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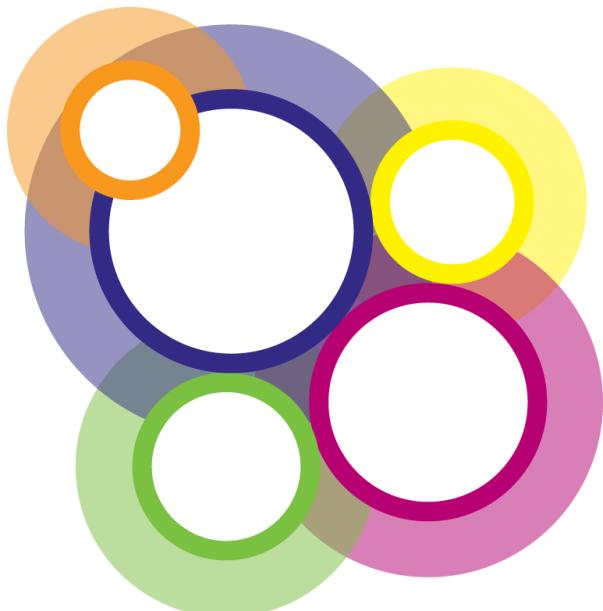
North of England  
Commissioning Support

Partners in improving local health

# A review of patient experience and perception in Sunderland and South Tyneside

February 2017

Version 4



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## **1 Introduction**

As part of the Five Year Forward View, the Sustainability and Transformation Plans, and the South Tyneside and Sunderland Healthcare Group's clinical service review, a task and finish group for communications and engagement was established to consider the issues, expertise and support required around the potential service improvements.

In line with good practice, a desk review was undertaken to understand what is already known about patient experience and perception, in order to assist the group to develop work plans and advise the South Tyneside and Sunderland Health Group Alliance and the Clinical Commissioning Groups (CCG).

This report is the third edition of the desk review, focusing on the service areas:

- Stroke
- Paediatrics
- Gynaecology and maternity (presented separately for clarity)

The revised report has been updated with new insight from national and local sources, as well as patient experience data from local surveys undertaken over the last couple of months.

## **2 Stroke**

### **2.1 Summary of insight**

Although there has been a steady improvement in adult stroke care over the past 20 years, stroke remains the fourth single largest cause of death in the UK and the second largest cause of death in the world.

The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by auditing stroke services against evidence-based standards, and national and local benchmarks. The stroke services at South Tyneside and Sunderland currently score 'D' across the ten domains set by SSNAP. In addition, the stroke service at South Tyneside is in a vulnerable position due to the high number of vacancies within the team. Given this situation, plans to temporarily centralise all acute care at Sunderland Royal Hospital are being put into place, which will improve the quality of stroke care for residents of both South Tyneside and Sunderland in the short-term.

The following summarises the local insight available for stroke services, with regards to patients' experiences. Firstly, a survey was undertaken to explore the opinions and experiences of individuals who have had a stroke in the last two years and received their treatment in either South Tyneside District Hospital or Sunderland Royal Hospital. This survey was completed by 219 respondents; 63% of which had received their treatment at Sunderland Royal Hospital and 37% at South Tyneside District Hospital. The survey was supplemented with qualitative insight from a number of interviews carried out with 25 inpatients, 5 outpatients and 8 carers from across the two areas. In addition, data from the latest Friends and Family Test surveys and Real Time Feedback Reports (Sunderland only) were also considered.

#### **Admission to hospital**

Three quarters of survey respondents perceived that they were admitted to hospital as soon as they thought it was necessary, whilst 7% felt that they should have been admitted a lot sooner and 6% a bit sooner. A greater proportion of those who received their treatment at Sunderland Royal Hospital indicated that they were admitted at the right time, compared to those treated at South Tyneside District Hospital (81% & 66%, respectively).

60% of survey respondents stated that they were admitted to a bed on a ward in a stroke unit, while 26% were admitted to an acute assessment ward. A greater proportion of those who received their treatment at Sunderland Royal Hospital indicated that they were admitted to a stroke unit, compared to those who received their treatment at South Tyneside District Hospital (63% & 54% respectively). The majority stayed on a stroke unit for most of their stay (83%).

Most inpatients who took part in the interviews perceived that it was very important that they received their care in a specialist unit. This was felt to ensure that they were treated by specialist staff who understood their needs.

The majority of inpatients and carers indicated that they, or the patient that they cared for, received diagnostic tests and/or initial interventions either straight away or within a few hours of admission to hospital. Of the inpatients that could recall this information, all were seen by a stroke consultant either on the same day (12 respondents) or the day after their stroke (10 respondents).

### **Health professionals in hospital**

Nearly two thirds of survey respondents stated that they were always able to get answers from doctors that they could understand (60%), whilst a similar proportion were able to get answers from the nursing staff (57%). Equivalent proportions stated that they had full confidence and trust in the doctors and nursing staff who cared for them (83% & 82% respectively).

Most survey respondents felt that all the doctors who treated them knew enough about stroke (70%), with 16% perceiving that most of the doctors knew enough. A smaller proportion indicated that all the nursing staff who treated them knew enough about stroke (57%), with a further 29% perceiving that most of the nursing staff knew enough.

Nearly a third of survey respondents indicated that the hospital doctors often or sometimes talked in front of them, as if they weren't there (10% & 20% respectively). Nursing staff were felt to do this less frequently (9% indicated that nurse often talked in front of them & 18% some of the time).

65% of survey respondents felt there was always or nearly always enough staff on duty to care for them in hospital, with a further 24% perceiving that there was enough staff available some of the time.

When survey respondents were given the opportunity to elaborate further on the treatment they received, many commented upon the excellent standard of care (12%), particularly the kindness and professionalism of the staff (20%). A further 7% specifically mentioned hospital staff (doctors, consultants and nurses) in response to what they believed was particularly good about their stroke care and also the services delivered by the physiotherapy team, occupational therapists and the community stroke team (4%, 3% and 2% respectively).

## Care and treatment in hospital

Over half of survey respondents felt involved in decisions about their care and treatment (57%), with a further 33% perceiving that they were to some extent. A slightly larger proportion of those who received their treatment at Sunderland Royal Hospital indicated that they weren't involved in decisions, compared to those who received their treatment at South Tyneside District Hospital (12% & 5% respectively).

The majority of carers who took part in face-to-face interviews stated that they also felt listened to and involved in the patient's care, in addition to perceiving that the staff offered support and advice to them as well as the patient.

Most survey respondents indicated that they could understand all or most of the information they were given in hospital (61%), with a further 26% stating that they could understand some of it. Those who received their care at South Tyneside District Hospital were more likely to have been able to understand all or most of the information, compared to those who received their care at Sunderland Royal Hospital (66% & 58%, respectively).

Over half of survey respondents felt their stroke diagnosis was discussed with them (56%), while 29% felt that it had, to some extent. A greater proportion of those who received their treatment at Sunderland Royal Hospital indicated that their stroke diagnosis had been discussed with them, compared to those who received their treatment at South Tyneside District Hospital (60% & 49%, respectively).

The vast majority of inpatients who took part in the interviews, indicated that they were provided with the right type and amount of care in hospital. The most important aspect of their care was perceived to be helping them get back to normal i.e. being able to walk, talk, drink and eat. The majority felt that with the help of the nursing staff they were able to achieve what they wanted.

The table below summarises the proportion of survey respondents who received support with a number of different issues faced in hospital. The highest proportion indicated that they always received support to go to the toilet or use a bed pan (71%), and the lowest proportion stated that they always received support for emotional problems (45%).

**Table 1:** Proportion of survey respondents who received support with different issues faced in hospital

Issue	Percentage of survey respondent s	Proportion who always received support	Proportion who sometimes received support
Going to the toilet/ using bed pan	74%	71%	25%
Eating	44%	62%	26%
Washing themselves	59%	65%	28%
Difficulties in swallowing	31%	61%	33%
Difficulties in communicating	53%	60%	33%
Mobility problems	70%	63%	29%
Emotional problems	44%	45%	40%

60% of survey respondents stated that they were always able to choose a healthy meal from the hospital menu. Those who received treatment at South Tyneside District Hospital were more likely to indicate that they could always get a healthy meal compared to those treated at Sunderland Royal Hospital (66% & 56% respectively).

A very small proportion stated that they often received contradictory information from health professionals while in hospital (6%), while 16% did some of the time. Those who received their care at South Tyneside District Hospital were more likely to indicate that they did receive contradictory information (28%) compared to those who received treatment at Sunderland Royal Hospital (19%).

The majority of survey respondents felt that they were always treated with dignity and respect while in hospital (86%).

### **Leaving hospital**

Just 40% of survey respondents indicated that they received information about dietary changes to help prevent a future stroke before leaving hospital, whilst 54% stated receiving information about physical activity. However, a much greater proportion of those who smoked (23%) said that they received information about stopping smoking (76%).

Over half of survey respondents indicated that they received an explanation about their medication that they could understand (53%), whilst 69% perceived that they received enough information about how to take their medication while they were in hospital. Respondents were less likely to have been informed about the side effects of their medication, with just 25% indicating that they received this information. Furthermore, 63% stated that the hospital staff informed them about whom to contact if they were worried about their condition or treatment after they left hospital.

### **Following discharge from hospital**

The majority of survey respondents rated the care they received as excellent or very good (47% & 29% respectively). Furthermore, the vast majority of those who participated in the interviews highly rated the care and treatment that they or the individual they cared for received.

84% of survey respondents required rehabilitation after leaving hospital. Of these, 65% felt that their needs and wishes were considered when their rehabilitation was being planned. 76% of patients required services after leaving hospital, of which 80% indicated that all the services were arranged for them, and a further 14% stated that some of the services were arranged for them.

Two thirds of survey respondents stated that they had mobility problems after leaving hospital (67%). Of these, 61% indicated that they got enough treatment to help them improve their mobility. Of the 36% of patients who had communication difficulties, 57% felt that they received the support they required. Those who received their treatment at South Tyneside District Hospital were more likely to indicate that they did not get the support they required for both of these areas of care, compared to those who received their care at Sunderland Royal Hospital.

When survey respondents were given the opportunity to elaborate further on the care and treatment they received, many commented upon the aftercare as being particularly good in relation to their overall care. Respondents commented on the importance of the regular home visits they received from different health professionals and organisations to address the range of issues that they were having in adapting to being back at home. It was acknowledged that in the time following discharge from hospital, patients can feel very alone and frightened and that the aftercare they received helped them on their road to recovery.

A high level of satisfaction was also observed among the outpatients sampled, with all stating that they were happy or very happy with the follow-up support and appointments they received. The majority felt that the support they had received had been tailored to their needs, and that this was important in aiding their recovery and rehabilitation. Only one individual felt they hadn't received enough support and felt let down by the service.

The following suggestions were made by survey respondents as to how the stroke service could be improved;

- Greater support for patients; increasing the number of nursing staff on duty, and having more sessions with specialist teams to ensure the best recovery possible.
- Improved communication to ensure patients receive better explanations of their condition and course of treatment.
- Improved aftercare to ensure that patients are not discharged before they are ready, and that the appropriate referrals are made for them to receive the right care when at home.
- Improved facilities, including beds being made more often, quieter wards so that patients are able to sleep at night, and a better standard of food being offered.

## **Structure of services**

Individuals who took part in the interviews had the opportunity to comment on the structure of services. 16 respondents stated a preference for keeping services localised, whilst 14 respondents preferred a model of having all stroke services centralised in one location.

Despite these findings, the majority of inpatients and carers who took part in the interviews stated that they would not be happy or would face issues if they or the patient that they cared for were transferred to another hospital for their stroke care.

This was mainly due to the perceived difficulty that carers and family members would have in travelling to the hospital and the patient being further from home. These concerns were also raised among some survey respondents.

## 2.2 National insight

Although there has been a steady improvement in adult stroke care in the last 20 years, stroke remains one the largest causes of premature death in the UK;

- Stroke occurs approximately 152,000 times a year in the UK; that is one every 3 minutes 27 seconds.
- Stroke incidence rates fell 19% from 1990 to 2010 in the UK. Rates vary depending on the country or region of interest, ranging between 115 per 100,000 population to 150 per 100,000 population.
- Stroke mortality rates in the UK decreased by 46% from 1990 to 2010.
- Stroke is the fourth single largest cause of death in the UK and second in the world. In the UK, 1 in 4 people who have a stroke will die within one year and 1 in 8 will die within 30 days.
- There are over 1.2 million stroke survivors in the UK - lower mortality rates means there are more people surviving and living with stroke than ever before.
- 3 in 10 stroke survivors will go on to have recurrent, stroke or trans ischaemic attack (TIA).
- Stroke is the largest cause of complex adult disability, with half of all stroke survivors having a disability.

The following statistics are taken from the Stroke Association, and provide an overview of the stroke pathway:

- 46% of stroke patients in England, Wales and Northern Ireland have a brain scan within one hour of admission, and 90% within 12 hours.
- 22% of stroke patients in England, Wales and Northern Ireland are being admitted to general medicine and diagnostic wards instead of specialist stroke wards.
- 1 in 5 acute hospital beds and 1 in 4 long-term hospital beds are occupied by stroke patients.
- Stroke patients who are cared for on stroke wards are more likely to be alive, independent and living at home after one year than if they are cared for on other wards.
- Disability-adjusted living years (DALYs) lost because of stroke decreased by 49% from 1990 to 2010 in the UK.

The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by auditing stroke services against evidence-based standards, and national and local benchmarks. The latest results demonstrate that although healthcare has steadily improved overall, there are several hospitals not only under-performing, but performing worse now than they were in previous years, with many elements of stroke care not being done adequately. Specific issues include:

- In some areas, cut down variations of Early Supported Discharge have been introduced that are less effective.
- The pioneering work done in stroke care to champion seven day working on stroke units is in danger of being undermined, ignoring staff to patient ratios in favour of spreading existing staff across the seven day week, leading to greater mortality and poorer recoveries.
- Less than 16.5% of stroke survivors get a 6 month review.
- Psychological support is still under-resourced and inadequate in most areas.

*Note: The full list of recommendations for CCGs presented in the latest clinical audit is available in the Appendix section of this report, it reports on patients admitted and/or discharged between 1<sup>st</sup> April and 30<sup>th</sup> June 2015.*

Currently, the stroke services at South Tyneside and Sunderland score an overall ‘D’ across the ten SSNAP domains; scanning, stroke unit, thrombolysis, specialist assessments, occupational therapy, physiotherapy, SALT, MDT, discharge standards and process, with improvement remaining static over the last couple of years. Furthermore, the acute stroke service in South Tyneside is currently in a vulnerable position due to vacancies with senior medical staffing, nursing staff and therapies staff. Given this position with the service, and to improve the quality of stroke care for residents of both South Tyneside and Sunderland in the short-term, plans for a temporary solution of centralising all acute care at Sunderland Royal Hospital are being put in place.

In terms of insight from patients, the latest large-scale survey of UK stroke patients was conducted in 2012 by the Stroke Association, its aim was to understand the issues facing stroke survivors in their daily lives. The report concluded that although there has been rapid progress in the acute treatment of stroke over the last five years, progress in improving post hospital stroke care significantly lags behind.

Specifically, it was found that a large proportion of people are not having their needs assessed (39% of stroke survivors in England) and an even larger percentage do not have a care plan (60% of stroke survivors in England). In addition, the survey found that on-going reviews of survivors’ health and social care needs are not happening. This was not just confined to stroke survivors, with 39% of carers also stating that they had not had an assessment of their needs.

## 2.3 Local insight

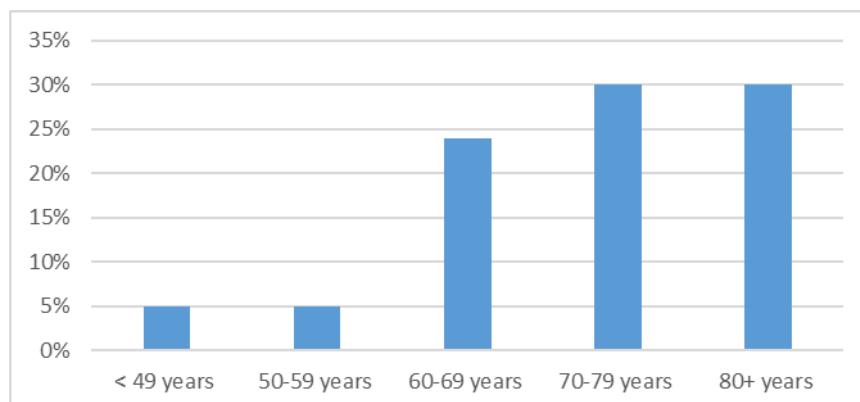
### 'Experiences of stroke services' survey (2016)

This survey was designed to capture the opinions and experiences of individuals who live in Sunderland or South Tyneside who have had a stroke in the last two years and received treatment in either South Tyneside District Hospital or Sunderland Royal Hospital.

A total of 219 individuals responded to the survey of which the majority of respondents indicated they were patients who had received treatment themselves (61%). 25% of respondents had completed the survey with a friend, relative or health professional. Just 9% of responses came from carers completing the survey on behalf of the patient, answering questions from the patient's point of view. The remaining 5% of respondents did not specify who completed the survey.

56% of respondents were male and 40% were female (4% did not disclose their gender). Equivalent proportions of respondents were aged between 70-79 years and over 80 years (30% for each category), while 24% were aged between 60-69 years. Just 5% were aged between 50-59 years and a further 5% were younger than 49 years (the remaining 5% did not respond to the question).

**Figure 1:** Age distribution of stroke survey respondents



Most respondents indicated that they were white British (90%). Just 3% stated they were Bangladeshi, Indian, White European or Mixed race, while the remaining 7% did not disclose their ethnicity.

The majority stated that they hadn't made a complete recovery from their stroke (60%), with 48% indicating that they have required help from another person with everyday activities in the last two weeks.

The postcode distribution of respondents is shown in Table 2.

**Table 2:** Postcode distribution of respondents in the stroke survey

Postcode	Percentage of responses	Postcode	Percentage of responses
NE13	<1%	SR4	8%
NE31	3%	SR5	5%
NE32	5%	SR6	5%
NE33	11%	SR7	7%
NE34	13%	SR8	2%
NE35	1%	DH1	<1%
NE36	2%	DH4	5%
NE38	3%	DH5	5%
SR1	<1%	DH6	<1%
SR2	3%	DH9	<1%
SR3	11%	No answer	7%

Almost two thirds of the sample received their stroke treatment at Sunderland Royal Hospital (63%) and the remaining (37%) at South Tyneside District Hospital.

During the survey analysis, findings have been presented for overall responses to questions (percentages have been presented as a proportion of the total sample size). Results were also analysed by the hospital in which the patient received their care, where differences occurred these have been reported. These figures will be clearly highlighted as relating to the different hospitals, therefore all other percentages reported should be treated as overall statistics.

It should also be noted that due to the overall sample size of the survey that these differences are for descriptive purposes and cannot be reported as statistically significant.

## Diagnosis

Respondents were asked when they were first told that they had had a stroke to which 62% indicated that they were told in the hospital, and a further 32% before they got to hospital. The remaining individuals were unable to remember (5%) or told after they left hospital (1%).

The majority felt that their stroke was diagnosed quickly enough (85%), however 11% felt that it should have been diagnosed sooner (4% were unsure). Of those respondents who indicated that their stroke wasn't diagnosed quick enough, 23% indicated that the doctor(s) at the hospital did not recognise their stroke symptoms, and 14% said that their GP had not recognised that they had had a stroke. 26% of respondents were unsure or unable to say, while 37% indicated that it was due to another reason.

## **Admission to hospital**

Three quarters of respondents perceived that they were admitted to hospital as soon as they thought it was necessary (75%), whilst 7% felt that they should have been admitted a lot sooner and 6% a bit sooner. When comparing the results from the different hospitals, those who received their care at Sunderland Royal Hospital were much more likely to indicate that they were admitted at the right time, compared to those who were treated at South Tyneside District Hospital (81% & 66% respectively). Conversely, those who were admitted to South Tyneside were more likely to indicate that they should have been admitted a lot sooner (10% & 5%, respectively).

**Table 3:** Whether respondents felt they were admitted quickly enough to hospital

Patient admitted quickly enough to hospital	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, I was admitted as soon as I thought necessary	75%	81%	66%
I was already in hospital when I had a stroke	5%	4%	6%
I should have been admitted a lot sooner	7%	5%	10%
I should have been admitted a bit sooner	6%	6%	6%
Don't know/can't say	5%	4%	8%
No response	2%	1%	4%

Nearly two thirds indicated that when they were first admitted to a bed on a ward, this was to a stroke unit (60%), while 26% were admitted to an acute assessment ward. The remaining individuals were admitted to intensive care (2%), an 'other' type of ward or unit (4%) or were unsure (6%).

Those who received their care at Sunderland Royal Hospital were more likely to have been admitted to a stroke unit, compared to those who received their care at South Tyneside District Hospital (63% & 54%, respectively).

**Table 4:** The wards that respondents were first admitted to

Ward patient first admitted to	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Stroke unit	60%	63%	54%
Acute assessment ward	26%	24%	29%
An intensive care ward	2%	2%	1%
Don't know/unsure	6%	6%	8%
Other type of ward/unit	4%	4%	4%
No response	3%	1%	5%

The majority indicated that they were on a stroke unit for most of their hospital stay (83%), whilst 8% indicated that they were mostly in an acute assessment unit. The remaining individuals were unsure or unable to remember (3%), in an intensive care ward (1%) or in an 'other' type of ward or unit (3%). Comparable results were obtained for the two hospitals.

## Hospital doctors

Approximately two thirds of respondents felt that they were always able to get answers from the doctor that they could understand (60%), with a further 22% perceiving that they were to some extent. Just 3% indicated that they were unable to understand the explanations provided to them. The remaining individuals had no reason to ask questions (8%) or were not able to ask (6%).

Most respondents indicated that they always had confidence and trust in the doctors who treated them (83%), while 14% did to some extent.

Nearly a third indicated that doctors often, or sometimes, talked in front of them as if they weren't there (10% & 20%, respectively). Those who received their care in South Tyneside District Hospital were slightly more likely to indicate that this did happen (11% & 25% respectively) compared to those who received their care at Sunderland Royal Hospital (9% & 17% respectively).

**Table 5:** Whether doctors spoke in front of patients, as if they weren't there

Doctor spoke in front of patient, as if they weren't there	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, often	10%	9%	11%
Yes, sometimes	20%	17%	25%
No	67%	69%	63%
No response	3%	4%	1%

Most respondents perceived that all the doctors who treated them knew enough about stroke (70%), with a further 16% perceiving that most of the doctors knew enough. Only a very small proportion indicated that only some of the doctors knew enough (3%) or that none of the doctors knew enough (1%) (9% were unsure or unable to say).

### **Nursing staff**

Over half indicated that they were always able to get answers from the nursing staff that they could understand (57%), with a further 24% perceiving that they could do this some of the time. Just 4% felt that they were not able to get answers they understood. The remaining individuals had no reason to ask (9%) or were not able to ask (4%).

The majority indicated that they always had confidence and trust in the nursing staff who cared for them (82%), with a further 13% stating that they did some of the time. Just 2% stated that they did not have confidence and trust in the nursing staff.

Just under a quarter stated that the nursing staff talked in front of them, either often or some of the time (9% & 18% respectively). However, the majority felt that the nursing staff did not do this (70%).

The majority perceived that there was always or nearly always enough staff on duty to care for them in hospital (65%), with a further 24% perceiving that there was some of the time. Conversely, 5% felt that there was rarely or never enough staff on the ward (4% were unable to say or remember). Those who received their care in South Tyneside District Hospital were more likely to indicate that there was rarely or never enough staff on duty, compared to those who received their care at Sunderland Royal Hospital (9% & 3% respectively). However, equivalent proportions in both hospitals perceived that there was always or nearly always enough staff (66% for South Tyneside District Hospital and 64% for Sunderland Royal Hospital).

Most respondents felt that all the nursing staff who treated them knew enough about stroke (56%), with a further 29% perceiving that most of the nursing staff knew enough. Only a very small proportion felt that only some of the nursing staff knew enough (5%) or that none of the nursing staff knew enough (1%).

As can be seen in Table 6, those who received their care at South Tyneside District Hospital were much more likely to indicate that all the nursing staff who looked after them knew enough about stroke, compared to those who were treated at Sunderland Royal Hospital (64% & 52% respectively).

**Table 6:** Whether respondents felt that the nursing staff who treated them, knew enough about stroke

Knowledge base of nursing staff	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
All of the nursing staff knew enough	56%	52%	64%
Most of the nursing staff knew enough	29%	33%	23%
Only some of the nursing staff knew enough	5%	4%	6%
None of the nursing staff knew enough	1%	1%	0%
Don't know / can't remember	7%	7%	6%
No response	2%	3%	1%

### Care and treatment in hospital

Over half of respondents indicated that they were involved in decisions about their care and treatment, as much as they wanted (57%), with a further 33% perceiving that they were to some extent. However, 9% felt they weren't involved enough.

The results in Table 7 show that a larger proportion of those who received their treatment at Sunderland Royal Hospital felt that they weren't involved in decisions, compared to those who received their care at South Tyneside District Hospital (12% & 5% respectively).

**Table 7:** Whether respondents were involved, as much as they wanted to be, in decisions about their care and treatment

Patient involved in decisions	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	57%	58%	55%
Yes, to some extent	33%	29%	39%
No, I was not involved in decisions about my care and treatment	9%	12%	5%
No response	1%	1%	1%

Nearly two thirds indicated that they could understand all or most of the information they were given in hospital (61%), with a further 26% stating that they could understand some of it. Conversely, 9% were able to understand a little or none of it, whilst 1% were not provided with any information.

Respondents who received their care at South Tyneside District Hospital were more likely to indicate that they understood all or most of the information they were given, compared to those who received their care at Sunderland Royal Hospital (66% & 58% respectively).

**Table 8:** Whether respondents were able to understand the information they were given in hospital

Patient able to understand information provided in hospital	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, I understood all or most of it	61%	58%	66%
Yes, I understood some of it	26%	29%	21%
No, I understood little or none of it	9%	8%	11%
I was not given any information	1%	1%	0%
No response	3%	4%	1%

Respondents were asked whether their stroke diagnosis was discussed with them, to which 56% indicated that it had, and a further 29% felt that it had to some extent. Just 4% of the sample stated that their diagnosis was not discussed with them.

Those who received their care at Sunderland Royal Hospital were more likely to indicate that their diagnosis was discussed with them, compared to those who received their care at South Tyneside District Hospital (60% & 49% respectively). However, similar proportions treated at each indicated that their diagnosis had not been discussed with them (4% of those treated at Sunderland Royal Hospital and 5% of those treated at South Tyneside District Hospital).

**Table 9:** Whether respondents' stroke diagnosis was discussed with them

Stroke diagnosis discussed with patient	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, completely	56%	60%	49%
Yes, to some extent	29%	26%	34%
No, it was not discussed	4%	4%	5%
It was not necessary to discuss it	2%	2%	1%
Don't know	8%	7%	10%
No response	1%	1%	1%

Nearly two thirds of respondents indicated that their family (or someone else close to them) had enough opportunities to talk to the staff (59%). A further 25% stated that they did to some extent. Just 7% felt that their family (or someone else close to them) did not have enough opportunities, 5% of which would have liked to have done so (7% of respondents were unsure or unable to remember).

74% indicated that they needed assistance to go to the toilet or use the bed pan. Of these 71% stated that they always got the help they needed, while 25% did some of

the time. Just 5% indicated that they didn't get the support they required from the nursing staff.

Of those respondents who needed assistance to eat their meals (44%); 62% perceived that they always got the support they required, and a further 26% that they did some of the time. Just 12% stated that they didn't get the support they required. Those who received their treatment at South Tyneside District Hospital were more likely to indicate that they always got help, compared to those who were treated at Sunderland Royal Hospital (70% & 57% respectively), while those at Sunderland Royal Hospital were more likely to indicate that they received help some of the time (29% & 20%, respectively).

Nearly two thirds stated that they were always able to choose a healthy meal from the hospital menu (60%), with a further 26% indicating that they were some of the time. Conversely, 5% stated that they could not get a healthy meal.

Those who received their care from South Tyneside District Hospital were slightly more likely to indicate that they could always get a healthy meal, compared to those at Sunderland Royal Hospital (66% & 56%, respectively). Those who were treated at Sunderland Royal Hospital were slightly more likely to indicate that they could not get a healthy meal (7% & 3%, respectively).

**Table 10:** Whether respondents were able to obtain a healthy meal in hospital

Patient able to have a healthy meal	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, always	60%	56%	66%
Yes, sometimes	26%	26%	25%
No, I could not get a healthy meal	5%	7%	3%
I did not eat hospital food	3%	3%	3%
Don't know	5%	5%	4%
No response	2%	3%	0%

59% needed assistance with washing while they were in hospital; of these approximately two thirds indicated that they always received the support they required (65%), with a further 28% stating that they did some of the time. Just 7% indicated that they did not get the support they needed from the nursing staff.

Of those respondents who had difficulty swallowing while in hospital (31%); 61% indicated that they always got the support they required, while 33% felt that they did some of the time. Just 6% stated that they didn't receive the support they needed.

Furthermore, of those who had difficulties communicating while in hospital (53%); 60% stated that they always received enough support, with a further 33% stating that they did some of the time. Just 7% indicated that they didn't get the support they required.

70% indicated that they had mobility problems while they were in hospital, of these 63% indicated that they got enough treatment to help them to improve their mobility, while 29% felt that they did to some extent. Just 7% perceived that they did not receive the support they required.

Just under half of the sample indicated that they had emotional problems while in hospital (44%), of these 45% stated that they received enough support for their issues and a further 40% felt that they did to some extent. 14% of the sample stated that they did not receive enough help and support to help them deal with their emotional issues.

Variation in responses were observed between the two hospitals, with a much greater proportion of those who received their care at South Tyneside District Hospital indicating that they received enough support for their emotional issues, compared to those who received their care at Sunderland Royal Hospital (58% & 37%, respectively). However, similar proportions stated that they did not get the support they needed; 15% of those who received their care at Sunderland Royal Hospital, and 13% of those treated at South Tyneside District Hospital.

