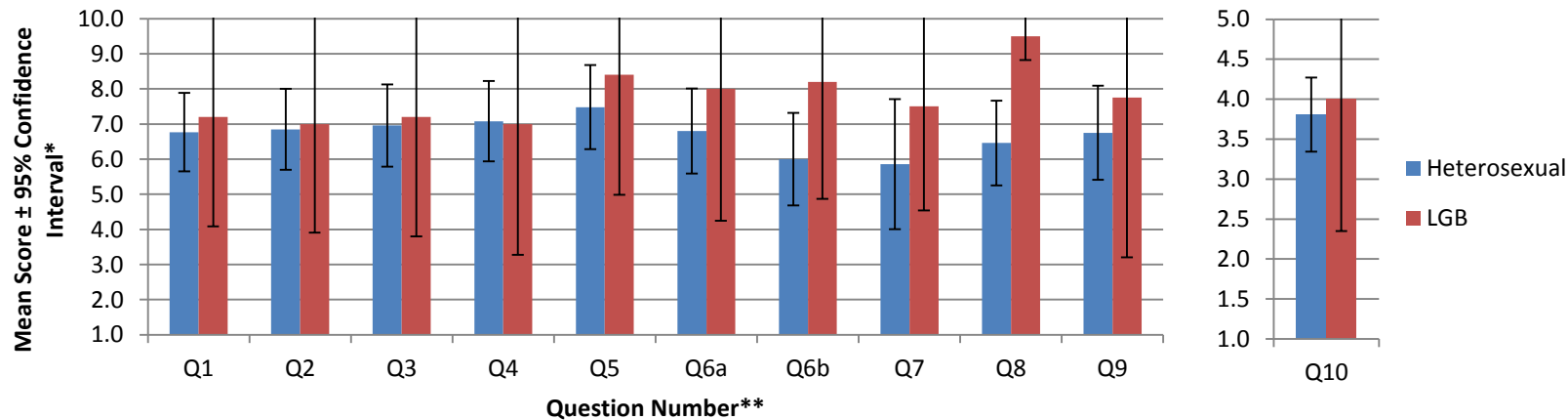| Religion or Belief	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
No Religion	7.2 (2.8); n = 11	6.5 (3.0); n = 11	7.7 (2.8); n = R	7.7 (3.3); n = R	8.5 (2.8); n = R	8.1 (3.0); n = R	7.8 (3.5); n = R	7.2 (3.4); n = R	7.1 (3.1); n = R	7.6 (3.5); n = R	3.9 (1.2); n = 11
Christian	6.3 (3.8); n = R	7.4 (3.4); n = R	6.4 (4.1); n = R	6.3 (3.0); n = R	6.7 (3.8); n = R	5.9 (4.0); n = R	4.1 (3.7); n = R	4.6 (3.4); n = R	6.8 (3.5); n = R	6.2 (4.2); n = R	3.6 (1.8); n = R
Other	6.2 (4.1); n = R	6.4 (4.2); n = R	6.0 (4.0); n = R	6.2 (4.1); n = R	6.6 (4.1); n = R	7.0 (3.7); n = R	6.0 (4.1); n = R	5.6 (4.0); n = R	5.6 (4.2); n = R	5.8 (4.2); n = R	3.7 (1.7); n = R

R - Redacted

Equality and Human Rights Team

3.7 Analysis of the questionnaire by sexual orientation

Overall

- For each question, the analysis did not indicate statistically significant variation by sexual orientation (Figure 7 and Table 7).

Figure 7: Analysis of questions 1 to 10 by sexual orientation

 *Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 7: Analysis of questions 1 to 10 by sexual orientation: Mean score (standard deviation); number of respondents

