



# South Tyneside Council

## Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Monday 30 January 2017, 2pm Council Chamber, Jarrow Town Hall, Grange Road, Jarrow, NE32 3LE

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# Agenda

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### 1. Declarations of Interest

Members to declare an interest in any agenda item.

### 2. Engagement methods for the formal public consultation – Caroline Latta (NHS England) (Briefing Paper)

### 3. Patient experience of stroke, paediatrics, maternity and gynaecology to inform clinical service review programme — North of England Commissioning Support (Appendix 1)

### 4. Baseline travel and transport impact report - Integrated Transport Planning Ltd. (Appendix 2)

### 5. Consultation Plan and Meetings schedule (Discussion)

### 6. Chairman's Urgent Items

To consider any items which the Chairman has agreed to accept as urgent business.

Engagement methods for the  
formal public consultation  
Attached as Briefing Paper

## Update on 'The Path to Excellence'

The path to excellence listening exercise started in October 2017. It is aimed at understanding public views, needs and experiences relating to stroke, maternity and gynaecology, and paediatric services. Also included is the travel and transport impact assessment.

The Path to Excellence is a five-year transformation of healthcare service across South Tyneside and Sunderland.

It has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined up, sustainable care that will benefit our population both now and in the future.

We are asking local people to share their views on clinical services in South Tyneside and Sunderland to help us identify how they can be improved and how things might be done differently in the future.

The formal consultation phase of the Path to Excellence proposals is scheduled to begin on 8 March to 4 June around:

- Stroke
- Obstetrics (maternity) and gynaecology
- Paediatrics

The enclosed papers will inform you about the work conducted to date as well as the proposed methodology for the consultation process.

The papers enclosed include:

- A review of patient insight in South Tyneside and Sunderland
- Travel and transport impact assessment
- Methods for engagement to use in the formal consultation (8 March to 4 June 2017)

## **Appendix 1: a review of patient insight in South Tyneside and Sunderland**

NHS South Tyneside and Sunderland Partnership has a requirement to develop a robust level of knowledge and understanding on public perception of clinical services currently under review as part of the Path to Excellence programme (the Sustainable Transformation Plan for the area). Public engagement and market research within South Tyneside and Sunderland has provided key findings to provide insight to support further consultation around any possible future, proposed changes to the following clinical areas:

- Stroke
- Maternity (Obstetrics)
- Gynecology
- Paediatrics

## **Appendix 2: travel and transport impact assessment baseline report**

Integrated Transport Planning Ltd has been appointed by South Tyneside and Sunderland NHS Partnership to provide a Travel and Transport Impact Assessment. This will be used to inform a 'case for change' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).

The 13 tasks in the brief have been categorised into six broad transport themes, which are listed below:

- Public transport review
- Parking review
- Accessibility review
- Surveys and data analysis
- NHS Policy Review
- Patient transport services review

A baseline report has been produced for the first stage of this commission and the primary findings from each of the six reviews listed above are included.

## **Appendix 3: the Path to Excellence - methods for engagement to use in the formal consultation 8 March to 4 June 2017**

This paper sets out the different methods for engagement which could be used for the formal consultation phase of the Path to Excellence proposals around:

- Stroke
- Obstetrics (maternity) and gynaecology
- Paediatrics

These methods have been discussed in the Path to Excellence communications and engagement group who have been overseeing the engagement process.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its statutory duties to involve and consult.

They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution, as well as the Empowering Communities principles for person centred care.

There will be a detailed communications plan to ensure appropriate publicity to promote the launch of the consultation and attendance at events and take up of the surveys, deliberative events, focus groups etc.

### **What we're going to be doing:**

Key documents will also be produced and published including:

- Full pre-consultation business case for change (technical document submitted to NHS England)
- Public facing consultation document
- Summary consultation document (shorter version of above)
- Slide pack
- Focus group discussion guides on each area of care
- Deliberative event case studies on each area of care
- Survey – paper and online

A range of engagement activity is planned including:

- Preparation event for key staff and clinicians
- Formal public launch events

- Formal public discussion events
- Subject specific deliberative events
- Preparation event for key staff and clinicians
- Consultation survey – online, paper based and on street versions
- Focus group pack for Voluntary and Community Sector use
- Attendance at relevant existing meetings, groups and networks
- Submissions received from groups, teams and individuals
- Post consultation feedback - Publication will include:
  - Full draft report
  - Summary of the draft report
  - Slide pack of the draft report

Patient experience of stroke,  
paediatrics, maternity and  
gynaecology services

Attached as Appendix 1



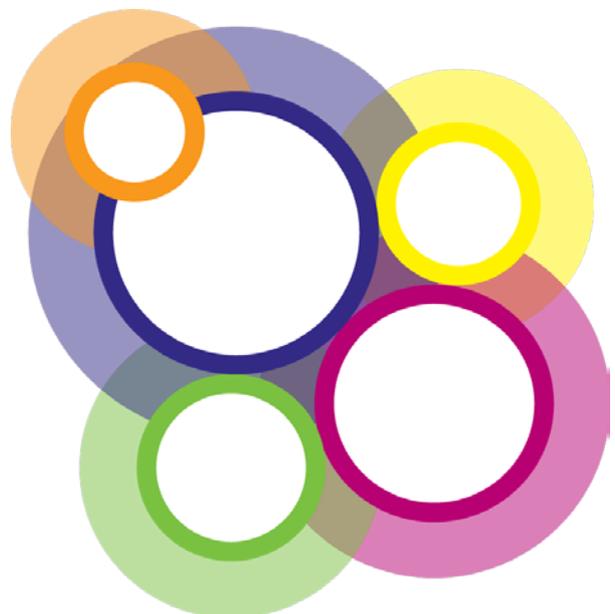
North of England  
Commissioning Support

Partners in improving local health

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

January 2016

Version 3



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## Executive Summary

NHS South Tyneside and Sunderland Partnership has a requirement to develop a robust level of knowledge and understanding on public perception of clinical services currently under review as part of the Path to Excellence programme – the Sustainable Transformation Plan for the locality. Public engagement and market research within South Tyneside and Sunderland has provided the following key findings to provide insight to support further consultation around any possible future, proposed changes.

### Stroke services

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.

#### *Admission to hospital*

75% 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 highest proportion of survey respondents indicated that they always received support to go to the toilet or use a bed pan (71%), and the lowest proportion that they always received support for emotional problems (45%).

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.

### *Satisfaction with service*

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.

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.

Suggestions made to improve the service included greater support for patients, improved communication to ensure patients receive better explanations of their conditions and course of treatment, improved aftercare and improve facilities (e.g. beds being made more often, quieter wards, better standard of food).

### *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.

## **Maternity services**

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

This insight was supplemented with qualitative insight gathered through facilitated interviews with 18 women receiving their maternity care at South Tyneside District Hospital and three women who were inpatients on the delivery suite at Sunderland Royal Hospital.

### *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, 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%).

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. Furthermore, 65% of survey respondents perceived that they were always treated with kindness and understanding.

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).

### *Satisfaction with service*

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.

On the other hand, the most 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.

Suggestions to improve the service delivered included; improved attitude of health professionals / retraining of health professionals to be less rude, improved postnatal care, better facilities for partners to stay in the hospital (*particularly raised by those*

who had given birth in South Tyneside where this was identified as an issue), consistency of midwife throughout the maternity pathway and improved staffing on wards and in antenatal clinics.

### *Structure of services*

Furthermore, 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).

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. 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. Just one individual had experience of being transferred between different hospitals during her last pregnancy, this individual had found the experience very unsettling.

### **Paediatric services**

A local survey was undertaken to capture the opinions and experiences of individuals whose child had 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 (52 individuals responded to the survey).

75% indicated that their child had received their hospital care at Sunderland Royal Hospital and 25% at South Tyneside District Hospital. Approximately two thirds of the children were treated as inpatients (65%), with the remaining 35% being treated as outpatients.

### *Admission to department*

81% of children had been admitted to the paediatrics department following attendance at A&E. For 13% the admission had been planned by the child's consultant and 6% by the child's GP. Just over half of parents (52%) had tried to access the GP or call NHS 111 prior to their visit to A&E.

For 58% of parents, their child was required to stay in hospital for more than 24 hours; 83% of those whose children received their care at Sunderland Royal Hospital stayed for more than 24 hours, compared to 17% of those at South Tyneside District Hospital. Just two parents indicated that their child was transferred to another hospital.

44% of respondents felt they waited about the right amount of time between arriving at hospital and their child being assessed, with a further 21% stating that they didn't have to wait too long and 25% indicating that their wait was too long. 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.

### *Care and treatment*

79% felt that their child was always treated with kindness and compassion by the staff who cared for them and 83% that they were always given enough privacy when their child was being examined, treated, or their care discussed.

Furthermore, 75% stated that they were involved as much as they wanted to be in decisions relating to their child's care and treatment, while 83% had full trust and confidence in the staff who treated their child.

81% of children experienced fears and concerns whilst in hospital. 60% of the parents of these children felt that the staff were very good at easing their fears, and a further 29% were good at doing this.

The majority felt 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.

88% of parents had concerns about the care and treatment of their child during their stay and wanted to talk to a member of staff about this. Of these respondents, 80% felt that this was very easy/easy to do.

Furthermore, 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.

### *Facilities*

All parents that needed to stay overnight with their child were able to. 76% of parents who did stay were also offered facilities to use.

33% of those who indicated that their child required food during their stay in hospital, rated the food as very good, 17% as good, 13% as poor and 20% as very poor.

All but one parent described the ward in which their child received their treatment as clean and tidy (98%).

### *Aftercare and discharge*

54% of respondents stated that their child was prescribed new medication during their stay in hospital, of which the majority (79%) stated that they were given enough information about what the medication was and how their child should take it.

87% of parents were 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.

### *Satisfaction with service*

63% perceived the overall experience of the service as very good, with a further 29% describing it as good. Just a small proportion rated their experience as poor (4%).

When parents were given the opportunity to comment upon the care that their child received, they mostly described the attitude of health professionals using words such as 'reassuring', 'polite', 'friendly', 'happy' and 'wonderful'.

Parents perceived that receiving high quality, safe care from specialists and seeing the correct specialist who can deal with your child's illness was more important than having an emergency paediatric unit close to home (76%, 80% compared to 52% respectively).

Some of the suggestions made by survey respondents to enhance the service delivered included; more competent and knowledgeable triage staff / improved training for support staff, shorter waiting times, improved food options for vegetarians and those with food allergies / intolerances, refreshments for parents who are unable to leave their child and new, modern beds for parents for parents to stay in hospital.

### **Gynaecology services**

A local survey was undertaken to capture the experiences of those who have used the gynaecology service in the last two years. 133 individuals responded to the survey, half had received their care at Sunderland Royal Hospital and half at South Tyneside District Hospital. In addition, 18 facilitated interviews were undertaken with women attending both hospitals as outpatients.

#### *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.

The length of time interview respondents had to wait to be referred to the service varied significantly, with some waiting a few days or perceiving their wait as 'very quick', while others had to wait three to four weeks, and another three months. Furthermore, a handful of interview respondents had experienced delays whilst waiting in clinic for their appointment.

59% of survey respondents were treated as an outpatient, 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 and 41% that they required a hospital stay of more than 24 hours.

### *Care and treatment in hospital*

76% of survey respondents were required to have an operation, 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% 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.

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. Concerns related to how respondents would travel to the other hospital.

74% of survey respondents felt that they were always treated with kindness and compassion by the staff who cared for them, while 78% indicated that they were always given enough privacy when being examined, treated, or their care discussed.

Furthermore, 71% of survey respondents 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.

76% of those that started new medication while in hospital felt that they were provided with sufficient information about why these were necessary and how they should take them. However, 18% perceived that they weren't provided with such information.

79% of those that had concerns or anxieties while in hospital perceived that it was very easy/easy to find a member of staff to talk to. 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 underwent 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.

45% of survey respondents rated the cleanliness of the ward as very good, with a further 41% rating the cleanliness as good. Just 2% rated the cleanliness as poor or very poor.

10% of those who received hospital food during their stay rated the food as very good and 35% as good. However, 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, and 65% indicated that they received enough information on any further care or treatment they required.

71% of survey respondents were given contact information in case they were worried about their condition or treatment after leaving hospital, however 12% weren't.

### *Satisfaction with service*

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.

When survey respondents were asked to elaborate on their gynaecology experience further, one of the strongest themes that emerged was the positive attitude and professionalism of the staff that cared for them, with 48% providing a response in relation to this. In contrast, 11% made a negative comment about their experience. 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.

Suggestions made by survey respondents to enhance the service included reduced waiting times for referrals to the service, as well as on-the-day waiting times for appointments and procedures, improved postoperative care and improved patient-practitioner communication.

Survey respondents perceived that high quality, safe care from specialists and seeing the correct specialist who can deal with your illness were more important than having an emergency gynaecology unit close to home (85% & 77%, compared to 42%).

# 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

<b>Issue</b>	<b>Percentage of survey respondents</b>	<b>Proportion who always received support</b>	<b>Proportion who sometimes received support</b>
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 of 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

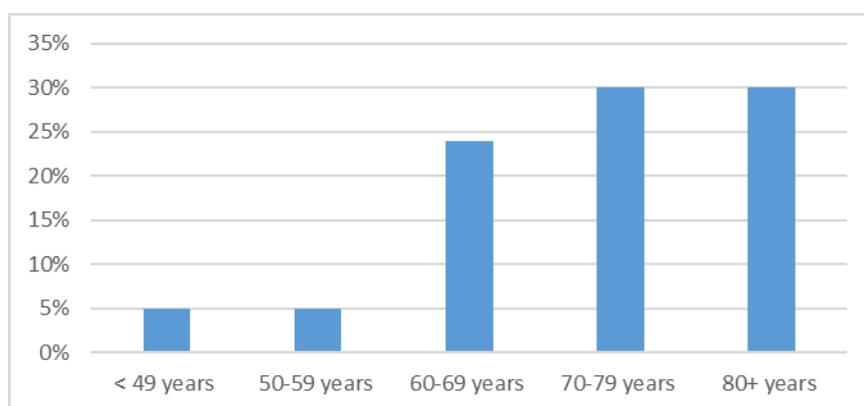
### 'Experiences of stroke services' survey (2016)

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

<b>Knowledge base of nursing staff</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient involved in decisions</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient able to understand information provided in hospital</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Stroke diagnosis discussed with patient</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient able to have a healthy meal</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient received enough help and support to deal with emotional issues</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient received an explanation about the purpose of their medication, that they could understand</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient received enough support with communication difficulties</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Patient received enough treatment to help improve their mobility</b>	<b>Percentage of responses</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>
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

<b>Comments</b>	<b>Percentage of respondents</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>
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

<b>Comments</b>	<b>Percentage of respondents</b>	<b>Percentage of respondents who received care at South Tyneside District Hospital</b>	<b>Percentage of respondents who received care at Sunderland Royal Hospital</b>
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

<b>Comments</b>	<b>Percentage of respondents</b>	<b>Percentage of respondents receiving care at South Tyneside District Hospital</b>	<b>Percentage of respondents receiving care at Sunderland Royal Hospital</b>
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 star 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

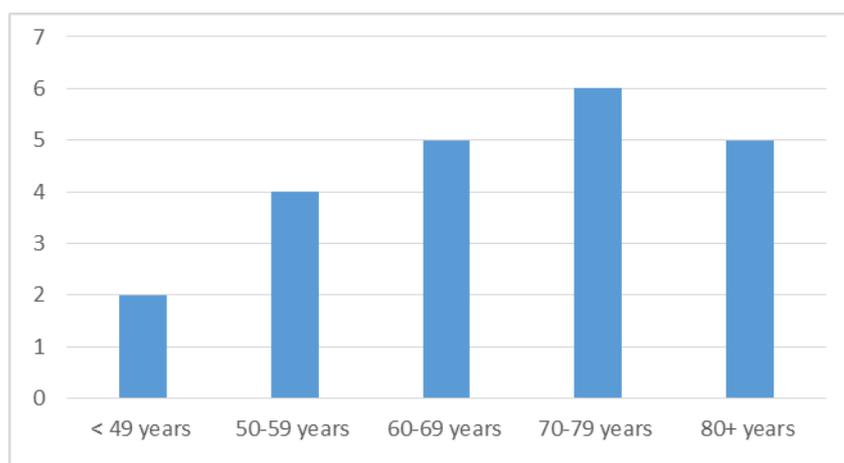
The following summarises the insight gathered through a series of facilitated interviews with inpatients, outpatients and carers conducted in October/November 2016.

## 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. The insight has also been supplemented with patient opinions gathered through the Friends and Family Test Survey (South Tyneside only).

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% their 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 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

<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.

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.

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 (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 always had trust and confidence in the staff treating 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 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.

A small number of survey respondents and those completing the Friends and Family Test Survey made suggestions as to how the service could be improved, these included;

- Improved staffing.
- Competent and knowledgeable triage staff / improved training for support staff.

- Shorter waiting times.
- 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.

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 (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).