**Table 11:** Whether respondents felt they received enough help and support for their emotional issues, while in hospital

Patient received enough help and support to deal with emotional issues	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	45%	37%	58%
Yes, to some extent	40%	47%	29%
No, I did not get help when I needed it	14%	15%	13%

Just under a fifth of the sample indicated that they received contradictory information from health professionals often or some of the time while they were in hospital (6% & 16%, respectively). Table 12 shows that those who received their care at South Tyneside District Hospital were more likely to indicate that they received contradictory information, compared to those who received their care at Sunderland Royal Hospital (28% & 19%, respectively).

**Table 12:** Whether respondents received contradictory information from health professionals, while in hospital

Patient received contradictory information	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, often	6%	5%	8%
Yes, sometimes	16%	14%	20%
No	73%	76%	69%
No response	5%	6%	4%

The majority felt that they were always treated with dignity and respect while they were in hospital (86%), with a further 11% indicating that they were some of the time. Just 1% stated they were not treated with dignity and respect.

### Leaving hospital

40% of respondents indicated that they received information about dietary changes to help prevent a future stroke, before leaving hospital. However, 29% stated that they did not receive such information. The remaining individuals did not require this information (16%) or they were unsure or unable to remember (12%).

Furthermore, 54% stated that they received information about physical activity to help prevent a future stroke. However, 22% did not receive such information. The remaining individuals either did not require this information (15%) or were unsure or unable to remember (6%).

Of those individuals who indicated that they smoked (23%), three quarters indicated that they received information about stopping smoking (76%). However, 18% stated that they did not receive this information (6% were unsure or unable to remember).

Over half of respondents indicated that they received an explanation about the purpose of their medication that they could understand (53%), a further 18% felt that they did to some extent. However, one in ten respondents indicated that the purpose of their medication was not explained to them.

As can be seen in Table 13, a much greater proportion of those who received their care at Sunderland Royal Hospital indicated that they were given an explanation that they could understand, compared to those who received their care at South Tyneside District Hospital (59% & 44%, respectively). Similar proportions in each of the hospitals stated that they did not receive an explanation; 11% of those who received their care at South Tyneside District Hospital and 9% of those who received their care at Sunderland Royal Hospital.

**Table 13:** Whether respondents received an explanation about the purpose of their medication, that they could understand

Patient received an explanation about the purpose of their medication, that they could understand	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, completely	53%	59%	44%
Yes, to some extent	18%	16%	23%
No, it was not explained	10%	9%	11%
I had no medicines to take home	5%	5%	5%
I did not need an explanation	5%	5%	5%
Don't know	5%	4%	9%
No response	3%	3%	4%

Over two thirds perceived that they received enough information about how to take their medication while they were in hospital (69%), while a further 8% indicated that they received some information, but not enough. Just 4% indicated that they did not receive any information at all, but would have liked some. The remaining individuals had no medicines to take home (5%), did not want any information (3%) or were unsure or unable to say (8%).

Furthermore, 25% stated that they were informed about the side effects of their medication that they had to watch out for, while 16% perceived that they were to some extent. Just under a third indicated that they were not told about any side effects (30%). The other respondents had no medication to take home (5%) or did require any information (10%) (8% were unsure or unable to remember).

Two thirds stated that the hospital staff informed them about who to contact if they were worried about their condition or treatment after they left hospital (63%). Conversely, 14% stated that they did not receive such information. The remaining participants indicated that it was not necessary (9%) or that they were unsure or unable to remember (10%).

59% of respondents stated that the hospital staff gave them information about local voluntary and support groups. For those who didn't receive such information (24%), 8% felt that this information would have been useful, while 16% obtained the information from elsewhere (12% were unsure or unable to remember).

Just over half indicated that they received information about the national stroke organisation or other useful websites, from hospital staff (52%). Of those who didn't receive such information (23%); 7% felt that they would have liked to, while 16% obtained the information from elsewhere (19% were unsure or unable to remember).

## **After your stay in hospital**

The majority of respondents rated the care they received during their hospital stay as excellent (47%), with a further 29% perceiving it to be very good. Only a very small proportion rated the care they received as fair (5%) or poor (1%).

Those who received their care at Sunderland Royal Hospital were more likely to rate their care as excellent, compared to those who were treated at South Tyneside Royal Hospital (50% & 41%, respectively). However, a larger proportion of those at South Tyneside District Hospital rated their care as very good (35% & 25% of those treated at Sunderland).

**Table 14:** Overall experience of the care received in hospital

Overall experience	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Excellent	47%	50%	41%
Very good	29%	25%	35%
Good	16%	14%	20%
Fair	5%	6%	3%
Poor	1%	1%	1%
No response	2%	4%	0%

Of those who have required rehabilitation (84%); 65% felt that their needs and wishes were considered when it was being planned, and a further 29% felt that they were to some extent. Just 5% stated that their wishes were not taken into account.

76% of respondents needed services after they left hospital (e.g. occupational therapist, physiotherapist). Of these, 80% indicated that all the services were arranged for them, with a further 14% stating that some of the services were arranged for them. However, 7% indicated that the services were not arranged, despite being needed.

Two thirds of respondents indicated that their GP was given all the necessary information about the treatment and advice they received in hospital (64%). While 28% were unable to answer the question, just 3% indicated that their GP had not received all the information.

Of those who had communication difficulties after they left hospital (36%); 57% felt that they received the support they required, with a further 24% indicating that they did to some extent. However, a fifth indicated that they didn't receive the support they required (19%).

As can be seen in Table 15, a higher proportion of those who received their care at Sunderland Royal Hospital indicated that they did receive the support they needed

for their communication difficulties, compared to those who were treated at South Tyneside District Hospital (61% & 50%, respectively). Consequently, those who received their care at South Tyneside District Hospital were more likely to indicate that they didn't receive the support that they needed (23% & 16%, respectively).

**Table 15:** Whether respondents felt that they received enough support with communication difficulties, after they left hospital

Patient received enough support with communication difficulties	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	57%	61%	50%
Yes, to some extent	24%	22%	27%
No, I did not get enough help	19%	16%	23%

67% of respondents had mobility problems after leaving hospital. Of these, 61% indicated that they got enough treatment to help them improve their mobility. A further 24% felt that that they did to some extent. However, 15% felt that they didn't.

Those who received their treatment at South Tyneside more likely to indicate that they didn't receive the support they required, compared to those who were treated at Sunderland Royal Hospital (21% & 12%, respectively).

**Table 16:** Whether respondents felt that they got enough treatment to help improve their mobility, after they left hospital

Patient received enough treatment to help improve their mobility	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	61%	63%	58%
Yes, to some extent	24%	25%	21%
No, I did not get enough help	15%	12%	21%

At the end of the survey, respondents were asked a series of three open questions. These qualitative questions allowed respondents to add more detail than the answers they had given up until this point. Each of the open questions were analysed by assigning a code to each individual comment, these codes were then grouped into overarching themes to enable a quantitative representation of the insight. Responses have been shown as a proportion of the total sample size, to provide an indication of the number of people who identified each theme.

Firstly, respondents were asked if there was anything particularly good that they would like to further comment upon relating to their stroke care (Table 17). As shown, the majority of responses were positively focused and are displayed first in the table. 5% of responses were categorised as negative and in 4% of the overall responses, respondents simply reported that their standard of care was 'fine'.

**Table 17:** Additional comments on experiences of stroke care

Comments	Percentage of respondents	Percentage of respondents who received care at South Tyneside District Hospital	Percentage of respondents who received care at Sunderland Royal Hospital
Overall comments on excellent staff; friendly, professional and helpful, caring, supportive, hardworking, efficient and knowledgeable	20%	26%	17%
Overall comments on the excellent/ very good standard of service	12%	14%	11%
Aftercare; general comments about the excellent standard of care once the patient was discharged from hospital to further aid their recovery and the importance of the home visits they received	7%	8%	6%
Specific comments on hospital staff; approachable, caring and made patients feel very comfortable	7%	8%	6%
Comments relating to quick responses of staff and the service; from ambulance arrival times to getting tests done and receiving treatment	5%	7%	3%
Staff's communication skills and ability to help patients understand their diagnosis and treatment	4%	5%	2%
Specific comments relating to the high standard of care from the Physiotherapy team	4%	1%	5%
Specific comments relating to the high standard of care from Occupational therapists	3%	4%	2%
Specific comments relating to the high standard of care from the Community Stroke Team	2%	1%	2%
High standard of food and facilities	1%	1%	1%
No complaints/fine	4%	4%	3%
Negative comments, including;			
<ul style="list-style-type: none"> <li>• Lack of communication to family members about care received</li> <li>• Lack of aftercare</li> </ul>	5%	4%	5%

The highest proportion of comments highlighted the excellent standard of stroke care they received (12%) and in particular, the staff who deliver this (20%). A further 7% specifically mentioned hospital staff (doctors, consultants and nurses) in response to what they believed was particularly good about their stroke care and also the services delivered by the physiotherapy team, occupational therapists and the community stroke team (4%, 3% and 2%, respectively). Physiotherapists in Sunderland Royal Hospital were commented upon more frequently (5% of overall responses) than in South Tyneside District Hospital (1%). Specific comments relating to the overall excellent standard of care are as follows;

*“I was looked after and my patient care was excellent and have no complaints to make and praise the doctors and nurses during my stay at the Sunderland Royal Hospital.”*

*“First class care”*

*“I only had a mini-stroke but the care I received, and the other people in the unit who had full strokes was excellent.”*

Specific comments relating to the staff members centred on their professional attitude, caring nature and treating patients with respect;

*“All professional bodies involved were knowledgeable, efficient, and extremely caring. All medical staff from doctors to nurses treat me with respect and dignity”*

*“It couldn’t have been better the staff made me feel that I was a very special person it made me feel so good. Thanks to them all”*

*“Yes, the service given by the staff, the experience and the quality of the care given by the staff, I am glad they were there to help me.”*

Patients noted in some cases that this was despite challenging circumstances of working within a busy service:

*“Overall, stay was not a ‘bad time’ as staff were kind. Also staff were overworked, but did their best to help at all times. I was very grateful to them all.”*

*“Everyone on the stroke unit were very friendly, professional and helpful. The nursing staff were exceptional however they are overworked and underpaid in my opinion. I can’t thank them enough.”*

A further 4% of respondents also specifically commented on their experiences of good communication with staff members and how they took the time to explain their diagnosis and treatment to them.

7% of respondents also commented on aftercare as being particularly good in relation to their overall care. Respondents commented on the importance of the regular home visits they received from different health professionals and organisations, to address a range of issues that they were having in adapting to being back at home. Respondents commented that this is a time that patients can

feel very alone and frightened and that the aftercare helped them on their road to recovery. Specific comments included;

*"I was very confused and alone. The aftercare team were excellent"*

*"I felt well looked after. Support offered at home was good"*

*"Home visits from stroke nurses were excellent"*

*"The aftercare I received at home from the Stroke Association was excellent."*

5% also commented on the efficiency of the stroke services and the importance of working quickly, in response to what they thought was good about the service. This related to both the time taken to get the patient to hospital and also for diagnostic tests and treatment on arrival.

*"The ambulance was at the door in minutes and was at the hospital within 10 minutes. Every part of this care was excellent"*

*"The time element - from diagnosis / scan to treatment with aspirin was very quick. That made the difference to my outcome and my life. The sooner you act, the more of the person you save."*

Secondly, respondents were asked how they felt the service could be improved. Responses to this question are shown in Table 18 below. The most respondents stated that they did not think any improvements were needed to the stroke services at South Tyneside District Hospital or Sunderland Royal Hospital (9%).

The area that was suggested as needing most improvements related to more support for patients (7% of overall responses). Comments largely focused on the lack of nursing staff and needing more sessions with specialist teams to ensure the best recovery possible.

*"Although there was never a time when the nurses wouldn't help if asked, this would be improved if there were more of them as there are a lot of patients on the unit, some of which had a lot of disabilities"*

*"In care hospital staffing levels need to be improved. Not enough staff to look after stroke patients"*

*"I feel I would have benefited from more intensive physiotherapy and for longer period."*

Other suggested improvements covered areas such as communication, where 6% of respondents said that the services needed better explanations of conditions and courses of treatment for patients. When segmented by the place that respondents received their care, a higher proportion of respondents said that this was needed at South Tyneside District Hospital (8%) compared to Sunderland Royal Hospital (4%). In particular, patients wanted more information on what type of stroke they had and felt information was needed not only for them, but for their friends and family members also. Specific comments included;

*"I needed a clear explanation of my stroke type. Staff were very busy I was on a side ward and was alone a lot of the time. I did not understand what had happened to me and the way it was affecting me"*

*"More information given to myself and relatives to support"*

*"One thing I will say is that I left hospital still thinking I had a 'mini stroke'. I was told about the blood clot, but from the outset I thought I'd only had a mini stroke. It was only after my doctor gave me my sick note that I realised I'd had a cerebral vascular accident. This was because initially my symptoms started to wear off so staff at first told me it was a mini stroke. They confirmed later a blood clot had caused my stroke and always treated me for C.V.A. But I still thought it was just a mini stroke."*

A further 5% of respondents felt that better aftercare was needed and that an improvement to the service would be to ensure that patients were not discharged from the service before they were ready, and that the appropriate referrals had been made for them to receive the right care when at home. There was a difference in the percentage of comments made by place in which patients received their care, with a higher proportion of those who were treated in Sunderland Royal Hospital stating this, compared to South Tyneside District Hospital (6% & 1%, respectively). Specific comments in relation to this theme were as follows;

*"I feel you get left to soon after a stroke"*

*"Lack of support on leaving hospital. Family had to find temporary private residential care home to suit my needs. Care home suggested wasn't near my family nor could give me the help and support I needed. My family felt my condition would deteriorate and I wouldn't make any recover unless they found alternative care to suit my needs. They felt very let down by the system"*

*"More help is needed when you get home."*

5% of respondents wanted to see an improvement in facilities within the stroke service, including beds being made more often, quieter wards so that patients are able to sleep at night and a better standard of food being offered. A further 2% wanted to see a more efficient service with regards to ambulances getting patients to hospital and quicker diagnosis and treatment of condition. Specific comments included;

*"I live 5 mins away from the hospital. It took over 1 hour for the ambulance to come and I had a second stroke on the way in to hospital"*

*"The speed in which I was diagnosed. The way I was kept waiting for results. Waiting times for medications."*

Just 2% of patients cited how communication between their GP and the hospital needed to be improved. It should be noted that when this was broken down by place where the respondent received their treatment, all of the respondents (4%) who mentioned this were treated at South Tyneside District Hospital.

**Table 18:** Comments on improvements to stroke services

Comments	Percentage of respondents	Percentage of respondents who received care at South Tyneside District Hospital	Percentage of respondents who received care at Sunderland Royal Hospital
No improvements needed	9%	9%	8%
More support needed from service and more staff to do this	7%	7%	6%
Better explanations of conditions and treatment	6%	8%	4%
Better aftercare and not discharging patients too early without right care in place	5%	1%	6%
Better ward facilities and food	5%	5%	4%
More efficient service; ambulance times and diagnosis and treatment	2%	1%	2%
Better liaison and continuity of service between hospital and GP	2%	4%	0%

Finally, respondents were asked if they had any further comments to add (see table 19). Most comments were positive, with respondents further commenting on areas already discussed, such as the excellent standard of service received and the staff members delivering the service (13%).

5% of respondents commented on aspects that were highlighted in the previous question, around lack of communication and patients needing more support than they had received whilst being treated in the service. It can be noted here that a higher percentage of patients at Sunderland Royal Hospital commented on these aspects compared to South Tyneside District Hospital (6% & 3%, respectively).

2% of respondents commented further on the time it took for an ambulance to arrive and the time taken for diagnosis, suggesting that this could be improved in line with earlier findings to the previous open question. Notably a higher proportion mentioned this at this stage who had been treated at South Tyneside District Hospital (3%) compared to those at Sunderland Royal Hospital (1%). 2% of respondents reported that they had experienced further complications and illnesses because of their stroke.

**Table 19:** Final comments in relation to stroke services

Comments	Percentage of respondents	Percentage of respondents receiving care at South Tyneside District Hospital	Percentage of respondents receiving care at Sunderland Royal Hospital
Positive comments relating to the excellent care received and staff	13%	14%	12%
Lack of communication/ lack of support	5%	3%	6%
Service changes	3%	3%	3%
Further complications	2%	1%	2%
Time	2%	3%	1%

Finally, one overarching theme that was mentioned throughout the open questions was in relation to the planned changes to close the stroke unit at South Tyneside District Hospital, with 4% of respondents commenting on this.

*“It is rumoured that STGH stroke unit will be closed and all patients will be treated in Sunderland Royal. Acute transfer for treatment or residents in South Tyneside will be too long. There is no direct public transport for patients or visitors from South Tyneside to Sunderland. How will this benefit patients?”*

*“The imminent closure of the stroke unit at South Tyneside will be a travesty. The nurses especially know their roles and are fantastic and moving the service to Sunderland (when there is no direct bus links from South Shields) will be a disgrace. We already have the daunting task of travelling extra to Sunderland if this happened again”*

*“Keeping acute stroke services at both hospitals is the key to minimising the time for care diagnosis / scan to treatment. Any delays in that care pathway will cost lives and cost the NHS more money in aftercare”*

*“I don't think the stroke unit should be moved to Sunderland as it is far to travel in an emergency and also for family”.*

### 2.3.1 South Tyneside

- The mortality rate from stroke is significantly greater in South Tyneside compared to the national average (local value 42.0/100,000, England average 34.5/100,000).
- Emergency admission rates for stroke are significantly higher in South Tyneside than the national rate (local value: 93.3/100,000, England average 89.5/100,000). The emergency admission rate for stroke in South Tyneside has increased by 39.3% from 2004/05 to 2011/12, compared to an increase of 3% in England and 0.3% in Northern England.

- The rate for emergency re-admissions within 30 days for South Tyneside is 0.5%, this is notably lower than for England and Northern England (2.9% & 1.9%, respectively).
- Stroke patients under 75 years are more likely to be discharged back to their usual place of residence in South Tyneside compared to the national picture (local value 89.8% of all patients diagnosed with stroke under 75, England average 77.9%).

## **Facilitated interviews with inpatients, outpatients and carers**

The following summarises the insight gathered through a series of facilitated interviews with inpatients, outpatients and carers, conducted in October and November 2016.

### **Inpatients**

A total of three individuals participated in the facilitated interviews; two females and one male, all of which were white British. One individual was aged between 60-69 years, and two between 70-79 years. Individuals were from postcode areas NE31, NE34 and NE35.

On admission, two respondents were informed that their symptoms were recognised as a stroke, and thus received diagnostic tests and/or initial interventions straight away. One of these individuals was seen by a consultant on admission, and another the day after being admitted. The remaining individual explained that she was first admitted with breathing and heart problems, and subsequently had a stroke three days after admission. This individual saw a consultant shortly after their stroke happened.

All individuals perceived that it was very important that they received treatment from a specialist unit for their recovery. Furthermore, all individuals felt that the staff provided them with the right type and amount of care.

One individual indicated that the most important aspect of their care and treatment was the nursing care, specifically being well looked after. Whilst the others did not specifically state what was most important to them, they both felt that the nurses helped them to achieve what they wanted.

Only one individual suggested that the unit could be improved by providing better food for patients.

Whilst one patient perceived that it would be better to have stroke services centralised in one location, the others preferred a model of localised services; “*keep it local.*”

The individuals perceived that if their care and treatment had involved them being transferred to Sunderland Royal Hospital, then this would have caused problems for family who don't drive, and the distance they would have to travel; "*it would be very inconvenient, they would have to use buses or taxis.*"

### **Community and outpatients**

A total of five individuals participated in the facilitated interviews; three females and two males, all of which were white British. One individual was aged between 60-69 years, two individuals between 70-79 years and two over the age of 80 years. Two individuals were from postcode area SR6, and the remaining individuals from postcode areas NE32, NE33 and NE36.

The majority indicated that they were happy or very happy with the follow-up support and appointments they have received following their discharge from hospital, whilst the remaining individual did not provide a comment;

*"Very good with support and appointments"*

*"Amazing, impressed about having actual stroke team"*

The majority had received their care at the outpatient department, with just one individual indicating that they have received support at home; "*speech and stroke at home.*"

No issues were reported in terms of arranging or attending appointments. One individual explained that they are contacted by text message to arrange their appointment as they are deaf, and another stated that their appointment is sent out in advance. Another participant used hospital transport and required a companion at each appointment.

The majority felt that the support they had received had been tailored to their needs, and that this was important in aiding their recovery and rehabilitation. One individual commented that they have carers coming to their house, and another that they can contact the unit for help and advice whenever they require it. However, one individual felt they hadn't received enough support and had been let down by the service;

*"Needed something done at different level but no-one followed-up, staff try their best"*

Two individuals had been discharged from the service, whilst the others were receiving ongoing support. Only one of these individuals was aware for how long their support would continue. Two individuals (one of which had been discharged from the service) indicated that they would contact their GP if they needed to for future health concerns, and another that they would contact the clinic for advice.

The majority had been made aware of the support offered by the Stroke Association when they were discharged from hospital, one of these individuals was contacted directly by the organisation. The remaining individual did not receive any information.

The patients were asked how they would feel if Sunderland and South Tyneside stroke services were to be centralised in one location. Only one individual perceived that this would be a good idea, whilst the remaining individuals identified that this would cause problems in accessing the service;

*“Cause problems with distance would like to keep nearer home”*

*“Kept where it is because travel would be difficult”*

## **Carers**

Three female carers took part in the facilitated interviews, all of which were white British. Two carers were aged between 40-49 years, and the other 70-79 years. The carers were from postcode areas NE31, NE33 and NE35.

All carers described the care and treatment that the patient has received as good or very good, with one stating;

*“when she was moved onto Ward 8 the nurses were so attentive towards my Mam, it was exceptional”*

The carers explained that the patient received diagnostic tests and/or initial interventions either straight away or within four hours, following admission.

Furthermore, all the carers indicated that they were involved as much as they liked in the patient's care, felt that the staff listened to their issues or concerns, and that the staff offered support and advice to them as well as the patient;

*“we left X to nurses and doctors to do their job, and we have been kept informed as much as possible”*

One individual indicated that she had been given details about community support groups and voluntary organisations, whilst the other two stated that it was 'a bit too early'.

None of the carers reported any issues visiting the patient whilst they were in hospital or accessing outpatient appointments.

Two of the carers perceived that if the patient had been transferred to Sunderland Royal Hospital it would have been difficult for them to travel to the hospital, although one would have been happy for them to go there;

*“I am happy with X to be transferred but it would have been hard to get there”*

Furthermore, one carer indicated that her Mum would have refused to be transferred to Sunderland Royal Hospital.

## **Friends and Family Test Survey Results**

The following provides an overview of the results from the Friend and Family Test Survey conducted by South Tyneside NHS Foundation Trust with regards to the Acute Stroke Unit and the Community Stroke Team.

### **Friend and Family Test - Survey Results; Acute Stroke Unit**

#### **Test period: Quarter 2 – September 2016; 18 questionnaires returned**

- All respondents to the survey indicated that they were either extremely likely (88%) or likely (12%) to recommend the service to their friends or family if they needed similar care or treatment.
- The service received a 4.9 start rating overall.
- 78% stated that staff always gave them information and explained it in a way they understood, whilst 22% indicated that staff mostly did this.
- 78% indicated that staff always involved them in decisions about their care and treatment, whilst 17% indicated that staff mostly did this (5% indicated that staff sometimes did this).
- 78% felt like they could always ask questions, whilst 22% indicated that they felt that they could ask questions most of the time.
- 78% indicated that staff were always open and honest about their care and treatment, whilst 22% indicated that staff were open and honest most of the time.
- 67% stated that staff always asked permission before they carried out care and treatment, whilst 22% indicated that staff asked permission most of the time (11% said this only happened sometimes).
- 89% indicated that they were always treated with kindness and compassion by the staff caring for them, whilst 11% stated that staff did this most of the time.
- 78% stated that they always felt that staff carried out everything they said they were going to, whilst 22% indicated that staff did this most of the time.
- 83% indicated that they were always satisfied with the care and treatment they received, whilst 17% indicated that they were sometimes satisfied.
- 78% were always satisfied with cleanliness and hygiene, whilst 17% were mostly satisfied (5% answered they did not know).
- 83% indicated that they always had confidence in the staff, whilst 17% indicated that they had confidence most of the time.

**Table 20:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Acute Stroke Unit)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Attitude of staff; pleasant, approachable, caring, professional, kind, friendly and helpful</li> <li>• Good communication from staff, helping patients to understand the care they receive</li> <li>• Efficiency of service</li> </ul>	<ul style="list-style-type: none"> <li>• No suggested improvements</li> </ul>

## Friend and Family Test – Survey Results; Community Stroke Team

### Test period: Quarter 2 – August 2016; 29 questionnaires returned

- All those answering the survey indicated that they were extremely likely (90%) or likely (10%) to recommend the service to their friends or family if they needed similar care or treatment.
- The service received a 4.9 star rating overall.
- 83% stated that staff always gave them information and explained it in a way they understood, 14% said that this mostly happened (whilst 3% indicated that staff sometimes did this).
- 90% indicated that staff always involved them in decisions about their care and treatment, a further 3% indicated that staff mostly did this and 7% said that they did not know.
- 86% felt like they could always ask questions, a further 10% said they felt like this most of the time, whilst 4% indicated that sometimes they felt they couldn't.
- 93% indicated that staff were always open and honest about their care and treatment, and a further 7% felt that staff were open and honest most of the time.
- 97% stated that staff always asked permission before they carried out care and treatment, and 3% indicated that staff asked permission some of the time, but not always.
- 93% of survey respondents indicated that they were always treated with kindness and compassion by the staff caring for them and the remaining 7% said that this happened most of the time.
- 90% stated that they always felt that staff carried out everything they said they were going to, a further 7% said this happened most of the time, 3% said they didn't know.
- 97% indicated that they were always satisfied with the care and treatment they received, whilst 3% indicated that they were mostly satisfied.
- 97% were always satisfied with the cleanliness and hygiene, whilst 3% were mostly satisfied.
- 97% indicated that they always had confidence in the staff, whilst 3% indicated that they had confidence most of the time.

**Table 21:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Community Stroke Team)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Excellent standard of service – helping patients to get back on track and improve their situation</li> <li>• Attitude of staff; friendly, helpful, understanding, caring, helpful, professional and attentive</li> <li>• Patient had confidence in the service being delivered and felt that things were explained to them in a way they could understand</li> <li>• Patients felt as though they were being listened to and respected</li> </ul>	<ul style="list-style-type: none"> <li>• More home visits</li> <li>• More information about what happens following discharge from the service</li> </ul>

### 2.3.2 Sunderland

- The mortality rate from stroke is significantly greater in Sunderland compared to the national average (local value 43.6/100,000, England average 34.5/100,000)
- Emergency admission rates for stroke are significantly higher in Sunderland than the national rate (local value: 108.3/100,000; England average 89.5/100,000). The emergency admission rate for stroke in Sunderland has increased by 37.7% from 2004/05 to 2011/12, compared to an increase of 3% for England and 0.3% for Northern England
- The rate for emergency readmissions within 30 days for Sunderland is 1.4%, this is notably lower than for England and Northern England (2.9% & 1.9% respectively)
- Stroke patients under 75 years are more likely to be discharged back to their usual place of residence in Sunderland compared to the national statistics (local value 94.4% of all patients diagnosed with stroke under 75, England average 77.9%)

### Facilitated interviews with inpatients, outpatients and carers

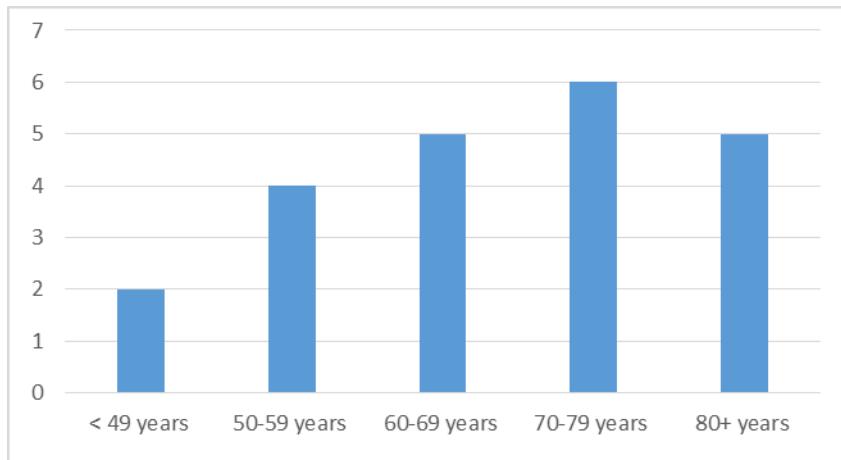
The following summarises the insight gathered through a series of facilitated interviews with inpatients, outpatients and carers conducted in October/November 2016.

## Inpatients

A total of 22 individuals participated in the face-to-face interviews, 10 females and 12 males. All those who provided their ethnic status indicated they were white British (2 individuals did not respond to the question).

Figure 2 shows the age distribution of patients, with most being aged between 70-79 years (6 respondents). Just two patients were under the age of 49 years.

**Figure 2:** Age distribution of respondents



Furthermore, the postcode distribution of patients is shown in Table 22.

**Table 22:** Postcode distribution of respondents

Postcode	Number of respondents	Postcode	Number of respondents
SR2	3	SR7	1
SR3	2	DH4	3
SR4	2	DH5	2
SR5	4	NE38	2
SR6	1	No response	2

On admission, most individuals stated that their symptoms were quickly recognised as a stroke, and that they were kept well informed on their condition. Just one individual was too unwell to remember. For the remaining individuals, their diagnosis was picked up following deliberation between health professionals, and after diagnostic tests;

*"No - didn't know for certain till MRI knew it was to do with head. I was kept informed"*

*"Admitted via ambulance to ED. Diagnosed as stroke after deliberation. Kept informed"*

All but two individuals indicated that they underwent diagnostic tests or initial interventions straight away or within a few hours after their stroke occurred. The remaining individuals were unable to remember or indicated that they had a CT scan within a few days and a MRI scan within one week.

Of those that could remember, the majority indicated that they were seen by a stroke consultant on the same day (10 respondents), or the day after (8 respondents).