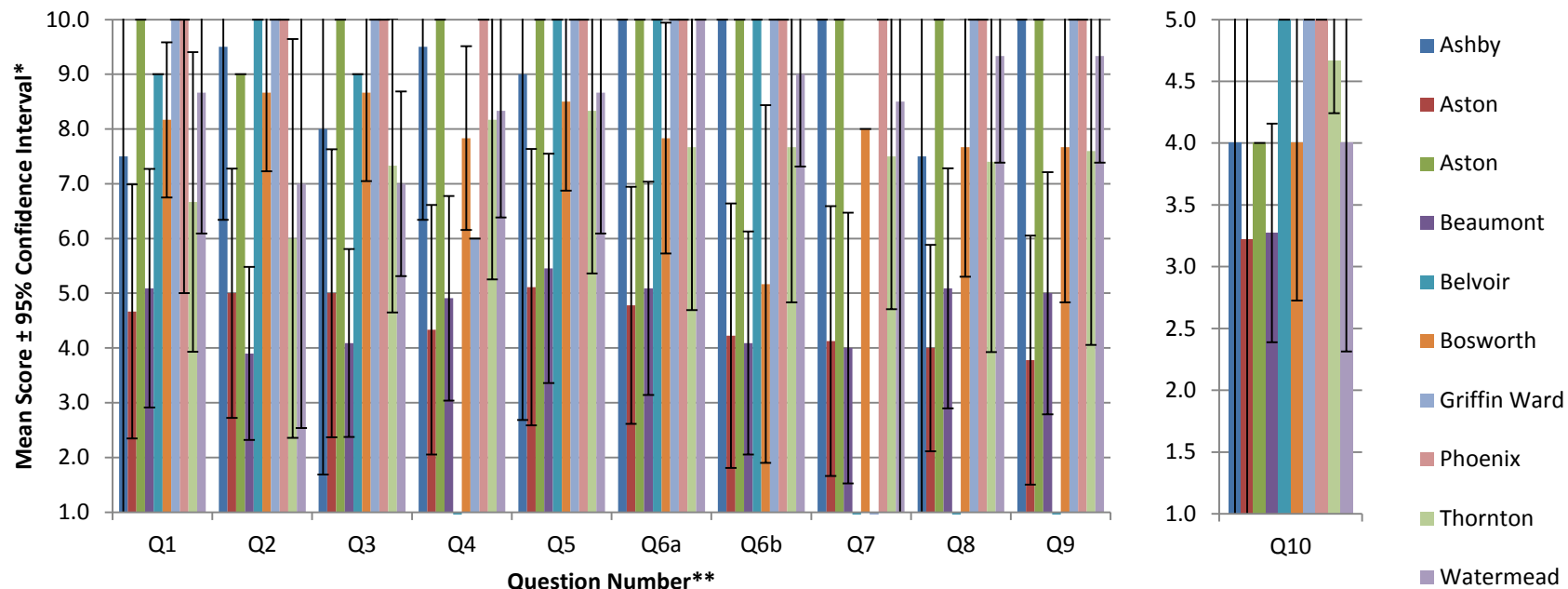| Sexual Orientation	Question Number									
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Heterosexual	6.8 (3.3); n = R	6.8 (3.4); n = R	7.0 (3.4); n = R	7.1 (3.4); n = R	7.5 (3.5); n = R	6.8 (3.5); n = R	6.0 (3.9); n = R	5.9 (3.9); n = R	6.5 (3.5); n = R	6.8 (3.8); n = R	3.8 (1.4); n = R
LGB	7.2 (3.3); n = R	7.0 (3.2); n = R	7.2 (3.6); n = R	7.0 (3.2); n = R	8.4 (3.6); n = R	8.0 (3.9); n = R	8.2 (3.5); n = R	7.5 (2.5); n = R	9.5 (0.6); n = R	7.8 (3.9); n = R	4.0 (1.7); n = R

R - Redacted

3.8 Analysis of the questionnaire by ward

Overall
- For each question, the analysis did not indicate statistically significant variation by ward (Figure 8 and Table 8).

Figure 8: Analysis of questions 1 to 10 by ward

*Questions 1 to 9: scale 1 to 10 (poor to excellent); Question 10: scale 1 to 5 (extremely unlikely, unlikely, neither likely nor unlikely, likely, extremely likely).

**Q1: Did you feel you were made to feel welcome when you arrived on the ward? Q2: Did you feel the staff knew about your condition and fully understood your needs? Q3: How safe did you feel while you were on the ward? Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears? Q5: Do you feel the staff were kind and caring towards you while you were on the ward? Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication? Q6b: How well did you understand the side effects of the medication you were taking? Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support? Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment? Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward? Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Table 8: Analysis of questions 1 to 10 by ward: Mean score (standard deviation); number of respondents