### **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, 8% 'other', 4% divorced, and 2% separated (9% did not respond to the question). 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% indicated that they had a long-standing illness or disability, whilst 23% stated that they cared for someone with a long-standing illness or disability. Furthermore, 29% stated that they 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

	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
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

	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
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 treating 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 treating 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 any 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 the 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

	<b>1 (most important)</b>	<b>2</b>	<b>3 (least important)</b>
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

	<b>1</b>	<b>2</b>	<b>3</b>
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

	<b>1</b>	<b>2</b>	<b>3</b>
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

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)
- 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>

## 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;

3. 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.
4. 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 (5 inpatients from the Maternity Ward and 13 outpatients from the Antenatal Assessment Service) and three women who were inpatients on the delivery suite at 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, 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. 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. Just one individual had experience of being transferred between different hospitals during her last pregnancy, this individual had found the experience very unsettling.

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

<b>CCG</b>	<b>Initial Assessment</b>	<b>Neonatal mortality and stillbirths*</b>	<b>Women's experience of maternity services**</b>	<b>Choices in maternity services**</b>
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

Survey section		City Hospitals Sunderland NHS Foundation Trust (N=123)	South Tyneside NHS Foundation Trust (N=59)	Lowest trust score achieved	Highest trust score achieved
Antenatal care	The start of your care in pregnancy	4.6	5.1	3.6	7.3
	Antenatal check-ups	6.6	7.1	6.0	7.9
Labour and birth	During your pregnancy	9.0	8.7	7.8	9.3
	Labour and birth	8.9	8.8	7.3	9.4
	Staff Care in hospital after the birth	9.2 8.5	8.7 7.8	7.4 6.7	9.3 8.9
Postnatal care	Feeding	8.2	7.8	7.1	8.5
	Care at home after the birth	8.6	-	7.4	8.9

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).

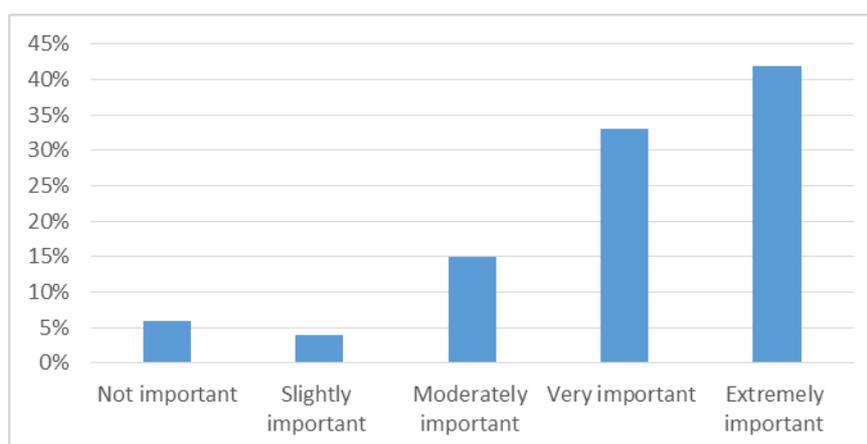
Just 1% of the sample indicated that they were currently pregnant or already had a child under the age of two years. The postcode distribution of respondents is displayed in Table 53 below.

**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.

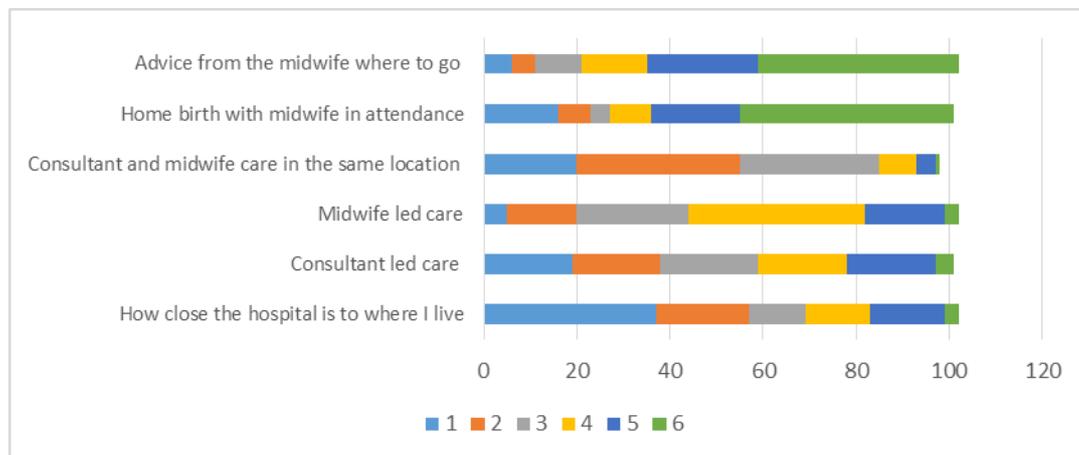
As can be seen in Figure 4, the largest proportion of respondents rated the proximity of the hospital to where they live as most important (37%), with a further 20% giving this factor a score of 2. This factor received a rating average of 2.59.

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)	8%		

machines) and a variety of options for pain relief			
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### ‘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.

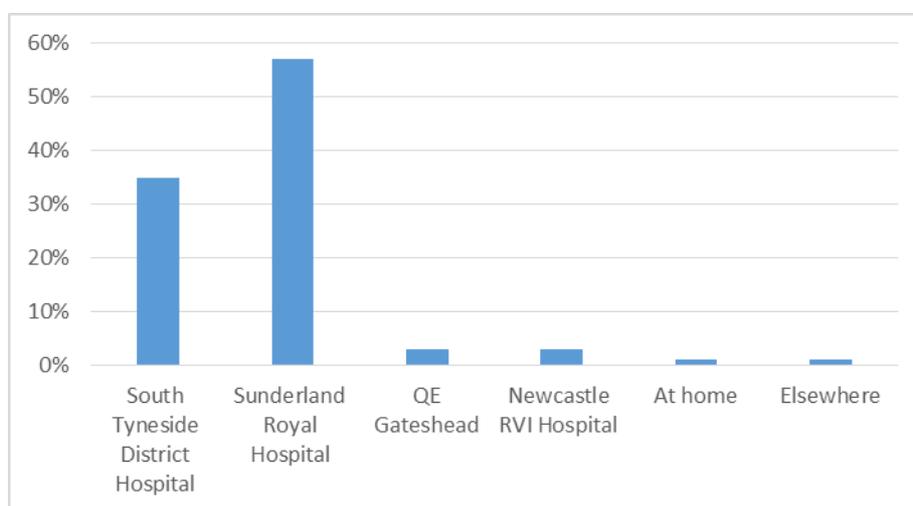
## Individuals who have (or their partner has) given birth in the last two years

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)

<b>Choices provided</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Spoken to in a way that the patient could understand</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Involved in decisions about care</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Birthing partner involved in care as much as they wanted</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Spoken to in a way patient could understand</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Involved in decisions about their care</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Treated with dignity and respect</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Confidence and trust in staff</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Provided with information / explanations</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Treated with kindness and understanding</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Partner (or someone else close) able to stay as much as wanted</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Cleanliness of hospital room or ward</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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

<b>Cleanliness of toilet and bathroom facilities</b>	<b>Percentage of responses</b>	<b>Respondents who gave birth in Sunderland Royal Hospital</b>	<b>Respondents who gave birth in South Tyneside District Hospital</b>
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, where specific comments have been 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)  Midwives that listen to patient's wishes and concerns; e.g. providing examinations when requested, understand the patient's preferences for pain relief	7%
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 Sunderland (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 '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 with inpatients

Three females completed the maternity facilitated interviews, all of which were white British and aged 31-40 years. The women were from postcode areas SR2, SR4 and SR6 and were all currently inpatients on the delivery suite.

All of the women indicated that they chose Sunderland Royal Hospital for their care, due to the proximity of the service to where they lived. Just one individual stated that they had additionally looked at patient reviews about the hospital, and felt that there was no reason not to choose it.

The women were asked to identify what was most important to them in relation to their care and treatment, responses were grouped into the following themes;

- Good patient-practitioner communication ensuring that the individual is able to understand their care thoroughly, and is involved in decisions relating to their care and treatment.

- High quality care by knowledgeable staff.
- Staff who have the time to care for patients properly.

None of the women reported any significant issues when attending the hospital for any of their antenatal appointments. However, one individual stated that she had been left on her own for a lengthy period of time during one of her scans, which she did not like, however the member of staff caring for the patient did apologise for the wait when she returned. Furthermore, the one individual who had a planned admission for induction perceived that she was attended to quickly.

*“No issues. I was medium risk so was seen quickly and regularly throughout pregnancy”*

*“All appointments have been spot on - haven't had to wait for any of them.”*

All of the women felt that they were treated in the appropriate department with specialist staff for their needs.

None of the women required an inpatient stay during their pregnancies, however two individuals were admitted to the Antenatal Day Unit for monitoring. One of which stated that she felt reassured that she was in the right place during this time.

None of the respondents had to visit another hospital or care setting as part of their care, apart from seeing the community midwife at their GP practice. During the interviews, one individual stated that she would have been happy to have gone wherever she had needed to;

*“No but I would have gone to where I needed to go - wherever the specialists said I needed to go.”*

All of the women were very satisfied with the care and treatment they received, with one describing their care as excellent.

Suggestions made to improve the service delivered at Sunderland Royal Hospital included;

- Facilities on the postnatal ward for partners to make food; one individual commented that she struggled after her caesarean when her partner had to keep leaving the unit to get food.
- More up-to-date information leaflets
- Better sleeping facilities for partners in the postnatal ward; this individual commented that there are pull out beds in the delivery room but nothing in the postnatal rooms.

## **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 or perceiving their wait as 'very quick', 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 or tablets 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 underwent 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 her care could have been improved by having 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 that cared for them, 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 be 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

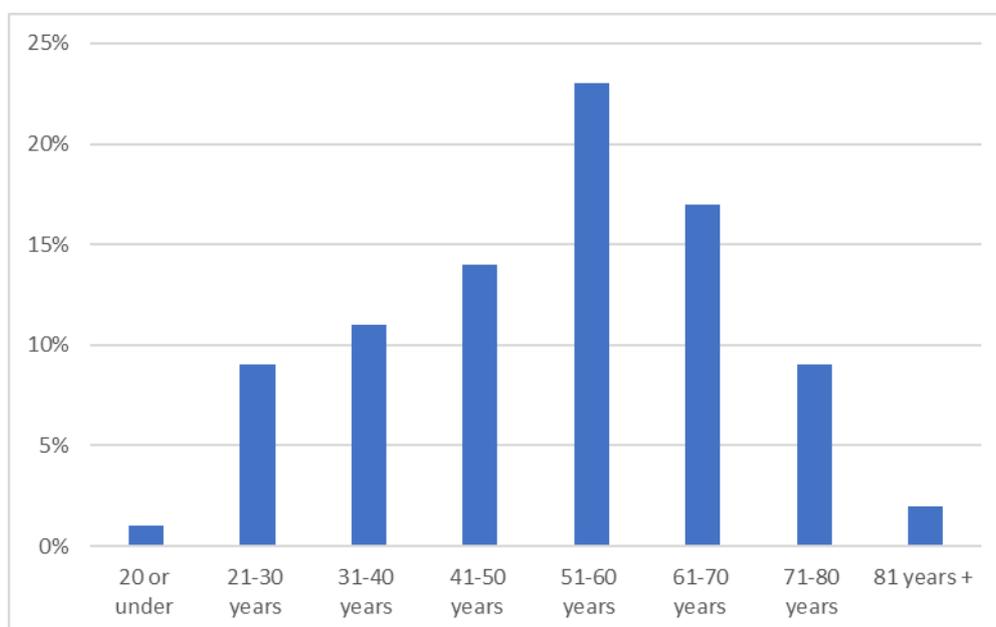
### 'Experiences of gynaecology services' survey (December, 2016)

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;

<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.

*“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)*

*“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; <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>	13%	10%	15%

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

	<b>1 (most important)</b>	<b>2</b>	<b>3 (least important)</b>
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

	<b>1</b>	<b>2</b>	<b>3</b>
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

	<b>1</b>	<b>2</b>	<b>3</b>
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 trys 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 publicly 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.

Baseline Travel and Transport  
Impact Report  
Attached as Appendix 2

## Appendix 2

# Travel and Transport Impact Assessment – Baseline Report

# Transport and Travel Impact Assessment

Draft Baseline Report 0-3  
January 2017

Produced by:



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# Appendices

Appendix A East Durham Hospital Link

Appendix B TaxiCard leaflet

Appendix C Accessibility maps and census output tables

Appendix D Benchmarking Technical Note

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## Table of Acronyms and Abbreviations

CHSFT	City Hospitals Sunderland Foundation Trust
SRH	Sunderland Royal Hospital
STFT	South Tyneside Foundation Trust
STDH	South Tyneside District Hospital
IMD	Indices of Multiple Deprivation
NEAS	North East Ambulance Service

# Executive Summary

Integrated Transport Planning Ltd has been appointed by South Tyneside and Sunderland NHS Partnership to provide a Travel and Transport Impact Assessment to inform a 'case for change' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).

The 13 tasks in the brief have been categorised into six broad transport themes, which are listed below:

- Public Transport Review
- Parking Review
- Accessibility Review
- Surveys and Data Analysis
- NHS Policy Review
- Patient Transport Services Review

A baseline report has been produced for the first stage of this commission and the primary findings from each of the six Reviews listed above are included in this Executive Summary.

## **Public Transport Review**

A review of bus services serving bus stops approximately 400m from both South Tyneside Hospital and Sunderland Royal Hospital has shown that STDH is served by a total of 12 bus services, 10 of which are high frequency services (frequencies ranging between 10 minutes and one hour) and two of which are low frequency services. SRH is served by a total of 18 bus services, 12 of which operate at high frequencies (between 10 mins and 30 mins) and six additional services that operate at lower frequencies. Both hospitals are also within 800 metres of a metro stop.

The table below provides a comparison of bus services that serve similar hospitals. Both STDH and SRH benefit from more bus services than one of their comparator hospitals but less services than their other comparator hospital.

<b>Hospital</b>	<b>No. of high frequency services (within 400m)</b>	<b>No. of low frequency services (within 400m)</b>	<b>Total</b>
<b>South Tyneside District Hospital</b>	10	2	12
<b>Comparator 1 - North Tyneside Hospital</b>	5	4	9
<b>Comparator 2 - Queen Elizabeth Hospital, Gateshead</b>	10	8	18
<b>Sunderland Royal Hospital</b>	12	6	18
<b>Comparator 1 - University Hospital of North Durham</b>	16	8	24
<b>Comparator 2 - University Hospital of North Tees</b>	7	3	10

A wide range of public transport ticketing options are available that cover various periods of time and cover a single operator or a number of operators or both bus and metro services. CHSFT staff can benefit from a discount on public transport services and have the option to take out an interest free season ticket loan.

At present there is no direct public transport service between STDH and SRH, however it is possible to make the journey by using two bus services and interchanging.

In terms of Community Transport, there are three existing community transport operators, primarily operating for social purposes. A fourth provider, The Red Cross will soon (within the next three to four months) be offering transport support services across the North East, including South Tyneside and Sunderland, provided by volunteers, to fill the identified gap between those eligible for supported transport into health appointments, and those that can't get this service but still require some support to prevent missed appointments.

There are a number of transport options for carers including various travel cards providing free travel / concessions and discounted travel.

NEXUS operate the TaxiCard scheme, which is available to individuals who are eligible and enables them to use approved taxi companies at a discounted price.

### Car parking review

Both STDH and SRH car parks are monitored by Parking Eye via ANPR and assign parking areas to different types of hospital user as illustrated in the table below.

Parking allocation type	STDH - 921 spaces		SRH - 1714 spaces	
Public only spaces	159	17%	398	23%
Staff only spaces	739	80%	204	12%
Spaces for both staff and public	-	-	1112	65%
Drop off	14	2%	-	-
Restricted bays	9	1%	-	-
<b>Total</b>	<b>921</b>		<b>1714</b>	

Various parking tariffs exist for both staff and patients / visitors for various time periods as illustrated in the table below.

Parking ticket type	STDH	SRH
<b>Staff parking costs</b>		
Staff monthly parking permit	Between £7.50 and £15.00	£31.00 / £62.00
Staff daily parking permit	-	£3.00
<b>Public parking costs</b>		
Up to 1 hour	£1.50	£2.00

<b>Up to 2 hours</b>	£3.00	£3.00
<b>Up to 3 hours</b>	£4.50	-
<b>2-4 hours</b>	-	£4.50
<b>Up to 24 hours</b>	£5.00	£8.00
<b>Weekly pass</b>	£10.00	-
<b>Monthly pass</b>	-	£20.00
<b>Renal Dialysis Patients</b>	-	Free
<b>Volunteers</b>	-	Free
<b>Disabled</b>	Pay the general public parking costs	Free

At STDH, the car parks regularly reach over 90% occupancy. Parking occupancy routinely exceeds 90% of maximum capacity at SRH. Over a three week period in September, on one day the maximum parking occupancy reached 99% at SRH (leaving a total of 19 spaces available on the site). Both car parks have effectively reached / exceeded their practical capacity, as it is generally good practice to allow an operational margin.