All but two patients felt that it was important or very important that they were transferred to a specialist unit for their recovery, this was felt to ensure that they received specialist treatment and were looked after by staff that understood their needs;

*“Good idea, all in the same boat”*

*“I think it’s important, the people are better at looking after stroke patients”*

*“In the best hands, logically.”*

The remaining two individuals were unable to comment as they were unsure what the difference between a stroke unit and a normal ward were, or felt that the care was excellent regardless of where they were treated (this patient was transferred from a normal ward to the stroke unit).

All but two respondents stated that the staff were able to provide the right type and amount of care, with many stating that they were well looked after, and others commenting upon the kindness of staff;

*“oh, aye they’ve given me enough care”*

*“Yes, if it wasn’t for them I wouldn’t be able to speak.”*

The remaining two individuals were unsure, or felt that they could have received more support due to only seeing the physiotherapist once a week.

When asked what was most important to them in terms of their care and recovery, the majority referred to ‘getting better’ or ‘back to normal’, this included being able to walk or talk again, getting their eyesight back, and/or being able to eat and drink like normal. Other important aspects of care and recovery included;

- The speed of diagnosis, treatment and discharge.
- The support of family.
- Working together with nurses.
- The kindness of staff.

Whilst the majority felt that the staff did or are helping them to achieve what they want, three respondents provided a negative comment. These individuals felt that they have not received enough support to help them get their speech back, they have had a lack of contact with the physiotherapy team and a lack of feedback on overall progress;

*“not much interaction after basic care – not much feedback e.g. on progress.”*

Just a few patients made a suggestion to improve the care delivered in the unit, these included quicker contact with physiotherapist team following admission, and a more peaceful environment at night (e.g. less beeping machines). Furthermore, one

individual stated that he has yet to receive any care that he couldn't have received at home, this patient was admitted four days ago, and has not been able to talk since his stroke occurred.

There was a mixed consensus among the sample as to whether it was better to have all specialist health professionals centralised in one location, or spread over two sites. Twelve individuals perceived that a central location would be more advantageous, in terms of having more staff on hand, particularly at the weekends, however one of these individuals acknowledged that this scenario would be difficult as a lot of people don't drive. The remaining individuals stated that they would prefer more localised services to improve access, and ensure that patients received their care as close to home as possible.

Despite this, the majority stated that they would not be happy if they had to be transferred to the Specialist Stroke Unit at South Tyneside District Hospital (17 respondents). Patients were concerned that they would be much further from home, and that it would be difficult for family to visit them. The remaining five respondents felt that being transferred wouldn't affect them;

*"fine because I used to live there and it's a good hospital"*

*"not really any problems for me, family can drive."*

## **Carers**

A total of eight carers took part in the facilitated interviews; five females and three males. All those that provided their ethnicity stated being white British (one individual did not respond to the question). Two individuals were aged under 49 years, whilst two were aged between 50-59 years, one between 60-69 years, one between 70-79 years and two over the age of 80 years. Respondents were from postcode areas SR2 (two respondents), SR4, SR5, SR6, SR7, DH3 and DH4.

All carers rated the care and treatment that the patient has received as good, very good or excellent;

*"spot on - the care and treatment has been really good and all the interventions have been carried out efficiently"*

*"excellent care and treatment."*

The only negative comment provided was in relation to the patient moving beds in the ward too frequently.

The carers explained that the patient received diagnostic tests and/or initial interventions either straight away or within a couple of hours, following admission. Only one carer responded that tests were carried out 'very soon 24 hours'.

With regards to whether the carers felt they were involved enough in decisions about the patient's care, only one carer indicated that she hadn't been kept informed as much as she would have liked, however this individual was not the primary carer of the patient, whilst another indicated that the patient hasn't been in hospital long enough to answer the question. The remaining carers stated that they were well informed, and that the staff were able to answer any questions that they had;

*"Only had to ask a nurse and they were very helpful and informative"*

*"Had been in twice a day. I ask and they always tell me."*

Furthermore, nearly all the carers felt that the staff listened to any issues or concerns that they had, and that the staff offered support and advice to them as well as the patient. Just one individual stated that the staff only provided advice when asked, while another was unable to respond to the questions as it was too soon after the patient's stroke.

Only three carers indicated that they have received information about community support groups and voluntary organisations, one of which stated that they found the information interesting and useful. The others had not received this information but either did not feel this was necessary i.e. the patient was not returning home, or it was too soon in the patient's recovery.

None of the carers reported any issues in visiting the patient while in hospital or getting to outpatient appointments. Furthermore, two individuals commented on how flexible the staff were about visiting hours and allowing them to visit around their working commitments;

*"no issues the ward allowed my husband to visit outside of visiting hours due to his shift pattern."*

All carers indicated that they would have issues if the patient had been/was transferred to South Tyneside District Hospital to receive their care. Carers identified that it would cause problems for them and other family members in visiting the patient, resulting in the patient having less visitors;

*"Massive impact - I don't drive and work locally so it would make visiting hard"*

*"we'd rather she were here as we and others wouldn't be able to visit her further away."*

## Real Time Feedback Reports

The table below provides an indication of the level of satisfaction of patients who have received care on Ward E58 (Acute Stroke ward; Sunderland Royal Hospital). Using the latest figures available in the Real Time Feedback reports, an average score was calculated based on data collected between July - December 2015. Questionnaires were completed by patients who were due to be discharged.

As with all the Real Time Feedback data used within this report, wards have been selected where predominately the patients for each area of care (e.g. stroke, general surgery) should be based during their stay. However, there will be incidences where patients who are from another speciality have been placed in a particular ward due to bed pressures.

**Table 23:** Real Time Feedback: Acute Stroke Ward - Ward E58 (Sunderland Royal Hospital)

Question	Average score (July-Dec 2015)
Treated with kindness and compassion by medical staff	97%
Given enough privacy when being examined, treated or discussing care	99%
Involved in decisions about care and treatment	91%
Able to talk to a member of staff about any concerns/anxieties	100%
Concerns about personal safety (high score indicates no concerns)	100%
Able to access the call bell when needed	100%
Cleanliness of ward	99%
Staff wash/clean their hands before providing care	99%
Staff frequently ask about level of pain	99%
Staff did everything they could to manage pain	96%
Received enough information about any new medications or tablets	80%
Provided with an individual food menu	92%
Hospital food rating	73%
Received help from staff to eat food, if required	80%
Carers been involved in care as much as liked	98%
Received care when most needed	98%
Overall experience	91%

Table 24 summarises the experiences of those who have accessed the stroke service in Sunderland. Themes have been identified from patient reviews left on the NHS Choices website over the last 18 months, comments made in the Friends and Family Test Survey in the year 2016, as well as individual comments made to Healthwatch North Tyneside.

Of the 30 individuals who completed the Friends and Family Test in 2016; all individuals indicated that they are extremely likely or likely to recommend service to their friends or family if they needed similar care or treatment (70% & 30%, respectively).

**Table 24:** Patient experiences of the stroke service in Sunderland

Positive comments	Negative comments
<ul style="list-style-type: none"> <li>• All staff (including consultants and nursing staff) extremely pleasant, helpful and attentive</li> <li>• High standard of care; patients felt staff went 'above and beyond' their role to care for them</li> <li>• Patients treated with dignity and respect</li> <li>• Good choice and standard of food</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude of Healthcare Assistant; unkind and pleasant</li> <li>• Patient left unclean / delay in changing patient who had soiled herself / more personal care required</li> <li>• Lack of awareness of the needs of patients by catering staff i.e. those that are unable to access food on their own</li> <li>• Patients with dementia are unable to use personal TV sets; recommended that there should be a single TV for the ward</li> <li>• Poor standard of food and lack of choice for vegetarians</li> <li>• Waiting times (patients did not specify what this related to)</li> </ul>

## **3 Paediatrics**

### **3.1 Summary of insight**

In the absence of recent national insight regarding patient, and parental, experiences of paediatrics services, a local survey was undertaken in December 2016 to capture the opinions and experiences of individuals whose child has stayed on either; the short stay unit at South Tyneside District Hospital or been admitted to one of the children's wards at Sunderland Royal Hospital, in the last two years. The survey was completed by 52 individuals, 75% of which indicated that their child had received their hospital care at Sunderland Royal Hospital and 25% at South Tyneside District Hospital. Unfortunately, due to the low response rate of respondents whose child had received care at South Tyneside District Hospital, comparison of results between hospitals should be viewed with caution. In addition, facilitated interviews were carried with parents at South Tyneside District Hospital (12 respondents) and Sunderland Royal Hospital (17 respondents). The insight has also been supplemented with patient opinions gathered through the Friends and Family Test Survey (South Tyneside only).

Most parents who participated in the facilitated interviews indicated that they chose to attend their local hospital as this was the most convenient location for them to access and/or it is the hospital that they have always used. However, some noted that their child was automatically referred to the hospital by their child's GP or dentist.

Approximately two thirds of the children were treated as inpatients (65%), with the remaining 35% being treated as outpatients. The number of children treated as inpatients was notably higher in Sunderland Royal Hospital, compared to South Tyneside District Hospital (74% & 38%, respectively).

The majority of children were admitted to the paediatrics department following attendance at A&E (81%). Furthermore, for 13% the admission had been planned by the child's consultant and 6% by the child's GP. For those admitted following attendance at A&E (81%), just over half of the parents had tried to access the GP or NHS 111 prior to their visit (52%). However, 45% hadn't accessed either of these services, this was mainly due to care being required out of hours when the GP surgery was closed, the child requiring urgent or emergency care that couldn't be provided elsewhere, the parent being advised to attend A&E by a health professional or nursery first aider or due to the child having complex medical needs.

58% indicated that their child required a stay in hospital for more than 24 hours, of these the majority stayed at Sunderland Royal Hospital (83%) with just 17% staying

at South Tyneside District Hospital (5 respondents)<sup>1</sup>. Just two individuals indicated that their child was transferred to another hospital; one from South Tyneside short stay unit to Sunderland Royal Hospital and the other from Sunderland Royal Hospital to Royal Victoria Infirmary.

Just under half perceived that they waited about the right length of time between arriving at hospital and their child being assessed (44%), with a further 21% stating that they didn't have to wait too long. However, a quarter indicated that their wait was too long (25%). Overall, parents whose children received their care at South Tyneside District Hospital were much more satisfied with the length of time they had to wait, compared to those who received their care at Sunderland Royal Hospital.

Generally, parents who took part in the facilitated interviews were satisfied with the length of time their child waited to be referred, or were attended to on admission, however a small number felt the referral process could have been quicker.

The majority felt that their child was always treated with kindness and compassion by the staff who cared for them (79%). Furthermore, 83% stated that they were always given enough privacy when their child was being examined, treated, or their care discussed. Parents whose children received their care at Sunderland Royal Hospital were more likely to state that this always happened, compared to those whose children were care for at South Tyneside District Hospital (85% & 77%, respectively). Additionally, 75% stated that they were involved as much as they wanted to be in decisions relating to their child's care and treatment, and 83% that they had full trust and confidence in the staff who treated their child.

Of those who had concerns about the care and treatment of their child during their stay and felt they needed to talk to a member of staff (88%), 50% felt that it was very easy to talk to staff with a further 30% perceiving that it was easy. On the other hand, 9% felt that it was not easy (11% stated that it was neither easy or not easy). Parents whose children received their care at South Tyneside District Hospital were more likely

to indicate that it was very easy, compared to those whose children were treated at Sunderland Royal Hospital (67% & 44%, respectively),

13% had concerns about their child's safety during their stay in hospital, the children of these respondents had all received their care at Sunderland Royal Hospital. Concerns related to waiting too long to be seen in A&E and the ineffective triage process, staff not listening to issues raised by parents to prevent undue stress for the child, and the child leaving hospital and walking home.

All parents that needed to, were able to stay overnight with their child. Of those that did stay (65%), 76% indicated that they were offered facilities to use (i.e. bathroom

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<sup>1</sup> Patients are only able to stay on the short stay unit at South Tyneside District Hospital for a maximum of 23 hours and 59 minutes, therefore caution must be applied to this finding that 4 children stayed at South Tyneside District Hospital for more than 24 hours.

and shower facilities, refreshment making facilities), whilst 18% stated that they weren't.

Of those parents with children who required play or entertainment activities during their stay in hospital (71%), 81% stated that they were offered activities. However, the remaining 19% indicated that they weren't.

Of those parents who indicated that their child was in pain during their stay in hospital (85%), 77% felt that the staff did everything that they could to manage their child's pain, whilst 20% stated that they did to some extent.

58% indicated that their child required food during their stay in hospital, of these a third rated the food as very good (33%), and a further 17% as good. However, 13% described the quality of food as poor and 20% very poor (17% rated the food as neither good nor poor).

Most children experienced fears and concerns whilst in hospital (81%). 60% of the parents of these children felt that the staff were very good at easing their fears and a further 29% felt they were good at doing this. A larger proportion of parents whose children has received their care at South Tyneside District Hospital felt that the staff were very good at dealing with their child's concerns, compared to those whose children were treated at Sunderland Royal Hospital (67% & 57%, respectively).

Just over half of the parents sampled indicated that their child was prescribed new medication during their stay in hospital (54%), of these 79% stated that they were given enough information about what the medication was and how their child should take it, with a further 18% stating that they were to some extent. Just 4% felt that they were not provided with sufficient information. Furthermore, it was necessary for 87% of parents to be provided with information about their child's further care and treatment upon discharge. Of these, 89% felt that the information they were supplied was sufficient, whilst 11% felt that it wasn't.

The majority of parents perceived that their child got the care they required when they needed it the most (81%), with a further 15% indicating that they did to some extent. Just two parents felt that their child didn't (4%); both of these children were treated at Sunderland Royal Hospital. Furthermore, parents whose children were treated at South Tyneside District Hospital were less likely to indicate that their child got the care they required, than those whose children were treated at Sunderland Royal Hospital (69% & 85%, respectively).

All but one parent described the ward in which their child received their treatment as clean and tidy (98%). Furthermore, 77% described the ward as bright, 75% as light and 60% as colourful. Overall, parents whose children received their care at South Tyneside District Hospital were found to rate the environment more positively than those whose children received their care at Sunderland Royal Hospital.

When asked to rate the overall experience of their child's hospital stay, 63% perceived that it was very good, with a further 29% describing it as good. Just a

small proportion rated their experience as poor (4%). One of the main themes that emerged in both hospitals, when parents were given the opportunity to comment upon the care that their child received, was the attitude of the health professionals that cared for their child, with parents using words such as reassuring, polite, friendly, happy and wonderful to describe the staff.

Similarly, all parents who took part in the facilitated interviews indicated that they were satisfied with the care and treatment that their child received, with many noting how pleasant and caring the staff were, how they were always kept fully informed and offered thorough explanations and how quick the whole process had been.

Suggestions made as to how the service could be improved by those who took part in the engagement, included;

- Improved staffing.
- Competent and knowledgeable triage staff / improved training for support staff.
- Shorter waiting times in A&E and for appointments/referrals.
- Improved food options for vegetarians and those with food allergies / intolerances.
- Provision of refreshments for parents who are unable to leave their child.
- New, more modern beds for parents / facilities for all parents to stay in hospital, regardless of age (i.e. parents of teenagers).
- A range of games in the waiting room for younger and older children (e.g. board games) / removing old books and toys.
- Separate areas for those children waiting to go to theatre and those that have already been
- Cheaper parking (South Tyneside District Hospital).

In terms of what parents want from paediatrics services, seeing the correct specialist who can deal with your child's illness, and high quality, safe care provided by paediatric specialists were perceived to be the most important factors by survey respondents (80% & 76%, rating these factors as most important respectively). High quality care from specialists was perceived to be more important than having an emergency paediatric unit close to home (52% rated this factor as most important).

Furthermore, three main themes were evident among parents who took part in the facilitated interviews in terms of what was most important to them for their child's care and treatment;

- Friendly, polite and courteous staff
- Good quality care and treatment by specialist staff
- Quick and efficient treatment close to home.

Most parents who took part in the facilitated interviews stated that they would have been happy for their child to have received aspects of their care at a different

hospital. However, others preferred their child to receive treatment locally or felt that it would depend upon the urgency of their child's condition or where their child had been referred. Those parents who indicated that their child has had to attend another care setting as part of their care and treatment reported no issues in terms of accessing these settings or the quality of care received.

### 3.2 National insight

The Patient Experience Network (PEN) published a report examining the current situation with regard to patient experience for children and young people (C&YP). It aimed to challenge existing thinking, suggest possible ways forward, and demonstrate ways in which the NHS can provide more positive patient experience for C&YP.

A desk review of available research was undertaken alongside a survey disseminated to PEN members and any other interested parties (including NHS England, commissioners, trusts, hospices, specialist children's services, charities, local authorities and custody services), requesting their views in response to a number of key questions.

Some of the key themes identified in the report are presented here:

- There are numerous examples of excellent best practice across the NHS. For C&YP this is particularly so in tertiary centres e.g. the children's hospitals (Alder Hey, Birmingham Children's Hospital, and Manchester Children's Hospital etc).
- Although there has been an increase in the involvement of young people in improving patient experience, less than 50% of respondents in the survey had a specific strategy in place for C&YP, and this is from organisations who are particularly engaged in improving patient experience.
- Much of the current survey and development work is centred on the views of adults and not on the actual patients (C&YP). There is clear evidence that a) children's views differ from their parents/carers and b) C&YP have much to contribute to developing best practice.
- Typically, parental and adult considerations are given more weight than the views of the C&YP.
- Transition (to adult services) is a key area where the system is failing the patient and their families/carers, and this is an area where few examples of good practice have been highlighted.
- C&YP practitioners face all the issues that those dealing with adults face, with the additional issues relating to age, understanding, communication and parental considerations.
- The complaints processes for C&YP are fragmented and often based on those created for adults. This is leading to children's complaints not being properly raised, recorded and actioned.
- In dealing with C&YP the NHS has two differing, and sometimes conflicting, sets of 'customers' – the patient (child or young person) and their parents or carers. The NHS needs

to understand and address the needs of both groups, without allowing one to overpower the voice of the other.

- The Child and Adolescent Mental Health Service (CAMHS) provides excellent resources and support services for young people, parents and professionals in relation to mental health difficulties and features strongly in improving patient experience.
- Evidence supports the essential role of Play Specialists, who are considered to play a pivotal role in delivering high quality patient experience to children and young people.

The report suggests that in order to improve patient experience for C&YP:

- C&YP of all ages should be involved and listened to more.
- C&YP best practice needs to be identified and shared.
- The process of transition needs to be addressed and receive investment.
- Policy makers and budget holders need to understand that spreading and implementing existing best practice will make best use of and release valuable resources by providing them with concrete examples.
- Support teams must report robust evidence of the positive impact of their actions on other areas e.g. staff engagement, length of stay, health outcomes, reputation, as well as improved patient experience.

A full copy of the report can be found here: <http://patientexperiencenetwork.org/wp-content/uploads/2013/11/PEN-Improving-PE-for-Children-Young-People-Report-FINAL-Electronic-file.pdf>

### 3.3 Local insight

#### **'Experiences of paediatrics care' survey (December 2016)**

This survey was designed to capture the opinions and experiences of individuals whose child has stayed as an inpatient or an outpatient on either the short stay unit at South Tyneside District Hospital or been admitted to one of the children's wards at Sunderland Royal Hospital, in the last two years.

A total of 52 individuals responded to the survey of which 87% were female and just 6% male (7% did not provide a response to the question). Similar proportions of respondents were aged between 31-40 years and 41-50 years (29% & 27%, respectively), whilst 13% were aged 30 or under and 6% over 51 years (25% did not respond to the question).

Most of the respondents were married (62%), whilst 15% stated they were single, 4% divorced, and 2% separated (9% did not respond to the question & 8% selected 'other'). Nearly three quarters stated that they were white British (71%), whilst 25% did not respond to the question. 85% stated that they were straight or heterosexual, whilst 10% did not disclose their sexuality.

10% had a long-standing illness or disability, whilst 23% stated that they cared for someone with a long-standing illness or disability. Furthermore, 29% were pregnant or had a child under the age of two years.

The postcode distribution of respondents is shown in Table 25.

**Table 25:** Postcode distribution of survey respondents

Postcode	Percentage of responses	Postcode	Percentage of responses
DH4	4%	SR1	2%
DH5	2%	SR2	6%
NE32	6%	SR3	12%
NE33	6%	SR4	13%
NE34	12%	SR5	12%
NE35	2%	SR6	2%
NE36	2%	SR7	2%
NE37	2%	No response	9%
NE38	6%		

The majority of the sample indicated that their child had received their hospital care at Sunderland Royal Hospital (75%), with just a quarter stating that their child had received their treatment at South Tyneside District Hospital (25%).

During this survey analysis, findings have been presented for overall responses to questions, as well as by the hospital in which the child received their care. Unless stated, percentages have been calculated as a proportion of the total sample size. Where comparisons of results have been made, these should be viewed with caution due to the low response rate of those whose children received their care at South Tyneside.

It should also be noted that due to the overall sample size of the survey that these differences are for descriptive purposes and cannot be reported as statistically significant.

Approximately two thirds stated that their child was treated as an inpatient (65%), with the remaining 35% being treated as an outpatient. The number of children treated as an inpatient was notably higher in Sunderland Royal Hospital, compared to South Tyneside District Hospital (74% & 38%, respectively).

**Table 26:** Whether the child was treated as an inpatient or outpatient

	<b>Percentage of responses</b>	<b>Percentage of respondents whose child received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents whose child received care at South Tyneside District Hospital</b>
Inpatient	65%	74%	38%
Outpatient	35%	26%	62%

The majority of children had been admitted to the paediatrics department following attendance at A&E (81%). Furthermore, for 13% the admission had been planned by the child's consultant and for 6% by the child's GP. For both hospitals, the majority of children were admitted following attendance at A&E; 82% at Sunderland Royal Hospital and 77% at South Tyneside District Hospital.

**Table 27:** Whether the child's hospital stay was planned or if they were admitted after attendance at A&E

	<b>Percentage of responses</b>	<b>Percentage of respondents whose child received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents whose child received care at South Tyneside District Hospital</b>
Planned by my child's consultant	13%	18%	0%
Arranged after attendance at my child's GP	6%	0%	23%
Following attendance at A&E	81%	82%	77%

58% indicated that their child required a stay in hospital for more than 24 hours, of these the majority stayed at Sunderland Royal Hospital (83%; 25 respondents) with just 17% staying at South Tyneside District Hospital (5 respondents). Just two parents indicated that their child was transferred to another hospital; one of which was firstly admitted to South Tyneside Paediatric Day Unit and then transferred to Sunderland the next morning for urgent care, and the other from Sunderland Royal Hospital to Royal Victoria Infirmary for suturing and surgery review in the Children's Plastics Department.

*Note: Patients are only able to stay on the short stay unit at South Tyneside District Hospital for a maximum of 23 hours and 59 minutes, therefore caution must be applied to the above finding with 4 parents stating that their child stayed at South Tyneside District Hospital for more than 24 hours. It is quite possible that the respondent might have answered the question incorrectly, or that they have overestimated how long they were on the unit.*

For those children who were admitted following attendance at A&E (81%), just over half of the parents had tried to access the GP or call NHS 111 prior to their visit

(52%). However, 45% hadn't tried to access either of the services, the reasons provided by these respondents included;

- Care was required out of hours when the GP surgery was closed
- Child required urgent / emergency care
- Parent was advised by health professional to go straight to A&E if child's condition worsened / parent advised to attend A&E by nursery first aider / parent advised to attend by staff at Urgent Care Centre
- Child has complex medical needs.

**Table 28:** Whether parents tried to access alternative health services prior to attending the emergency paediatric department

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes	52%	50%	60%
No	45%	50%	30%
Can't remember / don't know	2%	0%	10%

Just under half perceived that they waited about the right amount of time between arriving at hospital and their child being assessed (44%), with a further 21% stating that they didn't have to wait too long. However, a quarter indicated that their wait was too long (25%). Overall, parents whose children received their care at South Tyneside District Hospital were much more satisfied with the length of time they had to wait, compared to those whose children received their care at Sunderland Royal Hospital (Table 29).

**Table 29:** The perceived length of time the child had to wait between arriving at hospital and being assessed

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
I waited the right amount of time	44%	38%	62%
I didn't have to wait very long	21%	21%	23%
I had to wait too long	25%	28%	15%
Don't know/ can't remember	8%	10%	0%
No response	2%	3%	0%

Most parents felt that their child was always treated with kindness and compassion by the staff who cared for them (79%), with a further 15% stating that the child was treated this way most of the time. Comparable results were obtained for the two hospitals, with just one parent whose child was treated at Sunderland Royal Hospital indicating that their child was rarely treated with kindness and compassion.

**Table 30:** Whether parents felt that their child was treated with kindness and compassion by the staff who cared for them

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, all of the time	79%	79%	77%
Yes, most of the time	15%	13%	23%
Yes, some of the time	4%	5%	0%
Rarely	2%	3%	0%

Most parents felt that their child was given enough privacy when being examined, treated, or when their care was being discussed (83%), with the remaining 17% indicating that they were to some extent. Parents whose children received their care at Sunderland Royal Hospital were more likely to state that this always happened, compared to those whose children were treated at South Tyneside District Hospital (85% & 77%, respectively).

**Table 31:** Whether parents felt that their child was given enough privacy when being examined, treated, or when their care was being discussed

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, definitely	83%	85%	77%
Yes, to some extent	17%	15%	23%

Again, most parents stated that they were involved as much as they wanted to be in decisions relating to their child's care and treatment (75%), with a further 23% stating that they were to some extent. Comparable results were obtained for the two hospitals.

**Table 32:** Whether parents felt involved as much as they wanted to be in decisions relating to their child's care and treatment

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, definitely	75%	74%	77%
Yes, to some extent	23%	23%	23%
No response	2%	3%	0%

The majority stated that they always had trust and confidence in the staff who treated their child (83%), with a further 13% indicating that they did some of the time. Very little difference was observed between the two hospitals, with just one parent whose child was treated at Sunderland Royal Hospital indicating that they didn't have trust and confidence in the staff who looked after them.

**Table 33:** Whether parents had confidence and trust in the staff who treated their child

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, always	83%	82%	85%
Yes, sometimes	13%	13%	15%
No	2%	3%	0%
No response	2%	3%	0%

Of those who had concerns about their child's care and treatment during their hospital stay and felt they needed to talk to a member of staff (88%), 50% felt that it

was very easy to talk to staff with a further 30% perceiving that it was easy. On the other hand, 9% felt that it was not easy and 11% that it was neither easy or not easy.

Parents whose children received their care at South Tyneside District Hospital were more likely to indicate that it was very easy, compared to those whose children were treated at Sunderland Royal Hospital (67% & 44%, respectively), however equivalent numbers felt that it was not easy (8% & 9%, respectively).

**Table 34:** How easy it was for parents to discuss the concerns they had about their child's care and treatment

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Very easy	50%	44%	67%
Easy	30%	38%	8%
Neither easy or not easy	11%	9%	17%
Not easy	9%	9%	8%

13% of the overall sample had concerns about their child's safety during their stay in hospital. The children of these respondents had all received their care at Sunderland Royal Hospital. Concerns raised by these parents included;

- Waiting too long to be seen in A&E.
- Staff not listening to issues raised by parent with regards to child's care, resulting in undue distress for the child.
- Child left hospital and walked home.
- Poor triage at A&E and inappropriate referral to Pallion Health Centre.
- Adults (without children / under the influence of alcohol) using the children's waiting area.
- Hot drinks in children's waiting rooms.

All parents that needed to, were able to stay overnight with their child. Of those that did stay (65%), 76% indicated that they were offered facilities to use (i.e. bathroom and shower facilities, refreshment making facilities), whilst 18% stated that they weren't (6% indicated that they did not require these facilities during their stay). A notable difference was observed between the hospitals however, the small number of parents who needed to stay in hospital from South Tyneside (<6 respondents). skews the figures so that accurate comparisons are not possible.

**Table 35:** Whether parents were offered facilities to use during their stay in hospital

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes	76%	83%	40%
No	18%	14%	40%
Not applicable (did not require facilities during stay)	6%	3%	20%

71% of parents stated that their children required play or entertainment activities during their stay in hospital. Of these individuals, 81% stated that they were offered activities. However, the remaining 19% indicated that they weren't. Parents whose children had received their care at Sunderland Royal Hospital were more likely to state that their child was offered play or entertainment activities, compared to those whose children were treated at South Tyneside District Hospital (85% & 70%, respectively).

**Table 36:** Whether the child was offered play or entertainment activities during their stay in hospital

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes	81%	85%	70%
No	19%	15%	30%

Of those parents who indicated that their child was in pain during their stay in hospital (85%), 77% felt that staff did everything that they could to manage their child's pain, whilst 20% stated that they did to some extent. Comparable results were obtained between the two hospitals, with just one individual whose child received their care at Sunderland Royal Hospital stating that the staff didn't manage their child's pain effectively.

**Table 37:** Whether parents felt that the staff did everything they could to manage their child's pain

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, definitely	77%	79%	73%
Yes, to some extent	20%	18%	27%
No	3%	3%	0%

58% indicated that their child required food during their stay in hospital, of these a third rated the food as very good (33%), and a further 17% as good. However, 17% felt the food was neither good nor poor, 13% poor and 20% very poor. Those who provided comments explained that the food their child received was cold and that there was very limited choice for those with food allergies or intolerances.

Again, caution must be applied to the results from the different hospitals, due to the small number of parents whose children required food in South Tyneside District Hospital (<6 respondents).

**Table 38:** Perceptions of the food received at hospital

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Very good	33%	32%	40%
Good	17%	20%	0%
Neither good nor poor	17%	16%	20%
Poor	13%	8%	40%
Very poor	20%	24%	0%

The majority of parents stated that their child had fears and concerns whilst in hospital (81%), of these 60% felt that the staff were very good at dealing with them and a further 29% good. Just one individual whose child had received treatment at Sunderland Royal Hospital felt that the staff did not deal with their child's fears effectively (2%).

A larger proportion of parents whose children received their care at South Tyneside District Hospital felt that the staff were very good at dealing with their child's concerns, compared to those whose children were treated at Sunderland Royal Hospital (67% & 57%, respectively).