Ward	Question Number										
	Q1	Q2	Q3	Q4	Q5	Q6a	Q6b	Q7	Q8	Q9	Q10
Ashby	7.5 (3.5); n = R	9.5 (0.7); n = R	8.0 (1.4); n = R	9.5 (0.7); n = R	9.0 (1.4); n = R	10.0 (0.0); n = R	10.0 (0.0); n = R	n = 0	7.5 (3.5); n = R	10.0 (0.0); n = R	4.0 (1.4); n = R
Aston	4.7 (3.7); n = R	5.0 (3.7); n = R	5.0 (4.2); n = R	4.3 (3.7); n = R	5.1 (4.1); n = R	4.8 (3.5); n = R	4.2 (3.9); n = R	4.1 (3.7); n = R	4.0 (3.0); n = R	3.8 (3.7); n = R	3.2 (1.7); n = R
Aston	10.0 (-); n = R	9.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	4.0 (-); n = R
Beaumont	5.1 (4.0); n = 11	3.9 (2.7); n = 10	4.1 (3.1); n = 11	4.9 (3.4); n = 11	5.5 (3.8); n = 11	5.1 (3.6); n = 11	4.1 (3.7); n = 11	4.0 (3.4); n = R	5.1 (4.0); n = 11	5.0 (4.0); n = 11	3.3 (1.6); n = 11
Belvoir	9.0 (-); n = R	10.0 (-); n = R	9.0 (-); n = R	n = 0	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	n = 0	n = 0	n = 0	5.0 (-); n = R
Bosworth	8.2 (1.7); n = R	8.7 (1.8); n = R	8.7 (2.0); n = R	7.8 (2.0); n = R	8.5 (2.0); n = R	7.8 (2.6); n = R	5.2 (4.0); n = R	8.0 (-); n = R	7.7 (2.9); n = R	7.7 (3.4); n = R	4.0 (1.5); n = R
Griffin Ward	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	6.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	n = 0	10.0 (-); n = R	10.0 (-); n = R	5.0 (-); n = R
Phoenix	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	10.0 (-); n = R	5.0 (-); n = R
Thornton	6.7 (3.3); n = R	6.0 (4.4); n = R	7.3 (3.3); n = R	8.2 (3.5); n = R	8.3 (3.6); n = R	7.7 (3.6); n = R	7.7 (3.4); n = R	7.5 (3.4); n = R	7.4 (3.6); n = R	7.6 (3.7); n = R	4.7 (0.5); n = R
Watermead	8.7 (1.5); n = R	7.0 (2.6); n = R	7.0 (1.0); n = R	8.3 (1.2); n = R	8.7 (1.5); n = R	10.0 (0.0); n = R	9.0 (1.0); n = R	8.5 (2.1); n = R	9.3 (1.2); n = R	9.3 (1.2); n = R	4.0 (1.0); n = R

R - Redacted

4 Appendix: Data quality

Data quality for each of the protected characteristics covered by the Adult Mental Health Patient Discharge Questionnaire (age, disability, gender, ethnicity, religion or belief, and sexual orientation) varied between 69.05% (ethnicity) and 73.81% (gender and sexual orientation) (Table 9). Consequently, whilst the data are near complete, there is a need to encourage more respondents to disclose their equality monitoring information.

A total of 42 Adult Mental Health Patient Discharge Questionnaires were returned in the period April 2015 to March 2016 for a total of 1118 ward discharges (a response rate of 3.8%). This compares with 142 Adult Mental Health Patient Discharge Questionnaires returned in the period April 2014 to March 2015 for a total of 1558 ward discharges (a response rate of 9.1%). Thus, the response rate has dropped by over one half since the period April 2014 to March 2015. Response rates were already low during the 14/15 financial year; a recommendation was made at that time to take steps to improve the response rate. Given the poor response rate, it is uncertain whether the views of those who returned the questionnaire are representative of all those patients discharged in the period of interest.

As in the previous financial year, there is a need to increase the percentage of discharged patients who complete and return the questionnaire in order to obtain a reliable measure of patient experience. This may involve ensuring that all patients discharged receive the questionnaire, emphasising the importance of returning the questionnaire, and perhaps giving patients an opportunity to complete the questionnaire prior to leaving the care environment (whilst maintaining confidentiality). At present, the questionnaire is administered in paper form and is returned by post (freepost). Participation rates might also be increased by offering alternative methods for completing and returning the questionnaire, perhaps including an online option.