### **Accessibility Review**

38.5% of households in South Tyneside, and 35.1% of households in Sunderland do not have access to a car or van, however the proportion of households with no access to a car or van does vary across the geographical area. In South Tyneside, Jarrow and Hebburn comprise a relatively high percentage of households with no access to a car, as do some areas of South Shields (south west and west of the town). In Sunderland, certain areas of the city also comprise a relatively high proportion of households with no access to a car or van, particularly the Downhill, Witherwack and High Southwick areas north of the River Wear and the East End of Sunderland. Further afield, some areas of Washington have a high proportion of households with no access to a car or van as well.

Levels of access to both STDH and SRH have been modelled using public transport, private car, walking and cycling using industry standard accessibility modelling software 'Visography TRACC'. Map based outputs identify patterns of public transport provision based on journey time and accompanying census based demographics depict relevant metrics in numerical form.

Accessibility levels at both STDH and SRH have been analysed for four different time periods, 7am - 9am, 2pm - 4pm, 5pm - 7pm and 7pm - 9pm to reflect common times of arrival and departure by both staff and visitors.

In the past, a common indicator across the country has been to measure the proportion of the population within a 30 minute journey (by public transport) of a / any hospital. This indicator has been utilised to understand the proportion of residents within a 30 minute public transport journey of STDH and SRH, as well as the proportions of local populations within the same journey time to access the comparator hospitals. The table below shows the results for both STDH and SRH and their comparator hospitals to provide context during the 7am - 9am time period.

Both South Tyneside District Hospital and Sunderland Royal Hospital have the highest proportions of local residents within a 30 minute public transport journey time of each hospital, 63% and 57% respectively, when compared to the comparator hospitals and respective local populations.

The level of accessibility to Sunderland Royal Hospital amongst both South Tyneside and Sunderland residents is significantly higher compared to the levels of accessibility to the University Hospital North Durham (19%) by the resident local population, and similar to the level of accessibility to University Hospital North Tees (41%) by the resident local population.

Sunderland Royal Hospital has a slightly higher proportion of residents from both South Tyneside and Sunderland within a 30 minute public transport journey than South Tyneside Hospital, 39% compared to 23%.

Hospital	Local Authority	% of residents within 30 minutes from LA area
South Tyneside District Hospital	South Tyneside	63%
	Sunderland	2%
	South Tyneside and Sunderland	23%
Comparator 1 - North Tyneside District Hospital	North Tyneside	60%
Comparator 2 - QE Gateshead Hospital	Gateshead	52%

Hospital	Local Authority	% of residents within 30 minutes from LA area
Sunderland Royal Hospital	Sunderland	57%
	South Tyneside	4%
	Sunderland and South Tyneside	39%
Comparator 1 - University Hospital of North Tees, Stockton	Stockton-on-Tees	41%
Comparator 2 - University Hospital of North Durham	County Durham	19%

A second measure of accessibility, Public Transport Accessibility Level, or PTALs, shows that both STDH and SRH have PTAL levels that are either better than or equal to their comparator hospitals as illustrated in the table below. For reference, a PTAL score of 0 is the worst and a score of 6b is the best.

Hospital	PTAL level
South Tyneside District Hospital	3
North Tyneside Hospital	2
QE Gateshead Hospital	3
Sunderland Royal Hospital	4
University Hospital of North Tees	2
University Hospital of North Durham	4

Following a stakeholder workshop, a number of barriers to accessing both public and private transport have been identified, namely:

- Individuals who experience mobility issues
- Out of hours transport needs
- The cost of travel

- Longer journey times
- Parking capacities and parking space allocations
- Concept of unfamiliarity with new areas, new hospitals, interchange locations etc.
- Reduced frequency of public transport.

### Surveys and Data Analysis

At present, only staff travel survey data exists, however this data is either out of date and / or covers numerous sites that form part of each Trust. How staff travel to work at each Trust is shown in the table below. Single occupancy car use at SRH is considerably lower than that at STDH, with many more commutes to SRH made by staff walking and using public transport (particularly bus use), whilst the proportion of staff cycling is slightly higher at STDH.

Transport mode	STFT - 2015	CHSFT- 2010
Car - alone as driver	75%	60.5%
Car share	7%	8%
Walk	6%	11.5%
Bus	5%	12%
Metro	2%	4%
Cycle	4%	2%
Park and Ride	-	1.5%
Other	1%	0.5%

New travel survey data with staff, patients and visitors is due to be collected during early 2017.

### NHS Policy Review

A review of the draft CHSFT Travel and Associated Expenses Policy (currently awaiting sign off) notes that staff required to change their work base will be paid additional mileage, if the new journey exceeds five miles per single journey for up to 12 months and staff incurring extra public transport costs will be reimbursed for up to 12 months.

Relevant NHS Policy documents include *Health Technical Memorandum (07-03) - NHS car parking management: environment and sustainability (2015)*, which provides a number of measures to reduce car parking demand and promote better use of car parks on NHS sites, focussing on sustainable transport, car park management and car park equipment, exemplified through case studies. A second NHS policy document is *the DoH Healthcare Travel Costs Scheme*, which forms an element of the NHS Low Income Scheme providing financial assistance to eligible individuals with their travel costs.

### **Patient Transport Services**

Patient Transport Services (PTS) are classified as non-emergency transportation services, which transport patients with a medical need, which are not immediate or urgent, to and from premises providing NHS healthcare and between NHS healthcare providers (Department of Health, 2007). PTS services in South Tyneside and Sunderland (and the wider North East region) are provided by North East Ambulance Services (NEAS).

Currently, there is a national guidance note, *DoH PTS Eligibility Criteria* that is then moulded to suit local arrangements and needs, often by the CCGs. Sunderland and South Tyneside CCG are currently reviewing their local criteria and have produced a draft revised list of criteria in October 2016, which follows the principles of the Department for Health's guidance, but goes into more depth regarding the patient's condition and distance to be travelled. A final note on the revised eligibility criteria is believed to be imminent.

NEAS have contracts with the local CCGs. Booking data obtained from NEAS for a three month period (1st August 2016 to 31st October 2016) shows all PTS journeys booked, covering all journeys made by residents in both South Tyneside and Sunderland CCG areas to both STDH and SRH. A review of the booking data shows that a total of 8,115 single leg journeys were completed over the defined time period, with around half of these, 4,197 journeys, being made from the Sunderland CCG area to SRH. 2,774 journeys were made from the South Tyneside CCG area to STDH and a further 955 were made from the South Tyneside CCG area to SRH.

Placing a monetary cost on these journeys can be estimated using the operating cost per vehicle mile of bus services across England outside London, which is £3.25. Working with average trip lengths over the defined three month period, the PTS services between the South Tyneside and Sunderland CCG areas and STDH and SRH cost over £136,000.

# 1. Introduction

- 1.1 Integrated Transport Planning Ltd has been appointed by South Tyneside and Sunderland NHS Partnership to provide a Travel and Transport Impact Assessment to inform a 'case for change' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).
- 1.2 The decision for two of the North East's NHS Foundation Trusts, City Hospitals Sunderland NHS Foundation Trust (CHFST) and South Tyneside NHS Foundation Trust (STFT), to form a partnership to combine their services was formally taken earlier in 2016, culminating in the South Tyneside and Sunderland NHS Partnership.
- 1.3 The two trusts serve a population of 430,000 people and have formed an alliance in order to transform and re-balance local services to avoid the duplication of many emergency and elective hospital services that are currently offered at both Sunderland Royal Hospital and South Tyneside District Hospital. We understand that going forward, Sunderland Royal Hospital will focus on leading and providing emergency and complex planned services across South Tyneside, while South Tyneside will focus on leading and providing Community Services, Out of Hospital Rehabilitation Services, diagnostic and screening services, whilst also continuing to provide a broad range of planned and emergency care hospital services.
- 1.4 We understand that the potential relocation of services from one hospital to another may result in some patients from South Tyneside travelling to Sunderland (and vice versa) and the same may also apply to staff. The wider topic of the new alliance, and particularly the issue of travel and transport, is sensitive and needs to be handled carefully, thoroughly and in a manner that stands up to public scrutiny.
- 1.5 The brief stated a wish to understand the following issues:
  - The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites (South Tyneside District Hospital and Sunderland Royal Hospital).
  - Levels of access to public and private transport (including car ownership) – and barriers to access – in the South Tyneside and Sunderland areas.
  - How patients, staff and others currently travel to access services – what is the mix of private/public transport, walking and cycling.

- How much travel already happens from one area to another – what could be expected if services are aggregated in one geographical area including rationale
- The costs of public transport
- The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence.
- Patient transport access criteria and take up (guidance will be given on this)
- The potential impact on patient transport services provided by North East Ambulance service (guidance will be given on this)
- What other community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc.
- National and local NHS policies for providing assistance for travel
- Review of existing travel and transport policy for both trusts – for patients, carers and staff
- Any information about what other organisations have done to improve access in terms of transport following reconfiguration of services
- Options/recommendations for improvements - for example if service X was made available this would improve the % of patients able to get to SRH or STFT within 1 hour by Y’.

1.6 These 13 tasks have been categorised into six broad transport themes as shown in the table below. This report is structured in line with these six themes.

**Table 1-1: Task categorisation**

Task / information required	Categorised transport theme
The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites (South Tyneside District Hospital and Sunderland Royal Hospital)	Public Transport Review
The costs of public transport	
What other community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc.	
The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence	Parking Review

Levels of access to public and private transport (including car ownership) – and barriers to access – in the South Tyneside and Sunderland areas	Accessibility Review
Options/recommendations for improvements - for example if service X was made available this would improve the % of patients able to get to SRH or STFT within 1 hour by Y'	
How patients, staff and others currently travel to access services – what is the mix of private/public transport, walking and cycling	Surveys and Data Analysis
How much travel already happens from one area to another – what could be expected if services are aggregated in one geographical area including rationale	
National and local NHS policies for providing assistance for travel	NHS Policy Review
Review of existing travel and transport policy for both trusts – for patients, carers and staff	
Any information about what other organisations have done to improve access in terms of transport following reconfiguration of services	
Patient transport access criteria and take up (guidance will be given on this)	Patient Transport Services Review
The potential impact on patient transport services provided by North East Ambulance service (guidance will be given on this)	

- 1.7 The first stage of this commission is to undertake a baseline report to record the current situation in terms of transport and travel relating to patients, visitors and staff, and also review the data sources available to help inform the impact assessment going forward. The next stage(s) of this commission will examine the transport and travel impacts of the options and proposals developed for each clinical service as a result of the review.

## 2. Public Transport Review

- 2.1 This chapter explores the current public transport services serving the two hospitals including the variety of routes serving the hospitals, their frequency, hours of operation and typical ticket costs. It also investigates public transport services between the two hospitals. Research has also been undertaken to determine community interest transport or volunteer transport arrangements that exist in the locality.
- 2.2 We have used the following data sources to compile this chapter:
- NEXUS website - [www.nexus.org.uk](http://www.nexus.org.uk)
  - Individual operator websites (Stagecoach and Go North East)
  - Network One travel tickets - [www.networkonetickets.co.uk/tickets](http://www.networkonetickets.co.uk/tickets)
  - Google maps
  - General online research

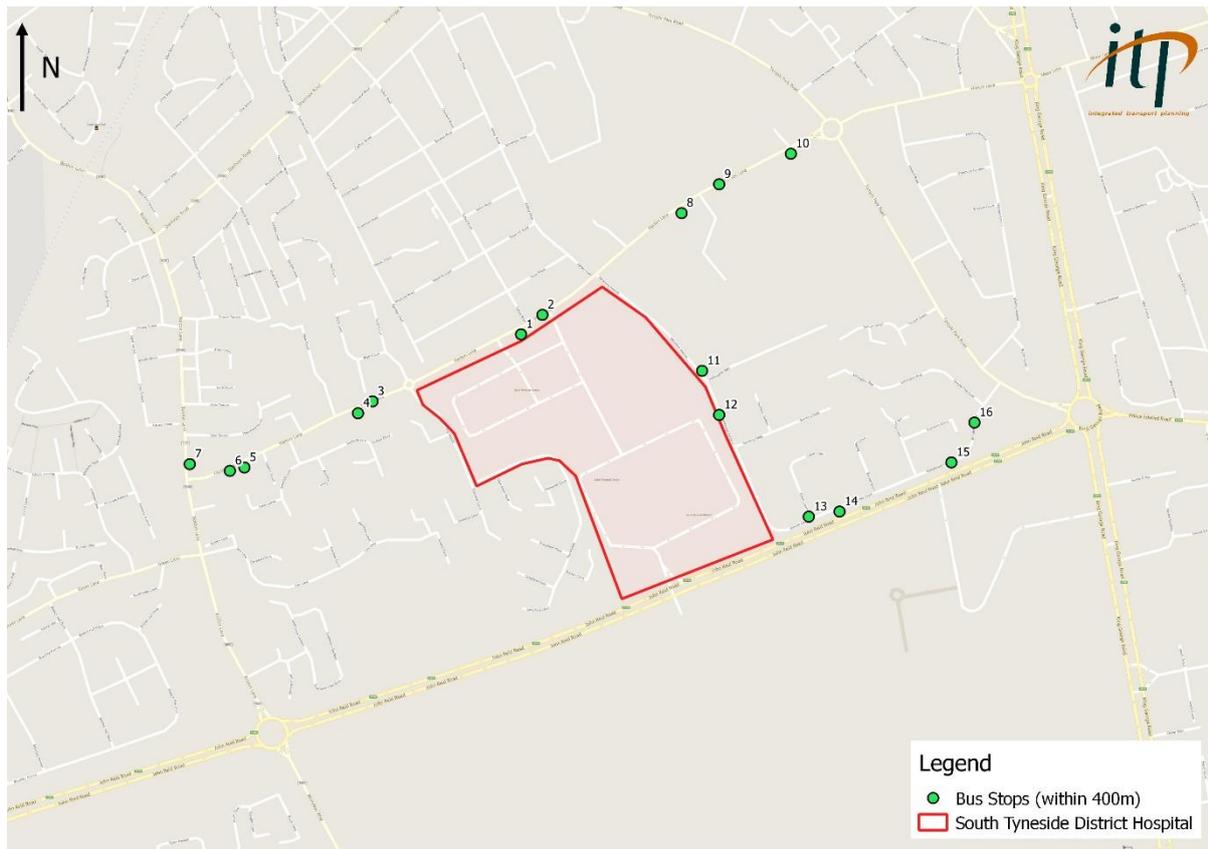
### South Tyneside District Hospital public transport services

- 2.3 South Tyneside District Hospital is located south west of South Shields, bounded by Hardon Lane to the north, McAnany Avenue to the east, John Reid Road to the south and The Wynde to the west.
- 2.4 To investigate the level of public transport services, a 400m perimeter was drawn around the STDH site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored. To maximise the levels of bus services that pass close to the hospital, routes stopping at bus stops located on Bolden Lane / Harton Lane have been included, however it is important to note that these bus stops are over the 400m threshold, being located approximately 650m from the main entrance to the hospital site on Harton Lane.
- 2.5 Similarly, an 800m perimeter was drawn around the STDH site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

## Bus Services

- 2.6 There are a total of 15 bus stops located within a 400m perimeter of South Tyneside District Hospital, and one located on Boldon Lane (approximately 650m walking distance) which are served by public bus services, as illustrated in Figure 2-1.

Figure 2-1: Bus stops within 400m of South Tyneside District Hospital



Source: Bing Road, adapted by ITP. Bus service information sourced from Nexus.

- 2.7 The nearest bus stops to the site are located on Harton Lane, McAnany Avenue and Hathersage Gardens, which are within 150m of the centre of the site. Bus shelters with timetabling information are present at all of these locations. There are also a number of other bus stops with similar facilities located on Harton Lane, Boldon Lane, Calver Court and Grindleford Court. It is also understood that there are two bus stops within the hospital grounds, but at present these are not serviced by a public bus service.
- 2.8 Figure 2-2 below illustrates the network coverage of the bus routes serving South Tyneside District Hospital, whilst figures 2-3 and 2-4 depict the published bus route

network maps produced by the two primary operators in the area, Stagecoach and Go North East.