**Table 39:** How effective parents felt that the staff were at dealing with their child's fears during their care and treatment

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Very good	60%	57%	67%
Good	29%	27%	33%
Neither good nor poor	10%	13%	0%
Poor	2%	3%	0%

Just over half of the parents sampled indicated that their child was prescribed new medication during their stay in hospital (54%), of these 79% stated that they were given enough information about what these medications were for and how their child should take them, with a further 18% stating that they were given information to some extent. Just 4% stated that they were not provided with sufficient information. Caution should be applied to the results from the different hospitals, due to the small number of parents who indicated that their child was prescribed new medication in South Tyneside (<6 respondents).

**Table 40:** Whether parents felt that they were given enough information about the new medication prescribed for their child in hospital

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, definitely	79%	82%	67%
Yes, to some extent	18%	14%	33%
No	4%	5%	0%

It was necessary for 87% of parents to be provided with information about their child's further care and treatment upon discharge, of these, 89% felt that they were given sufficient information, whilst 11% felt that they didn't. Comparable results were obtained for the two hospitals, although parents whose children were treated at South Tyneside District Hospital were slightly more likely to indicate that they had been given sufficient information, compared to those parents whose children were treated at Sunderland Royal Hospital (92% & 88%, respectively).

**Table 41:** Whether parents felt they were provided with sufficient information regarding their child's further care and treatment, upon discharge

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes	89%	88%	92%
No	11%	12%	8%

The majority perceived that their child got the care they required when they needed it the most (81%), with a further 15% indicating that they did to some extent. Just two parents felt that their child didn't (4%), both of these children were treated at Sunderland Royal Hospital. Furthermore, parents whose children were treated at South Tyneside District Hospital were less likely to indicate that their child got the care they required, than those whose children were treated at Sunderland Royal Hospital (69% & 85%, respectively).

**Table 42:** Whether parents felt that their child got the care they required when they needed it the most

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Yes, definitely	81%	85%	69%
Yes, to some extent	15%	10%	31%
No	4%	5%	0%

The vast majority stated that ward in which their child received their treatment was clean and tidy (98%), just one individual whose child had been treated at Sunderland Royal Hospital felt that it wasn't (2%).

When asked to describe the area of the hospital in which their child received their treatment, the slight majority of respondents described the ward as bright (77%), whilst 75% felt that it was light and 60% colourful. Overall, parents whose children received their care at South Tyneside District Hospital were found to rate the environment more positively than those whose children received their care at Sunderland Royal Hospital (Table 43).

A small number of parents whose children received their care at Sunderland Royal Hospital commented that there should be more age and sex appropriate toys in the ward, that worn and old books should be removed, and that there should be more children's posters and pictures in the children's waiting area in A&E.

**Table 43:** How parents described the area of hospital where their child received their treatment (multiple response question)

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Colourful	60%	59%	67%
Bright	77%	72%	100%
Light	75%	77%	75%

When asked to rate the overall experience of their child's hospital stay, 63% perceived that it was very good, with a further 29% describing it as good. Just a small proportion rated their experience as poor (4%). Comparable results were obtained for both hospitals.

**Table 44:** How parents rated their overall experience of their child's hospital stay

	Percentage of responses	Percentage of respondents whose child received care at Sunderland Royal Hospital	Percentage of respondents whose child received care at South Tyneside District Hospital
Very good	63%	62%	69%
Good	29%	28%	31%
Neither good nor poor	4%	5%	0%
Poor	4%	5%	0%

In the final section of the survey, parents were given the opportunity to provide additional comments about their child's care and offer any suggestions as to how this could have been improved. A small number of parents did provide comments; these are displayed in Table 45 below.

One of the main themes that emerged in both hospitals was the positive attitude of the health professionals that cared for their child, with parents using words such as reassuring, polite, friendly, happy and wonderful to describe the staff. Specific comments made by parents are detailed here;

*"The staff were incredible, all of the nurses made my daughter feel welcome as always (she is a regular) they made time to comfort her when she was getting nervous and they kept her spirits high. The cleaner is amazing, she always chats to my daughter while she cleans and asks if there is anything she needs. Everybody on F63 are so lovely and are brilliant at what they do" (Sunderland Royal Hospital)*

*"Keep up the fantastic work you all do a fantastic job" (Sunderland Royal Hospital)*

*"I can't thank the staff enough - a top team!" (Sunderland Royal Hospital)*

*“Staff were all wonderful” (South Tyneside District Hospital).*

**Table 45:** Positive comments and suggested improvements made by parents

	<b>South Tyneside District Hospital</b>	<b>Sunderland Royal Hospital</b>
<b>Positive comments</b>	<ul style="list-style-type: none"> <li>• Excellent staff; polite and courteous</li> <li>• On time appointments</li> <li>• Good quality care received locally</li> <li>• Satisfaction with overall service</li> </ul>	<ul style="list-style-type: none"> <li>• Excellent staff; caring, happy, helpful, patient, welcoming and supportive</li> <li>• Staff provided reassurance to parents / willing to spend time with parents to explain condition and treatment</li> <li>• Child seen and treatment provided immediately</li> <li>• Needs of child and parent listened to and taken into account</li> <li>• Excellent medical and nursing care received (including care from consultants)</li> </ul>
<b>Suggested improvements</b>	<ul style="list-style-type: none"> <li>• Improved staffing</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of refreshments for parents who are unable to leave their child</li> <li>• New, more modern beds for parents</li> <li>• Facilities for all parents to stay in hospital, regardless of age (i.e. parents of teenagers)</li> <li>• Shorter waiting times</li> <li>• Competent and knowledgeable triage staff</li> <li>• Improved options for vegetarians</li> </ul>

In terms of what parents want from paediatrics services, seeing the correct specialist who can deal with your child's illness, and high quality, safe care provided by paediatric specialists emerged as the most important factors (80% & 76% rating these factors as most important respectively). High quality care from specialists was perceived to be more important than having an emergency paediatric unit close to home (52% rated this factor as most important).

The same pattern of results was observed amongst the parents whose children had been treated at Sunderland Royal Hospital (Table 47), with seeing the correct specialist who can deal with your child's illness emerging as the most important factor (89%) and having an emergency paediatric unit close to home as the least important factor (46% rated this factor as most important).

However, for those whose children were treated at South Tyneside District Hospital having an emergency paediatric unit close to home was found to be the most important factor for these respondents with 69% selecting this factor as most important, compared to 62% who selected 'high quality, safe care provided by paediatric specialists' as most important and 50% 'seeing the correct specialist who can deal with your child's illness' (Table 48).

Additional comments provided by parents with regards to the location of paediatrics services are listed here;

*"I would be happy to travel if necessary to seek specialist input - that is paramount over distance" (South Tyneside District Hospital)*

*"Paediatric care should be provided on ALL hospital sites. Your survey skews things as closer to home or specialist care. I'd fight this if moved out of South Tyneside" (Sunderland Royal Hospital).*

**Table 46:** The most important aspects of paediatrics care - all responses

	1 (most important)	2	3 (least important)
An emergency paediatric unit closer to home	52%	24%	24%
Seeing the correct specialist who can deal with your child's illness	80%	8%	12%
High quality, safe care provided by paediatric specialists	76%	22%	2%

**Table 47:** The most important aspects of paediatrics care – Sunderland

	1	2	3
An emergency paediatric unit closer to home	46%	27%	27%
Seeing the correct specialist who can deal with your child's illness	89%	5%	5%
High quality, safe care provided by paediatric specialists	82%	18%	0%

**Table 48:** The most important aspects of paediatrics care – South Tyneside

	1	2	3
An emergency paediatric unit closer to home	69%	15%	15%
Seeing the correct specialist who can deal with your child's illness	50%	17%	33%
High quality, safe care provided by paediatric specialists	62%	31%	8%

### 3.3.1 South Tyneside

#### Facilitated interviews with parents

Twelve parents took part in the facilitated interviews at South Tyneside District Hospital, however two respondents only answered the first question of the survey and therefore did not provide demographic information. Ten parents were accessing the Children's Day Unit and two the A&E department.

Those who provided a postcode indicated that they were from NE31 (two respondents), NE32, NE34 (two respondents), NE35, NE36 and SR5. Four parents fell within each of the 21-30 and 31-40 year old age groups, and one in each of the 41-50 and 51-60 year old age groups.

All parents indicated that South Tyneside District Hospital was their local hospital and/or it is where their child was automatically transferred for their treatment either by their child's GP or dentist;

*"Just where we were referred to by the dentist"*

*"We just live here so it's convenient and with having two little ones its always easier to come here - happy with the standard of care".*

However, one parent additionally commented that she would not use any of the other departments in the hospital other than the Children's Department;

*"It was the closest - the only thing is I would only bring my child into the Children's Care, I wouldn't use any other bit of this hospital".*

Three main themes were identified in terms of what was most important to parents for their child's care and treatment;

- Friendly, polite and courteous staff
- Good quality care and treatment by specialist staff
- Quick and efficient treatment close to home.

Specific comments made by parents included;

*"Availability, knowledgeable and specialist staff - I understand you have to go to other places where the specialities are but I do feel you need local care"*

*"Get the treatment they need - the staff - the friendlier they are – it makes life easier"*

Parents were generally satisfied with the length of time they have waited for their child's hospital referral, with one stating that her child's appointment was actually brought forward due to persistent infections. However, two parents felt that their child's referral could have been quicker;

*"From having a conversation with the dentist it was a bit of a wait - but from seeing the dentist at the hospital it wasn't long at all - I would have preferred the wait from seeing the first dentist to be a bit quicker, thought it wouldn't of been as long, but from seeing the hospital dentist everything's been fine"*

*"Been going on a while, since before Christmas, maybe October? - I'd prefer it to have been quicker but he's not been in pain, if he had been in pain I would have rang".*

All parents felt that their child was referred to the appropriate department for their child's needs, with many perceiving that their child's condition was outside the remit of the GP/dentist. None of the children had required an inpatient stay as part of their treatment.

*"Definitely yes - been referred to the Children's Department and she's (patient) seeing a specialist about her problem"*

*"Yes - it's what they deal with - it's what they know".*

A number of children had attended other care settings as part of their treatment, these included Blaydon Primary Care Centre - dental service, Palmers Community Hospital – paediatrics service and Edythe Brown House – nutrition and dietetic service. None issues were reported in terms of accessing these settings or the care received.

*"He was up at Blaydon and was supposed to be getting the treatment there - supposed to get the mask but he couldn't do it so came here"*

*"We did go to Palmers to see a paediatrician and he's generally looking after her (patient) there - he told us what would happen and why it would happen - really good"*

*"Yes, we've had a kidney scan two days ago and seen the dietician at Edythe Brown House".*

Just over half of those sampled indicated that they would be more than happy to attend a different hospital for aspects of their child's care, especially if their child's condition was more serious;

*"Quite honestly wherever is easier - not a serious condition - quite happy to wait, but if it were a more serious condition I'd be happy to travel anywhere in the North East"*

*"I think we could have travelled - it's not a problem at all but the Health Visitor suggested going to A&E and we got seen to straight away".*

However, the remaining individuals indicated that they would prefer to wait and have their child seen closer to home;

*"I think I would have continued waiting because it was closer to home but if he was in pain then I would have pushed it (appointment), but overall I'm happy to wait"*

*"If it meant going further afield, quite disappointed. We've lost quite a bit in the region"*

*"I wouldn't really be able to - I suffer with problems with my back".*

All parents were very satisfied with the care and treatment their child has received, with many noting how pleasant and caring the staff who cared for their child were, how they were always kept fully informed and offered thorough explanations and how quick the whole process had been;

*"I'm really satisfied so far - just caring and they've answered any questions that we've asked, they've been answered really well, not left wondering"*

*"Very - the service, the level of service - from when we've come in it's been a very quick turn around and you can tell the nurses want to do a good job"*

*"Yeah really happy - everyone's so friendly and professional"*

Just one parent made a suggestion that the parking could be cheaper at the hospital.

## **Friends and Family Test Survey Results**

The following provides an overview of the results from the Friend and Family Test Survey conducted by South Tyneside NHS Foundation Trust with regards to the Paediatric A&E service and the Paediatrics Outpatient Department at Palmer Community Hospital.

### **Friend and Family Test - Survey Results; Paediatric A&E service**

#### **Test period: Quarter 4 - February 2016; 28 questionnaires returned**

- 75% were extremely likely and 21% likely to recommend the service to their friends or family if they needed similar care or treatment (4% were unsure)
- 78% stated that staff always gave them information and explained it in a way they understood, whilst 14% indicated that staff mostly did this (4% stated that staff never did this and 4% were unsure)
- 75% indicated that staff always involved them in decisions about their care and treatment, whilst 11% indicated that staff mostly did this (3% indicated that staff sometimes did this, 4% that staff never did this, and 7% were unsure)
- 82% felt like they could always ask questions, whilst 7% indicated that they felt that they could ask questions most of the time (3% felt they could sometimes ask questions, 4% that they could rarely ask questions and 4% were unsure)
- 82% indicated that staff were always open and honest about their care and treatment, whilst 11% indicated that staff were open and honest most of the time (3% felt that staff were never open and honest, and 4% were unsure)
- 82% stated that staff always asked permission before they carried out care and treatment, whilst 11% indicated that staff asked permission most of the time (3% indicated that staff rarely asked permission and 4% were unsure)
- 86% indicated that they were always treated with kindness and compassion by the staff caring for them, whilst 7% stated that staff did this most of the time (3% stated that they were rarely treated with kindness and compassion and 4% were unsure)

- 82% stated that they always felt that staff carried out everything they said they were going to, whilst 7% indicated that staff did this most of the time (4% indicated that staff sometimes did this and 7% were unsure) 7
- 82% indicated that they were always satisfied with the care and treatment they received, whilst 7% indicated that they were mostly satisfied (4% were never satisfied and 7% were unsure)
- 86% were always satisfied with the cleanliness and hygiene, whilst 7% were mostly satisfied (3% were sometimes satisfied and 4% were unsure)
- 75% indicated that they always had confidence in the staff, whilst 11% indicated that they had confidence most of the time (11% indicated that they sometimes had confidence and 3% were unsure).

**Table 49:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Paediatric A&E service)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Excellent and efficient service</li> <li>• Attitude of staff; friendly, reassuring, informative, honest, caring and compassionate</li> <li>• Good communication with both child and parent; answered all questions, provided reassurance, made child feel safe and kept well informed</li> <li>• Provided clear explanation/provided demonstration of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• A range of games in the waiting room for younger and older children (e.g. board games)</li> <li>• Improve training for support staff</li> <li>• Separate areas for those children waiting to go to theatre and those that have been</li> </ul>

## Friend and Family Test - Survey Results; Paediatrics Outpatient Department

### Test period: Quarter 4 - February 2016; 8 questionnaires returned

- 63% are extremely likely and 37% likely to recommend the service to their friends or family if they needed similar care or treatment
- 50% stated that staff always gave them information and explained it in a way they understood, whilst 50% indicated that staff mostly did this
- 62% indicated that staff always involved them in decisions about their care and treatment, whilst 38% indicated that staff mostly did this
- 62% felt like they could always ask questions, whilst 38% indicated that they felt that they could ask questions most of the time
- 50% indicated that staff were always open and honest about their care and treatment, whilst 50% indicated that staff were open and honest most of the time
- 87% stated that staff always asked permission before they carried out care and treatment, whilst 13% indicated that staff asked permission most of the time
- 87% indicated that they were always treated with kindness and compassion by the staff caring for them, whilst 13% stated that staff did this most of the time
- 50% always felt that staff carried out everything they said they were going to, whilst 50% indicated that staff did this most of the time
- 75% indicated that they were always satisfied with the care and treatment they received, whilst 25% indicated that they were mostly satisfied
- 62% were always satisfied with the cleanliness and hygiene, whilst 38% were mostly satisfied

- 62% indicated that they always had confidence in the staff, whilst 38% indicated that they had confidence most of the time

**Table 50:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Paediatrics Outpatient Department)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Attitude of staff; friendly and reassuring</li> <li>• Good communication with both child and parents; made child feel at ease, parents felt listened to and involved in care plan</li> </ul>	<ul style="list-style-type: none"> <li>• Not having to travel for blood tests</li> </ul>

### 3.3.2 Sunderland

#### Facilitated interviews with parents

A total of 17 parents participated in the facilitated interviews at Sunderland Royal Hospital, all but one were white British, with the remaining individual indicating that they were of mixed ethnicity. Respondents were from postcode areas SR1, SR2, SR4 (four respondents), SR5, SR7 (three respondents), SR8 (two respondents), DH4, DH5 (two respondents) and NE37.

Whilst some provided their own demographic details, others stated their child's and therefore no further demographic information is documented here.

Many parents indicated that they had attended Sunderland Royal Hospital because it was their local hospital and/or the hospital that they have always used (nine respondents), furthermore six respondents stated that they were automatically referred to this setting by their child's GP or following their child's stay in hospital.

*"It's our closest hospital but I wouldn't choose anywhere else. My family and I have always received excellent treatment here"*

*"No, but is the nearest to home anyway and this would be preferred anyway"*

*"Couldn't choose but would have chosen here anyway".*

Three main themes emerged in terms of what parents perceived to be most important about their child's care and treatment; access to specialist staff, access to medical help close to home and timeliness of care and treatment;

*"Just that you are looked after thoroughly, receiving the right care from the right specialist"*

Generally, parents were satisfied with the length of time they waited for their child to be referred, or attended to on admission.

*"Seen within minutes of coming in"*

*"Great, received referral within a number of days after initial appointment"*

*"Referred by GP, didn't wait overly long - initial appointment quick".*

However, just a small number were dissatisfied with the length of time they had to wait;

*"Can be much quicker, too long a wait"*

*"Could be shorter but due to pressure NHS under, may be working to strength, but overall ok"*

*"The school, the doctor, here (Sunderland Royal Hospital). It seemed like quite a long time".*

All parents felt that their child had been referred to the appropriate department with access to specialist staff to care for their child's needs.

Just four parents indicated that their child required an inpatient stay as part of their care, all of these respondents were satisfied with the care their child received.

Three parents indicated that their child was required to visit another hospital or care setting as part of their treatment, two of which had attended Newcastle Royal Victoria Infirmary; *"it's brilliant, no massive problem to get there"*. Whilst the other did not specify which care setting their child had to attend they indicated that this was due to their child requiring specialist treatment.

When asked if they would be willing to attend a different hospital if this meant their child would be seen quicker, nine respondents indicated that this was not a problem, whilst another perceived that it would depend upon the urgency of the condition. Whilst four respondents did not respond to the question, three parents showed a preference for their child to be treated at their local hospital;

*"I would prefer not to use any other hospital unless it was very urgent"*

*"I would rather wait and stay with Sunderland".*

All parents were satisfied with the care and treatment that their child has received, with one parent describing the service as 'top notch'. One parent commented on how the staff had distracted their child when they had to have blood tests with a film.

Suggestions made by a small number of parents to improve the quality of care received included improved waiting times for referrals, more appropriate decoration in clinics, and a better follow-up process;

*"I didn't feel that the bell was in your court, so need help with follow up".*

## **4 Maternity services**

### **4.1 Summary of insight**

In the last two years, there has been two key reports focusing on the delivery of maternity services. The first, in March 2015, followed the Morecambe Bay Investigation which happened because of safety and quality issues in the maternity services being managed by the University Hospitals of Morecambe Bay NHS Foundation Trust. This report had a range of recommendations for CCGs and NHS trusts providing maternity services.

The publication of this report consequently led to a national review of maternity services, commissioned by NHS England ‘Better Births: Improving Outcomes of Maternity Services in England’ (February, 2016). The review highlighted seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live:

- Personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
- Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman’s decisions.
- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Better postnatal and perinatal mental health care, to address historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- A payment system that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

In the recent baseline maternity assessment, as part of the CCG Improvement and Assessment Framework (2016/17), the maternity services in both South Tyneside and Sunderland were identified as requiring improvement.

The following summarises the local insight available for both maternity services, with regard to patients’ experiences.

In the Autumn of 2016 two surveys were undertaken to explore the opinions and experiences of women, and their partners, who;

1. Are planning to have a baby in the next two years; a total of 209 individuals from Sunderland and South Tyneside responded to the survey.
2. Are currently pregnant or have had a baby in the last two years in South Tyneside District Hospital or Sunderland Royal Hospital; a total of 799 individuals responded to the survey, 20% of which were currently pregnant and 80% had given birth in the last two years - 58% had given birth at Sunderland Royal Hospital and 35% at South Tyneside District Hospital (the remaining respondents had given birth at Queen Elizabeth Hospital 3%, Royal Victoria Infirmary Hospital 2%, at home or elsewhere 2%).

This insight was supplemented with qualitative insight gathered through facilitated interviews with 18 women receiving their maternity care at South Tyneside District Hospital and 36 women who were attending Sunderland Royal Hospital. In addition, data from the latest Friends and Family Test surveys and Real Time Feedback Reports (Sunderland only) was also considered.

### **Antenatal care**

Among those who had given birth in the last two years, the majority stated that they were offered a choice of hospitals to give birth in (41%), whilst 9% were offered a choice of giving birth in a midwife led unit, 5% in a consultant led unit and 11% a home birth. Approximately a third indicated that they were not provided with any choice (32%).

For those survey respondents who were expecting a baby, a similar proportion indicated that they have been offered a choice of hospitals (48%, compared to 41% of those who had given birth in the last two years), whilst 21% have been offered a choice of giving birth in a midwife led unit, 4% in a consultant led unit and 6% a home birth. However, a notably smaller proportion stated that they haven't been given any choices, compared to those who had given birth in the last two years (12% & 32%, respectively). In both survey samples, those individuals who had given birth in the last two years and those currently pregnant, those from South Tyneside were much more likely to indicate that they were provided with a choice of hospitals, compared to those who lived in Sunderland.

For those who are planning to have a baby in the next two years, being able to have a choice about where they can give birth was perceived to be important (42% felt that it was extremely important and 33% very important). Furthermore, the most important factor for these individuals in deciding where to give birth was having consultant and midwife care in the same location, closely followed by the proximity of the service to where they live.

The importance of having access to a local service was also evident during the facilitated interviews with women from both South Tyneside District Hospital and

Sunderland Royal Hospital, who indicated that the primary reason that they chose this hospital was the proximity of the service to where they live, and the convenience for them, their partners and family in accessing the service.

Among those survey respondents currently receiving their antenatal care, the majority indicated that they see the same midwife at each of their check-ups (70%), that their midwife is aware of their medical history (68%), that they are given enough time to ask questions and discuss their pregnancy (75%), and that their midwife listens to them (82%). However, a slightly lower proportion stated that their midwife asks them about their emotional wellbeing (64%). A slight difference was observed across the two areas, with those from South Tyneside slightly less likely to indicate that their midwife addresses this, compared to those in Sunderland (65% & 71%, respectively).

The vast majority of those who were pregnant perceived that they are always spoken to in a way that they can understand during their antenatal appointments (86%), this is compared to a figure of 75% for those who have given birth in the last two years. Furthermore, 80% of those who were expecting indicated that they are always involved in decisions about their care; a much greater proportion than those who had given birth in the last two years (61%).

## **Labour and delivery**

For those survey respondents who had given birth in the last two years;

- 77% indicated that they were always spoken to in a way that they could understand during their labour and birth.
- 69% indicated that they were always involved in decisions about their care.
- 79% stated that they were always treated with dignity and respect.
- 72% had complete confidence and trust in the staff who cared for them.
- 86% indicated that their birthing partner was involved in their care as much as they wanted to be.

## **Postnatal care**

In relation to their postnatal care, just over half of survey respondents who had given birth in the last two years stated that they were always given the information or explanations they required (54%), while a further 28% felt that they were some of the time. A greater proportion of those who had given birth at South Tyneside District Hospital stated that this always happened, compared to those who had given birth at Sunderland Royal Hospital (61% & 49%, respectively).

Furthermore, 65% of survey respondents perceived that they were always treated with kindness and understanding. Again, those who had given birth at South Tyneside District Hospital were slightly more likely to indicate that this always

happened (69%, compared to 60% of those who had given birth at Sunderland Royal Hospital).

Approximately two thirds of survey respondents indicated that their partner was able to stay with them as much as they liked in hospital (63%). However, 23% stated that their partner was restricted to visiting hours, 8% that there was no accommodation for them to stay and 4% that they were not able to stay for another reason. A notably larger proportion of those who had given birth at Sunderland Royal Hospital indicated that their partner (or someone else close) had stayed with them in hospital, compared to those who had given birth at South Tyneside District Hospital (72% & 51%, respectively).

Equivalent proportions of survey respondents rated the hospital room or ward, and toilet and bathroom facilities as very clean (69% & 68%, respectively). Those who had given birth in South Tyneside District Hospital were slightly more likely to rate their hospital room or ward as very clean, compared to those who had given birth at Sunderland Royal Hospital (72% & 66%, respectively).

Survey respondents who had given birth in the last two years were asked what they would change about their maternity care, to which the majority of respondents identified that they would change the postnatal care they received (9%). Many of these individuals commented upon how busy and overstretched the staff on the ward were, and how this impacted upon the care they received, specifically in terms of;

- A lack of support to shower / change and care for baby, after birth.
- Long response times when the individual called for help / asked for pain relief.
- Being left for long amounts of time – leading to feelings of isolation.
- Being discharged too quickly from hospital.
- Lack of support with breastfeeding.

### **The structure and delivery of maternity services**

The following provides an overview of the most important aspects of maternity care identified by the women who took part in the facilitated interviews and those survey respondents who are planning to have a baby;

- The attitude and professionalism of staff; having staff that are approachable, able to listen, empathetic, kind, caring and dedicated.
- Good patient-practitioner communication, ensuring patients are provided with as much information as possible that they are able to understand, and receive a high level of support and guidance throughout the maternity pathway.
- Being given a choice of which maternity unit to attend, with an option for home birth.

- The presence of both consultants and midwives, to increase pain relief options and in case of an emergency.
- Having a high-quality local service, close to home.
- Consistency of care (i.e. staff that know your medical history).

Furthermore, all survey respondents who had given birth in the last two years or were expecting a baby, were asked if there was anything particularly good about the care they received, or are currently receiving. The most respondents highly commended the staff (18%), many describing them as ‘amazing’, ‘brilliant’ and ‘fantastic’. Many respondents made references to specific individuals and the exemplary care they had received from them.

Those who had given birth in the last two years were asked if there would have been any issues if they had to deliver their baby in another hospital. The main concern raised by these respondents was the distance they would have had to travel, as well as the transport issues they would have faced (13% of respondents). Other less frequent concerns included;

- Difficulty for partners and/or family members to visit (6%).
- Increased levels of stress and anxiety about going somewhere individual not familiar with / existing trust with chosen hospital (2%).
- The individual would not be able to get to the hospital in time due to the speed of labour (2%).
- Frustration unless there was a genuine reason to go to another hospital e.g. health of mum or baby (2%).
- Positive past experiences in chosen hospital has led to a preference for this unit (2%).

Furthermore, in the facilitated interviews, it was found that although most had a preference to receive all their maternity care at their local hospital, due to the proximity and the familiarity they have with the service, the majority weren’t too concerned if they had to receive aspects of their care at another hospital. This was especially the case for conditions/appointments that were deemed urgent. Those that did express concerns, were concerned how they would travel to the hospital with others stating that they would like an explanation as to why it was necessary for them to travel.

A number of suggestions were made in relation to how the maternity service could be improved, the top five suggestions made by survey respondents included;

- Improved attitude of health professionals / retraining of health professionals to be less rude, less judgmental towards young mums, more respectful and consider patient’s preferences and wishes.
- Improved postnatal care.
- Better facilities for partners to stay in the hospital (*particularly noted by those who had given birth in South Tyneside where this was identified as an issue*).

- Consistency of midwife throughout the maternity pathway.
- Improved staffing on wards and in antenatal clinics, to reduce waiting times for antenatal appointments and improve standard of care.

## 4.2 National insight

While the stillbirth rate in the UK has fallen slightly in the past few years, the UK still lags behind the best in Europe:

- In 2014, the number of births to mother's resident in the UK at 24 weeks gestational age or later showed little change from 2013; 782,311 births compared with 781,932.
- There was a small decrease in the number of stillbirths (3,252 compared with 3,286) and neonatal deaths (1,381 compared with 1,436).
- The crude extended perinatal mortality rate was 5.92 per 1,000 total births, comprising 4.16 stillbirths per 1,000 total births and 1.77 neonatal deaths per 1,000 live births.
- Significant variation in the rates of extended perinatal mortality across the UK persist, with rates varying from 4.9 to 7.1 deaths per 1,000 total births.

Nationally there have been two key reports in the last 18 months focusing upon maternity services.

The first, in March 2015, followed the Morecambe Bay Investigation which happened because of safety and quality issues in the maternity services being managed by the University Hospitals of Morecambe Bay NHS Foundation Trust. This report had a range of recommendations for CCGs and NHS trusts providing maternity services.

The publication of this report consequently led to a national review of maternity services, commissioned by NHS England 'Better Births: Improving Outcomes of Maternity Services in England' (February, 2016). The review aimed to assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

The review set out the following vision for maternity services:

*"Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.*

*"And for staff to be supported to deliver care which is women-centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries."*

The review highlighted seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live. To make care more personal and family friendly, the report recommended implementation of the following:

- Personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
- Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.

- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Better postnatal and perinatal mental health care, to address historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- A payment system that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

In terms of continuity of care, it was perceived by the women involved in the review, that they see too many midwives and doctors over the course of their pregnancy and birth, and that they do not always know who they are and what their role is.

*"We found almost total unanimity from mothers that they want their midwife to be with them from the start, through pregnancy, birth and then after birth. Time and again mothers said that they hardly ever saw the same professional twice, they found themselves repeating the same story because their notes had not been read. That is unacceptable, inefficient and must change."*

For some women, a lack of continuity led to confusion and difficulties in building rapport with healthcare professionals. It was felt that continuity of care could provide better support for women and enable midwives to better meet their needs, identify problems and provide a safer service. Relationship or personal continuity over time has been found to have a positive effect on user experience and outcome.

Midwives commented positively on the option of a case loading model, particularly for vulnerable women, as they would be able to build relationships with the individuals they were caring for, whilst improving safety and job satisfaction. However, concerns were raised as to the difficulty of providing continuity of care with the current service configuration, with particular fears being expressed about work/life balance. It was also felt that without additional resources, it might not be possible.