Table 9: Data quality amongst respondents to the Adult Mental Health Patient Discharge Questionnaire

Data quality		Age		Disability		Gender		Ethnicity	
		n	%	n	%	n	%	n	%
Valid Data		30	71.43%	30	71.43%	31	73.81%	29	69.05%
Missing	Prefer not to say	4	9.52%	1	2.38%	1	2.38%	1	2.38%
Data	blank/NULL	8	19.05%	11	26.19%	10	23.81%	12	28.57%
	Grand total	42	100.00%	42	100.00%	42	100.00%	42	100.00%

Data quality		Religion or Belief		Sexual Orientation		Ward	
		n	%	n	%	n	%
Valid Data		30	71.43%	31	73.81%	41	97.62%
Missing	Prefer not to say	2	4.76%	1	2.38%	0	0.00%
Data	blank/NULL	10	23.81%	10	23.81%	1	2.38%
	Grand total	42	100.00%	42	100.00%	42	100.00%

5 Appendix: Analytical methods

Responses to the Adult Mental Health Patient Discharge Questionnaire were collected for the period April 2015 to March 2016. A total of 42 questionnaires were returned in the period, for 1118 ward discharges (a response rate of 3.8%).

Questions posed by the Adult Mental Health Patient Discharge Questionnaire:
- Q1: Did you feel you were made to feel welcome when you arrived on the ward?
- Q2: Did you feel the staff knew about your condition and fully understood your needs?
- Q3: How safe did you feel while you were on the ward?
- Q4: Do you think it was easy to find a nurse or another member of staff on the ward that you could talk to about any worries or fears?
- Q5: Do you feel the staff were kind and caring towards you while you were on the ward?
- Q6a: If you were taking any medication while on the ward: How well did you understand why you were taking the medication?
- Q6b: How well did you understand the side effects of the medication you were taking?
- Q7: If you required any support such as interpreting services, a hearing loop or an advocate for support, how easy was it for you to get this support?
- Q8: Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?
- Q9: Did you feel you were involved as much as you wanted to be in the planning of your discharge from the ward?
- Q10: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Answers to questions 1 to 9 were collected on a scale of 1 to 10; 1 being "poor" and 10 being "excellent". Answers to question 10 were collected on a 5-point scale: extremely unlikely; unlikely; neither likely nor unlikely; likely, extremely likely. These points on the scale were given arbitrary ordinal rankings from 1 (extremely unlikely) to 5 (extremely likely) for the purposes of the present analysis. An additional "don't know" response option was excluded from the present analysis.

Demographic information collected on the questionnaire form: ward; date of birth (used to derive age at the date on which the form was returned); gender; disability; ethnicity; sexual orientation; religion or belief.

Other information collected alongside the questionnaire form: date that the form was returned.

The scores for each question were analysed by each of the demographic factors given above, using a parametric ANOVA; where overall statistically significant differences were indicated between the subgroups of each demographic factor ($\alpha = .05$) and there were more than two subgroups, the ANOVA was followed by *post-hoc*, pairwise tests to identify which subgroups differed to a statistically significant degree (with the Bonferroni correction applied to correct the α-level for making multiple comparisons).

6 Appendix: Equality issues detected by the 14/15 Adult Mental Health Patient Discharge Questionnaire equality analysis

Equality issues detected by the 14/15 Adult Mental Health Patient Discharge Questionnaire equality analysis (these issues are presented here in the 15/16 analysis because, due to the small number of respondents, the present analysis cannot give assurance that these issues have been addressed for the groups affected):

- People of religions or beliefs other than Christianity or No Religion gave less positive ratings in terms of
  - feeling welcome when they arrived on the ward,
  - feeling that staff knew about their condition and fully understood their needs,
  - the ease of finding a nurse or another member of staff on the ward that they could talk to about any worries or fears,
  - feeling staff were kind and caring towards them while they were on the ward.

- People who were not heterosexual felt less safe on the ward.

- BME people and people of religions or beliefs other than Christianity or No Religion understood less well why they were taking medication, whilst people of religions or beliefs other than Christianity or No Religion also understood less well the side effects of the medication they were taking.

- People of religions or beliefs other than Christianity or No Religion felt that they were less involved than they wanted to be in decisions about their care and treatment, and were less involved than they wanted to be in the planning of their discharge from the ward.

- People of religions or beliefs other than Christianity or No Religion were less likely to recommend the ward to friends or family if they needed similar care or treatment.