Figure 2-2: High and low frequency bus routes serving South Tyneside District Hospital

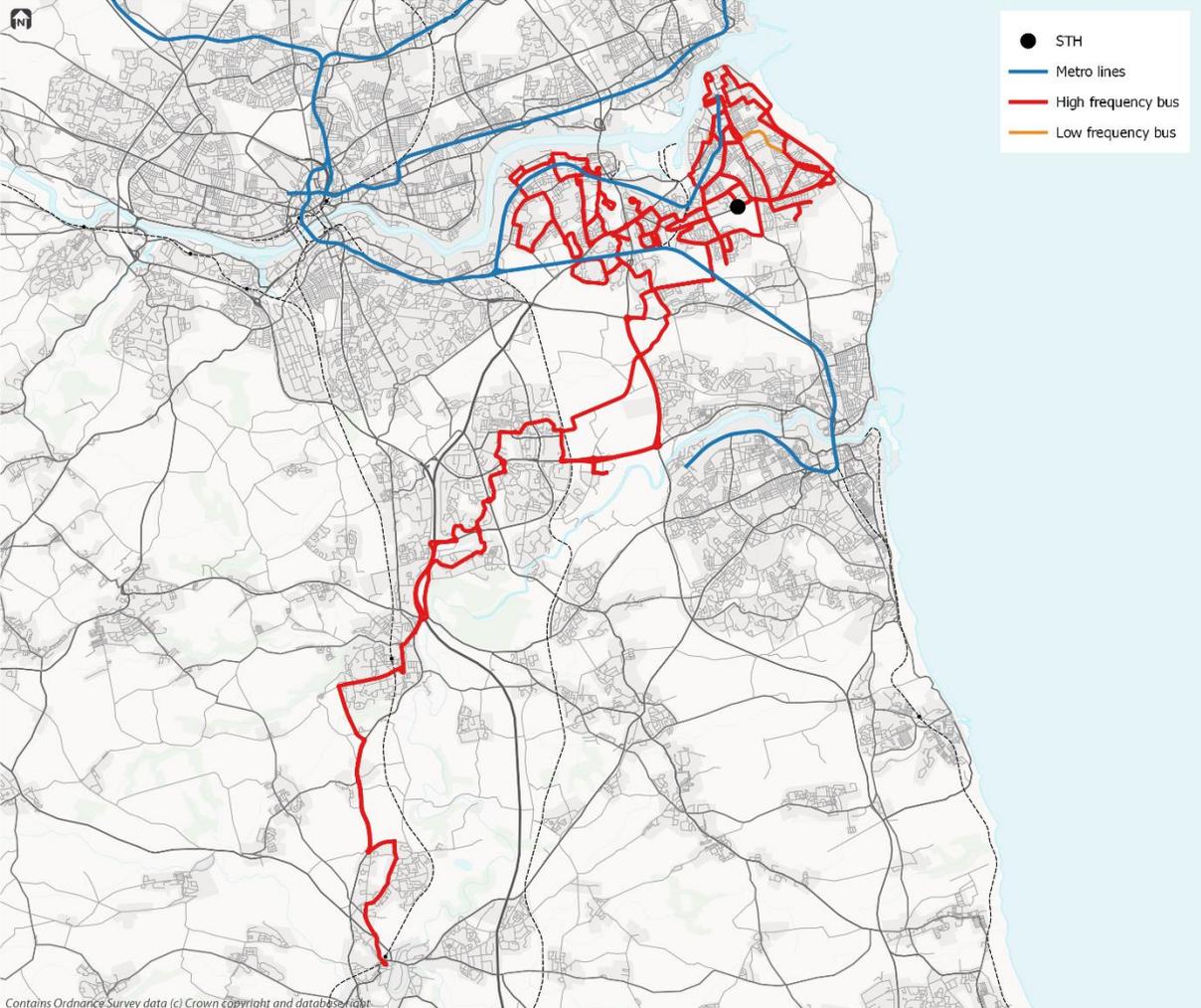


Figure 2-3: Stagecoach South Shields bus network map

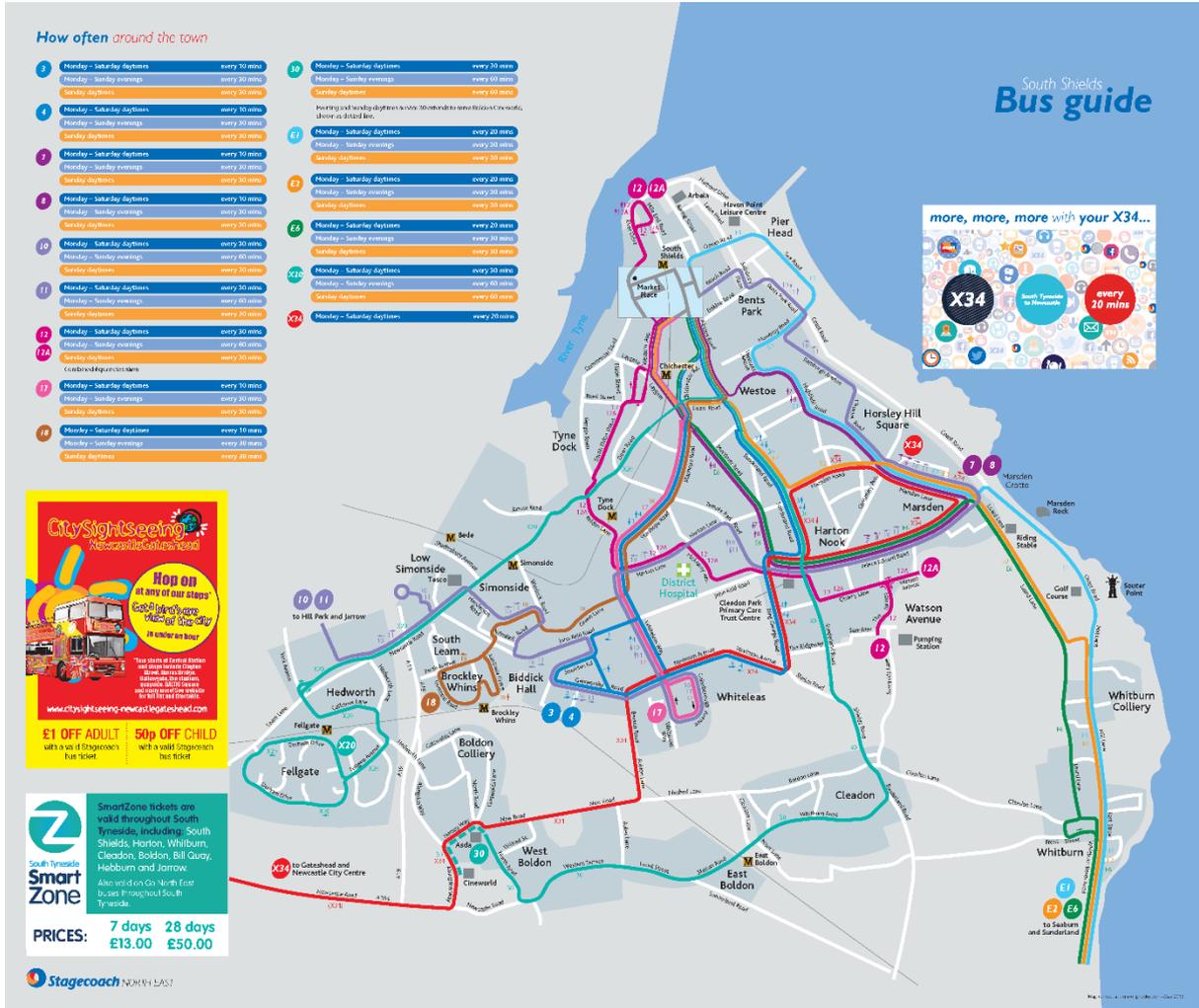
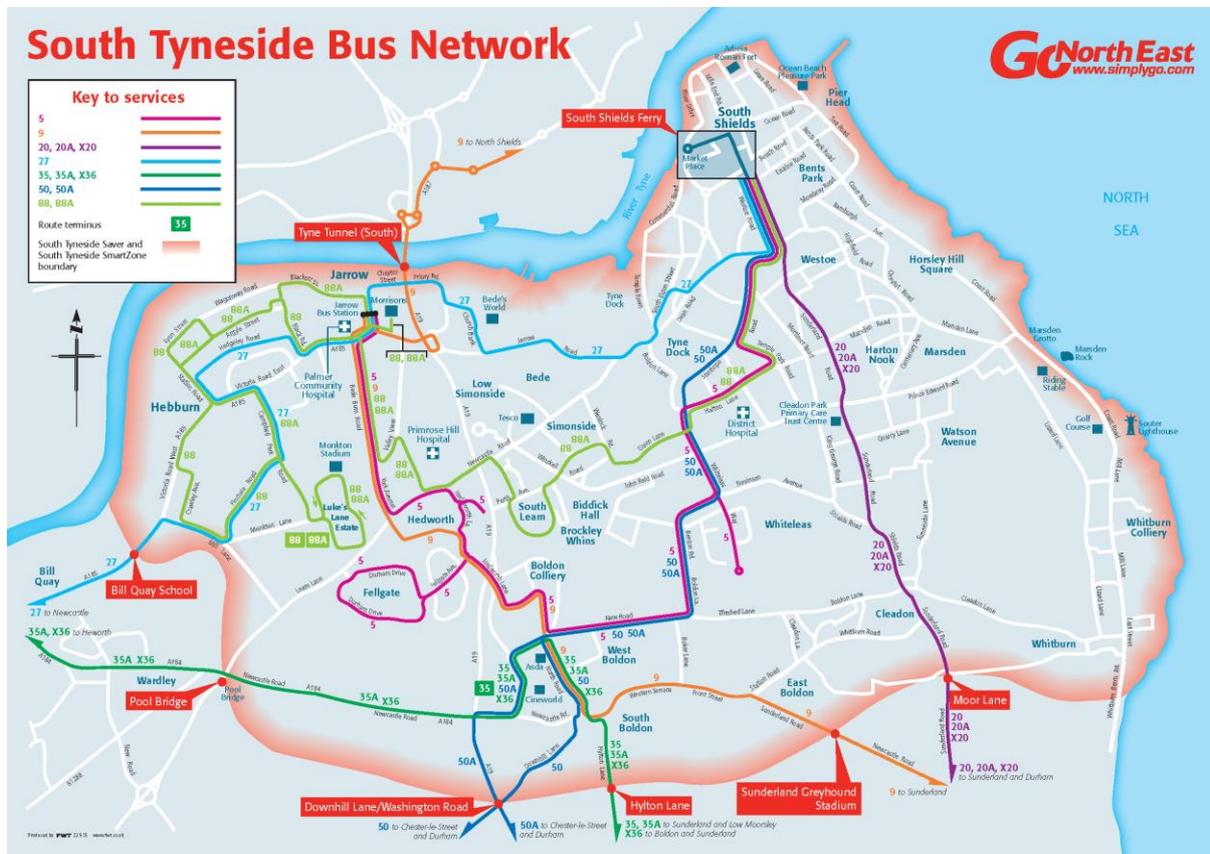


Figure 2-4: Go North East South Shields bus network map



- 2.9 A total of 12 bus services serve the hospital all day, at frequencies ranging between 10 minutes and one hour. There are also two additional services which serve the hospital operating at lower frequencies. All of these bus services link the hospital to South Shields, Jarrow, Chichester and Durham. A summary of the services offered at each stop is provided in Table 2-1. Clicking on the service numbers will link through to the online timetables.

Table 2-1: High frequency bus services serving South Tyneside District Hospital

Service	Stops served	Operating hours	Average frequency	Operator	Route
<a href="#">3</a>	7	Mon - Fri 05:05 - 23:10	10 minutes	Stagecoach	South Shields - Chichester - Whiteleas - Westoe - South Shields
		Sat 07:15 - 23:10			
		Sun 10:43 - 23:10			
<a href="#">10</a>	1, 4, 5, 8, 10	Mon - Fri 06:16 - 23:00	30 minutes	Stagecoach	South Shields - Horsley Hill - Biddick Hall - Low Simonside - Jarrow
		Sat 07:32 - 23:00			
		Sun 09:20 - 23:00			
<a href="#">11</a>	2, 3, 6, 9	Mon - Fri 06:14 - 22:48	35 minutes	Stagecoach	Jarrow - Low Simonside - Biddick Hall - Horsley Hill - South Shields
		Sat 07:14 - 22:48			
		Sun 09:48 - 22:48			
<a href="#">12</a>	1, 2, 3, 4, 6, 11, 12, 13, 14, 15, 16	Mon - Sat 06:54 - 23:04	30 minutes	Stagecoach	Mile End Road - West Harton - South Tyneside District Hospital - Watson Avenue (and return)
		Sun 08:39 - 23:04			
<a href="#">17</a>	7	Mon - Fri 05:32 - 23:09	30 minutes	Stagecoach	South Shields - West Harton - West Park -

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 06:06 - 23:09			Chichester - South Shields
		Sun 10:26 - 23:09			
<a href="#">18</a>	7	Mon - Fri 06:03 - 23:06	30 minutes	Stagecoach	South Shields - West Harton - Brockley Whins - Chichester - South Shields
		Sat 06:50 - 23:06			
		Sun 09:55 - 23:06			
<a href="#">516</a>	9, 12, 14, 15	Mon - Fri 08:20 - 17:40	1 hour	Go North East	South Shields - Lake Avenue - Horsley Hill - South Tyneside District Hospital
		Sat 08:44 - 17:40			
<a href="#">South Tyne 88/88A</a>	1, 2, 3, 4, 5, 6, 8, 9, 10	Mon - Fri 05:51 - 23:02	15 minutes	Go North East	Luke's Lane Estate - Jarrow - South Tyneside District Hospital - Chichester - South Shields
		Sat 06:16 - 23:02			
		Sun 07:42 - 23:02			
<a href="#">Whey Aye 5</a>	1, 2, 3, 4, 5, 6, 8, 9, 10	Mon - Fri 05:34 - 23:06	30 minutes	Go North East	Jarrow/Fellgate - Boldon - South Tyneside District Hospital - South Shields
		Sat 06:09 - 23:06			
	7	Mon - Fri 05:54 - 21:41	30 minutes	Go North East	Durham - Nissan UK - Boldon - West Harton

Service	Stops served	Operating hours	Average frequency	Operator	Route
<a href="#">Whey Aye 50/50A</a>		Sat 07:23 - 21:41			Boldon Lane - Chichester - South Shields

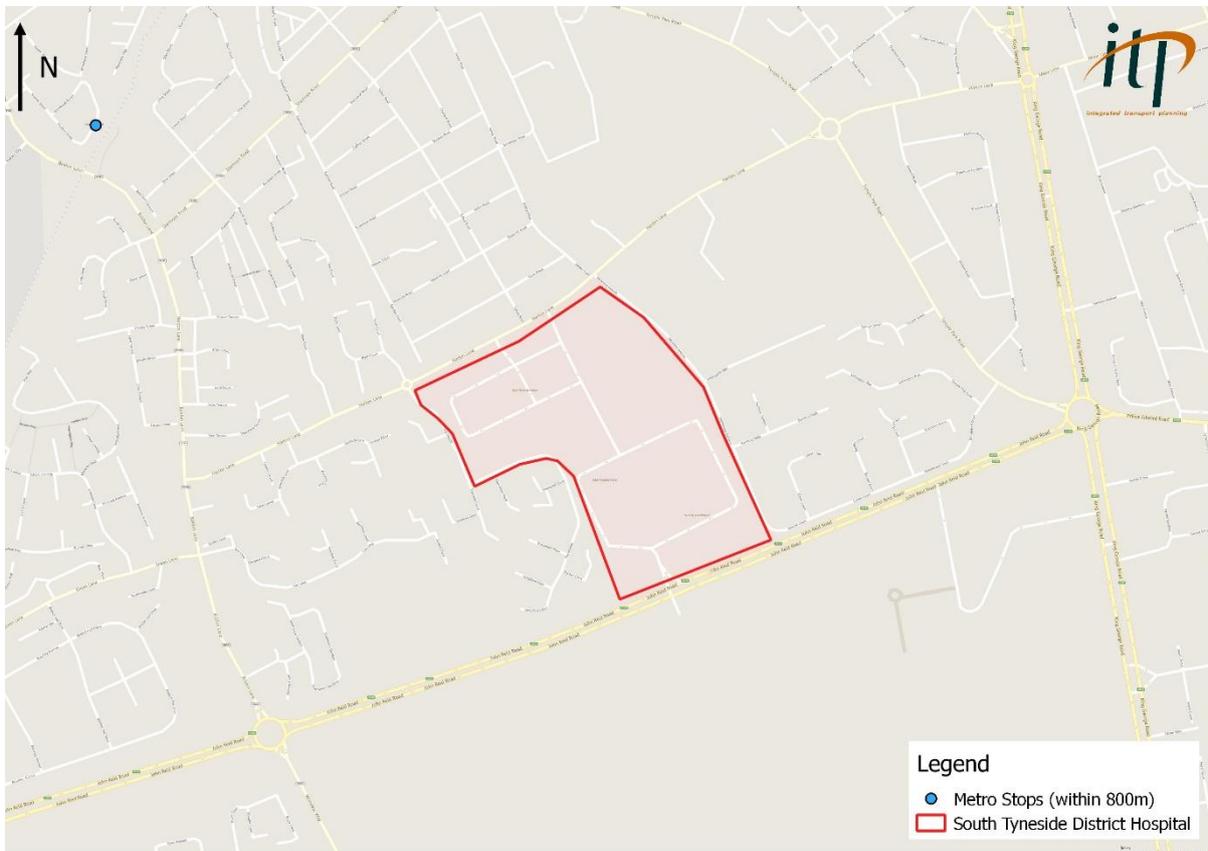
Table 2-2: Lower frequency bus services serving South Tyneside District Hospital

Service	Stops served	Operating hours	Average frequency	Operator	Route
<a href="#">2</a>	7	Sat 05:02 - 06:22	3 Buses - 40 minutes	Stagecoach	South Shields - Biddick Hall - Harton Nook - Westoe - South Shields
		Sun 06:06 - 10:12	30 minutes		
<a href="#">12A</a>	1, 2, 3, 4, 6, 11, 12, 13, 14, 15, 16	Mon - Sat 14:34 - 17:44	1 hour (four buses)	Stagecoach	Mile End Road - West Harton - South Tyneside Hospital - Watson Avenue

## Metro Services

- 2.10 In addition to being served by a number of bus services, Tyne Dock metro station is within 800m of the hospital site, and is located on Hudson Street/Boldon Lane (B1302), as illustrated in Figure 2-5. The Yellow Line serves this station, with regular services to South Shields, Newcastle City Centre, Gateshead, South Gosforth and St James. A summary of journey times is provided in Tables 2-2 and 2-3.