The report continued:

*"We heard that there are several elements which can help ensure the success of the continuity of a professional caring for the woman and her baby":*

- Midwives who work in a continuity of care caseload team need their time to be ring-fenced, and not diverted to other services – the ebb and flow of the workload needs to be understood and respected.
- Capping caseload numbers to a manageable level so that teams can plan and midwives are not overburdened.
- Flexible working – midwives should be able to manage their own diary, in conjunction with the rest of their team.

- A culture of shared trust and personal responsibility.
- Rotations of midwives between hospital and community (e.g. supporting home births) to maintain skills and promote a continuity model.

The report suggests that every woman should have a midwife, who is part of a small team of 4 to 6 midwives, who can help provide continuity of care throughout their pregnancy, birth and postnatal period. It was suggested that through ‘buddying’ there could be a second midwife who takes care of the woman if her named midwife is not available. In addition, the report states that each team of midwives should have an identified obstetrician who can get to know and understand their service and advise on issues as appropriate.

Where a woman needs ongoing obstetric support (i.e. support from specialist doctors), it was felt that this should be from a single obstetric team and that the care should be fully integrated across the midwifery and obstetric services.

### **4.3 Local insight**

In October 2016, NHS England published ratings on maternity services as part of the new CCG Improvement and Assessment Framework (IAF) for 2016/17. Its aim is to provide a perspective on the effectiveness of commissioning of maternity services, enabling CCGs, local health systems and communities to assess their own progress, thereby assisting improvement. It has been designed to align with a number of key themes from the National Maternity Review ‘Better Births’.

Four indicators were selected to provide a broad representation of the various aspects of the maternity pathway:

- Stillbirth and neonatal mortality
- Maternal smoking at time of delivery
- Experience
- Choice

The assessment is intended to provide an initial baseline - a snapshot of how CCGs are performing in the areas measured by the indicators. It is not intended to provide an overall picture of the quality of maternity services within the CCG area, due to the small number of metrics selected. In future years, a more comprehensive assessment will be undertaken, drawing on wider measures and qualitative information.

The following table provides the results for Sunderland and South Tyneside. However, data on maternal smoking at the time of delivery was not available for these two areas in the assessment. To provide an indication of these figures, according to the latest Local Health Profiles (2015), 25% of mothers were smoking at the time of delivery in South Tyneside and 19.9% in Sunderland for the year 2013/14 (England average 12%).

**Table 51: CCG IAF Baseline maternity assessment 2016-17**

CCG	Initial Assessment	Neonatal mortality and stillbirths*	Women's experience of maternity services**	Choices in maternity services**
NHS South Tyneside CCG	Needs Improvement	8 stillbirths and neonatal deaths per 1000 births – similar rate to most other CCGs	84.9 is the score out of 100 based on six survey questions - among the CCGs with the highest scores	63.2 is the score out of 100 based on six survey questions – a similar score to most other CCGs
NHS Sunderland CCG	Needs Improvement	5.6 stillbirths and neonatal deaths per 1000 births – similar rate to most other CCGs	79.8 is the score out of 100 based on six survey questions – a similar score to other CCGs	62.5 is the score out of 100 based on six survey questions – a similar score to most other CCGs

\*ONS data (2014) – it is suggested that CCGs use this indicator alongside information locally available and other national sources to better understand the causes of mortality in their local populations and focus their activities towards reducing the rate.

\*\*based on answers to the CQC (2015) National Maternity Services Survey

The table below presents the findings from the 2015 National Maternity Services Survey, comparing the results of the City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust with the benchmarked results for the 111 trusts that undertook the attribution exercise and received a sufficient number of survey responses from eligible women. The survey was designed to help understand the performance of individual trusts and to identify areas for improvement.

**Table 52:** Overall results from the 2015 Maternity Services Survey

<b>Survey section</b>	<b>City Hospitals Sunderland NHS Foundation Trust (N=123)</b>	<b>South Tyneside NHS Foundation Trust (N=59)</b>	<b>Lowest trust score achieved</b>	<b>Highest trust score achieved</b>
Antenatal care	The start of your care in pregnancy	4.6	5.1	3.6
	Antenatal check-ups	6.6	7.1	6.0
	During your pregnancy	9.0	8.7	7.8
Labour and birth	Labour and birth	8.9	8.8	7.3
	Staff	9.2	8.7	7.4
	Care in hospital after the birth	8.5	7.8	6.7
Postnatal care	Feeding	8.2	7.8	7.1
	Care at home after the birth	8.6	-	8.5

Over the last couple of months two surveys have been undertaken with South Tyneside and Sunderland residents; the first was designed for women (or their partners) who are planning to have a baby in the near future, and the other to understand the experiences of those who have used or are currently using maternity services. The results of these surveys are presented here.

### **'Planning to have a baby' survey**

A total of 202 individuals responded to the survey, of which 76% were female and 24% male. The slight majority of the sample were aged 16-25 years (41%), whilst 37% were aged 26-35 years and 23% 36-45 years.

Three quarters of the sample indicated that they were white British (74%), whilst 8% indicated they were of an 'other' ethnicity. Furthermore, 5% indicated they were Asian or Asian other, 4% Black or Black other and 4% Polish. The remaining 4% did not disclose their ethnicity.

In the last two weeks, 3% indicated that they had help from another person for everyday activities, whilst 12% stated that they had a long-standing illness or disability and 11% cared for someone with a long-standing illness or disability. The majority of the sample were heterosexual or straight (92%). Over half of the sample stated being married (56%), whilst 30% were single and 6% divorced (8% did not disclose their marital status).

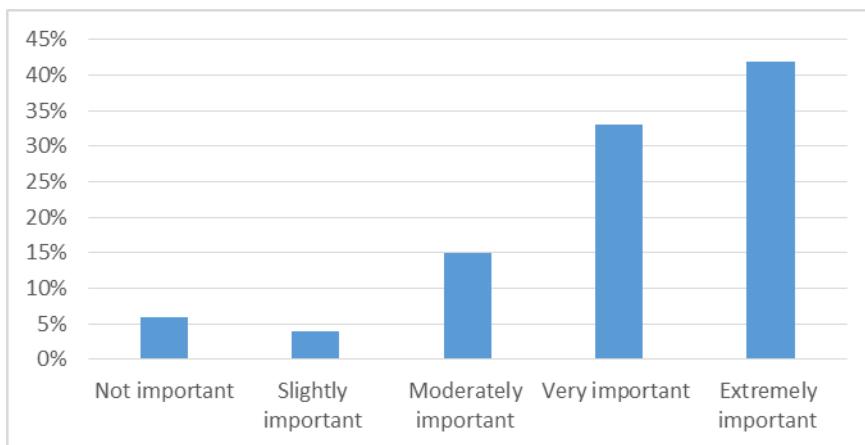
Just 1% of the sample indicated that they were currently pregnant or already had a child under the age of two years. The postcode distribution of respondents is displayed in Table 53 below.

**Table 53:** Postcode distribution of respondents

Postcode	Percentage of responses	Postcode	Percentage of responses
DH4	4%	SR2	10%
DH5	3%	SR3	9%
NE33	17%	SR4	16%
NE34	33%	SR5	5%
SR1	1%	SR6	3%

Respondents were asked how important it was for them to have a choice as to where they give birth to their baby. As can be seen in Figure 3, 42% indicated that this was extremely important and 33% very important. Just 7% indicated that it was not important and 4% slightly important.

**Figure 3:** How important it is for respondents to be given a choice as to where they give birth



Furthermore, respondents were asked to rate a number of different factors to consider when choosing where to give birth to their baby. These were rated on a scale of 1 to 6, with 1 being the most important and 6 being the least important.

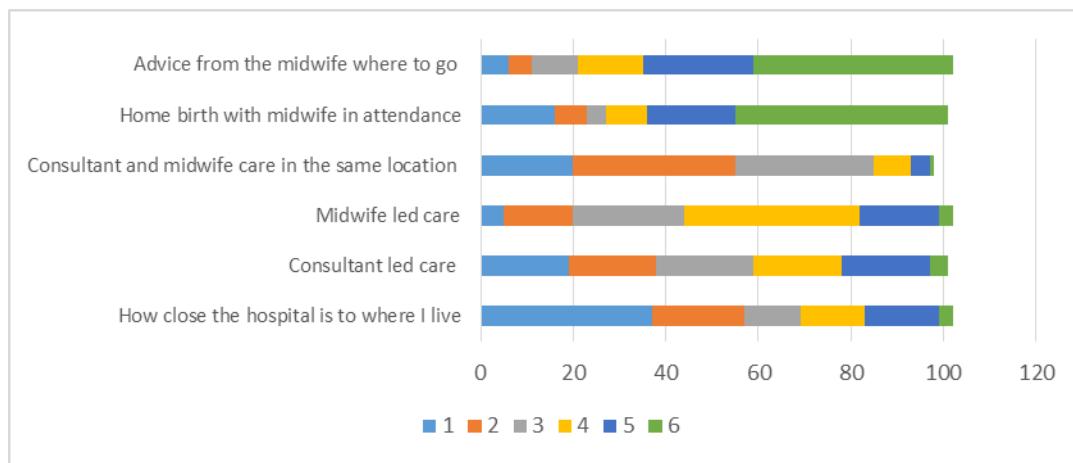
As can be seen in Figure 4, the largest proportion of respondents rated the proximity of the hospital to where they live as most important (37%), with a further 20% giving this factor a score of 2. This factor received a rating average of 2.59.

The second highest proportion rated consultant and midwife care in the same location as most important (20%). However, when considering the overall ratings having consultants and midwives in the same location was found to be slightly more important than the proximity of the service with a rating average of 2.47.

These results highlight the preference that individuals have for consultant and midwife care (rating average - 2.47) over consultant led care (rating average - 3.12) or midwife led care (rating average - 3.57).

The least important factors were found to be advice from the midwife about where to go (rating average - 4.74), followed by home birth with midwife in attendance (rating average – 4.46).

**Figure 4:** The importance of different factors when choosing where to give birth



The factors identified to be most important to individuals in relation to the support and relationships from the NHS during pregnancy are shown in Table 54. All comments provided by individuals in response to the question were assigned a code, and codes grouped into overarching themes to enable a quantitative representation of the insight.

The top 5 most important factors for respondents were found to be;

- The attitude and professionalism of staff; having staff that are approachable, able to listen, empathetic, kind, caring and dedicated (36%).
- Receiving a high level of support and guidance throughout pregnancy, labour/birth and in the postnatal period, from all levels and being able to ask questions without feeling judged or silly. This included guidance around feeding, how to keep healthy and ensure a safe pregnancy, how to have a normal delivery, pain relief options, 'normal' feelings to expect during pregnancy and information about what to expect during labour (30%).
- Having a choice of which maternity unit to attend, with an option for home birth (23%).
- Presence of both consultants as well as midwives, to increase pain relief options and in case of an emergency (23%).
- Proximity of the maternity unit to home (22%).

**Table 54:** The most important factors perceived by respondents of NHS care during pregnancy and birth

Factor	% of respondents	Factor	% of respondents
Attitude and professionalism of staff; approachable, able to listen, empathetic, caring, kind and dedicated	36%	A birthing unit with a good atmosphere; happy and calm	7%
A high level of support and guidance throughout pregnancy, labour/birth and in the postnatal period from all levels, and being able to ask questions without feeling judged or silly	30%	Specialist care / equipment for emergencies and facilities to cater for mothers with additional health concerns or high risk pregnancies	5%
Choice of maternity unit, including an option for home birth	23%	Excellent postnatal care	5%
Presence of both consultants as well as midwives in the unit	23%	Antenatal classes / workshops with other new mothers to address issues such as breastfeeding as well as basic, practical information essential for all new mothers	4%
Proximity of the maternity unit to home	22%	Not to feel rushed during appointments / having the time to ask questions	3%
Having experienced staff that you are able to trust	21%	Appropriate length of hospital stay based on the needs of the individual	3%
Regular antenatal scans / appointments / tests to ensure careful monitoring	16%	Flexible visiting hours to cater for partners who work shifts	3%
Reputation of maternity unit / a unit recommended by others	15%	Single rooms / privacy	3%
Involvement in decisions (including partners) and having someone that listens to your wishes	13%	Ability to have a structured birth plan with appropriate back-up plans	3%
Being treated with equality, dignity and respect - regardless of race, presence of tattoos, piercings and individual choices	13%	To be treated like an individual	3%
Highest quality of care throughout pregnancy, labour/birth and in the postnatal period	12%	Availability of beds within chosen maternity unit	2%
The health of the mother and baby are seen as priority	11%	Good communication / relationship with staff	2%
Cleanliness of wards and rooms	10%	Good menu choice, catering for those with special dietary requirements	2%
Good security / safe environment	9%	Sufficient staffing	2%
24/7 helpline to be able to contact a midwife with queries in both the antenatal and postnatal period	8%	Being given adequate explanations / kept informed	1%
Having a one to one, dedicated midwife / choice of midwife	8%	Involvement of partners / advice for partners	1%
Accessible antenatal appointments i.e. choice of location, times	8%	Other	1%
Highest quality equipment (i.e. birthing pools, latest scanning machines) and a variety of options	8%		

## 'Experiences of maternity care' survey

This survey was designed to capture the experiences of individuals who live in Sunderland or South Tyneside who are currently pregnant or have had a baby in the last two years in South Tyneside District Hospital or Sunderland Royal Hospital.

A total of 799 individuals responded to the survey, of which 72% were female and 6% male (22% did not disclose their gender). The majority were aged between 26-35 years (49%), whilst 15% were aged 16-25 years, 14% 36-45 years and 1% 46-55 years (21% did not respond to the question).

Two thirds of the sample indicated that they were white British (66%), whilst 31% did not disclose their ethnicity (the remaining 3% stated that they were an 'other' ethnicity including Asian/Asian British, Black/Black British, Pakistani and Mixed race).

In the last two weeks, 9% stated that they have required help from another person with everyday activities, whilst 6% indicated that they had a long-standing illness or disability and 6% cared for someone with a long-standing illness or disability.

The majority of the sample described themselves as heterosexual or straight (77%), whilst 21% did not respond to the question. Approximately half of respondents indicated that they were married (49%), while 20% stated that they were currently single (22% did not disclose their marital status).

The postcode distribution of respondents is shown in Table 55 below.

**Table 55:** Postcode distribution of respondents

Postcode	Percentage of responses	Postcode	Percentage of responses
NE31	1%	SR3	7%
NE32	3%	SR4	7%
NE33	13%	SR5	7%
NE34	11%	SR6	5%
NE37	1%	SR7	1%
NE38	4%	DH4	3%
SR1	1%	DH5	3%
SR2	5%	Other	2%
No answer	27%		

The majority of the sample indicated that they have (or their partner has) given birth in the last two years (80%), while 20% stated that they are (or their partner is) expecting a baby. Just two individuals indicated that they have had a baby in the last two years and are currently pregnant (<1%). Responses from these two individuals have been considered in both sections of the survey.

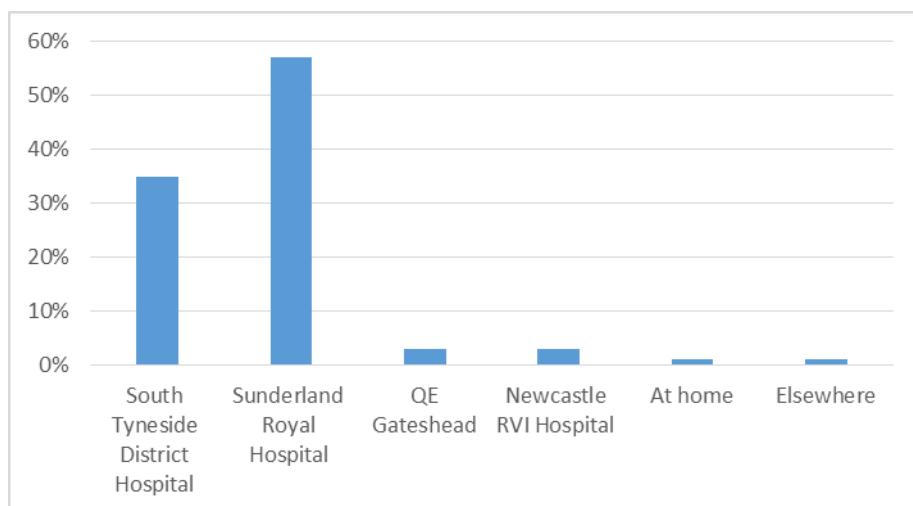
## **Individuals who have (or their partner has) given birth in the last two years**

The following section summarises the results of those who have given birth (or their partner has) in the last two years (80% of the sample). Due to the slight variation in the number of respondents who answered each question, percentages have been calculated as a proportion of those who responded to each question.

Similar proportions of respondents indicated that this was their first baby (46%) or that they already had 1 or 2 children (48%). Furthermore, 6% indicated that they already had three or more children.

Over half of respondents had given birth at Sunderland Royal Hospital (58%), compared to 35% at South Tyneside District Hospital. Similar proportions had given birth at Queen Elizabeth Hospital or Royal Victoria Infirmary Hospital (3% & 2%, respectively). Furthermore, 2% had delivered their baby at home or elsewhere.

**Figure 5:** The locations of where respondents have given birth



Respondents were asked to indicate what choices they had with regards to where they could have their baby (multiple response question). As can be seen in Table 56 below, 41% were offered a choice of hospitals, 9% a choice of giving birth in a midwife led unit and 5% in a consultant led unit. Just over one in ten were offered a choice of a home birth (11%). Conversely, one third stated that they hadn't been given any choice (32%), whilst 9% did not have a choice due to medical reasons.

To allow comparison of results between the two hospitals, results were segmented by the location of where respondents had given birth (those who had given birth in QE Hospital or RVI were excluded from the analysis due to the small sample sizes).

Respondents who had given birth in South Tyneside District Hospital were much more likely to have indicated that they had a choice of hospitals to give birth in (60%, compared to 32% for those who gave birth in Sunderland Royal Hospital), and consequently much less likely to indicate that they didn't have any choice (25%, compared to 41% of those who gave birth in Sunderland Royal Hospital).

**Table 56:** The choices offered to respondents about where they could have their baby (multiple response question)

Choices provided	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
I was offered a choice of hospitals	41%	32%	60%
I was offered a choice of giving birth in a midwife led unit or birthing unit	9%	6%	12%
I was offered a choice of giving birth in a consultant led unit	5%	4%	5%
I was offered a choice of giving birth at home	11%	13%	11%
I was not offered any choices	32%	41%	25%
I had no choices due to medical reasons	9%	10%	4%
Don't know	8%	9%	6%

### *Antenatal care*

With regards to their antenatal care, 75% felt that they were always spoken to in a way they could understand, whilst 19% indicated that this happened some of the time. Just 3% felt that they weren't and 3% were unable to remember.

Similar proportions of those who had given birth in each of the Sunderland and South Tyneside hospitals indicated that they were always or sometimes spoken to in a way that they could understand, however those who had given birth in South Tyneside District Hospital were slightly more likely to indicate that they were always spoken to a way that they understood (78% & 73%, respectively).

**Table 57:** Whether respondents were spoken to in a way that they understood, during their antenatal care

Spoken to in a way that the patient could understand	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	75%	73%	78%
Yes, sometimes	19%	20%	17%
No	3%	5%	1%
Don't know	3%	3%	4%

Furthermore, 61% perceived that they were always involved in decisions about their care, whilst 24% felt that this happened some of the time. Just under one in ten indicated that they weren't involved in decisions about their care (9%), whilst 1% stated that they didn't need or want to be involved (5% of respondents were unsure/unable to remember).

Again, similar proportions of those who had given birth in each of the hospitals indicated that they were always or sometimes involved in decisions about their care, however, those who had given birth in South Tyneside District Hospital were more likely to indicate that they were always involved (66% & 57%, respectively).

Conversely, a slightly higher proportion of those who had given birth in Sunderland Royal Hospital indicated that they were not involved in these decisions (11% & 7%, respectively).

**Table 58:** Whether respondents were involved enough in decisions about their care, during their antenatal care

Involved in decisions about care	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	61%	57%	66%
Yes, sometimes	24%	26%	21%
No	9%	11%	7%
I did not want / need to be involved	1%	5%	5%
Don't know / can't remember	5%	1%	1%

### *Delivery*

Most respondents indicated that during their labour and birth, their birthing partner was involved in their care as much as they wanted to be (86%). However, 9% felt that they weren't. The remaining individuals either did not want their birthing partner to be involved (1%), didn't have a birthing partner (1%) or their birthing partner chose not to be involved (2%).

Very similar proportions of those who had given birth in Sunderland Royal Hospital and South Tyneside District Hospital indicated that their birthing partner was able to get involved in their care, as much as they wanted (85% & 88%, respectively).

**Table 59:** Whether respondents felt their birthing partner was involved in their care, as much as they wanted, during their labour and birth

Birthing partner involved in care as much as they wanted	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes	86%	85%	88%
No	9%	10%	8%
They did not want to be involved	2%	2%	2%
I did not want them to be involved	1%	2%	2%
I did not have a birthing partner	1%	1%	2%

Just over two thirds indicated that they were always spoken to in a way that they could understand during their labour and birth (77%), whilst 17% felt that this happened some of the time. Just 5% indicated that they weren't and 1% were unsure or unable to remember. As can be seen in Table 60, there was little difference in the perceptions of those that had given birth in Sunderland Royal Hospital and South Tyneside District Hospital.

**Table 60:** Whether respondents felt they were spoken to in a way that they understood, during their labour and birth

Spoken to in a way patient could understand	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	77%	75%	79%
Yes, sometimes	17%	17%	17%
No	5%	6%	5%
Don't know	1%	2%	0%

The majority indicated that they were always involved in decisions about their care, during labour and birth (69%), whilst 19% felt that this happened some of the time. Just over one in ten indicated that they weren't involved enough in decisions about their care (11%), whilst 1% were unsure or could not remember.

Similar proportions of those who had given birth in South Tyneside District Hospital and Sunderland Royal Hospital indicated that they were always or sometimes involved in decisions about their care, however those who had given birth in South Tyneside District Hospital were slightly more likely to indicate that this had always happened (72% & 66%, respectively).

**Table 61:** Whether respondents felt they were involved in decisions about their care, during their labour and birth

Involved in decisions about their care	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	69%	66%	72%
Yes, sometimes	19%	21%	15%
No	11%	11%	12%
Don't know	1%	1%	1%

Table 62 shows the proportion of respondents who felt that they were treated with dignity and respect, during their labour and birth. As can be seen, 79% stated that they were always treated with dignity and respect and 13% felt they were some of the time. Conversely, 8% perceived that they weren't. Very little difference was observed in the perceptions of those from the different hospitals.

**Table 62:** Whether respondents felt they were treated with respect and dignity, during their labour and birth

Treated with dignity and respect	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	79%	79%	78%
Yes, sometimes	13%	13%	15%
No	8%	8%	7%

The majority stated that they had complete confidence and trust in the staff caring for them during their labour and birth (72%), whilst 21% had confidence and trust to some extent. However, 8% indicated that they didn't trust the staff. Very little difference was observed in the perceptions of those from the different hospitals.

**Table 63:** Whether respondents had confidence and trust in the staff caring for them, during their labour and birth

Confidence and trust in staff	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, definitely	72%	71%	72%
Yes, to some extent	21%	23%	18%
No	8%	6%	10%

### *Postnatal care*

With regards to the care received in hospital after birth, just over half of respondents indicated that they were always given the information or explanations they required (54%), while a further 28% felt that they were some of the time. Nearly a fifth of respondents indicated that they weren't (17%), whilst 1% could not remember.

Similar proportions of those who had given birth in South Tyneside District Hospital and Sunderland Royal Hospital indicated that they were always or sometimes provided with information or the explanations they required, however those who had given birth in South Tyneside District Hospital were much more likely to indicate that this always happened (61% & 49%, respectively).

**Table 64:** Whether respondents were provided with the information or explanations they needed in hospital, after the birth of their baby

Provided with information / explanations	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	54%	49%	61%
Yes, sometimes	28%	31%	23%
No	17%	19%	15%
Don't know	1%	1%	1%

Furthermore, 65% perceived that they were always treated with kindness and understanding, and 25% felt that they were some of the time, after the birth of their baby. Conversely, one in ten respondents felt that they weren't (10%).

Again, similar proportions of those who had given birth in South Tyneside District Hospital and Sunderland Royal Hospital indicated that they were always or sometimes treated with kindness and understanding, after the birth of their baby, however those who had given birth in South Tyneside District Hospital were slightly more likely to indicate that this always happened (69% & 60%, respectively).

**Table 65:** Whether respondents felt they were treated with kindness and understanding in hospital, after the birth of their baby

Treated with kindness and understanding	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes, always	65%	60%	69%
Yes, sometimes	25%	29%	19%
No	10%	10%	11%
Don't know	0%	0%	1%

Approximately two thirds indicated that their partner (or someone else close to them) could stay with them as much as they liked in hospital (63%). However, 23% stated that their partner was restricted to visiting hours, 8% that there was no accommodation for them to stay in the hospital and 4% that they were not able to stay for another reason.

Those who had given birth in Sunderland Royal Hospital were much more likely to have indicated that their partner (or someone else close) had stayed with them in hospital, compared to those in South Tyneside District Hospital (72% & 51%, respectively). Consequently, a greater proportion of respondents who had given birth in South Tyneside District Hospital indicated that their partner (or someone else close) was limited to visiting hours (37% & 13%, respectively).

**Table 66:** Whether partners (or someone else close) were able to stay in hospital, after the birth of their baby

Partner (or someone else close) able to stay as much as wanted	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Yes	63%	72%	51%
No, as they were restricted to visiting hours	23%	13%	37%
No, as there was no accommodation for them in hospital	8%	8%	8%
No, they were not able to stay for another reason	4%	5%	3%
I did not have a partner or companion with me	2%	2%	1%

Similar ratings were given with regards to the cleanliness of the hospital room or ward that individuals stayed in, and also their toilet and bathroom facilities (Table 67 & 68). The majority rated each as very clean; 69% rated their hospital room or ward as very clean and 68% their toilet and bathroom facilities. A further 25% rated their hospital room or ward as fairly clean and 24% their toilet and bathroom facilities. Just 1% described the hospital ward or room as not at all clean and 2% their toilet and bathroom facilities.

A slightly greater proportion of those who had given birth at South Tyneside District Hospital perceived that the hospital room or ward they stayed in was very clean, compared to those who had given birth at Sunderland Royal Hospital (72% & 66%, respectively). However, those who had given birth in Sunderland Royal Hospital were slightly more likely to have rated the bathroom and toilet facilities as very or fairly clean, compared to those who had given birth in South Tyneside District Hospital (93% & 89%, respectively).

There was very little difference in the cleanliness rating of the toilet and bathroom facilities in the two hospitals.

**Table 67:** The cleanliness of the hospital room or ward

Cleanliness of hospital room or ward	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Very clean	69%	66%	72%
Fairly clean	25%	29%	21%
Not very clean	3%	3%	3%
Not at all clean	1%	1%	1%
Don't know / can't remember	2%	1%	3%

**Table 68:** The cleanliness of toilet and bathroom facilities

Cleanliness of toilet and bathroom facilities	Percentage of responses	Respondents who gave birth in Sunderland Royal Hospital	Respondents who gave birth in South Tyneside District Hospital
Very clean	68%	68%	66%
Fairly clean	24%	25%	23%
Not very clean	4%	3%	5%
Not at all clean	2%	2%	3%
Don't know / can't remember	1%	1%	2%
I did not use the toilet/bathroom	2%	2%	2%

Respondents were asked if there was anything that they would change about the care they received, to which responses are shown in Table 69. For each qualitative question in this survey, individual comments were assigned a code, and codes grouped into overarching themes to enable a quantitative representation of the insight. The findings have not been segmented by area, as many commented on their experience at different hospitals (i.e. those who had more than one child) and due to the fact that comparable themes were identified in each of the areas. However, were specific comments have made with regards to one of the hospitals, this has been highlighted. Percentages are shown as a proportion of the number of respondents who completed this section of the survey i.e. 642 respondents.

The majority of respondents identified that they would change the postnatal care they received (9% of respondents made comments in reference to this). A large number of these responses noted how busy and overstretched the staff on the postnatal ward, and felt that this strongly impacted upon the care they received. Some of the issues identified by respondents are detailed here;

- Lack of support to shower and change and care for baby, after birth.
- Long response times when the individual called for help / patient had to repeatedly ask for pain relief.
- Individual felt that they were left for long amount of times, leading to feelings of isolation and loneliness, especially during the night.
- It was felt that there was an assumption that second time mothers know what they are doing and therefore don't need as much support.
- Individual perceived that they were discharged from hospital too quickly when they weren't ready and/or their feeding was not established.
- Lack of support with breastfeeding; perception that midwives didn't have enough time to sit and help individuals / no offer of help from breastfeeding support team; for a couple of respondents this was felt to have compromised their ability to breastfeed their baby.

Other themes identified by respondents was the need for improved facilities for partners to enable them to stay in hospital and support the new mother (this was

specifically identified by those who delivered their baby at South Tyneside District Hospital) (7%), the need for midwives to listen to patient's wishes and concerns i.e. providing examinations when requested, understanding the individuals' preferences for pain relief (4%), and improved attitude and more caring staff (4%).

Specific comments made by respondents are detailed below;

*"I gave birth at night (8.14pm) and my husband couldn't even accompany me to the ward he had to leave me at the door. It was my first baby and I just felt they could have let him in for a while considering the room I was in was empty?"*

*"Midwives to be kinder to younger mums. I was 18 when I had my daughter and I was treated like I was a small child. Spoken to like I was nothing. I would never ever have another child in Sunderland royal. I'd risk giving birth in the car on route to the different hospital"*

*"It was really busy and the midwife had to leave me with instructions in case anything happened, while she went off elsewhere - I was scared but couldn't let on, but not blaming her as she had too much to cope with all at one (midwife)"*

*"I was a first-time mum to twins and had an emergency section. I wasn't shown how to do anything or given any advice we were basically just left my husband filled my fluid balance and urine output charts in because no one came to do it. My husband was told he couldn't stay on the night and that they would help me. No one came and he ended up having to come back at one in the morning"*

*"I stayed for 3 days in one room and the bins in the bathroom and hospital room did not get changed until I was moved."*

**Table 69:** Issues that respondents would change about their maternity care

Issues / suggested changes	Percentage of respondents
Improved postnatal care; i.e. more attentive midwives, greater support with breastfeeding, being discharged from hospital too quickly when patient not ready and feeding not established	9%
Improved facilities for partners to stay in hospital, as well as facilities for them to make food / more flexible visiting hours for partners (this was a particular issue for those who had delivered at South Tyneside District Hospital with some stating that their partner was sent home immediately after they had given birth)	7%
Midwives that listen to patient's wishes and concerns; e.g. providing examinations when requested, understand the patient's preferences for pain relief	4%
Improved attitude and more caring staff	4%
Dissatisfaction / concern with treatment received; unkind and unprofessional	3%
Improved breastfeeding support in the hospital and at home; less conflicting advice, more time to support mothers, thorough tongue tie checks	2%
Fear of being sent home when in labour / being told to stay at home when needed to go to hospital and be examined	2%
Improved facilities including electric beds, new bathroom facilities, more modernised birthing ward and single rooms (the latter were specifically cited by those who had given birth in South Tyneside)	2%
Improved antenatal care; including longer appointment times for patients to discuss their concerns and options, being able to make a birth plan, realistic information about breastfeeding, how to look after a baby once its born and pain relief options at different stages of labour	2%
Increased staffing including availability of anaesthetists, to provide greater support for women	2%
Everything / go to a different hospital	1%
Improved communication / information from health professionals following labour and birth, including information about the healing process, especially following assisted delivery, the health of the baby, and an opportunity to discuss birth complications/debrief	1%
Improved cleanliness i.e. more frequent linen/bin changes, bed linen changed quickly after birth so patient not sitting in own blood	1%

More choice and better food, including facility for mother to have food/snack/drink after baby has been delivered	1%
Better support and facilities for parents whose babies are in neonatal care including facilities for them to stay the night, better communication and greater involvement in decisions regarding their babies' care	1%
Greater flexibility with visiting hours	1%
Better communication between health professionals	1%
Lack of co-ordination of care; patient left waiting after baby was born to be transferred to postnatal ward, patient left waiting for hours to be induced, patient left in waiting room when in labour	1%
Other, including; <ul style="list-style-type: none"> <li>• Female BSL interpreters</li> <li>• Bereavement delivery room</li> <li>• No option for medication to release placenta</li> <li>• More thorough 6 week check-ups</li> <li>• Less pressure from breastfeeding team</li> <li>• Opportunity for more skin-to-skin contact after birth (midwife pushed for baby to be dressed)</li> <li>• Quicker decisions by health professionals</li> <li>• Having an option of home birth</li> <li>• Better educated health professionals</li> </ul>	3%

Respondents were asked to identify if there would have been any issues if they had had to deliver their baby in a different hospital than the one that they did. The issues identified are shown in Table 70.

As can be seen the main concern among respondents was the distance they would have had to travel to access another hospital and the problems this would have caused with 13% of respondents citing this issue. Specific concerns related to;

- The difficulty they would have had in accessing the other hospital, especially for those whose partner did not drive or have access to a car
- The anxiety of being further away from their partner, family and other children
- The great deal of discomfort they would have been in, if they were in labour in the car for a significant amount of time, some suggested this could have been 30 minutes if not more in rush hour traffic.

The second largest concern was the difficulty that partners and family members would have in accessing the different hospital (6%), with concerns relating to the lack of visitors the new mother would have and consequently the reduced support they would receive.

Detailed below are a number of direct quotes given by respondents:

*"Yeh would have hated it to be the case. Just knew where I was to go. Needed to be local for my mam to be there - she does not drive"*

*"It would be too stressful need to be put where booked"*

*"I was very happy with Sunderland as there are private rooms. I would not have been happy on a ward with other people like South Tyneside for example. I just wanted to be able to relax and recover with my baby and partner."*

**Table 70:** Perceived issues identified by respondents of delivering their baby in another hospital

Perceived issues	Percentage of respondents
Further distance to travel / transport issues	13%
Difficult for partners and/or family members to visit	6%
Increased levels of stress and anxiety about going somewhere individual not familiar with / existing trust with chosen hospital	2%
The individual would not be able to get to the hospital in time due to the speed of labour	2%
Frustration unless there was a genuine reason to go to another hospital e.g. health of mum or baby	2%
Positive past experiences in chosen hospital has led to a preference for this unit	2%
Preference for own room / Unit at South Tyneside District Hospital does not have this facility	1%
Other units unable to accommodate partners (i.e. South Tyneside) / partner would not have been able to stay due to the distance from home	1%
Difficult for parents whose children was born prematurely and required a lengthy stay in hospital	1%
Individual would not have been able to deliver their baby at another unit for medical reasons	<1%
Individual would prefer to know in advance of any potential transfers	<1%
Other	1%

### **Individuals who are (or their partner is) expecting a baby**

The following section summarises the results of those who are (or their partner is) expecting a baby (20% of the sample). Unfortunately, 46 of these individuals did not answer the questions within this section of the survey. Therefore, percentages are expressed as a proportion of those who responded to each question.

Of those that responded, 60% indicated that this was their first pregnancy whilst 34% already had 1 or 2 children and 6% 3 or more children.

Respondents were firstly asked about the choices they have received with regard to where they can give birth to their baby (Table 71). Nearly half indicated that they have been offered a choice of hospitals (48%), whilst 21% have been offered a choice of giving birth in a midwife led unit and 4% in a consultant led unit.

Conversely, 12% indicated that they haven't been given any choices. Just 6% have been given a choice of a home birth.

For those respondents who provided a postcode, results were segmented to allow comparison between the two areas of interest. For Sunderland, there was a total of 47 respondents (42%) and South Tyneside 53 respondents (48%). The remaining participants did not provide a postcode, or were from outside the area.

As can be seen in Table 71, those from South Tyneside were much more likely to indicate that they have been offered a choice of hospitals, compared to those who lived in Sunderland (59% & 40%, respectively). However, those from Sunderland were more likely to have been offered a choice of giving birth in a midwife led unit or birthing unit (26% & 20%, respectively), in a consultant led unit (7% & 0%, respectively) or a home birth (7% & 4%, respectively).

**Table 71:** The choices offered to respondents about where they can have their baby

Choices provided	Percentage of responses	Sunderland	South Tyneside
I was offered a choice of hospitals	48%	40%	59%
I was offered a choice of giving birth in a midwife led unit or birthing unit	21%	26%	20%
I was offered a choice of giving birth in a consultant led unit	4%	7%	0%
I was offered a choice of giving birth at home	6%	7%	4%
I was not offered any choices	12%	10%	9%
I had no choices due to medical reasons	3%	5%	2%
Don't know	5%	5%	6%

Respondents were asked whether they see the same midwife at each of their antenatal check-ups, to which 70% indicated that they do (Table 72). Conversely, 15% stated that they didn't, however only 7% of these expressed a preference to do so.

Those living in South Tyneside were slightly more likely to indicate that they do see the same midwife, compared to those from Sunderland (73% & 69%, respectively).

**Table 72:** Whether respondents see the same midwife during their antenatal check-ups

Consistency with midwife	Percentage of responses	Sunderland	South Tyneside
Yes	68%	69%	69%
Yes, but would prefer not to	2%	0%	4%
No, but I want to	7%	7%	4%
No, but I do not mind	8%	7%	7%
I only saw a midwife once	5%	12%	2%
Don't know	10%	5%	15%

Over two thirds of respondents indicated that during their antenatal check-ups that their midwife is always aware of their medical history (68%), a further 15% perceived that they are aware some of the time. On the other hand, 5% perceived that their midwife isn't aware of their history (11% were unsure or unable to remember).

Identical proportions indicated that their midwife is always aware of their medical history in the two areas (69%), however, those from South Tyneside were slightly

more likely to have stated that they were sometimes aware, compared to those in Sunderland (19% & 10%, respectively).

**Table 73:** Whether respondents perceive that their midwife is aware of their medical history, during their antenatal check-ups

Midwife aware of medical history	Percentage of responses	Sunderland	South Tyneside
Yes, always	68%	69%	69%
Yes, sometimes	15%	10%	19%
No	5%	5%	6%
Don't know	11%	17%	7%

Three quarters perceived that they are always given enough time to ask questions and discuss their pregnancy during their antenatal appointments (75%), while 21% indicated that they are some of the time. Just 2% felt that they didn't have enough time and 3% were not sure.

Little difference was observed when comparing results of those who lived in Sunderland and those from South Tyneside, however those from South Tyneside were slightly more likely to indicate that they always or sometimes have enough time to ask questions and discuss their pregnancy (76% & 22%, respectively), compared to those who lived in Sunderland (71% & 19%, respectively).

**Table 74:** Whether respondents perceive that they have enough time to ask questions and discuss their pregnancy, during their antenatal check-ups

Enough time to ask questions / discuss pregnancy	Percentage of responses	Sunderland	South Tyneside
Yes, always	75%	71%	76%
Yes, sometimes	21%	19%	22%
No	2%	5%	0%
Don't know	3%	5%	2%

Most respondents indicated that their midwife always listens to them (82%), whilst 13% felt their midwife listens some of the time. Encouragingly, none of the sample felt that their midwife doesn't listen to them (5% were unsure or unable to remember).

Comparable results were obtained for both of the areas with 83% of those from South Tyneside and 81% of those from Sunderland stating that their midwife always listens to them.

**Table 75:** Whether respondents perceive that their midwife listens to them, during their antenatal check-ups

Midwife listens to patient	Percentage of responses	Sunderland	South Tyneside
Yes, always	82%	81%	83%
Yes, sometimes	13%	14%	11%
No	0%	0%	0%
Don't know	5%	5%	6%

Nearly two thirds indicated that their midwife asks them about their emotional wellbeing during their antenatal appointments (64%), whilst 14% felt that they do, to

some extent. However, 14% indicated that their midwife had not addressed this and 7% were unsure or unable to remember.

A slightly larger proportion of those from Sunderland indicated that their midwife asks them about their emotional wellbeing during their antenatal appointments, compared to those from South Tyneside (71% & 65%, respectively). However, a larger proportion of those from South Tyneside felt that they did, to some extent (19% & 7%, respectively).

**Table 76:** Whether the midwife asks about respondents' emotional wellbeing, during their antenatal check-ups

Midwife asks about emotional wellbeing	Percentage of responses	Sunderland	South Tyneside
Yes, definitely	64%	71%	65%
Yes, to some extent	14%	7%	19%
No	14%	12%	11%
Don't know	7%	10%	6%

The majority indicated that they are always spoken to in a way that they can understand during their antenatal appointments (86%), while 12% felt that they are some of the time. Encouragingly, none of the sample felt that they are spoken to in a way that they can't understand, however 2% were unsure or unable to remember.

Very little difference was observed in the results of respondents from both areas, with 89% of those from South Tyneside and 85% of those from Sunderland indicating that they are always spoken to in a way that they understand.

**Table 77:** Whether patients feel they are spoken to in a way they understand, during their antenatal check-ups

Spoken to in a way patient understands	Percentage of responses	Sunderland	South Tyneside
Yes, always	86%	85%	89%
Yes, sometimes	12%	15%	9%
No	0%	0%	0%
Don't know	2%	0%	2%

Again, the majority indicated that they are always involved in decisions about their care (80%), whilst 16% felt they are some of the time. Just 2% felt that they aren't involved in decisions and 3% were unsure or unable to remember (Table 78).

A slightly larger proportion of those from South Tyneside indicated that they are always involved in decisions about their care, compared to those from South Tyneside (83% & 78%, respectively).

**Table 78:** Whether respondents perceived they are involved enough in decisions about their care, during their antenatal appointments

Involved in decisions about care	Percentage of responses	Sunderland	South Tyneside
Yes, always	80%	78%	83%
Yes, sometimes	16%	15%	15%
No	2%	2%	0%
Don't know	3%	5%	2%

## All survey respondents

All respondents were given an opportunity to provide any further comments they had in the final section of the survey.

Respondents were firstly asked if there was anything particularly good about their maternity care. As can be seen in Table 79, just under a fifth of the total sample highly commended the staff they had encountered, many describing them as 'amazing', 'brilliant' and 'fantastic' (18%). Many respondents made references to specific individuals and the exemplary care they had received from them, some examples are provided below:

*"Loved my midwife – Claire"*

*"The midwife Sue was amazing, she was the reason I had my 2nd baby at South Tyneside because of the brilliant experience of my first with her"*

*"Labour and birth in Sunderland was amazing. Midwives Julie and Donna are a credit to their profession and do not get enough recognition for such an amazing job they do."*

Furthermore, 6% of respondents commented positively upon the high-quality standard of care they had received or their satisfaction with the care they have received to date. Equivalent proportions also commented upon the trust and confidence they had with the health professionals who had looked after them, and how the health professionals that had cared for them had considered their individual needs and preferences, providing them with choices about their care (3%).

Detailed below are a few direct quotes provided by respondents:

*"Staff at SRH were wonderful. I had a complicated pregnancy due to non-gestational ITP and obstetric cholestasis. My baby had issues with low platelets and poor feeding post birth and required treatment on the neonatal unit. I met so many staff and pretty much everyone was very caring, compassionate and kind. I am so grateful for the care I received and so pleased to feedback via this survey. I really meant to write a letter after my baby was born but found the first few months so tiring I forgot."*

*"The postnatal midwife care was amazing, even the unpaid trainee deserves a special mention for knowledge, friendliness, patience. The whole team was amazing."*

*"The care from the majority of midwives was amazing! So much so, that I'd choose to have a baby there again, even though we have moved out of the area."*

*"Just that from the beginning they make you feel like you're the only 1 it's happened to - special - makes you excited and happy"*

*"Midwives were brilliant. Especially the midwife that delivered my son. She made me feel very at ease and she made my 3 year old feel very welcome when he came to visit his baby brother"*

On the other hand, a small number of the overall sample commented upon their dissatisfaction with the care and treatment they had received (3% of the total sample). Comments were specifically made with regards to the lack of consistency they had with their community midwife, the poor attitude of staff, the long waiting

times at antenatal appointments, the poor follow-up of patients following discharge from hospital, the poor care received in the antenatal period and a perception of not being listened to;

*"I had a bad experience with the midwife carrying out the home visit the following day after giving birth. She was very condescending and insensitive to my emotions, making comments and questioning why I was holding my baby in a certain way when feeding even though another staff member at the hospital advised me to hold my baby a certain way when feeding. This really upset me and is something that I will always remember"*

*"I was unhappy that because I turned 40 at 30 weeks all of a sudden I became a high risk pregnancy due to my age, despite having no issues, concerns or complications in this pregnancy or 2 previous pregnancies"*

*"I only had 1 home visit after the baby was born and then no follow up check-ups until I saw my GP at 6 weeks. I was disappointed by this as I felt there should have been more home visits. The midwives even said we'll be back in 2 days but they cancelled and they didn't rearrange"*

*"I saw too many midwives during my antenatal care. I had to request various forms and vaccinations rather than there be offered to me. Terrible service"*

*"Community midwives didn't complete notes correctly at 36 week check regarding protein in urine, and also neglected to explain why bump size had begun to tail off to the extent that it crossed centiles on the growth chart. At 39 week check midwife didn't measure the bump at all."*

**Table 79:** Comments made by respondents regarding their maternity care

Comments	Percentage of all respondents
Excellent / amazing staff including consultants and student midwives; non-judgmental, dedicated, friendly, informative, approachable, knowledgeable, and sensitive	18%
High-quality standard of care received / satisfaction with antenatal care received to date	6%
Trust and confidence in experienced health professionals	3%
Staff considered individual's preferences and needs / individual felt listened to	3%
Consistency with midwife / excellent relationships with health professional	2%
Individual was provided with thorough and understandable explanations / questions were answered adequately	1%
Excellent support received; including support from SCBU staff, consultants and breastfeeding support team	1%
Thorough antenatal care / careful monitoring antenatally	1%
Excellent breastfeeding support from midwives and breastfeeding support team	1%
Other positive comments, including clean facilities and private rooms	1%
Dissatisfaction with treatment received	2%
Other negative comments	1%

Table 80 provides an overview of the suggestions made by respondents in terms of what could have been/be improved about their care. The most respondents commented upon the attitude of staff and the need to re-train some health professionals (5% of the total sample). Specific comments were made about staff being rude, judgemental towards young mums, and the need for midwives to learn to listen and consider/understand patient's needs and preferences;

*“Have nicer staff not rude ones”*

*“More friendly staff. Bit stuck up. Look down on us young ones”*

*“That the midwives listen when you tell them you need to go into hospital”*

*“Epidural instance. I did say no it was in my noted. They just did not check.”*

Other frequent comments related to the need to improve postnatal care with 2% of the total sample making a suggestion in relation to this. Respondents specifically identified that new mothers should be monitored more carefully and not left for hours at a time (especially for those who are breastfeeding and require extra support with feeding), should be shown around the ward and where everything is located (e.g. cot sheets), and that all check-ups are undertaken before the mother and baby are discharged from hospital. It was also commented that there should be greater

consistency with the midwife who attends home visits and that these should happen on a more frequent basis.

Other suggestions related to having better facilities for partners to stay at the hospital, improved consistency of care throughout the maternity pathway to allow better relationships to be established and increased staffing to reduce the demand on midwives in antenatal clinics and in hospital (each theme was identified by 2% of the total sample).

**Table 80:** Suggested improvements made by respondents regarding their maternity care

Improvement	Percentage of all respondents
Improved attitude of health professionals / retraining of health professionals to be less rude, less judgmental towards young mums, more respectful and consider patient's preferences and wishes (i.e. providing an examination when requested, delivery and pain-relief preferences)	5%
Improved postnatal care – enhanced monitoring of new mothers / more attention from midwives, improved attitude of midwives, being shown the basics of where things are located in the ward, consistency with midwives visiting at home/more frequent visits, greater support with breastfeeding, and having all check-ups carried out prior to discharge	2%
Better facilities for partners including a room for them to make refreshments, a pull out bed for them to stay and more flexible visiting hours	2%
Consistency of midwife throughout pregnancy and birth	2%
Improved staffing on wards and in antenatal clinics, to reduce waiting times for antenatal appointments and improve standard of care	2%
Longer antenatal appointments / appointments than run on time	1%
Improved cleanliness of wards and rooms	1%
More information for mothers including information on SPD/delayed cord clamping/when to know you are in labour, more realistic information about breastfeeding, more practical information in antenatal classes and being signposted to classes by midwives, opportunities to discuss the choices available to mothers and make a birth plan, an explanation of what to expect post birth during last antenatal appointments	1%
Better explanations from healthcare professionals e.g. with regards to why they are doing things, birthing complications, health of baby	1%
'Everything'	1%
Improved breastfeeding support e.g. talks/support groups, more consistent information, quicker access to the breastfeeding nurse in hospital, better support from midwives throughout the night in hospital	1%
Better communication between staff	1%
Better awareness of patient's medical history / read and complete notes properly	1%
Lack of confidence with medical advice provided	<1%
More modernised and improved facilities on ward - warmer/quieter rooms, lower cots for baby, electric beds, private rooms and shower facilities	<1%
Improved care in SCBU for parents including facilities to stay overnight	<1%

Other, including:	2%
<ul style="list-style-type: none"> <li>• Health professionals (particularly consultants) seeing people as patients not statistics</li> <li>• Opportunities to have extra scans, especially for those who have suffered previous miscarriages</li> <li>• Improved transfer to different hospitals / better communication between hospitals</li> <li>• Midwives to be more contactable for non-emergencies / having someone on hand to be able to speak to at any time</li> <li>• Reduced waiting times to see an obstetrician</li> <li>• Flexibility of antenatal patterns to suit working patterns</li> <li>• Consistency in the opinions of health professionals</li> <li>• Encourage people to bring partners (or someone else close) to appointments to help take in information</li> <li>• Offer vitamin D supplements</li> </ul>	

Finally, respondents were given the chance to provide any further comments, responses to which are grouped in Table 81 below. As can be seen, a number of themes have been discussed previously, however there were very small proportions who had concerns about the closure of maternity units in the area, specifically the unit at South Tyneside, and the pressure they had felt to breastfeed from their midwife and the breastfeeding support team.

**Table 81:** Additional comments made by respondents regarding their maternity care

Further comments	Percentage of all respondents
Thankful for service / high-quality service received / mention of individual staff member / excellent experience	4%
Concern / dissatisfaction with care received; patient has formally complained about her care previously but hasn't heard back, another blamed their postnatal depression on the bad start that she had in hospital, and another explained how her baby's tongue tie was not recognised in hospital and the negative impact this had on breastfeeding	2%
Facilities for partner or family member to stay in hospital, well as facilities to make refreshments	1%
Concern about closure of maternity units in area (specific reference was made to the closure of the unit at South Tyneside)	<1%
Non-existent postnatal care in ward / discharge by community midwife was too quick	<1%
Pressure to breastfeed from midwife / perception of being harassed by breastfeeding support service (i.e. text messages, phone calls)	<1%

Overstretched staff at Sunderland Royal Hospital	<1%
Lack of flexibility or choice for antenatal care e.g. location of appointments (one patient wanted to have their appointments at hospital rather than at the GP surgery )	<1%
Other, including: <ul style="list-style-type: none"><li>• Wards needs refurbishing (South Tyneside)</li><li>• More birthing pools (Sunderland)</li><li>• Patient felt that they needed a more experienced health professional rather than a student midwife, but felt unable to ask</li><li>• Lack of patient education / information – patient unaware of other pain relief, other gas and air and epidural</li><li>• More consistency with community midwives</li><li>• Midwives to listen more to their patients</li><li>• Poor attitude of staff</li><li>• Opportunity to discuss birth in more detail afterwards</li></ul>	2%

### **Additional note**

One individual who gave their opinion, but did not fall within one of the criterion for the survey was a female who had had a miscarriage. This individual was not included within the sample, however her comments have been noted below for consideration:

*"To have a separate area for women who are losing their baby. Twice in this year myself or a family member have been made to go and wait with happy excited expectant mothers whilst we know we are losing our babies through miscarriage. I was given this information then walked through the waiting areas into a side room. This was done in tears and pain. A really uncomfortable and insensitive thing to have to do!! Change this and change it before any other poor desperate mothers to be who are miscarrying have to go through this again."*

#### **4.3.1 South Tyneside**

##### **Facilitated interviews with inpatients and outpatients**

A total of 18 females took part in the facilitated interviews undertaken in December 2016, five of which were current inpatients on the Maternity Ward at South Tyneside District Hospital (Ward 22) and the remaining thirteen outpatients of the Antenatal Assessment Service. Most the sample indicated that they were white British (11 respondents), whilst six respondents did not provide their ethnicity.

Whilst five respondents did not provide their age, eight respondents were aged 21-30 years, four 31-40 years and one under 20 years. Those who provided their postcode were from SR6, NE32 (5 respondents), NE33, NE34 (2 respondents) and NE35. Just one individual indicated that she was a carer.

The majority of women had chosen South Tyneside District Hospital for their maternity care due to the proximity of the service to where they live, and the convenience for them and their partners/families in accessing the service;

*“Closest one to home”*

*“It’s closer to where I live and easy for my husband to get to”*

A number of respondents also stated how their past positive experiences at the hospital had influenced their choice;

*“Had my little boy here because it was local, was dead happy with this service that’s why I decided to come back”*

*“They were brilliant when I had my son so thought I would come back with this baby - did get a choice but this is the closest to me and it was where I was born.”*

Just one individual stated her preference to have attended Royal Victoria Infirmary as she perceived it to be a better hospital, but needed to be close to home for her other children.

The following were identified as the most important to the women when receiving their maternity care;

- Access to 24-hour, high-quality personalised care.
- Experienced and pleasant staff, who are willing to listen to the individual's needs and wishes and provide the correct level of support.
- Good patient-practitioner communication, ensuring patients are well informed and provided with as much information as possible.
- Having a local service, close to home.
- Consistency of care (i.e. staff that know your medical history).

No issues were reported with regards to the length of time that the women have had to wait to be referred to the Antenatal Assessment Service, with most accepting that was just the wait. A small number had accessed the service for scans prior to their 12-week booking appointment;

*“I was high risk and had a lot of appointments and scans before I was 12 weeks, so I would say really good.”*

However, a small number had experienced delays whilst waiting for their antenatal appointments. Whilst these individuals understood that emergencies take priority, it was felt important that patients are kept informed of delays and that staff offer an apology at the start of the consultation;

*“Sometimes I’ve been here a long time - last time we had an appointment at 10:10am and we were still waiting at 11:00am - just put us in a room and left us there - at least an explanation or let us know how long it’s going to be”*

*"Some of them (appointments) have been a bit delayed - just say 'sorry we've kept you waiting."*

Two individuals commented upon their recent experience of labour, both of these women stated that they were attended to straight away;

*"Told me to wait I had cramps, I didn't know I was in labour, it wasn't obvious I rang up to ask - I didn't know I was in labour till I was 9cm, I came down and had some medication when that wore off it was so painful. I wouldn't let the nurse check my cervix she said if I was less than 4cm I would have to go home and I didn't want to, when I did let her check I was 9cm - I was seen straight away, straight into a room - the midwives were lovely"*

*"Come straight in and was seen straight away - found out I was 4cm dilated got admitted and went to 7cm and had her on the night-time"*

Less than half of respondents indicated that they have stayed as inpatient at the hospital, either during their pregnancy due to ill health or to give birth. The majority had no issues with regards to the care or treatment that they received, with the women perceiving that they were checked upon regularly, that the staff who cared for them were attentive to their needs, and that the ward was well equipped with everything that they needed;

*"I have been there (Ward 22) – lovely, just asking if I was alright and checking on me regularly."*

However, concerns were raised by two respondents. One of which stated that she had to fight to be admitted during her pregnancy when she knew she was unwell, whilst another felt that it was not ideal that she was admitted to a shared bay when suffering with severe morning sickness. This individual had been repeatedly admitted during her pregnancy and commented that it can be quite isolating in a single room, emphasising how important it was to have access to the day room and to be able to talk to the midwives;

*"It's great – I come here with severe vomiting, it's not ideal being in a bay when people are trying to sleep, when I get better I like being in the day room. Gets a bit lonely in the room by myself but I know I can go and speak to the midwives, everyone always seems lovely here - always supportive - I feel safe"*

The partner of this individual commented;

*"I've always had open access to come down to visit – at night when I have stayed with her - they are supportive to me as well."*

Although most had a preference to receive all their maternity care at South Tyneside District Hospital, due to the proximity and the familiarity they have with the service and hospital, the majority weren't too concerned if they had to receive aspects of their care at another hospital. Those that did have concerns, were concerned as to how they would travel to the hospital, whilst others stated that they would like an explanation as to why it was necessary;

*"I would worry about how I would get there because I can't drive - would have to get buses and walk"*

*"I'd want to know why - I would prefer to stay local but if it would help them I would go"*

*"They said that the other day - because they thought my waters had went - only thing that would worry me was my car being here and me being somewhere else"*

*"I wouldn't mind if they helped sort a way to get there."*

Just two individuals had experiences of accessing care relating to their pregnancies at other hospitals. One individual had attended the A&E department at Sunderland Royal Hospital as she was bleeding heavily, and the A&E department at South Tyneside District Hospital was too busy. And another individual had attended several hospitals due to complications in her last pregnancy, which she found very unsettling;

*"Last pregnancy I was moved hospital to hospital, getting different treatment at 28 weeks, I was sent to RVI for delivery, I prefer here (South Tyneside) and got transferred back - they didn't know me, I didn't feel care was the same."*

All but one respondent indicated that they satisfied with the care they have received to date, with positive comments being made about the number of scans and check-ups they are having to monitor the health and growth of their baby, and how pleasant and courteous the staff are;

*"10/10, they always fit me in and have been very cautious but I like that, they're friendly and put your mind at rest, nothing seems to be an issue"*

*"Alright, quite happy. The fact they're monitoring me, my baby is small so they're bringing me back every two weeks - really good, reassured"*

*"Fantastic staff."*

Just one individual was slightly disappointed with the service received as her scan had been cancelled and she wasn't aware of the reason for this. Apart from this their experience had been positive.

A small number of suggestions were made by respondents, to enhance the quality of service being delivered, these included;

- Improved patient-practitioner communication.
- Reduced waiting times for appointments.
- Improved advice from health professionals – provision of verbal and written information.

## **Friends and Family Test Survey Results**

The following presents the findings from the Friends and Family Test in September 2016, results are based on an average response rate of 25 individuals:

- 100% are likely to recommend the antenatal service to friends and family if they needed similar care or treatment.
- 100% are likely to recommend the labour ward/birthing unit to friends and family.
- 100% are likely to recommend the postnatal ward to friends and family.

The experiences of those who have accessed the Maternity service in South Tyneside are summarised in Table 82. Themes have been identified from the patient reviews left on the NHS Choices website over the last 18 months.

**Table 82:** Patient experiences of the Maternity service in South Tyneside

Positive comments	Negative comments
<ul style="list-style-type: none"> <li>• Pleasant and caring attitude of staff; eased anxieties, provided reassurance, made patient feel welcome</li> <li>• Excellent advice and information received</li> </ul>	<ul style="list-style-type: none"> <li>• Dissatisfaction with advice/care received during antenatal period and delivery; no referral to consultant during antenatal period, no answer to why patient was heavily bleeding during pregnancy, a lack of patient involvement over decisions regarding labour</li> <li>• Unpleasant attitude of staff during antenatal period and delivery; abrupt, disrespectful, unhelpful and aggressive</li> <li>• Lack of genuine concern by staff</li> <li>• Long delays for scan appointments</li> <li>• Disorganisation of service and staff; staff not knowing why patients are attending appointments at hospital</li> </ul>

#### 4.3.2 Sunderland

##### Facilitated interviews

Thirty-six women took part in the facilitated interviews at Sunderland Royal Hospital. All of these females were white British and fell within the 21-30 or 31-40 year old age groups (17& 19 respondents, respectively).

Those who disclosed their postcode were from; SR2 (three respondents), SR3 (four respondents), SR4 (four respondents), SR5 (three respondents), SR6 (two respondents), SR7 (five respondents), SR8, DH3, DH4 (four respondents), DH5 and NE38 (three respondents).

The majority of women chose Sunderland Royal Hospital to receive their maternity care due to its proximity to where they live and the convenience in which they can access the location. In addition, several women noted how their positive past experiences had influenced their choice, as well as recommendations made by

family and friends. Two respondents indicated that they had looked at online reviews of the service, with one researching specific facilities such as private rooms, facilities for partners to stay and visiting hours. One individual noted that her care is being transferred to Newcastle Royal Victoria Infirmary due to complications in her pregnancy, whilst one individual reported that she wasn't given any choice about where she could receive her maternity care.