Figure 2-5: Location of metro station in the vicinity of the hospital



Source: Bing Road, adapted by ITP.

Table 2-3: Metro services from Tyne Dock

Destination	Average frequency	Duration	Operating hours
South Shields	15 minutes	3 minutes	Mon - Fri 05:36 - 23:48
			Sat 05:41 - 23:48
			Sun 06:55 - 23:48

Destination	Average frequency	Duration	Operating hours
Gateshead	15 minutes (Services after 22:31 terminate at Benton or Manors)	20 minutes	Mon - Fri 05:49 - 00:00
Central Station		22 minutes	Sat 05:55 - 00:00
South Gosforth		32 minutes	Sun 07:07 - 00:00

## Sunderland Royal Hospital public transport services

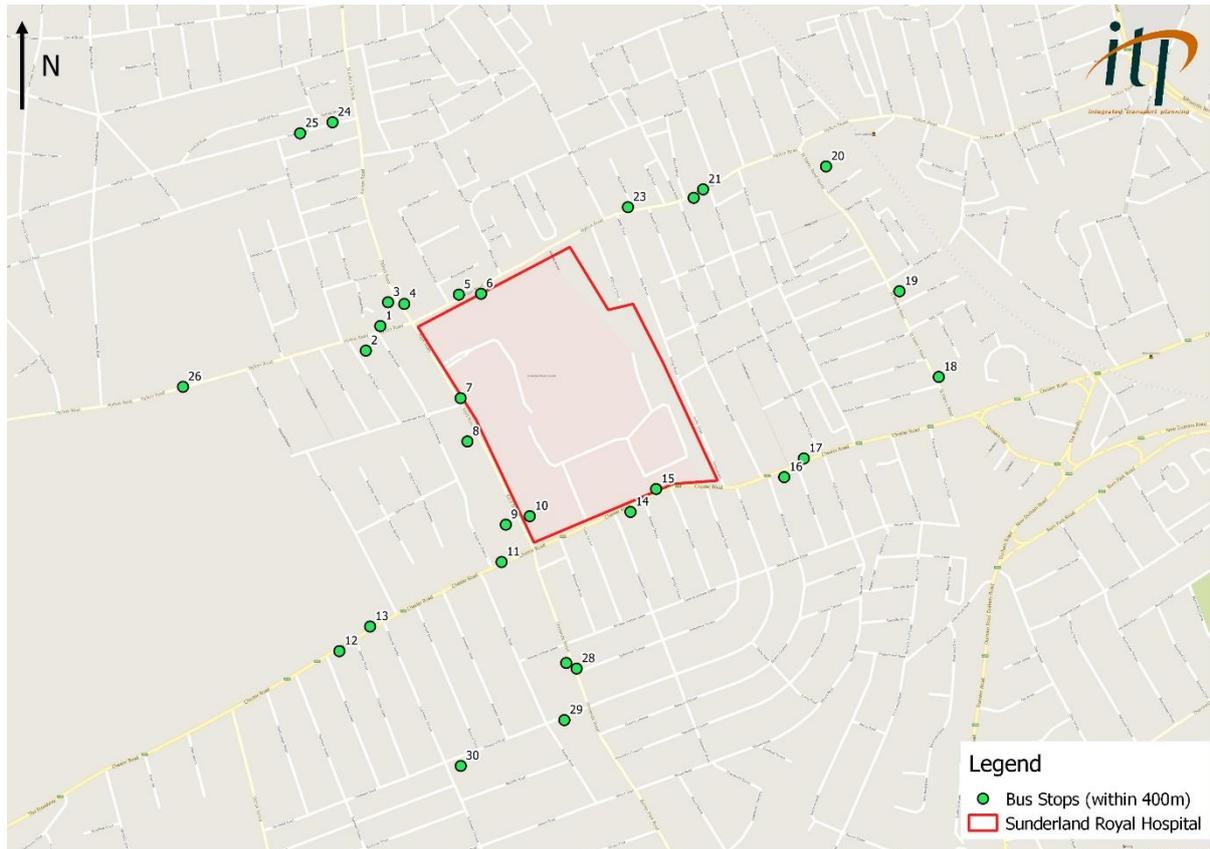
- 2.11 Sunderland Royal Hospital is located to the west of Sunderland city centre. The site is bounded to the north by Hylton Road, to the east by Sorley Street, to the south by Chester Road (A183) and to the west by Kayll Road.
- 2.12 To investigate the level of public transport services, a 400m perimeter was drawn around the SRH site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored.
- 2.13 Similarly, an 800m perimeter was drawn around the SRH site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

### Bus Services

- 2.14 There are a total of 30 bus stops located within a 400m perimeter of Sunderland Royal Hospital, that are served by public bus services, as illustrated in Figure 2-6. The nearest bus stops to the site are located on Kayll Road, Hylton Road and Chester Road (A183), which are within 250m of the centre of the hospital site. Largely, these are provided with shelters and timetabling information.

2.15 There are also a large number of bus stops with similar facilities located on Chester Road, Hylton Road, St Marks Road, Pallion Road, Fordfield Road, Ormonde Street and Cleveland Road.

Figure 2-6: Bus stops within 400m of Sunderland Royal Hospital



Source: Bing Road, adapted by ITP. Bus service information sourced from Nexus.

2.16 Figure 2-7 below illustrates the network coverage of the bus routes serving Sunderland Royal Hospital, whilst figures 2-8 and 2-9 depict the published bus route network maps produced by the two primary operators in the area, Stagecoach and Go North East.

Figure 2-7: High and low frequency bus routes serving Sunderland Royal Hospital

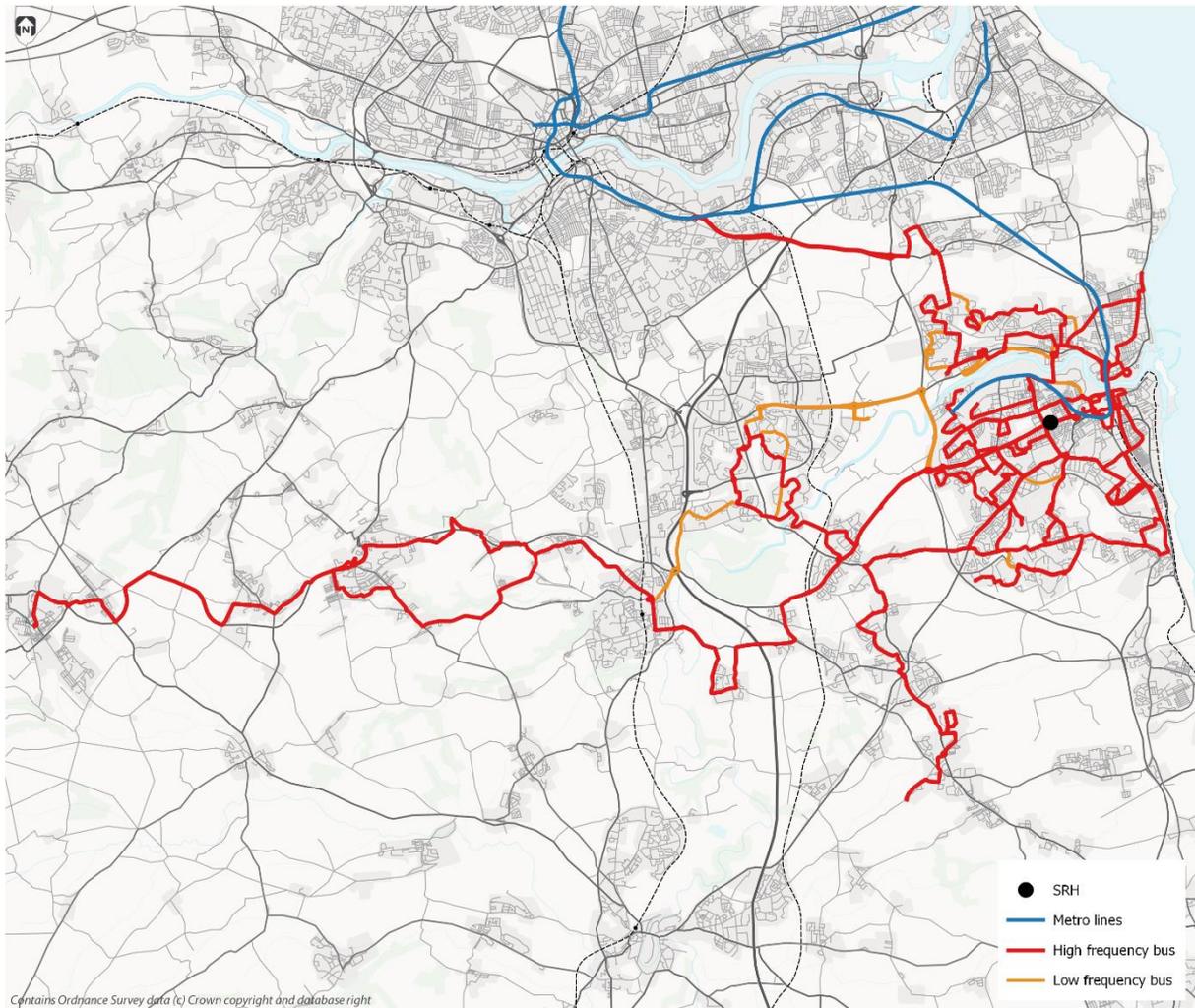


Figure 2-8: Stagecoach Sunderland bus network map

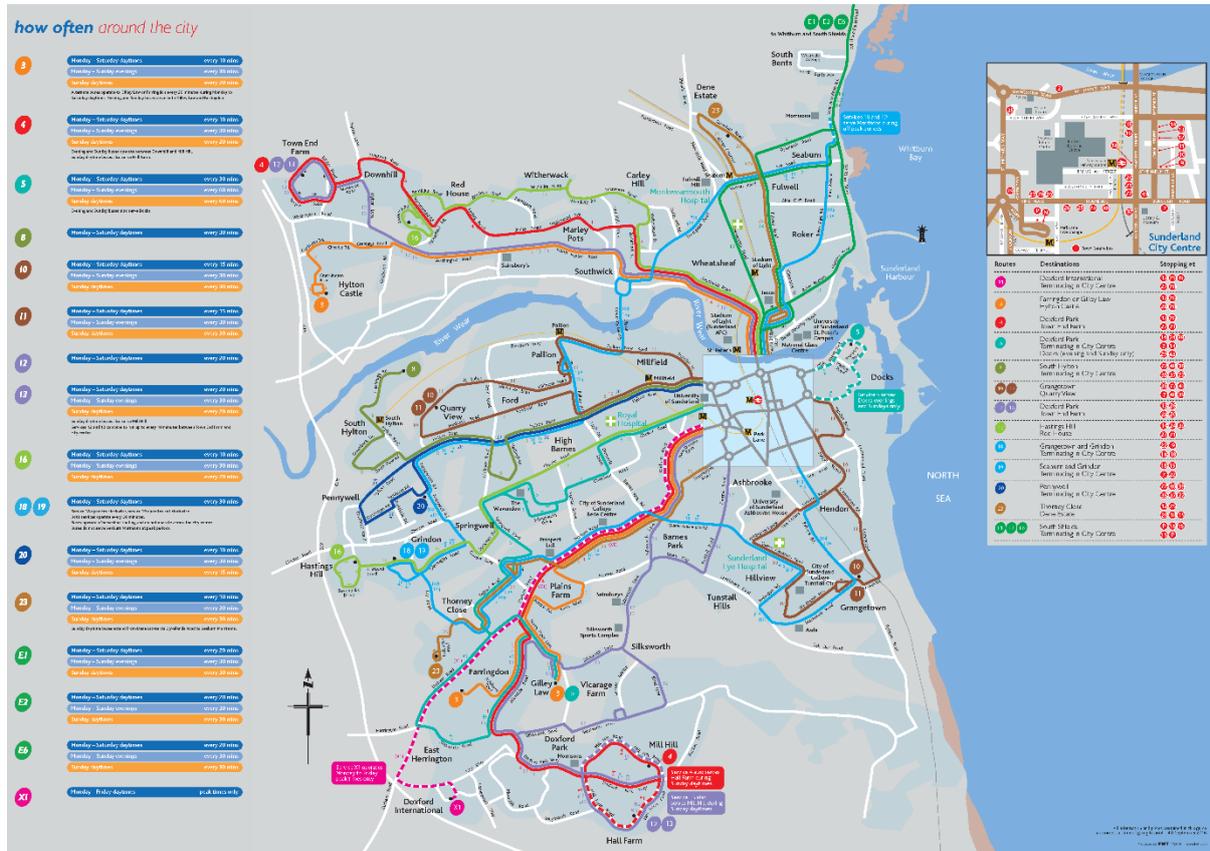
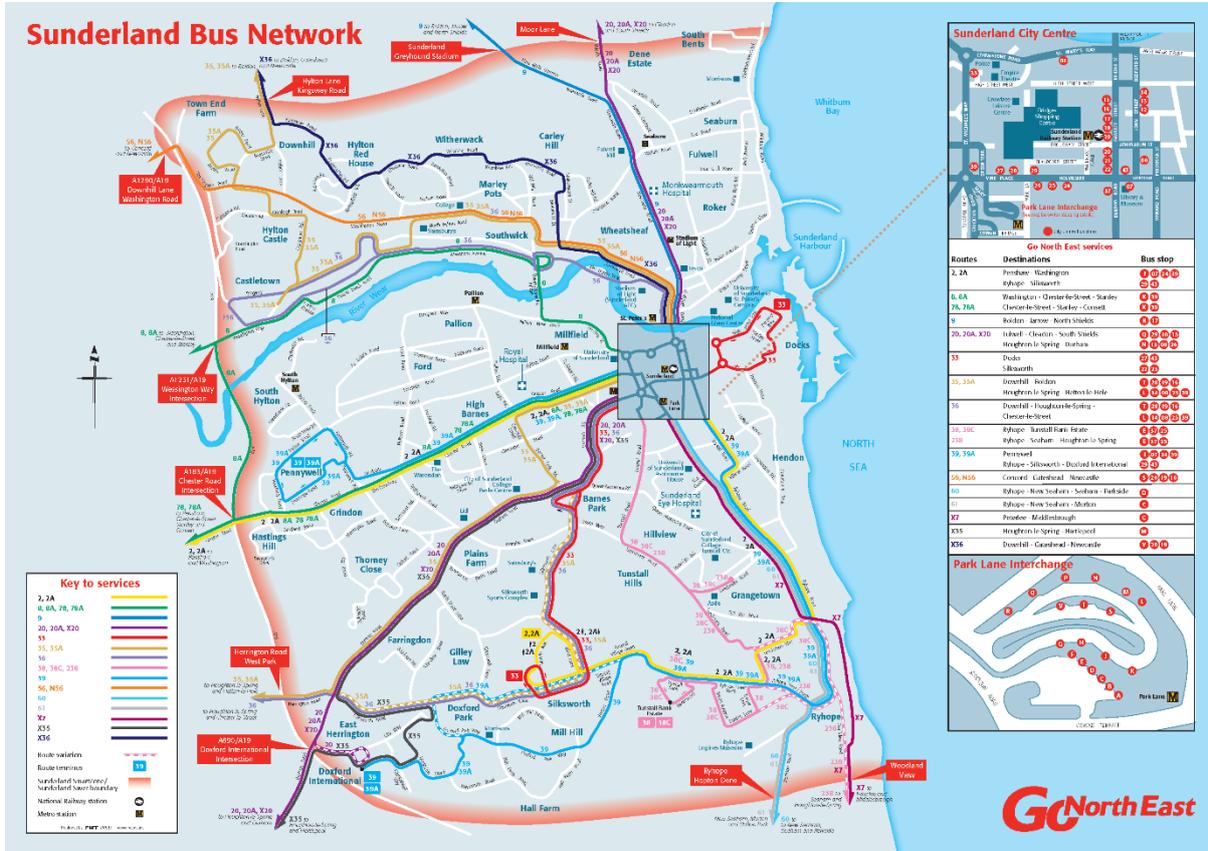


Figure 2-9: Go North East Sunderland bus network map



2.17 A total of 12 bus services serve the hospital all day, at high frequencies ranging between 10 minutes and 30 minutes. There are also an additional six services which run at lower frequencies. These link the hospital to Sunderland city centre, Sunderland University, Seaburn and Pennywell amongst other destinations. A summary of the services provided at each stop (within 400m) is provided in Tables 2-4 and 2-5. Clicking on the service numbers will link through to the online timetables.