The women were asked to identify what was most important to them in terms of their maternity care, the following themes were identified;

- High quality care by specialist staff, close to home.
- Good patient-practitioner communication; ensuring patients are involved, listened to and provided with thorough, understandable explanations.
- Care by friendly staff that genuinely care and understand.
- Previous experiences.
- Being treated with respect and dignity.

Most women indicated that they were satisfied with the length of time they waited for a referral to the service, or to be attended to at appointments / planned admissions;

*"No issues. I was medium risk so was seen quickly and regularly throughout pregnancy"*

*"Planned admission for induction. Advised to come in at a certain time and no delays experienced"*

*"All appointments have been spot on - haven't had to wait for any of them. The only issue has been there was a lengthy wait at one of the scans and I was left in a room on my own which I didn't like. Staff did apologise for the delay though".*

However, a small number of respondents raised concerns with the length of time they had to wait for a referral to the service (one respondent was living in temporary housing and another was referred from the Life Centre), the length of time they had to wait for an emergency scan (two weeks), the short notice of, or on-the-day delays, with scan appointments. Furthermore, one individual was disappointed with the 'lack of communication' but did not elaborate further.

Just under half of respondents required an inpatient stay as part of their maternity care, none of these individuals reported any issues with the care they received.

Several women had to attend another hospital or care setting for aspects of their maternity care (aside from the GP or community midwife). These included Newcastle Royal Victoria Infirmary, the Life Centre, as well as the Antenatal Day Unit at Sunderland Royal Hospital. Many indicated that this was due to them needing further tests (e.g. blood or Glucose Intolerance Test) or physiotherapy. None of these individuals reported any issues in accessing these services, although one individual noted that they 'preferred to be at Sunderland Royal Hospital'.

*"RVI - felt ok with quick appointment"*

*"Antenatal Day Uni for glucose test, happy to attend but didn't like the speed to drink it in".*

Most women indicated that they would be happy to attend a different hospital for aspects of their care, if this meant they could receive treatment quicker. This was especially the case for conditions/appointments that were deemed urgent;

*"Would not be bothered where as long as problem was looked into"*

*"If urgent would go elsewhere if appointment was quicker"*

*"Only to go to another hospital if urgent as live local".*

However, several women indicated that they would prefer to be seen locally as they would be closer to home, and it would be quicker and easier for them to access;

*"I wouldn't like it, would take too long to get to another hospital"*

*"Would have been difficult to get to another hospital as I don't drive"*

*"Rather be at hospital closer to home".*

Overall, the majority of women were satisfied with the care they have received with some describing the service as 'excellent' and 'brilliant'. However, two respondents raised concerns about the care they have received from medical staff and midwives;

*"Initially unhappy with care provided by health professionals. However improved since admitted to the delivery suite"*

*"No - diabetic management and care by medical staff and midwives".*

In addition, one individual noted how she had experienced issues with a referral to the physiotherapy team.

Suggestions made by the women to improve the quality of care they received, included;

- Facilities for partners to make food on the ward.
- More consistent information / leaflets with up-to-date information.
- Better sleeping facilities for partners in the postnatal ward.
- Improved waiting times for clinics including Pregnancy Diabetic Clinic.
- Consistency of named midwife.
- Improved aftercare on ward (patient not having to keep asking for pain relief).
- Improved diabetic care on delivery suite.

## Real Time Feedback Reports

The following table provides an indication of the level of satisfaction of patients who have accessed the Maternity service in Sunderland. Using the latest figures available in the Real Time Feedback reports, an average score was calculated based on data collected between July - December 2015.

**Table 83:** Real Time Feedback: Maternity department

Question	Average score (July-Dec 2015)
Choice of having baby at home	59%
Choice of having a waterbirth	71%
Received enough information about the risks of smoking and passive smoking	90%
Involved in decisions about care and treatment	94%
Treated with kindness and compassion by medical staff	97%
Given enough privacy when being examined, treated or discussing care	98%
Able to talk to a member of staff about any concerns/anxieties	97%
Concerns about personal safety (high score indicates no concerns)	98%
Able to access the call bell when needed	100%
Cleanliness of ward	95%
Staff wash/clean their hands before providing care	100%
Informed about pain relief choices	96%
Staff did everything they could to manage pain	93%
Hospital food rating	72%
Partner invited to stay overnight to provide support	95%
Received enough support to help with breastfeeding	98%
Received care when most needed	96%
Informed of who to contact if worried once discharged from hospital	96%
Overall hospital experience	93%

Table 84 summarises the experiences of those who have accessed the Maternity service in Sunderland. Themes have been identified from the patient reviews left on the NHS Choices website over the last 18 months and comments made in the Friends and Family Test Survey in the year 2016.

**Table 84:** Patient experiences of the Maternity service in Sunderland

Positive comments	Negative comments
<ul style="list-style-type: none"> <li>• Excellent antenatal care and attitude of midwives; friendly, helpful, informative, approachable and professional</li> <li>• Attitude of staff on labour ward; supportive, attentive, caring, accommodated needs of partner and involved patient in decisions</li> <li>• Excellent care received on delivery ward; regular checks, one-to-one care, accommodated needs of partner</li> <li>• Good breastfeeding support received</li> <li>• Excellent care received at EPAU and in Neonatal unit; compassion shown by staff following miscarriage</li> <li>• Excellent/high standard of care received postnatally; good information and advice</li> <li>• Prompt referral for tongue tie</li> <li>• Labour ward clean and spacious</li> <li>• Good communication</li> </ul>	<ul style="list-style-type: none"> <li>• Poor attitude of health professional; rude and abrupt, patient felt 'talked down to'</li> <li>• Tongue tie diagnosis not correctly recorded in notes</li> <li>• Parking fees / parking charge notices</li> <li>• Antenatal appointments not running on time</li> <li>• Lack of cleanliness of rooms; bins not emptied</li> <li>• Delay in receiving pain relief</li> <li>• Insensitivity of sonographer announcing sex of baby</li> </ul>

## **5 Gynaecology**

### **5.1 Summary of insight**

The following summarises the insight gathered in a recent survey with individuals who have accessed the gynaecology services in either South Tyneside District Hospital or Sunderland Royal Hospital, in the last two years. A total of 133 individuals responded to the survey of which 95% were female (the remaining individuals did not provide their gender 4%, or were male and answered on behalf of their partner 1%). Half of the respondents had received their care and treatment at Sunderland Royal Hospital and half at South Tyneside Royal Hospital (50% for each hospital).

This insight was supplemented with data gathered through 18 facilitated interviews with women attending both hospitals as gynaecology outpatients (nine respondents from each hospital), as well as data from the Friends and Family Test Survey and Real-Time Feedback Reports (Sunderland only).

#### **Admission to hospital**

All those who participated in the facilitated interviews, indicated that they had automatically been referred to their local hospital for their care and treatment. Just one individual felt that it would have been more convenient if she had been referred to the Queen Elizabeth Hospital where she worked.

The length of time interview respondents had to wait to be referred to the service varied significantly, with some waiting a few days, while others had to wait three to four weeks, and another three months. A handful of respondents had experienced delays whilst waiting in clinic for their appointments at South Tyneside District Hospital, while one individual who received their care at Sunderland Royal Hospital had experienced a lengthy delay in waiting to be advised about their treatment, although their condition was diagnosed quickly.

Over half of survey respondents indicated that they were treated as an outpatient (59%), whilst 39% were treated as an inpatient. A greater proportion of those who received their care at South Tyneside District Hospital indicated that they were treated as an inpatient, compared to those who received their care at Sunderland Royal Hospital (47% & 32%, respectively).

For the majority of survey respondents, their hospital admission was planned by their consultant or GP (89%), however for 8% their admission followed attendance at A&E.

Overall, just 5% of survey respondents indicated that their treatment involved a transfer to a different site; 3% of those who received their care at South Tyneside District Hospital and 7% of those who received their care at Sunderland Royal Hospital. Furthermore, 41% required a hospital stay of more than 24 hours; 47% of those who received their care at South Tyneside District Hospital and 36% of those at Sunderland Royal Hospital.

## **Care and treatment in hospital**

76% of survey respondents required an operation as part of their care and treatment, of these 43% indicated that they waited the right amount of time between the decision being made that an operation was required and being operated on, with a further 30% stating that they didn't have to wait very long. However, 15% perceived that their wait was too long.

Furthermore, 34% of survey respondents stated that they would have been willing to attend another hospital if it meant having their procedure sooner, while 38% would have preferred to have waited and have their procedure carried out at their local hospital. Respondents who received their care at Sunderland Royal Hospital were slightly more willing to access a different hospital, than those who received their care at South Tyneside District Hospital (37% & 30%, respectively).

Similarly, there was a mixed consensus among interview respondents as to whether they would be happy to receive aspects of their care and treatment at another hospital. For some, it was felt to depend upon where they needed to go and why, while others had strong preferences to receive their care locally and had concerns about how they would travel the further distance.

Just one individual who took part in the facilitated interviews had to attend an alternative setting as part of their care. This individual found the experience of attending an unfamiliar place daunting, especially as she had travelled alone and was given a cancer diagnosis.

Most survey respondents felt that they were always treated with kindness and compassion by the staff who cared for them (74%), while 78% indicated that they were always given enough privacy when being examined, treated, or their care discussed. Furthermore, 71% stated that they were involved as much as they wanted to be in decisions relating to their care and treatment, while 75% had full trust and confidence in the staff who treated them.

41% of survey respondents started new medication while in hospital, of these 76% felt that they were provided with sufficient information about why these were necessary and how they should be taken. However, just under a fifth perceived that they weren't provided with such information (18%). Respondents who received their care at Sunderland Royal Hospital were more likely to indicate that they were

supplied with sufficient information, compared to those who received their care at South Tyneside District Hospital (81% & 71%, respectively).

83% of survey respondents had concerns or anxieties while in hospital, of these 49% perceived that it was very easy to find a member of staff to talk to, with a further 30% stating that it was easy. However, 8% felt that it wasn't easy to talk to a member of staff, with many of these perceiving that the staff were too busy to spend time with patients, a theme evident in both hospitals.

80% of survey respondents were required to undergo a procedure while in hospital, of these 68% felt that staff asked them often enough if they were in pain, with a further 24% stating that staff did to some extent.

Just under half of the survey respondents rated the cleanliness of the ward as very good (45%), with a further 41% rating the cleanliness as good. Just 2% rated the cleanliness as poor or very poor.

60% of survey respondents required hospital food during their stay, of these just 10% rated the food as very good, with a further 35% perceiving the food to be good. While, 30% felt the food was neither good nor poor, 8% rated the food as poor and 6% very poor.

80% of survey respondents were admitted to a ward or had a procedure as a day case, of these 75% felt that they were provided with sufficient information about what to expect, whilst 65% indicated that they received enough information on any further care or treatment they required.

Five of the women sampled in the facilitated interviews had required an inpatient stay as part of their care, all but one of these were satisfied with the care that they received. The remaining individual, who received their care at Sunderland Royal Hospital, raised concerns about the way she was treated after suffering a miscarriage, suggesting that there should be a separate area dedicated for women in this situation.

### **Following discharge from hospital**

71% of survey respondents were given contact information in case they were worried about their condition or treatment after leaving hospital, however 12% indicated that they weren't.

Overall, 63% of survey respondents rated their gynaecology experience as very good, with a further 23% perceiving it to be good. Just 5% stated that it was neither good nor poor, while 2% felt it was poor and 5% very poor. Similar proportions in each of the hospitals rated their experience as very good or good.

When survey respondents were asked to elaborate on their experience, one of the strongest themes that emerged was the positive attitude and professionalism of the

staff, with 48% providing a response in relation to this (55% of those who received their care at South Tyneside District Hospital & 41% of those who received their care at Sunderland Royal Hospital). Staff were described as ‘kind’, ‘compassionate’, ‘caring’, ‘helpful’ and ‘knowledgeable’ by many. Other positive comments were made in relation to the communication between patients and staff (11%) and the overall high standard of care and treatment that respondents received (9%). These findings support the themes identified in the recent Friends and Family Test surveys.

Furthermore, most of those sampled in the facilitated interviews also stated that they were satisfied with the care and treatment they have received to date, again with many commenting upon the positive attitude of staff.

In contrast, 11% of survey respondents made a negative comment about their experience; 15% of those who received their care at South Tyneside District Hospital and 7% of those who received their care at Sunderland Royal Hospital. Reasons for this included poor quality and choice of food, staff being too busy to spend time with patients, poor pain management, and patients being discharged too quickly from hospital when they weren’t physically ready and/or without a diagnosis or information about the effectiveness of their procedure.

A number of suggestions were made by survey respondents as to how their experience could have been improved, the most frequent are detailed here;

- Reduced waiting times for referrals to the service, as well as on-the-day waiting times for appointments and procedures, particularly for day case patients (8%).
- Improved postoperative care (7%); ensuring that patients receive the support they require in hospital following their procedure (e.g. help to sit up, or go the toilet, pain relief), that they are given a full debrief of their condition or procedure by senior staff prior to leaving hospital, as well as ensuring that the appropriate homecare arrangements are in place for those that require further support following discharge.
- Improved patient-practitioner communication (3%) to ensure that patients are fully informed about their care and treatment, and supplied with all the necessary information pre- and postoperatively. A small number also made comments as to the need for improved communication between members of staff and departments.

In terms of what survey respondents want from gynaecology services, high quality, safe care provided by specialists emerged as the most important factor (85% rated this factor as most important), closely followed by seeing the correct specialist who can deal with your illness (77% rating this factor as most important). These factors were perceived to much more important than having an emergency gynaecology unit close to home, with only 42% rating this factor as most important.

## 5.2 Local insight

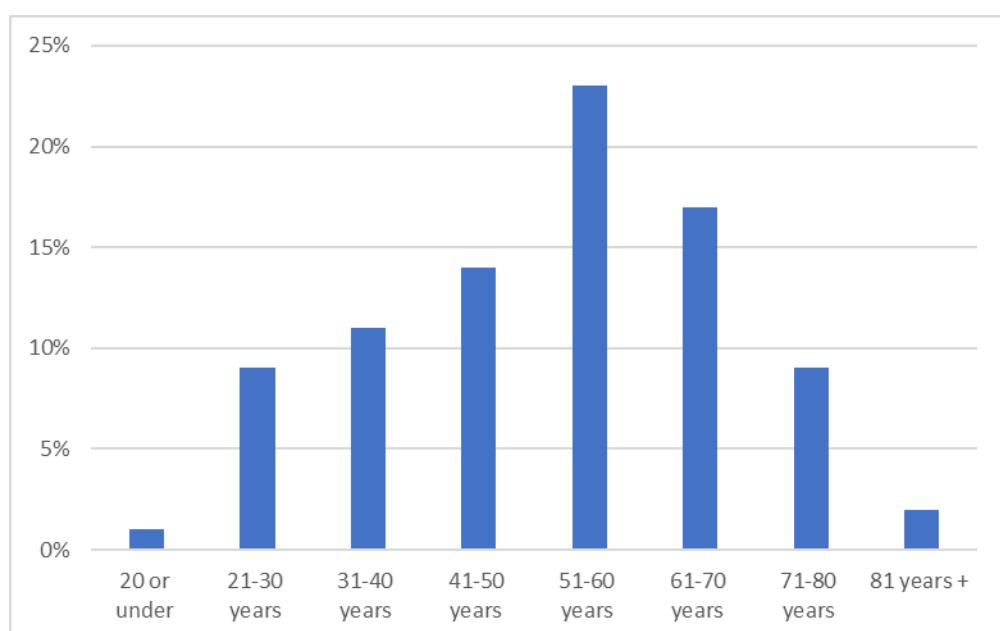
### 'Experiences of gynaecology services' survey (December, 2016)

This survey was designed to capture the opinions and experiences of individuals who have used the gynaecology services in either South Tyneside District Hospital or Sunderland Royal Hospital, in the last two years.

A total of 133 individuals responded to the survey of which 95% were female. The remaining individuals did not respond to the question (4%) or were male and answered on behalf of their partner (1%).

The age distribution of respondents is shown in Figure 6. Nearly a quarter of the sample were aged 51-60 years (23%), with a further 17% aged 61-70 years and 14% 41-50 years. Furthermore, 11% were aged 31-40 years, 9% 71-80 years and 31-40 years, 2% over 81 years and 1% 20 or under (14% did not respond the question).

**Figure 6:** The age distribution of survey respondents



Most respondents were married (59%), whilst 13% stated they were single, 9% widowed and 8% divorced (5% did not respond to the question & 6% selected 'other').

Over three quarters stated that they were white British (80%), whilst 18% did not respond to the question (the remaining 2% indicated that they were Black African, white European and white other). 88% were straight or heterosexual, whilst 11% did not disclose their sexuality (the remaining 1% indicated they were gay/lesbian or selected 'other').

29% had a long-standing illness or disability, whilst 16% stated that they cared for someone with a long-standing illness or disability. Furthermore, 7% were pregnant or had a child under the age of two years.

The postcode distribution of respondents is shown in Table 85.

**Table 85:** Postcode distribution of survey respondents

Postcode	Percentage of responses	Postcode	Percentage of responses
DH1	1%	NE37	1%
DH4	4%	NE38	3%
DH5	2%	SR1	2%
DH6	1%	SR2	4%
NE31	3%	SR3	6%
NE32	6%	SR4	6%
NE33	7%	SR5	6%
NE34	20%	SR6	10%
NE35	3%	SR7	4%
NE36	1%	No answer	11%

Half of respondents indicated that they had received their care and treatment at Sunderland Royal Hospital and half at South Tyneside Royal Hospital (50% for each hospital).

During this survey analysis, findings have been presented for overall responses to questions, as well as by the hospital the individual received their care. Percentages have been calculated as a proportion of the total sample size. It should also be noted that due to the overall sample size of the survey that these differences are for descriptive purposes and cannot be reported as statistically significant.

Over half of respondents indicated that they were treated as an outpatient (59%), whilst 39% were treated as an inpatient. A greater proportion of those who received their care at South Tyneside District Hospital indicated that they were treated as an inpatient, compared to those who received their care at Sunderland Royal Hospital (47% & 32%, respectively).

**Table 86:** Whether respondents were treated as gynaecology inpatient or outpatient

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Inpatient	39%	32%	47%
Outpatient	59%	68%	53%
No response	2%	3%	0%

For the majority of respondents, their hospital admission was planned by their consultant or GP (89%), however for 8% their admission followed attendance at A&E. Similar results were obtained for both hospitals (Table 87).

**Table 87:** Whether respondents' hospital stay was planned or whether they were admitted after attendance at A&E

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Planned by my consultant or GP	89%	87%	92%
Following attendance at A&E	8%	9%	6%
No response	3%	4%	3%

Overall, just 5% of respondents indicated that their treatment involved a transfer to a different site; 3% of those who received their care at South Tyneside District Hospital and 7% of those who received their care at Sunderland Royal Hospital.

Furthermore, 41% required a hospital stay of more than 24 hours; 47% of those who received their care at South Tyneside District Hospital and 36% of those at Sunderland Royal Hospital.

76% required an operation as part of their care and treatment, of these 43% indicated that they waited the right amount of time between the decision being made that an operation was required and being operated on, with a further 30% stating that they didn't have to wait very long. However, 15% perceived that their wait was too long, whilst 4% were unsure or could not remember. Comparable results were obtained for the two hospitals (Table 88).

**Table 88:** The perceived length of time respondents had to wait between a decision being made that an operation was required, and being operated on

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
I waited the right amount of time	43%	41%	44%
I didn't have to wait very long	30%	25%	33%
I had to wait too long	15%	16%	14%
Don't know/ can't remember	4%	9%	0%
No response	9%	9%	9%

Respondents were asked how they would have felt, if they could have had their procedure sooner but this meant attending a different hospital. While 34% would have been willing, 38% would have preferred to have waited and have their procedure carried out at their local hospital.

Furthermore, it was found that those respondents who received their care at Sunderland Royal Hospital were slightly more willing to access a different hospital,

than those who received their care at South Tyneside District Hospital (37% & 30%, respectively).

**Table 89:** How respondents would feel if they were able to have their procedure earlier, but at a different location

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
I would be willing	34%	37%	30%
I would prefer to wait	38%	28%	47%
Don't know	17%	21%	12%
No response	12%	13%	11%

Most respondents felt that they were always treated with kindness and compassion by the staff who cared for them (74%), with a further 20% stating that they were most of the time. However, 4% indicated that they weren't. Comparable results were obtained for the two hospitals (Table 90).

The small number of respondents who were dissatisfied with the way they were treated, commented upon the unfriendly reception staff, the unpleasant attitude of the doctor who cared for them, the long waiting times for day case procedures, and the insensitive way they were spoken to by members of staff. Specific comments made by those who received their care at Sunderland Royal Hospital, included;

*"I was an outpatient, I was told to go to hospital for 7am. I had to wait until 3pm for my operation. Just left in a room with other patients. We were just called for like sheep. When I asked how far I was down the list the nurse rolled her eyes at me and said 2 more in front"*

*"I was treated awfully. After my scan, I was told walking from the early pregnancy unit to the hospital in the car park that I was losing my baby and needed an operation. I was not helped to the toilet or fed after my operation after not eating for 12+ hours. And after my second miscarriage I was told that I was young I would be able to try again."*

**Table 90:** Whether respondents felt that they were treated with kindness and compassion by the staff who cared for them

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	74%	75%	73%
Yes, mostly	20%	16%	24%
No	4%	4%	3%
No response	2%	4%	0%

The majority of respondents felt that they were always given enough privacy when being examined, treated, or their care discussed (78%), with a further 17% indicating that they were most of the time. Just 4% felt that they weren't. Comparable results were obtained for the two hospitals (Table 91).

The small number of respondents who felt that they weren't given enough privacy commented on how their condition/treatment was discussed in a shared bay behind a curtain, or that there were too many staff members present when the individual was having their consultation or procedure. Specific comments made by respondents included;

*"There's not much privacy when only a curtain pulled around your bed, you could hear everyone's consultations" (South Tyneside District Hospital)*

*"When having the procedure, there were about 5 staff present in a very small room and me. This made me a little uncomfortable" (Sunderland Royal Hospital).*

**Table 91:** Whether respondents felt that they were given enough privacy when being examined, treated, or their care discussed

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	78%	81%	76%
Yes, mostly	17%	13%	20%
No	4%	3%	5%
No response	2%	3%	0%

Most respondents stated that they were involved as much as they wanted to be in decisions relating to their care and treatment (71%), with a further 23% stating that they were to some extent. Just 5% indicated that they weren't. Comparable results were obtained for the two hospitals (Table 92).

A small number of respondents provided further comments. Two of which commented positively on their experience;

*"I left it to the consultant as I don't understand about anything medical - but I've been OK, I think so -pretty well satisfied" (South Tyneside District Hospital)*

*"These people saved my life. They were kind and caring - even the people who knocked you out and the people there that brought you around, I have not a bad word about my time in Sunderland Royal Hospital" (Sunderland Royal Hospital).*

However, the remaining individuals expressed their dissatisfaction with regards to the lack of aftercare they received following discharge, and staff not discussing the individual's care or treatment. In addition, one respondent commented on how her partner had to push for further assessment of her condition;

*"I was told to sign a form. I was also told it was a water infection, refused a scan. My partner demanded a scan and luckily he did" (Sunderland Royal Hospital).*

**Table 92:** Whether respondents felt involved as much as they wanted to be in decisions relating to their care and treatment

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	71%	69%	73%
Yes, to some extent	23%	25%	20%
No	5%	4%	6%
No response	2%	1%	2%

The majority stated that they had full trust and confidence in the staff who treated them (75%), with a further 20% indicating that they did some of the time. However, 5% did not trust the staff. Very little difference was observed between the two hospitals (Table 93).

A number of respondents commented positively upon how well they were treated;

*"All of these people were great. These doctors and nurses earn every penny of their wages, in fact all of these people would deserve a pay rise, if it was not for these kinds of people, I would not be seeing Christmas with my grandchildren" (Sunderland Royal Hospital)*

*"The staff at the pessary clinic are always courteous and helpful and very efficient" (Sunderland Royal Hospital).*

However, those who had concerns with the staff who cared for them commented that they didn't feel the consultant had their best interests at heart and that they didn't feel listened to. One individual stated how the staff made her feel that she should get over the loss of her baby after suffering a miscarriage, whilst another was dissatisfied with the lack of medical diagnosis made by staff.

**Table 93:** Whether respondents had confidence and trust in the staff who treated them

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, always	75%	75%	76%
Yes, sometimes	20%	21%	18%
No	5%	3%	6%
No response	1%	1%	0%

41% started new medication while in hospital, of these 76% felt that they were provided with sufficient information about why these were necessary and how they should take them. However, just under a fifth perceived that they weren't provided with such information (18%). Respondents who received their care at Sunderland Royal Hospital were more likely to indicate that they were supplied with sufficient information, compared to those who received their care at South Tyneside District Hospital (81% & 71%, respectively).

Those that felt that they didn't receive sufficient information stated that the purpose of their medication was not explained to them, nor were they given advice as to how often it should be taken or administered. Furthermore, one individual perceived that they were prescribed the cheapest form of pain relief, resulting in the individual attending their GP practice the next day for stronger medication, and another that they were unsure about how effective their medication had been due to their follow-up appointment being postponed.

One respondent who was prescribed daily injections, suggested how patients could be taught to self-administer their injections by nursing staff before they are discharged from hospital;

*"I was given a bag of medication on the afternoon of my discharge day and the only explanation given was 'your injections are in there as well'. I had no idea that I was going to have to give myself injections at home. I was a bit shocked and questioned the nurse which led her to giving me a quick explanation. As earlier in the day I had been given one of these injections, I feel that this should have been used as a teaching exercise so I would have then been more confident in doing them myself" (South Tyneside District Hospital).*

**Table 94:** Whether respondents who started new medication or tablets in hospital, felt they were given sufficient information about what these were for and how they should take them

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes	76%	81%	71%
No	18%	15%	21%
No response	5%	4%	7%

83% had concerns or anxieties while in hospital, of these 49% perceived that it was very easy to find a member of staff to talk to, with a further 30% stating that it was easy. However, 8% felt that it wasn't easy to talk to a member of staff (13% stated that it was neither easy or not easy). Very little difference between the two hospitals was found.

Many of those that stated that it was difficult to talk to members of staff, perceived that staff were too busy to spend time with patients, a theme evident in both hospitals. Respondents commented that they were discharged without a diagnosis or

results from their procedure, that staff were too busy to ‘discuss anything’, and that ‘nothing was explained before it happened’.

Furthermore, one individual who was treated at South Tyneside District Hospital stated that she was left on her own in a treatment for 40 minutes waiting for a consultant, with no staff contact, whilst another explained how she found it difficult to understand her doctor who spoke limited English.

**Table 95:** How easy it was for respondents to discuss the concerns they had about their care and treatment with members of staff

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Very easy	49%	46%	51%
Easy	30%	34%	26%
Neither easy or not easy	13%	12%	14%
Not easy	8%	8%	8%
No response	1%	0%	2%

80% underwent a procedure whilst in hospital, of these 68% felt that staff asked them often enough if they were in pain, with a further 24% stating that staff did to some extent. Just 5% felt that the staff did not ask them often enough. Comparable results were obtained for the two hospitals.

A small number of respondents provided further comments, these individuals emphasised the amount of pain they were in following their procedures, and how their pain had not been managed effectively either in the recovery room or ward;

*“In the room, straight after I was given the correct amount of pain relief. When getting back to the ward I wasn’t asked until I was released. I was in pain and drowsy all through my stay”*  
*(South Tyneside District Hospital)*

*“I was in great pain, it was cruel”* *(Sunderland Royal Hospital)*.

**Table 96:** Whether respondents who underwent a procedure while in hospital, felt that staff asked them often enough if they were in pain

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	68%	68%	69%
Yes, to some extent	24%	23%	26%
No	5%	6%	4%
No response	3%	4%	2%

77% indicated that they were in pain during their stay, of these 68% felt that the staff dealt with their pain effectively and a further 28% stated that they did to some extent. Just 2% stated that the staff did not manage their pain. These respondents all received their care at Sunderland Royal Hospital. One of these individuals felt that they should have been monitored more closely as opposed to just being left, whilst another stated that her pain was managed in the recovery ward but not in the recovery room. Furthermore, one individual suggested that she should have had a pain management plan as her treatment was incredibly painful, and it would have assisted weekend staff administer the most effective pain relief, without having to consult with the doctors.

**Table 97:** Whether respondents felt that staff did everything they could to manage respondents pain

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	68%	70%	65%
Yes, to some extent	28%	23%	33%
No	2%	4%	0%
No response	2%	2%	2%

Just under half rated the cleanliness of the ward as very good (45%), with a further 41% rating the cleanliness as good. Just 2% rated the cleanliness of the ward as poor or very poor. Similar proportions of respondents from both hospitals rated the cleanliness of the ward as very good or good; 84% of those who received their care at Sunderland Royal Hospital and 88% of those who received their care at South Tyneside District Hospital.

Two respondents provided further comments, one from each of the hospitals. The respondent who received their care at South Tyneside District Hospital stated that she found empty cups left on tables, and the respondent who was treated at Sunderland Royal Hospital that during her nine day stay her room was not cleaned once, nor her bedding changed.

**Table 98:** Perceptions of the cleanliness of the ward

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Very good	45%	42%	48%
Good	41%	42%	39%
Neither good nor poor	6%	6%	6%
Poor	1%	0%	2%
Very poor	1%	1%	0%
No response	7%	9%	5%

60% required hospital food during their stay, of these just 10% rated the food as very good, with a further 35% perceiving the food to be good. While, 30% felt the food was neither good nor poor, 8% rated the food as poor and 6% very poor.

A small number of respondents who received their care at Sunderland Royal Hospital commented that the quality of food was poor, the food was cold, and there was a lack of choice of healthy and vegetarian meals;

*“The food was cold we had to wait because the ran out of food and was cold when it arrived”*

*“Roast beef was weird looking, kind of grey in colour”*

*“The menus seemed good but the food standard was poor. There should be more healthy choices!”*

Only one individual who received their care at South Tyneside District Hospital made a comment, which specifically related to the poor quality of the sandwiches.