Table 2-4: High frequency all-day bus services serving Sunderland Royal Hospital

Service	Stops served	Operating hours	Average frequency	Operator	Route
<a href="#">5</a>	14, 15, 16, 17, 27, 28, 29, 30	Mon - Sat 07:37 - 23:02 Sun 09:47 - 23:02	30 minutes	Stagecoach	Docks/John Street - University - Sunderland Royal Hospital - Sunderland Crematorium/Gilley Law
<a href="#">8</a>	1, 2, 5, 6, 21, 22, 23, 26	Mon - Sat 06:59 - 18:02	30 minutes	Stagecoach	Fawcett Street - Sunderland Royal Hospital - South Hylton Claxheugh Road
<a href="#">10</a>	3, 4, 5, 6, 21, 22, 23, 24, 25	Mon - Fri 06:02 - 22:45 Sat 07:03 - 22:45 Sun 09:15 - 22:45	20 minutes	Stagecoach	Grangetown/Holmeside - Sunder Royal Hospital - Pennywell Quarry View
<a href="#">16</a>	12, 13, 14, 15, 16, 17	Mon - Fri 05:59 - 22:34 Sat 06:26 - 22:34 Sun 08:09 - 22:34	20 minutes	Stagecoach	Hylton Red House/John Street - University - Sunderland Royal Hospital - Hastings Hill
<a href="#">18</a>	1, 3, 26	Mon - Fri 06:44 - 18:04 Sat 07:04 - 18:04	30 minutes	Stagecoach	Fawcett Street - Pallion Road - Seaburn - Fawcett Street
<a href="#">19</a>	2, 4	Mon - Fri 06:13 - 18:15	30 minutes	Stagecoach	Fawcett Street/ Seaburn - Pallion Road -

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 07:20 - 18:15			Barnes Park - Fawcett Street
<a href="#">20</a>	1, 2, 5, 6, 21, 22, 23, 26	Mon - Sat 05:27 - 22:41  Sun 06:33 - 22:41	10 minutes	Stagecoach	Portsmouth Road - Hylton Road - Sunderland Royal Hospital - Fawcett Street
<a href="#">39</a>	11, 12, 13, 14, 15, 16, 17	Mon - Fri 06:54 - 22:53  Sat 08:00 - 22:53  Sun 07:41 - 22:53	15 minutes  15 minutes  30 minutes	Go North East: Doxford Clipper	Doxford International - University - Sunderland Royal Hospital - Pennywell
<a href="#">Coast &amp; Country 78/78A</a>	12, 13, 14, 15, 16, 17	Mon - Fri 06:26 - 21:40  Sat 07:15 - 21:40  Sun 08:29 - 21:40	30 minutes	Go North East	Consett - Stanley - Pelton - Hastings Hill - Sunderland Royal Hospital - Sunderland Interchange
<a href="#">See it Do it 35/35A</a>	14, 15, 16, 17, 27, 28	Mon - Fri 04:54 - 23:38  Sat 04:48 - 23:38  Sun 06:29 - 23:38	30 minutes	Go North East	Houghton-le-Spring Church - East Herrington - Sunderland Royal Hospital - Sunderland Interchange -
<a href="#">SimpliCity 2/2A</a>	11, 12, 13, 14,	Mon - Fri 06:21 - 23:09	15 minutes	Go North East	Washington - Hastings Hill - Sunderland Royal

Service	Stops served	Operating hours	Average frequency	Operator	Route
	15, 16, 17	Sat 07:39 - 23:09	20 minutes		Hospital - Sunderland Winter Gardens - Silksworth
		Sun 08:42 - 23:09	30 minutes		
<a href="#">Sunderland Connect 700</a>	5, 8, 9, 14, 16, 18, 19, 20, 23	Mon - Sat 07:17 - 18:28	20 minutes	Go North East	Park Lane Interchange (Stand G) - Sunderland Royal Hospital - St Peters Station - St Peters Campus - Park Lane Interchange

Table 2-5: Lower frequency bus services serving Sunderland Royal Hospital

Service	Stops served	Operating hours	Average frequency	Operator	Route
<a href="#">39A</a>	11, 12, 13, 14, 15, 16, 17	Mon - Fri 16:25, 17:28	2 buses	Go North East: Doxford Clipper	Doxford International - Holmeside - Sunderland Royal Hospital - Pennywell
<a href="#">99</a>	3, 4, 7, 8, 9, 10, 27, 28	Mon - Sat 09:02 - 13:25	1 hour	Compass Community Transport	Hylton Castle/Sunderland Royal Hospital - Hylton Retail Park - Hylton Castle
<a href="#">135</a>	4, 7, 10, 15, 17	Mon - Fri 05:41 - 06:41 (then 19:25 - 22:25)	30 minutes (AM) 1 hour (PM)	Go North East	Sunderland Interchange/Witherwack - Hylton Castle - Sunderland Royal Hospital - Sunderland Interchange
		Sat 05:51 - 07:51 (then 19:25 - 22:25)	1 hour		

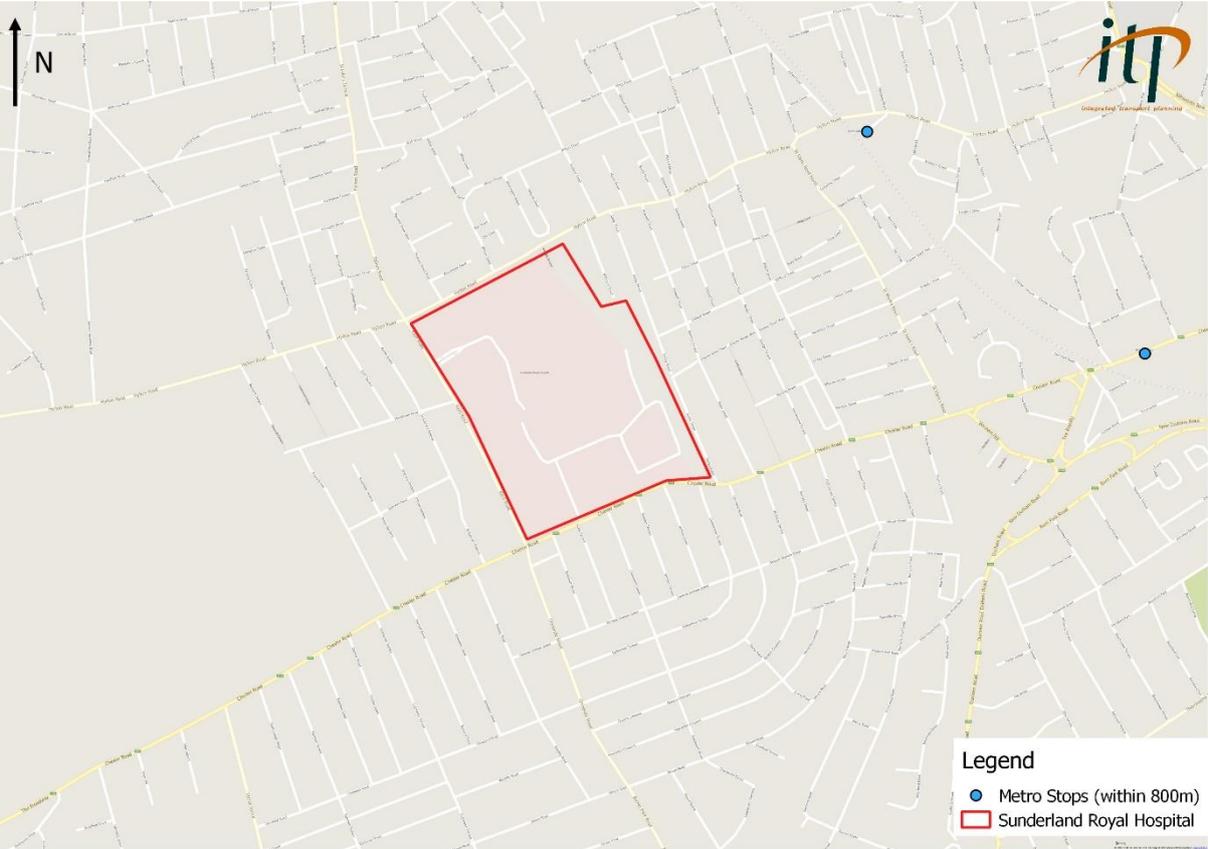
Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sun 09:25 - 22:25	1 hour		
<a href="#">136</a>	3, 8, 9, 14, 16	Mon - Fri 04:55 - 05:55 (then 19:48 - 22:50)  Sat 05:10 - 07:35 (then 19:48 - 22:50)  Sun 06:18 - 22:50	1 hour	Go North East	Sunderland Interchange - Sunderland Royal Hospital - Hylton Castle - Wetherwack/Sunderland Interchange
<a href="#">701</a>	5, 8, 9, 14, 16, 18, 19, 20, 21, 23	Mon - Fri 09:15 - 14:38 (then 19:12 - 22:12)	30 minutes	Go North East: Connect/Stanley Travel	St Peters Campus - University - Sunderland Royal Hospital - University - St Peters Campus
<a href="#">Coast &amp; Country 8A</a>	12, 13, 14, 15, 16, 17	Mon - Fri 06:17 - 07:18 (then 18:38 - 19:23)  Sat 06:34 (then 18:58 - 19:28)	30 minutes	Go North East	Sunderland Interchange - Sunderland Royal Hospital - Waterview Park/ Chester-le- Street/Stanley Bus Station

## Metro Services

- 2.18 In addition to being served by a wide array of bus services, there are also two metro stations - Millfield and University, which are within 800m of the Sunderland Royal

Hospital site and are located on Chester Road (A183) and Hylton Road, as illustrated in Figure 2-10. The Green Line serves these stations, with regular services to Sunderland City Centre, Gateshead, Stadium of Light, Newcastle City Centre, Gateshead, South Gosforth and Newcastle Airport. A summary of journey times is provided in Table 2-6.

Figure 2-10: Location of metro stations in the vicinity of Sunderland Royal Hospital.



Source: Bing Road, adapted by ITP.

Table 2-6: Metro services from Millfield and University stations

From	Destination	Average Frequency	Duration	Operating Hours
Millfield	South Hylton	15 minutes	6 minutes	Mon - Fri 05:53 - 23:36

From	Destination	Average Frequency	Duration	Operating Hours
	Sunderland City Centre	15 minutes (Services after 23:12 terminate at Regent Centre)	5 minutes	Sat 05:55 - 23:36
				Sun 06:54 - 23:36
				Mon - Fri 06:09 - 23:52
				Sat 06:10 - 23:52
	Central Station		33 minutes	Sun 07:11 - 23:52
University	South Hylton	15 minutes	8 minutes	Mon - Fri 05:52 - 23:34
				Sat 05:53 - 23:34
				Sun 06:52 - 23:34
	Gateshead	15 minutes (Services after 23:13 terminate at Regent Centre)	30 minutes	Mon - Fri 06:10 - 23:54
				Sat 06:11 - 23:54
	Airport		57 minutes	Sun 07:12 - 23:54

## Public Transport Fares

- 2.19 The Tyne and Wear area is extensive and consequently there is a large number of public transport services serving different areas of the region. Public transport operators offer a range of ticketing options to suit different types of travellers, from the regular traveller who may purchase a monthly or annual season ticket to the infrequent user who may require a simple day return ticket. Different types of tickets are also available depending upon the distance being travelled by public transport, it is possible to purchase tickets for bus services in the local area, e.g. Sunderland, or for wider afield perhaps travelling within two or three zones (as set by the operator, e.g. Go North East) or in the wider Tyne and Wear region.
- 2.20 Tables 2-7 and 2-8 provide a sample of the bus ticketing options available in the South Shields and Sunderland areas according to the different public transport operators. Table 2-9 shows a range of ticketing options for the Metro service.
- 2.21 Tyne and Wear also offers a multi operator ticket, Network One, that can be used on any bus, metro, train or ferry service in Tyne and Wear, and a sample of these ticketing prices is illustrated in Table 2-10.

**Table 2-7: Stagecoach Bus Fares**

Ticket type	Fare	Charge	Description
<b>Daily</b>	Sunderland North Estates Dayrider	£3.25	Unlimited travel in Sunderland North Estates area on Stagecoach bus services
	Tyne and Wear Dayrider	£3.95	Unlimited travel in Tyne and Wear on Stagecoach bus services
	Tyne and Wear Dayrider Plus	£5.05	Unlimited travel in Tyne and Wear, Ponteland and Darras Hall on Stagecoach bus services
<b>Weekly</b>	South Shields 7 Day Megarider	£10.80	Unlimited travel within South Shields area on Stagecoach bus services for 7 days

Ticket type	Fare	Charge	Description
	Sunderland 7 Day Megarider	£12.00	Unlimited travel within Sunderland area on Stagecoach bus services for 7 days
	Tyne and Wear 7 Day Megarider	£12.95	Unlimited travel in Tyne & Wear on Stagecoach bus services for 7 days
	Tyne and Wear 7 Day Megarider Plus	£15.45	Unlimited travel in Tyne and Wear, Ponteland and Darras Hall on Stagecoach bus services for 7 days
<b>4 weekly (monthly)</b>	South Shields 4 Week Megarider	£41.20	Unlimited travel within South Shields area on Stagecoach bus services for 4 weeks. Can be set up as a recurring ticket.
	Sunderland 4 Week Megarider	£46.05	Unlimited travel within Sunderland area on Stagecoach bus services for 4 weeks. Can be set up as a recurring ticket.
	Tyne and Wear 4 Week Megarider	£49.70	Unlimited travel in Tyne and Wear on Stagecoach bus services for 4 weeks. Can be set up as a recurring ticket.
	Tyne and Wear 4 Week Megarider Plus	£59.80	Unlimited travel in Tyne and Wear, Ponteland and Darras Hall on Stagecoach bus services for 4 weeks. Can be set up as a recurring ticket.

Table 2-8: Go North East Bus Fares

Ticket type	Fare	Charge	Description
<b>Daily</b>	South Tyneside Day Saver	£3.65	Unlimited travel in South Tyneside area on Go North East bus services

<b>Ticket type</b>	<b>Fare</b>	<b>Charge</b>	<b>Description</b>
	Sunderland Day Saver	£3.65	Unlimited travel in Sunderland area on Go North East bus services
	Buzzfare - one zone day ticket	£4.85	Unlimited travel within one zone of Buzzfare area on Go North East bus services
<b>Multi-day</b>	Buzzfare - two zone day ticket	£6.30	Unlimited travel within two zones of Buzzfare area on Go North East bus services
	Buzzfare - three or more zone day ticket	£7.80	Unlimited travel within three or more zones of Buzzfare area on Go North East bus services
<b>Weekly</b>	South Tyneside Weekly Saver	£11.90	Unlimited travel in South Tyneside area on Go North East bus services for 7 days
	Sunderland Weekly Saver	£12.15	Unlimited travel in Sunderland area on Go North East bus services for 7 days
<b>4 weekly (monthly)</b>	Pay Monthly Ticket - 1 zone	£60.50	Unlimited travel within one zone of Buzzfare area on Go North East bus services for 4 weeks
	Pay Monthly Ticket - 2 zones	£79.50	Unlimited travel within two zones of Buzzfare area on Go North East bus services for 4 weeks
	Pay Monthly Ticket - 3+ zones	£97.00	Unlimited travel within three or more zones of Buzzfare area on Go North East bus services for 4 weeks

Table 2-9: Multi-Operator Fares (Bus and Multi-Modal)

Ticket type	Fare	Charge	Operator	Description
<b>Single</b>	Transfare - one zone single ticket	£2.70	Multi-Operator (Go North East & Metro Services)	Single journey travel between Go North East bus and Metro services in Tyne & Wear within one zone
	Transfare - two zone single ticket	£3.50	Multi-Operator (Go North East & Metro Services)	Single journey travel between Go North East bus and Metro services in Tyne & Wear within two zones
	Transfare - three zone single ticket	£4.20	Multi-Operator (Go North East & Metro Services)	Single journey travel between Go North East bus and Metro services in Tyne & Wear within three zones
<b>Daily</b>	Network One Day Rover	£7.00	Multi-Operator	Unlimited travel on most bus services, metro, train (Blaydon to Sunderland) and ferry within the Tyne & Wear area
<b>Weekly</b>	South Tyneside Smart Zone Weekly Ticket	£13.00	Multi-Operator (Go North East & Stagecoach)	Unlimited travel on Go North East and Stagecoach bus services within South Tyneside borough for 7 days
	Sunderland Smart Zone Weekly Ticket	£13.50	Multi-Operator (Go North East & Stagecoach)	Unlimited travel on Go North East and Stagecoach bus services within Sunderland for 7 days
<b>4 weekly (monthly)</b>	South Tyneside Smart Zone 4 Week Ticket	£50.00	Multi-Operator (Go North East & Stagecoach)	Unlimited travel on Go North East and Stagecoach bus services within South Tyneside borough for 4 weeks

Ticket type	Fare	Charge	Operator	Description
	Sunderland Smart Zone 4 Week Ticket	£52.00	Multi-Operator (Go North East & Stagecoach)	Unlimited travel on Go North East and Stagecoach bus services within Sunderland for 4 weeks

Table 2-10: Tyne & Wear Metro Fares

Ticket type	Fare	Charge	Description
<b>Single</b>	Pop PAYG - one zone single trip	£1.60	Single journey within one zone of the Tyne & Wear Metro network using a Pop PAYG travel card
	Pop PAYG - two zone single trip	£2.50	Single journey within two zones of the Tyne & Wear Metro network using a Pop PAYG travel card
	Pop PAYG- all zone single trip	£3.20	Single journey within all zones of the Tyne & Wear Metro network using a Pop PAYG travel card
	Metro Single - one zone	£1.70	Single journey within one zone of the Tyne & Wear Metro network
	Metro Single - two zone	£2.60	Single journey within two zones of the Tyne & Wear Metro network
	Metro Single - all zones	£3.30	Single journey within all zones of the Tyne & Wear Metro network
<b>Daily</b>	Metro Day Saver - one zone	£2.80	Unlimited travel within one zone of the Tyne & Wear Metro Network
	Metro Day Saver - two zones	£3.90	Unlimited travel within two zones of the Tyne & Wear Metro Network
	Metro Day Saver - all zones	£4.80	Unlimited travel within all zones of the Tyne & Wear Metro Network

Ticket type	Fare	Charge	Description
<b>Weekly</b>	Metro Saver Weekly - One Zone	£10.50	Unlimited travel within one zone of the Tyne & Wear Metro Network for 7 days
	Metro Saver Weekly - Two Zones	£15.50	Unlimited travel within two zones of the Tyne & Wear Metro Network for 7 days
	Metro Saver Weekly - All Zones	£21.00	Unlimited travel within all zones of the Tyne & Wear Metro Network for 7 days
<b>4 weekly (monthly)</b>	Metro Saver Monthly - One Zone	£36.00	Unlimited travel within one zone of the Tyne & Wear Metro Network for 4 weeks
	Metro Saver Monthly - Two Zone	£53.00	Unlimited travel within two zones of the Tyne & Wear Metro Network for 4 weeks
	Metro Saver Monthly - All Zones	£70.00	Unlimited travel within all zones of the Tyne & Wear Metro Network for 4 weeks

## Pop Travel Card

- 2.22 The Pop travel card is an electronic smart card that can be used on a number of bus services in the Tyne and Wear area, such as Stagecoach, Arriva and Go North East, in addition to Tyne and Wear metro and ferry services. The card costs £3.50 (plus a £10 initial top up fee) and can presently be used on a pay as you go basis, being topped up as journeys are made, or can be loaded with a season ticket or corporate ticket. Daily fare caps are also in place, similar to the Oyster card in London.

## Staff Public Transport Discounts

- 2.23 Staff working for CHSFT are entitled to purchase Buzzfare tickets from operator Go North East and they are entitled to discounts of up to 16% on Go North East Bus Services.
- 2.24 CHSFT also operates a season ticket loan scheme for the Metro. The season ticket offers unlimited travel on all Metro zones and ferries, all day every day, as well as free Metro

travel for one accompanying child under the age of 16 (after 7pm weekdays and all day at weekends and on public holidays).

2.25 CHSFT staff are provided with the option to take out an interest free season ticket loan, which allows staff to take advantage of the reduced rate of annual season tickets without having to pay the full amount upfront.

2.26 We are not currently aware of any similar scheme in place at STFT.

## Public transport routes between STDH and SRH

### Public transport services between South Tyneside District Hospital and Sunderland Royal Hospital

2.27 The brief for the transport and travel impact assessment included the requirement to explore the public transport routes between the two hospitals, however at present, there are no direct services between South Tyneside District Hospital and Sunderland Royal Hospital. It is, however, still possible to travel between the two sites by public transport.

2.28 Table 2-11 below shows an example bus journey between the two hospital sites, arriving at Sunderland Royal Hospital before 14:00. As can be observed, in order to travel between the two hospitals, there is a requirement to interchange between different services, therefore meaning that there is a need to walk between bus stops.

2.29 Similarly, this need for interchange can also be observed in journeys between different modes of transport (bus and metro), as seen in Table 2-12. Notably, the distance between the Millfield metro station and Sunderland Royal Hospital is considerable (0.6 miles) and may be difficult for some patients to make.

**Table 2-11: Example bus journey between South Tyneside District Hospital and Sunderland Royal Hospital**

Time	Journey
12:57	Depart from South Tyneside District Hospital
12:57	Walk 4 minutes (0.2 miles) to Harton Lane – S Tyneside Hospital (northbound)
13:01	11 bus from Harton Lane – S Tyneside Hospital (northbound)

Time	Journey
13:05	Exit at Harton Nook (eastbound)
13:05	Walk 2 minutes (0.1 miles) to Sunderland Road (southbound)
13:15	Prince Bishops 20A bus from Sunderland Road (southbound)
13:24	Exit at Newcastle Road – Grasmere Crescent
13:24	Walk 1 minute (less than 0.1 miles) to Thompson Road (south-west bound)
13:38	19 bus from Thompson Road (south-west bound)
13:49	Exit at Ford Terrace – Pallion Road (south-east bound)
13:49	Walk 3 minutes (0.1 miles) to Sunderland Royal Hospital
13:52	Arrive at Sunderland Royal Hospital
	<b>Total travel time - 55 minutes</b>

Table 2-12: Example journey using bus and metro between South Tyneside District Hospital and Sunderland Royal Hospital

Time	Journey
12:51	Depart from South Tyneside District Hospital
12:51	Walk 5 minutes (0.2 miles) to Harton Lane – South Tyneside Hospital (westbound)
12:56	South Tyne 88 bus from Harton Lane – South Tyneside Hospital (westbound)
13:04	Exit at Perth Avenue-Australia Grove (westbound)
13:04	Walk 8 minutes (0.3 miles) to Brockley Whins metro station
13:22	Green Line metro train from Brockley Whins
13:38	Exit at Millfield metro station
13:38	Walk 13 minutes (0.6 miles) to Sunderland Royal Hospital
13:51	Arrive at Sunderland Royal Hospital
	<b>Total travel time - 1 hour</b>

## Sunderland Royal Hospital to South Tyneside District Hospital

- 2.30 As previously mentioned, though there are no direct services between South Tyneside District Hospital and Sunderland Royal Hospital, although it is still possible to travel between the two sites by public transport.
- 2.31 Tables 2-13 and 2-14 show example journeys that can be made purely by bus and by bus and metro. As can be observed, the duration of journeys made northbound to South Tyneside District Hospital is longer than a journey made south to Sunderland Royal Hospital. Further, as stated previously, there is a requirement to interchange between multiple services and therefore a need to walk between stops.

**Table 2-13: Example bus journey between Sunderland Royal Hospital and South Tyneside District Hospital**

Time	Journey
12:55	Depart from Sunderland Royal Hospital
12:55	Walk 4 minutes (0.2 miles) to Pallion Road (northbound)
12:59	99 bus from Pallion Road (northbound)
13:07	Exit at Enterprise Park Royal Mail (westbound)
13:07	Walk 10 minutes (0.5 miles) to Beaumont Street – Sunderland Road (northbound)
13:18	X36 bus from Beaumont Street – Sunderland Road (northbound)
13:33	Exit at Hubert Street – Asda
13:33	Walk 1 minute (less than 0.1 miles) to Boldon Asda (south-west bound)
13:38	Whey Aye 5 bus from Boldon Asda (south-west bound)
13:55	Exit at Harton Lane – South Tyneside Hospital (northbound)
13:55	Walk 4 minutes (0.2 miles) to South Tyneside District Hospital
13:59	Arrive at South Tyneside District Hospital
	<b>Total travel time - 1 hour 4 minutes</b>

Table 2-14: Example journey using bus and metro between Sunderland Royal Hospital and South Tyneside District Hospital

Time	Journey
12:53	Depart from Sunderland Royal Hospital
12:53	Walk 3 minutes (0.1 miles) to Hylton Road - Bexley Street (north-east bound)
12:56	20 bus from Hylton Road - Bexley Street (north-east bound)
12:59	Exit at Millfield Metro (eastbound)
12:59	Walk 1 minute (less than 0.1 miles) to Millfield metro station
13:06	Green Line metro train from Millfield
13:22	Exit at Brockley Whins metro station
13:22	Walk 2 minutes (0.1 miles) to Melbourne Gardens (eastbound)
13:37	18 bus from Melbourne Gardens (eastbound)
13:45	Exit at Quicksilver Way (northbound)
13:45	Walk 11 minutes (0.6 miles) to South Tyneside District Hospital
13:56	Arrive at South Tyneside District Hospital
	<b>Total travel time - 1 hour 3 minutes</b>

## Benchmarking Public Transport Services at STDH and SRH

- 2.32 In order to benchmark some of the transport services / elements at South Tyneside and Sunderland Hospitals, a number of comparisons with other hospitals in the region have been undertaken.
- 2.33 The table below shows the comparator hospitals for both Sunderland Royal and South Tyneside Hospital.

**Table 2-15: Comparator hospitals**

<b>South Tyneside &amp; Sunderland NHS Partnership Hospital</b>	<b>Comparator 1</b>	<b>Comparator 2</b>
<b>South Tyneside Hospital</b>	North Tyneside Hospital (NTH)	QE Gateshead Hospital (QEH)
<b>Sunderland Royal Hospital</b>	University Hospital of North Tees, Stockton (UHNT)	University Hospital of North Durham (UHND)

## Summary of Public Transport services

- 2.34 Table 2-16 shows the number of high and low frequency bus services provided within 400m of South Tyneside Hospital, in comparison to bus services serving North Tyneside Hospital (Comparator 1) and Queen Elizabeth Hospital (Comparator 2). As can be identified, the number of high frequency services provided at South Tyneside District Hospital is directly comparable to QEH (10 services) and is significantly greater than NTH (five services). In terms of lower frequency services, the number of services provided at South Tyneside District Hospital is lower than both NTH (four services) and QEH (eight services).

**Table 2-16: Comparison of bus services provided at South Tyneside District Hospital against comparators**

<b>Hospital</b>	<b>No. of high frequency services (within 400m)</b>	<b>No. of low frequency services (within 400m)</b>	<b>Total</b>
<b>South Tyneside District Hospital</b>	10	2	12
<b>Comparator 1 - North Tyneside Hospital</b>	5	4	9
<b>Comparator 2 - Queen Elizabeth Hospital, Gateshead</b>	10	8	18

2.35 Table 2-17 shows the number of high and low frequency bus services provided within 400m of Sunderland Royal Hospital, in comparison to the University Hospital of North Durham (Comparator 1) and the University Hospital of North Tees (Comparator 2). As can be identified, the number of high frequency services provided at Sunderland Royal Hospital is greater than that provided at UHNT, however is lower than that provided at UHND. This trend is also apparent for low frequency services.

**Table 2-17: Comparison of bus services provided at Sunderland Royal Hospital against comparators**

Hospital	No. of high frequency services (within 400m)	No. of low frequency services (within 400m)	Total
Sunderland Royal Hospital	12	6	18
Comparator 1 - University Hospital of North Durham	16	8	24
Comparator 2 - University Hospital of North Tees	7	3	10

## Community Transport

### South Tyneside

2.36 The Red Cross offer transport services across County Durham, Teesside, Northumbria and Cumbria to people affected by crisis by providing transport for medical appointments and essential daily needs. The service is applicable to both South Tyneside and Sunderland areas (and slightly further afield) and at the local level is operated from the Sunderland Red Cross office.

2.37 The Red Cross offers 'transport support', as detailed on their website, where transport support is defined as follows - "We can provide transport for people who cannot get around by themselves due to illness, disability or injury." There are Red Cross offices in the South Tyneside / Sunderland area, with one office located in Sunderland and two

other offices in Newcastle and Durham. Sarah Herdman is currently responsible for the service and is based in Sunderland.

- 2.38 The Red Cross has recently undergone a large restructuring exercise resulting in capacity reduction. Ultimately this is to improve its services ensuring they are tailored towards the needs of service users, namely filling the identified gap between those eligible for supported transport into health appointments, and those that can't get this service but still require some support to prevent missed appointments. In previous years the Red Cross has offered two services namely the 'support at home service', which offered up to 6 weeks assistance to those who require support in getting out to pick up shopping, attend appointments, collect prescriptions etc, implemented through a once a week visit, with the intention of helping to build up people's confidence, and the 'travel support' service as defined above. Following the restructuring exercise, these two services will be combined into a single service called 'independent living' and will integrate the services with the ultimate aim of enabling independence, reducing acute admissions and reducing missed appointments.
- 2.39 The Red Cross transport support is provided by volunteers using a mixture of their own cars and Red Cross vehicles, there is a level of expectancy that users will be able to get into and out of the vehicle themselves, with a little bit of assistance from the volunteers. For this reason, the transport service at this current time is not available to wheelchair users. The Red Cross's geographical remit is 'South of the Tyne', which in practical terms extends from Gateshead across to South Shields and down to Sunderland. Users of the service must reside in this area, however the transport service will take them to wherever they need to go. The service users pay the drivers on a mileage basis (including the mileage from the volunteers house to the service users house then onto the destination and then the same return journey) with the current mileage fee being slightly above HMRC rates of 45p per mile, however the mileage payment is currently being reviewed.
- 2.40 The new service is not being widely advertised at present as the Red Cross is currently undertaking a volunteer recruitment drive to build resources to offer independent living services in the Sunderland and South Tyneside area. The aim is to recruit 10 - 12 regular volunteers over the next three months that may undertake 25 - 30 transport services per day. However, Sarah has recently received a small number of phone calls from hospital patients requesting the transport service after, more often than not, they have been deemed ineligible for Patient Transport Services.
- 2.41 Whilst there is no community transport service specifically provided in South Tyneside, the Council have set out a number of transport options for carers on their website.

These options are summarised below with further information available on the NEXUS website.

- Concessionary Travel Pass\* - available as part of the National Concessionary Travel Pass scheme. Allows pass holders to travel on buses for free.
- Metro Gold Card\* - available to Concessionary Travel Pass holders. Allows pass holders to avoid paying full fare on the Metro after 9.30am. A Metro Gold Card gives you a year's travel on Metro for just £25 if you live in Tyne and Wear or £35 if you don't.
- Bridge Card - Carrying a bridge card and showing it to staff alerts them that the cardholder may need extra help during their journey. The card is for people who have difficulty using public transport because of age, disability, illness or a lack of confidence. The Bridge Card does not entitle holders to a concessionary or discount fare.
- Companion card - This cards allows holders to take someone with them free of charge when they travel on buses in Tyne and Wear, County Durham, Northumberland and Darlington. It's available to residents of Tyne and Wear who receive certain allowances and are not able to travel without a companion.

\*Please note that there are no discounted fares on Metro, or on Northern Rail services between Newcastle and Sunderland, for Concessionary Travel Pass holders. However you can travel on Metro, and Northern Rail services between Newcastle and Sunderland, as well as the Shields Ferry, with a Metro Gold Card.

If you need to travel before 9.30am in order to get to/from a hospital appointment, just show your hospital appointment card or letter with your CT Pass or Metro Gold Card when requested.

2.42 Internet research has shown that Connect (South Tyneside) Ltd operated community transport services in the South Tyneside area up until August 2012, when it went into administration.

## Sunderland

2.43 In addition to the Red Cross transport service, there are three community transport operators in Sunderland:

- Compass Community Transport
- Southwick and Monkwearmouth Community Transport
- Access Transport

- 2.44 Compass Community Transport is a registered charity based in Grangetown, Sunderland, which currently runs three bus services within the city - the 8X, 99 and 939:
- The 8X offers a half hourly evening service between South Hylton and Pennywell from Monday to Saturday, and an all-day service on Sundays.
  - The 99 is a radial hourly service from Hylton Castle, and stops at Sunderland Royal Hospital and Hylton Retail Park.
  - The 939 offers four morning outbound services from Sunderland to Team Valley, and four inbound evening services from Team Valley.
  - In addition Compass operate service 836 (Blackhall Mill to Highfield St Josephs School)
- 2.45 Compass also operate 5 buses on 'Group Travel' contracts on behalf of NEXUS. These contracts provide journeys to/from places of employments/retail outlets/regular social events for passengers who are unable to find it difficult to use normal public transport. The trips on group travel are a mix of shopping services from OAP homes and day centres, also blind clubs, MS Groups and Stroke clubs. The vehicle used can hold 16 passengers or three wheelchairs and six passengers. The service is operated on a section 22 permit. The cost of a trip is £1.50 and over 1000 trips a week occur. The services have been running for a few years and are very successful and well-liked by passengers. The services also fill a gap in the market between NEXUS's secured services and the TaxiCard scheme.
- 2.46 Southwick and Monkwearmouth Community Transport (SMCT) is a local charity based in Southwick, Sunderland and funded by public donations. The company offers three wheelchair accessible minibuses for use by voluntary and not-for-profit groups and the vehicles can be booked for a few hours or a full week.
- 2.47 In May 2016 SMCT received Lottery funding for three years and have recently undertake a review to explore how the operations could be improved and made more sustainable for the longer term. At present they are not looking to employ drivers but this may change following the Lottery funding review and suggestions for future operations to ensure sustainability and longevity of the organisation. Individuals who hire SMCT minibuses must be aged over 25 years, have a clean driving licence and have undertaken their MIDAS assessment (minibus driving test). In early 2017 a member of the SMCT committee will be undertaking training to become a MIDAS assessor, therefore potentially helping to increase the number of qualified minibus drivers in the area.