**Table 99:** Perceptions of the quality of hospital food

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Very good	10%	3%	16%
Good	35%	37%	33%
Neither good nor poor	30%	26%	33%
Poor	8%	9%	7%
Very poor	6%	11%	2%
No response	11%	14%	9%

80% of respondents were admitted to a ward or had a procedure as a day case, of these 75% felt that they were provided with sufficient information about what to expect, with a further 18% perceiving that they were to some extent. However, 4% indicated that they didn't receive enough information. Respondents who received their care at Sunderland Royal Hospital were more likely to have indicated that they were provided with sufficient information, compared to those who received their care at South Tyneside District Hospital (81% & 71%, respectively).

Among those who made further comments, two respondents who received their care at South Tyneside District Hospital stated that they were not informed as to what they should expect postoperatively, specifically one respondent commented;

*“I went into the whole process incredibly naive. I was given was three leaflets, one was a very brief description of the procedure, another was a chart of what I could and couldn't do after the operation and the third about surgical stockings. I would have preferred a much more comprehensive amount of information of the do's and don'ts postoperatively including timescales. Also, a much better description of the operation including the reasons why certain tasks such as lifting should be avoided. I discovered information by using the internet for research and I think a lot of this was probably too late as I was 3-4 weeks post op. I also*

*feel that more information on post op recovery should have been given such as what sort of pain to expect, how much bleeding is normal and for how long and also wound care.”*

Furthermore, another individual indicated that they had a small level of understanding of their procedure but this was mainly due to carrying out an internet search.

For those who received their treatment in Sunderland Royal Hospital, respondents commented upon the lack of information they received with regards to their condition, specifically a negative smear test and an ectopic pregnancy. Whilst another was merely told of the date her operation was planned. However, in contrast, one individual stated that she was provided with too much information about all the possibilities that could result from her procedure, which she found too frightening.

**Table 100:** Whether respondents who were admitted to a ward or had a procedure as a day case, felt they were given enough information about what to expect

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	75%	81%	71%
Yes, to some extent	18%	15%	21%
No	4%	4%	3%
No response	3%	0%	5%

Furthermore, those that were admitted to a ward or had a procedure as a day case were asked if they received enough information about any further care or treatment they required (71%)<sup>2</sup>, to which most indicated that they had, while 21% felt that they did to some extent. However, 7% felt that they didn't.

Specific concerns raised among those dissatisfied with the information provided related to the lack of feedback they received with regards to their treatment or procedure from senior staff (e.g. smear test and ultrasound scan results), and being discharged from hospital with a lack of aftercare or appropriate medical supplies (e.g. catheter bags). Comments made by respondents included;

*“Nothing was explained about what was found. My doctors weren't informed either I had to ask 3 times to be told what was found. Then it was a nurse who said she couldn't tell me much. I was never seen by a doctor before I left” (South Tyneside District Hospital)*

*“Was sent home with no aftercare at all which was quite daunting after major surgery and had to make my own arrangements for district nurse to change dressings” (Sunderland Royal Hospital)*

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<sup>2</sup>This figure is 9% lower than those who indicated that they were admitted to a ward or had a procedure as a day case in the previous question.

*"I had to have a catheter for 5 days. I had to ask for catheter bags as they did not give me any, a nurse had to go racing around and came back with 3" (Sunderland Royal Hospital).*

**Table 101:** Whether respondents who were admitted to a ward or had a procedure as a day case, felt that they received enough information about any further care or treatment they required

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes, definitely	65%	64%	66%
Yes, to some extent	21%	22%	20%
No	7%	9%	6%
No response	6%	4%	8%

The majority indicated that they were given contact information in case they were worried about their condition or treatment, upon discharge (71%). However, 12% indicated that they weren't, while 9% could not remember. Although similar proportions indicated that they weren't supplied with contact information in both hospitals, those who received their care at South Tyneside District Hospital were more likely to indicate that they had been (76%, compared to 67% of those that received their care at Sunderland Royal Hospital).

**Table 102:** Whether respondents were given contact information in case they were worried about their condition or treatment upon discharge

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Yes	71%	67%	76%
No	12%	12%	12%
Don't know / can't remember	9%	12%	6%
No response	8%	9%	6%

Overall, 63% rated their gynaecology experience as very good, with a further 23% perceiving it to be good. Just 5% stated that it was neither good nor poor, while 2% felt it was poor and 5% very poor. Although similar proportions of respondents in each of the hospitals rated their experience as very good or good, a slightly larger proportion of those who received their care at Sunderland Royal Hospital rated their care as very good (67%, compared to 59% of those who received their care at South Tyneside District Hospital).

A number of comments made by those who were dissatisfied with their experience, are included here;

*"Consultant could have been more understanding and do some research of his own to give more information to patients" (South Tyneside District Hospital)*

*"It has been four months since my procedure I was given no aftercare. My stitches then became infected, led me to be off work for longer than necessary! I am still to find out what even happened with my procedure. The ward couldn't get me out quick enough"* (Sunderland Royal Hospital)

*"On the whole my experience was fine however it was near the Christmas period and I had to have a catheter and went to a ward on Christmas eve, the nurse who took it out was lovely and told me when I went to the loo to let the nurses know which I did. But the 2 nurses on the station, didn't pass on the info to the nurse who was looking after me which meant I had to stay longer than necessary unfortunately"* (Sunderland Royal Hospital)

*"I wouldn't go to Sunderland Hospital again following my ectopic and miscarriage"* (Sunderland Royal Hospital).

**Table 103:** Respondents' satisfaction with their gynaecology experience

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Very good	63%	67%	59%
Good	23%	18%	29%
Neither good nor poor	5%	3%	6%
Poor	2%	4%	0%
Very poor	5%	4%	5%
No response	2%	3%	2%

In the final section of the survey, respondents were asked to further comment upon their experience of the service, and suggest any improvements they had. These open questions were analysed by assigning a code to each individual comment, these codes were then grouped into overarching themes to enable a quantitative representation of the insight.

One of the strongest themes that emerged was the positive attitude and professionalism of the staff that cared for them, with 48% of respondents providing a response in relation to this (55% of those who received their care at South Tyneside District Hospital & 41% of those who received their treatment at Sunderland Royal Hospital). Staff were described as 'kind', 'compassionate', 'caring', 'helpful' and 'knowledgeable' by many. Specific comments made by respondents included;

*"I could not speak highly enough of my surgeons, anesthetists, nurses, doctors, and all who looked after me, even the district nurses who cared for me when I got home. A big thank you to all"* (south Tyneside District Hospital)

*"I was diagnosed with cancer, the staff were very helpful emotionally and physically, my stay in hospital was good, staff were good, food was good, and treatment excellent"* (Sunderland Royal Hospital)

*"During the procedure, the staff held my hand, talked to me – very kind and caring staff"* (Sunderland Royal Hospital).

Other positive comments were made in relation to the good communication between patients and staff (11%), and the overall high standard of care and treatment that respondents received (9%).

In contrast, 11% made a negative comment about their experience; 15% of those who received their care at South Tyneside District Hospital and 7% of those who received their care at Sunderland Royal Hospital. Reasons for this included poor quality and choice of food, staff being too busy to spend time with patients, poor pain management, and patients being discharged too quickly from hospital when they weren't physically ready, and/or and without a diagnosis or information about the effectiveness of their procedure. Specific comments made by respondents included;

*"I went in for a laparoscopy, the nurses were lovely. Unfortunately, my good experience ended there. I was taken down to theatre and waited 30 mins for the surgeon. Then when I woke up I was given morphine for the pain which made me sick every time I moved, but I was still being sick at 7pm when I was released. I couldn't stand unaided or move without being sick. I was also released with only paracetamol as a pain killer. I had to ring my doctor the next day for stronger painkillers - only to find out the hospital hadn't told my doctors that I had had the operation" (South Tyneside District Hospital)*

*"I started treatment 6 years ago, with the gynaecology team. I am no further on with my situation, any advice I asked for I got laughed at with no help from consultant. I have had 7 operations! Drainage of a cyst and after deciding to go through Newcastle RVI I have been told that this should not have happened so many times. I am now in a position where I no longer know if I am able to have children. My consultant never offered me any help or guidance with this. I am only 24. Never would I advise any family or friends to use South Tyneside hospital for treatment, not with regards to gynaecology" (South Tyneside District Hospital).*

**Table 104:** Comments made by respondents about their experience of the gynaecology service

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Attitude and professionalism of staff	48%	41%	55%
Good patient-practitioner communication	11%	12%	9%
Satisfaction with care and treatment	9%	15%	3%
Cleanliness of ward	2%	2%	3%
Other positive comments	2%	0%	3%
Negative comments	11%	7%	15%

In terms of the suggestions made by respondents, the most frequent suggestion concerned improved waiting times for referrals to the service, as well as on-the-day waiting times for appointments and procedures (8% of all respondents). It was suggested that it would be more beneficial for day case patients, if they could come into the hospital later in the day if they were further down on the surgical list, instead of being there first thing in the morning. A higher proportion of those who received their care at Sunderland Royal Hospital made reference to this (13%, compared to 3% from South Tyneside District Hospital).

Other frequent suggestions included improved postoperative care (7%) ensuring that patients receive the support they need in hospital following their procedure (e.g. help to sit up, or go the toilet, pain relief), that they are given a full debrief of their condition or procedure by senior staff prior to leaving hospital, as well as ensuring that the appropriate homecare arrangements are in place for those that require further support following discharge. This theme was stronger among those that received their care at South Tyneside District Hospital (9%, compared to 4% of those who received their care at Sunderland Royal Hospital). Furthermore, 4% felt the communication could be improved between staff and patients by ensuring that patients receive any written resources or information that they can, as well as the communication between staff and departments.

**Table 105:** Suggested improvements made by respondents to the gynaecology service

	Percentage of responses	Percentage of respondents who received care at Sunderland Royal Hospital	Percentage of respondents who received care at South Tyneside District Hospital
Improved waiting times for referrals / appointments / procedures	8%	13%	3%
Improved postoperative care	7%	4%	9%
Improved communication	4%	3%	5%
Improved pain management	3%	3%	3%
Other; including;	13%	10%	15%
<ul style="list-style-type: none"> <li>• Less cancellation of appointments / procedures</li> <li>• Improved attitude of staff</li> <li>• Car parking facilities</li> <li>• Quieter/darker wards at night / night staff to be more considerate of patients</li> </ul>			

In terms of what respondents want from gynaecology services, high quality, safe care provided by gynaecology specialists emerged as the most important factor (85% rated this factor as most important), closely followed by seeing the correct specialist who can deal with your illness (77% rating this factor as most important). These factors were perceived to much more important than having an emergency gynaecology unit close to home, with only 42% rating this factor as most important.

The same pattern of results was observed for respondents from both hospitals, with high quality, safe care provided by gynaecology specialists being the most important factor for both sets of respondents (89% & 81%, respectively), and an emergency gynaecology unit close to home the least important (51% & 33% rating this factor as most important, respectively).

**Table 106:** The most important aspects of gynaecology care - all responses

	1 (most important)	2	3 (least important)
An emergency gynaecology unit closer to home	42%	24%	34%
Seeing the correct specialist who can deal with your illness	77%	18%	5%
High quality, safe care provided by gynaecology specialists	85%	11%	4%

**Table 107:** The most important aspects of gynaecology care – South Tyneside

	1	2	3
An emergency gynaecology unit closer to home	51%	24%	25%
Seeing the correct specialist who can deal with your illness	81%	11%	8%
High quality, safe care provided by gynaecology specialists	89%	7%	5%

**Table 108:** The most important aspects of gynaecology care – Sunderland

	1	2	3
An emergency gynaecology unit closer to home	33%	23%	43%
Seeing the correct specialist who can deal with your illness	73%	25%	2%
High quality, safe care provided by gynaecology specialists	81%	16%	3%

### 5.2.1 South Tyneside

#### Facilitated interviews with outpatients

A total of nine females completed the facilitated interviews, all of whom were white British. The majority of respondents were aged over 51 years (5 respondents), whilst two were aged 31-40 years, one 41-50 years and one under the age of 30.

Respondents were from postcode areas NE32 (3 respondents), NE33 (4 respondents), and NE34 (2 respondents). Two individuals stated that they were carers, whilst four individuals had a long-standing illness or disability.

All respondents indicated that their GP had automatically referred them to South Tyneside District Hospital for their treatment without being provided with a choice. Just one individual felt that it would have been more convenient if she had been referred to the Queen Elizabeth Hospital instead of South Tyneside, as this was where she worked.

Respondents were asked to identify what was most important to them in terms of their care and treatment, to which the following were identified;

- Quick access to treatment close to home.

- Being treated by specialist staff who they can trust.
- Having staff that listen and understand their needs.
- Being treated as an individual.

Specific comments made by respondents included;

*"Got to be local - easier to get to, not got the hassle of travel, if this wasn't here it would either be Newcastle or Sunderland and it's a distance to get to"*

*"Treat me right and get sorted - a consultant that would do what I need."*

The length of time respondents had to wait to be referred to the service varied significantly, with some waiting a few days or perceiving their wait as being very quick, whilst others had to wait three to four weeks, and another three months. One respondent stated that they had to wait 'a while' for their referral as their GP had forgotten to complete the documentation.

*"Three months, the usual time, I'll probably see the understudy and not the chief - I'm not bothered so long as I find out the problem."*

Furthermore, two respondents indicated that they had experienced delays whilst waiting in clinic for their appointments, with one noting that their appointment was delayed by an hour.

All respondents perceived that they had been referred to the appropriate department with specialist staff for their needs.

Just two individuals had required an inpatient stay as part of their care, whilst one provided no comment, the other described their care as 'brilliant.'

As part of their care and treatment, none of the respondents had to attend another hospital or care setting, other than their GP. However, two respondents were unsure as to what their future treatment would entail and where this would be.

Furthermore, respondents had mixed opinions as to whether they would be happy to attend another hospital for aspects of their care. Whilst two were happy to travel, as they felt it would ensure they received the best quality treatment, a further two respondents stated that it would depend upon where they needed to go and why;

*"Because I've got a car it's OK but I'd want to know why and if it was local - obviously it's about getting the best care."*

However, the remaining respondents stated that they would prefer to receive their care locally at South Tyneside District Hospital due to the familiarity they have with the staff and service. Additionally, concerns were raised as to how they would travel to another hospital and the costs of this;

*"I'd want to remain here, this doctor helped one of my friends, feel I'm in the best place I need to be"*

*"If I had the money I would of gone private, I would have straight away - all depends on taxis - costs a lot of money"*

*"Think my mam's pretty local to this hospital (South Tyneside) - apart from my sister taking her it would cause issues travelling, it would have to be a bus or metro and she's not good on her legs and got problems with her hips."*

Most were satisfied with the care and treatment they have received to date. This was due to the ease at which respondents were able to contact the service and speak to someone about their condition, the support provided by the service, the continuity of care, and the quick access to treatment;

*"Best clinic I've ever been to in South Tyneside - difficult situation to be in, in this clinic there is someone always there for you and if they can't speak they will always phone you back"*

*"He's invited to my appointments although I am the patient he always addresses us as a couple, both our needs are discussed"*

*"I feel they are doing the best for me - if I said I needed more (scans) she would do that for me, she genuinely cares about me and tries to do it."*

However, one individual felt that the waiting time for a referral to the service could be quicker, whilst another felt that the service lacked personalisation;

*"The care has been OK, just the timescale, want to get it sorted as soon as you can"*

*"It's in and out and bye."*

A small number of suggestions were made by respondents to enhance the service delivered at South Tyneside, these included;

- Information leaflets for patients to take home to help them digest information e.g. information explaining when and how to take their medication (this individual was unable to remember what she was told at her consultation and consequently had to contact her doctor to clarify how she should be taking her medication).
- Free parking at the hospital.
- Quicker referral process.

One individual provided a further comment about the closure of South Tyneside District Hospital;

*"They're gonna close this place down in any case and if I had a heart attack I'd be dead by the time I got to Sunderland - would rather go to the vets at the Nook."*

## **Friends and Family Test Survey Results**

The following provides an overview of the results from the Friends and Family Test Survey conducted by South Tyneside NHS Foundation Trust with regards to the Obstetrics and Gynaecology departments at South Tyneside District Hospital.

## **Friend and Family Test - Survey Results; Nurse Led Fertility – Outpatients Department**

### **Test period: Quarter 1 - June 2016; 7 questionnaires returned**

- All individuals completing the surveys indicated that they were extremely likely or likely to recommend the service to their friends or family if they required similar care or treatment.
- The service received a 4.8 star rating overall.
- Patients commented upon the pleasant attitude of staff in the department, indicating that they were made to feel very comfortable and that everything was explained to them about their care. Short wait times were also commented upon.
- There were no suggested improvements to the service.

## **Friend and Family Test - Survey Results; Gynaecology Outpatients Department**

### **Test period: Quarter 2 - September 2016; 40 questionnaires returned**

- Of all those who answered the questionnaire, 98% indicated that they were extremely likely (83%) or likely (15%) to recommend the service to friends or family if they needed similar care or treatment (2% stated that they were either likely or unlikely).
- The service received a 4.8 star rating overall.
- 65% stated that staff always gave them information and explained it in a way they understood, a further 28% indicated that staff mostly did this. 2% of respondents said they sometimes gave and explained information so that patients understood, while 2% stated that information was rarely explained to them in this way (3% indicated that they did not know).
- 77% indicated that staff always involved them in decisions about their care and treatment, and 12% indicated that staff mostly did this, a further 3% said they this sometimes happened (8% did not know the answer to this question).
- 80% felt like they could always ask questions, with a further 12% feeling that they could ask questions most of the time. 2% stated that they sometimes felt that they could ask questions and 3% answered that they didn't ever feel that this was the case, the remaining 3 % of respondents answered that they did not know the answer to this question.
- 80% indicated that staff were always open and honest about their care and treatment, and a further 15% felt that staff were open and honest most of the time. 2% felt that this only occurred sometimes and the remaining 3% did not know the answer to this question.
- 80% stated that staff always asked permission before they carried out care and treatment, whilst 12% indicated that staff asked permission most of the time, the remaining 8% answered that they didn't know.
- 72% indicated that they were always treated with kindness and compassion by the staff caring for them, and a further 15% stated that staff did this most of the time. 3% stated they felt they were never treated in this way and the remaining 10% of respondents said they did not know.

- 70% always felt that staff carried out everything they said they were going to, whilst 17% indicated that staff did this most of the time. Just 3% of respondents said that staff sometimes carried out everything that they said they would and the remaining 10% answered that they didn't know.
- 72% indicated that they were always satisfied with the care and treatment they received, whilst 17% indicated that they were mostly satisfied. 3% claimed that they were rarely satisfied and the remaining 8% did not know the answer to this question.
- 85% were always satisfied with the cleanliness and hygiene, whilst 10% were mostly satisfied, the remaining 5% did not know the answer to this question.
- 70% indicated that they always had confidence in the staff, and a further 10% indicated that they had confidence most of the time. 2% said they rarely had confidence and the remaining 18% answered that they did not know.

**Table 109:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Gynaecology Outpatients department)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Informative service</li> <li>• Patients made to feel comfortable with treatment, and procedures were well explained so that they felt involved in their care</li> <li>• Attitude of staff; friendly, caring, polite, helpful, approachable and supportive</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting times reduced</li> <li>• Better communication between departments</li> </ul>

## Friend and Family Test - Survey Results; Gynaecology Outpatients - Consultant

### Test period: Quarter 2 - September 2016; 28 questionnaires returned

- Of all those who answered the questionnaire, 96% indicated that they were extremely likely (71%) or likely (25%) to recommend the service to friends or family if they needed similar care or treatment. The remaining 4% stated that they did not know.
- The service received a 4.7 star rating overall.
- 86% stated that staff always gave them information and explained it in a way they understood, a further 14% indicated that staff mostly did this.
- 75% indicated that staff always involved them in decisions about their care and treatment, and 21% indicated that staff mostly did this, the remaining 4% said that this rarely had happened to them.
- 82% felt like they could always ask questions, with a further 18% feeling that they could ask questions most of the time.
- 82% indicated that staff were always open and honest about their care and treatment, and a further 18% felt that staff were open and honest most of the time.
- 86% stated that staff always asked permission before they carried out care and treatment, whilst 14% indicated that staff asked permission most of the time.

- 79% indicated that they were always treated with kindness and compassion by the staff caring for them, and a further 21% stated that staff did this most of the time.
- 89% always felt that staff carried out everything they said they were going to, whilst 11% indicated that staff did this most of the time.
- 82% indicated that they were always satisfied with the care and treatment they received, whilst 18% indicated that they were mostly satisfied.
- 89% were always satisfied with the cleanliness and hygiene, whilst 11% said they were mostly satisfied.
- 79% indicated that they always had confidence in the staff, and a further 21% indicated that they had confidence most of the time.

**Table 110:** Positive comments and suggested improvements made in the Friends and Family Test Survey (Gynaecology Outpatients Consultant department)

Positive comments	Suggested improvements
<ul style="list-style-type: none"> <li>• Relaxed atmosphere</li> <li>• Excellent staff</li> <li>• Staff take the time to explain to patients about their treatment and procedures so that they understand</li> </ul>	<ul style="list-style-type: none"> <li>• Better car parking – currently a lack of spaces</li> </ul>

## 5.2.2 Sunderland

### Facilitated interviews with outpatients

A total of nine females completed the facilitated interviews; all of those that disclosed their ethnicity indicated that they were white British (just one respondent did not state their ethnicity). Three respondents were aged under 35 years, three aged between 50-70 years and one over the age of 80 (2 respondents did not provide their age).

Respondents who provided their postcode were from SR2, SR4, SR5, SR7 (3 respondents) and DH5. Just one individual had a long-standing illness or disability.

None of the women had been given a choice regarding where they received their care and treatment, with many assuming that they were referred to Sunderland Royal Hospital as it was their closest service. All respondents were happy with this, given that it was the nearest hospital to where they lived or worked.

Respondents were asked what was most important to them when receiving their care and treatment, the following factors emerged;

- Receiving high-quality care, close to home.
- Having quick access to treatment.
- Being seen and treated by specialist staff.

- Being treated with care and compassion.
- Having health professionals that are willing to sit and discuss their treatment - to help them to understand what is happening, by communicating in a language that they understand.

No issues were reported with regard to how quickly the respondents were referred to the service or how long they had to wait on admission to hospital. Only one individual had experienced a lengthy delay in waiting to be advised about their treatment, although their condition was diagnosed quickly;

*"Seen pretty quickly"*

*"Didn't have to wait - was referred and seen very quickly"*

*"I had a quick referral as they thought there was something sinister which needed looking into"*

*"There was no delay initially to be seen on admission. I was seen, scanned and given the diagnosis fairly quickly but there was a lengthy delay in waiting to be advised about treatment."*

All respondents perceived that they had been referred to the appropriate department and cared for by specialist staff;

*"Absolutely, they knew exactly what they were doing."*

Three respondents had required an inpatient stay as part of their treatment, two of which were satisfied with the care they received, although one noted that a member of staff was unpleasant. The remaining individual expressed concerns as she had suffered a miscarriage and felt that her care could have been improved during such an emotional time;

*"Was admitted to the Gynae ward but as I had suffered pregnancy loss it was an emotional time for me and I was exposed to all types of patients and the privacy and dignity left a lot to be desired."*

As part of their follow up treatment, just one individual had to attend an alternative setting as part of their care. At the appointment, this individual was told she had cancer which unsurprisingly she found very upsetting. On top of this the individual had attended the consultation alone, and then had to travel home from an unfamiliar location;

*"I did have a procedure/test at the Galleries Health Centre but I think it would have been better for me if I had had that done at Sunderland as it was quite stressful as I went on my own and I was told I had cancer and it was stressful driving home from an unfamiliar place."*

There was a mixed consensus among respondents as to whether they were happy to receive aspects of their care and treatment at another hospital. For the three respondents that had reservations, concerns were raised as to how they would travel the further distance;

*"If I had to wait for treatment or could go elsewhere I would wait as I don't have a car. For my other care I was asked if I wanted to go to South Tyneside but it's too far without a car."*

All but one respondent were very satisfied with the care and treatment they have received to date, with many describing the staff that had cared for them as lovely, brilliant and wonderful;

*"Even when I first came in for my operation the person who took me up to the theatre waiting area was lovely - made me feel at ease and was really funny. I was on my own as my daughter wasn't allowed to go up to theatre with me and he helped"*

*"Definitely - can't fault the care I've had, you don't get enough praise"*

*"Absolutely, couldn't have been better. The two consultants were wonderful. I would seek them out if I had any other problems."*

The remaining individual expressed her concerns as to the suitability of the ward environment for women who have had a miscarriage. This individual suggested that there should be a dedicated area for women, with treatment being brought to them rather than them having to be transferred to various wards/departments to receive their care;

*"Although specialist, I don't think the ward environment I was on catered for people sufficiently for the condition I was in for (pregnancy loss). It wasn't an appropriate environment and was poorly organised."*

Other suggested improvements made by respondents to enhance the quality of service delivered at Sunderland Royal Hospital, included;

- Improved communication.
- Beds for patients on the ward, instead of chairs.
- Improved quality of food.

## Real Time Feedback Reports

The following table provides an indication of the level of satisfaction of patients who received care on Ward D47 (Gynaecology ward; Sunderland Royal Hospital). Using the latest figures available in the Real Time Feedback reports, an average score was calculated based on data collected between July - December 2015.

**Table 111:** Real Time Feedback: Gynaecology department - Ward D47 (Sunderland Royal Hospital)

Question	Average score (July – Dec 2015)
Treated with kindness and compassion by medical staff	99%
Given enough privacy when being examined, treated or discussing care	100%
Involved in decisions about care and treatment	95%
Able to talk to a member of staff about any concerns/anxieties	96%
Concerns about personal safety (high score indicates no concerns)	100%
Able to access the call bell when needed	98%
Cleanliness of ward	98%
Staff wash/clean their hands before providing care	99%
Staff frequently ask about level of pain	96%
Staff did everything they could to manage pain	95%
Received enough information about any new medications or tablets	92%
Provided with an individual food menu	75%
Hospital food rating	68%
Received help from staff to eat food, if required	83%
Carers been involved in care as much as liked	96%
Received care when most needed	92%
Overall experience	90%

Table 112 summarises the experiences of those who have accessed the Gynaecology service in Sunderland. Themes have been identified from the patient reviews left on the NHS Choices website over the last two years, comments made in the Friends and Family Test Survey in the year 2016, as well as comments made to Healthwatch.

Of the 49 individuals who completed the Friends and Family Test in 2016, 96% indicated that they would recommend the service to friends or family if they needed similar care or treatment. Furthermore, the time taken from GP referral to treatment was up to 13 weeks for 9 out of 10 patients.

**Table 112:** Patient experiences of the gynaecology service in Sunderland

Positive comments	Negative comments
<ul style="list-style-type: none"> <li>• High standard of care received</li> <li>• Attitude of staff in both the outpatients department and ward; polite, courteous, compassionate, professional, reassuring, gentle and patient</li> <li>• Staff accommodated needs of individuals i.e. patient with needle phobia</li> <li>• Good standard of food; warm and nutritious</li> <li>• Cleanliness of ward</li> <li>• Good communication between health professional and patient</li> </ul>	<ul style="list-style-type: none"> <li>• Poor attitude of staff; patronising, arrogant, lack of bedside manner</li> <li>• Insufficient diagnosis and treatment received</li> <li>• Appointments running late (outpatients)</li> <li>• Operation cancelled with subsequent long wait for treatment</li> <li>• Lack of guidance/help on ward following surgery</li> <li>• Nurses more preoccupied with their computers/lunch than the patients</li> <li>• Poor standard of food</li> </ul>

## **Appendix**

### **Recommendations made in the SSNAP Clinical audit January-March 2016**

- SSNAP collects data on the whole care pathway from initial arrival at hospital, through all inpatient settings, across ESD and community rehabilitation (if provided) and up to a six month follow-up appointment. It is vital that all teams treating at least 10 stroke patients a year are part of the audit.
- It is extremely important that data regarding a patient's six month follow up is recorded on SSNAP. This data has the potential to reveal variations in access to six month assessments across the country.
- While SSNAP results at a national level are largely in line with previous national stroke audits, there remains unacceptable variation across the country.
- SSNAP should suffice as the single source of stroke data for commissioners (SSNAP is the source of the stroke measures in the CCG Outcomes Indicator Set and the NHS Outcomes Framework).
- All teams should be aiming for complete case ascertainment. The majority of routinely admitting teams are now submitting over 90% of their patients to SSNAP. The remaining teams need to focus on achieving this high level of case ascertainment as they will have a less representative (and therefore less valuable) set of results.
- Teams should examine the audit compliance score and determine how this can be improved. While there have been improvements in audit compliance scores, particularly as a result of increased completion of NIHSS data items, there are still some teams achieving a low audit compliance score.
- Teams are encouraged to make use of an array of valuable tools and resources available to help monitor and improve SSNAP performance, and ease the burden of submitting data to the audit.
- Therapists should use the therapy data presented within the audit to identify how their therapy intensity compares with the national average and with other teams. There is a valuable opportunity for therapists to engage with SSNAP and use the results to highlight where an increased number of patients could be getting more face-to-face therapy or where patients could receive more therapy over a higher number of days and to consider how this can be achieved.
- There are a wide range of innovative data visualisation tools available publically including dynamic maps which have been developed to increase the accessibility and openness of SSNAP results. These should be used by clinical teams, commissioners, patients and the public to identify where improvements are needed and drive change.
- SSNAP produce an Easy Access Version (EAV) report each quarter, written specifically for stroke survivors and their carers. This report uses short sentences,

simple language, and visual aids to present results in an easy to read manner. The EAV is publicly available and teams should ensure that patients and carers who wish to gain a better understanding of the audit are directed to these reports.

- Every member of the multidisciplinary team and managers should have shared responsibility for discussing and acting on these audit results. Many teams already use the SSNAP reports, presentations, and analysis tools in order to drive change within their service.
- It is being reported that only about 5-7% of patients need psychology after stroke. This is not consistent with published literature on the prevalence of cognitive and mood difficulties, or the self-reported, long term, unmet needs of stroke survivors. It is important to clarify that teams should answer that the patient is applicable if the patient has any psychological difficulty even if the service does not have access to a psychologist or other mental health professional.