- 2.48 Access Community Transport is part of the Easington Lane Community Access Point (ELCAP), which offers a range of services to the community and they currently operate one fully accessible minibus.
- 2.49 There is currently one minibus that is currently solely used for community groups, schools, church groups and various other partners, thus helping to tackle social isolation and improving health and wellbeing of our community. This includes shopping trips, social outings, lunch clubs and educational visits. Their partners include New Dawn, Gentoo, Sunderland city council and most of the local schools. They have also provided transport for the stroke association, Hetton home care, Hetton NHS services group practice and many other local resident groups.
- 2.50 There are no organised journeys to any healthcare facilities at present, however they have worked with the local NHS provider in Hetton, transporting residents to the Surgery in Hetton for the Flu vaccine.
- 2.51 Access Community Transport has recently received funding for the next two years and will be purchasing a second minibus, with disabled access, through which they will be interested to extend their operations and possibly embark up new ventures and contracts.
- 2.52 A fourth service, the East Durham Hospital Link, provides a demand responsive bus service offering links between the East Durham area and Sunderland Royal Hospital and Sunderland Eye Infirmary amongst other hospitals. Anyone can use the service, which is operated by Scarlet Band under contract to Durham County Council and passengers are picked up from their front door where possible. Pre-booking is essential and passengers are given a half hour 'window' during which time they can be expected to be picked up.
- 2.53 A single journey costs £2.50 with half fares applicable to children under 14 and concessionary fares are valid on the service.
- 2.54 Between Monday and Friday there are five return services per day taking passengers to Sunderland Eye Infirmary and Royal Hospital. At the weekend there is one return service operating on the same route. Further details can be found in Appendix A.

## TaxiCard

- 2.55 The Nexus TaxiCard is a smart card which is aimed at helping those with mobility issues to travel independently, allowing travel with an approved taxi service for a discounted price. A leaflet detailing the TaxiCard service can be found in Appendix B.

2.56 Those that are eligible for the card include those that are:

- Receiving high rate mobility component of the Disability Living Allowance
- Registered severely visually impaired or blind
- Receiving higher rate attendance allowance
- Receiving personal independence payment (PIP)

2.57 Once applied for, eligible persons are issued with the card (and a user handbook) that is credited with an annual amount of £225 (£99 for April 2016 to October 2016 period and £126 for October 2016 to April 2017 period). A flat fare of £3 is deducted from the card each time a taxi, from one of the approved taxi companies, is used, regardless of the price of the journey. If the journey is more than £3, the remainder of the journey must be paid for by the individual. If the journey is less than £3, the individual can decide whether they would like to pay using their TaxiCard or using cash.

## 3. Car Parking Review

- 3.1 This chapter explores the parking arrangements at both hospital sites to include understanding the existing car parking capacities, current usage and the costs of parking at each hospital, taking into account any special concessions already in existence.
- 3.2 We have used the following data sources to compile this chapter:
- Information and data from car management scheme provider Parking Eye
  - NHS held information on parking capacity, parking costs for staff, patients and visitors, and any concessions
  - Sunderland Parking Leaflet
  - Comments received from the general public regarding parking at both hospital sites

### Parking at South Tyneside District Hospital

- 3.3 The car parking areas at South Tyneside District Hospital are managed by Parking Eye. Automatic Number Plate Recognition cameras installed at the entrance point(s) of each car park capture the vehicles entering and exiting the site. Signage is displayed throughout the site detailing the regulations that motorists need to follow.
- 3.4 When paying for parking, motorists are required to key in their vehicle registration details as well as insert the correct payment for the anticipated length of stay, so that their vehicle is recognised by the Parking Eye management system as having paid to park on the site.
- 3.5 There is also an option to pay for parking by phone by either calling a specific phone number or paying by card, paying via the PayByPhone website or by using the PayByPhone app.
- 3.6 Blue badge holders are required to submit their registration details (not their Blue Badge details) to qualify for free parking on the STDH site.
- 3.7 The South Tyneside District Hospital site has a total of 904 parking spaces. Table 3-1 shows the current allocation of parking within the different car parking areas on the hospital site. As can be observed, the majority of parking spaces are located in Car Park 1, close to the hospital's Harton Lane entrance.

**Table 3-1: Current parking allocation at South Tyneside District Hospital**

<b>Car Park (user)</b>	<b>Number of spaces</b>
Car Park 1, East Block (Staff)	153
Education Centre (Staff)	15
Estates on road (Staff)	14
Car Park 2, in front of Harton Wing and Road (Staff)	97
In front of Harton Wing (Staff / Visitors)	12
Pharmacy / Laundry	19
Side of Pharmacy (Staff / Visitors)	7
Ward 17 & Wheelchair Services (	7
Car Park 3, Outpatients Car Park (Staff / Visitors)	143
Moorlands (P	7
Car Park 4, Maternity (Staff)	169
Outside Maternity Entrance (Staff / Visitors)	47
Entrance to Path Labs (Staff	4
Car Park 5, Tennis Court (Patients / Visitors)	28
Car Park 6, Bede Wing Main Car Park (Staff)	46
Haven Court (Staff)	35
Restricted Car Park (Staff)	41
Back of Bede Wing (Staff)	11
Side of Parkdale (Staff)	11
Bede Rear Park (Staff)	31
Bede Wing, Road (Staff)	11
Nursery, Drop Off Bays	4
Ambulance Bays	9

Car Park (user)	Number of spaces
<b>Total</b>	921

- 3.8 Tables 3-2 and 3-3 show the current costs of parking at South Tyneside District Hospital for both the general public and staff that do not purchase a staff parking permit.
- 3.9 A number of monthly parking permits are available to staff, including a standard permit and red permit (a red permit allows designated space for specific services - maternity care and community paediatricians), both at a charge of £11.25, and allowing parking access between the hours of 08:30 and 20:30. A restricted car park permit which grants access to parking 24 hours per day is available at a cost of £26.83.

**Table 3-2: Public Parking Tariffs at South Tyneside District Hospital**

Parking Type	Charge
<b>Up to 1 hour*</b>	£1.50
<b>Up to 2 hours*</b>	£3.00
<b>Up to 3 hours*</b>	£4.50
<b>Up to 24 hours</b>	£5.00
<b>Weekly pass</b>	£10.00

\* An extra 80p will give an extra 30 mins parking time

**Table 3-3: Staff parking tariffs (monthly) at South Tyneside District Hospital**

Parking Type	Charge
<b>Book of Paycards</b>	£6.00
<b>Students and apprentices</b>	£7.50
<b>Bank Staff</b>	£9.00
<b>Agency Staff</b>	£15.00
<b>Contracted members of staff</b>	Up to £15.00 (pro rata)

## South Tyneside District Hospital Parking Capacity Analysis

- 3.10 Parking Eye has provided parking usage data for South Tyneside for three weeks in September 2016 to determine the usage of all car parks on the South Tyneside District Hospital site. Data from these three weeks, commencing 12th September 2016 has been reviewed and assessed, and in sum provides an accurate representation of parking usage during typical working weeks at the hospital.
- 3.11 Table 3-4, 3-5 and 3-6 show the maximum number of staff and visitor vehicles that occupied a space within one of the hospital's car parks on each day for the three week periods commencing 12th September 2016. Please note, further analysis can be undertaken in future work stages to break the data down further by non-permit holders and permit holders.

**Table 3-4: Maximum hospital car park occupancy numbers on week commencing 12/09/16**

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	904	742	781	782	777	664	286	265
Time of max occupancy	N/A	14:00	14:00	14:00	14:00	11:00	15:00	14:45
Parking stress (%)	N/A	82%	86%	87%	86%	73%	32%	29%

**Table 3-5: Maximum hospital car park occupancy numbers on week commencing 19/09/16**

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	904	790	828	815	815	676	278	273

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time of max occupancy	N/A	14:00	14:00	14:00	14:00	10:30	14:15	15:00
Parking stress (%)	N/A	87%	92%	90%	90%	75%	31%	30%

Table 3-6: Maximum hospital car park occupancy numbers on week commencing 26/09/16

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	904	794	857	866	821	712	267	274
Time of max occupancy	N/A	14:00	14:15	14:15	14:00	11:00	15:00	15:00
Parking stress (%)	N/A	88%	95%	96%	91%	79%	30%	30%

- 3.12 Observing the three tables above, it is apparent that Tuesday and Wednesday are the busiest in terms of car parking occupancy, with an average of 822 vehicles parked on the hospital site on Tuesdays<sup>1</sup> and 821 on Wednesdays.
- 3.13 Further, it is also evident that the peak period at the hospital in terms of parking capacity is between 14:00 and 14:15 from Monday to Thursday, between 10:30 and 11:00 on Fridays, and between 14:15 and 15:00 on Saturdays and Sundays.
- 3.14 The hospital site reaches over 90% of parking capacity on certain days, which is approaching the practical capacity of the car park. At the worst case, there are still 38 available parking spaces on the hospital site. However, as there are multiple car parks, motorists do not know where the empty spaces are, which increases the perception that there are 'no' parking spaces available.

<sup>1</sup> Average from the three weeks of data listed above.

- 3.15 However, despite the fact that at current peak demand there are parking spaces still available, the STDH car park has effectively reached / exceeded its practical capacity, as it is generally good practice to allow an operational margin.

## Parking at Sunderland Royal Hospital

- 3.16 The car parks at Sunderland Royal Hospital are also monitored by Parking Eye and work in the similar way the system at South Tyneside District Hospital. Automatic Number Plate Recognition cameras installed at the entrance point(s) of each car park capture the vehicles entering and exiting the site. Signage is displayed throughout the site detailing the regulations that motorists need to follow.
- 3.17 In a slight variation from the Parking Eye scheme at STDH, motorists parking at SRH at pay either on arrival or as they leave. Motorists can pay either by cash at any machine, and there is the extra option to pay by debit / credit card at the machine at the entrance to the multi storey car park.
- 3.18 Blue badge holders are able to park in any public parking bay for free as long as they register with CHS Security by either contacting Sunderland Royal Security Office in person or by telephone (using own personal mobile phone or one of the dedicated telephone facilities at most main entrances in the hospital) or by completing the online registration form available on the CHSFT website.
- 3.19 Sunderland Royal Hospital has a total of 1714 car parking spaces. These are spread across the site, with the largest concentration of parking being located in the multi-storey car park and to the rear of the Niall Quinn unit (total of 691 spaces), as can be observed in Table 3-7. Car parking is allocated in areas for the following user groups:
- Public only;
  - Staff and public;
  - Staff only, and;
  - Disabled Bays, located in both the public and staff car parks.

Table 3-7: Current parking allocation at Sunderland Royal Hospital

Car Park (user)	Number of Spaces
Ground Multi Storey & back of Niall Quinn (Staff and public)	253
Level 1 Multi Storey (Staff and public)	54
Level 2 Multi storey (Staff and public)	111
Level 3 Multi Storey (Staff and public)	54
Level 4 Multi Storey (Staff and public)	111
Level 5 Multi Storey (Staff and public)	54
Level 6 Multi Storey (Staff)	54
Education and training (Staff and public)	186
Sorley Street (Staff)	150
Chester Wing (Public)	215
Hylton Road (Public)	168
Surgical Day Case (Staff and public)	25
THQ area (Staff and public)	162
Niall Quinn (Front) (Staff and public)	23
Main Entrance (Public)	15
Other (Staff and public)	79
<b>Total</b>	<b>1714</b>

3.20 Table 3-8 and 3-9 show the current costs of parking at the Sunderland Royal Hospital site for both the general public and staff. Two monthly permits are available to staff, including a standard pre-paid permit (£31.00), and a premium rate permit (£62.00) which guarantees a parking space on-site. The fees for both of these permits are deducted from an individual's salary.

**Table 3-8: Public parking tariffs at Sunderland Royal Hospital**

<b>Parking Type</b>	<b>Charge</b>
<b>Up to 1 hour</b>	£2.00
<b>2 hours</b>	£3.00
<b>2-4 hours</b>	£4.50
<b>4-24 hours</b>	£8.00
<b>Public Monthly visitor</b>	£20.00
<b>Renal Dialysis Patient</b>	Free of charge
<b>Volunteers</b>	Free of charge
<b>Disabled</b>	Free of charge

**Table 3-9: Staff parking tariffs at Sunderland Royal Hospital**

<b>Parking Type</b>	<b>Charge</b>
<b>Daily Staff permit</b>	£3.00
<b>Pre-paid Permit</b>	£31.00
<b>Premium Rate (guaranteed parking space)</b>	£62.00

### Sunderland Royal Hospital parking management scheme

- 3.21 The residential areas surrounding Sunderland Royal Hospital benefit from the Community Parking Management Scheme which is currently on its third iteration (CPMS3). The Parking Management Scheme was designed following discussions with residents, traders and stakeholders to address parking problems, improve road safety for all highway users, improve access and parking for disabled people and give residents some priority in parking their cars as close as possible to their property.
- 3.22 The restrictions apply within CPMS3 from Monday to Friday between 10am and 11am and again between 2pm and 3pm. Only vehicles displaying either a valid parking permit, a voucher or a valid blue badge are entitled to park during these times. Penalty Charge

Notices will be issued to any vehicle not displaying any of the aforementioned documentation.

3.23 A plan of CPMS3 is detailed in Figure 3-1 overleaf.

Figure 3-1: CPMS3



## Sunderland Royal Hospital Parking Capacity Analysis

- 3.24 Parking Eye has provided parking usage data for SRH for three weeks in September 2016 to determine the usage of all car parks on the SRH site. Data from these three weeks, commencing 12th September 2016 has been reviewed and assessed, and in sum provides an accurate representation of parking usage during typical working weeks at the hospital.
- 3.25 Tables 3-10, 3-11 and 3-12 show the maximum number of staff and visitor vehicles that occupied a space within one of the hospital's car parks on each day for the three weeks commencing 12th September 2016.

**Table 3-10: Maximum hospital car park occupancy numbers on week commencing 12/09/16**

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	1707	1555	1561	1566	1540	1415	561	426
Time of max occupancy	N/A	14:30	14:15	14:30	15:00	14:45	15:00	14:45
Parking stress (%)	N/A	91%	91%	92%	90%	83%	33%	25%

**Table 3-11: Maximum hospital car park occupancy numbers on week commencing 19/09/16**

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	1707	1299	1281	1285	1290	1385	525	550
Time of max occupancy	N/A	14:30	14:30	14:15	14:30	14:30	14:45	14:45
Parking stress (%)	N/A	76%	75%	75%	76%	81%	31%	32%

Table 3-12: Maximum hospital car park occupancy numbers on week commencing 26/09/16

Users	Capacity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
All vehicles	1707	1667	1688	1615	1631	1439	563	547
Time of max occupancy	N/A	14:30	14:15	14:15	14:30	11:00	15:00	14:45
Parking stress (%)	N/A	98%	99%	95%	96%	84%	33%	32%

3.26 As can be observed from the above three tables, Tuesday is on average the busiest day of the week in terms of car parking occupancy (1510 vehicles parked on average). However, it is important to recognise that Monday, Wednesday and Thursday also have similarly high vehicle occupancy levels.

3.27 Further, it is also evident that the period 14:15 to 15:00 is the busiest in terms of car parking across all days of the week. However, on the 30th September (Friday), the time of maximum occupancy was observed at 11:00.

3.28 Additionally, it is also important to recognise that parking occupancy routinely exceeds 90% of maximum capacity, with certain days exceeding 95%. On 27th September, the maximum occupancy reached 99% (leaving a total of just 19 available spaces on site).

## Comments from the general public regarding parking at the hospitals

3.29 Between 1st September 2015 and 31st August 2016, twenty formal complaints were received by CHSFT associated with parking and all of the complainants had received a Parking Charge Notice (PCN). The complaints have been categorised as follows:

- Two Blue badge holders who were unaware they had to register their vehicle registration to enable them to park for free on the CHS sites.
- One patient was disappointed they had to pay additional parking fees due to the clinic they were attending running late. Another patient was not aware they could top up at the machine.

- Two patients complained the payment machines were not working correctly and subsequently received a PCN.
- Five visitors who did not pay correct tariffs were upset they received a PCN, whilst four visitors who parked without paying any parking fees were unhappy they had received a PCN.
- Two members of the public complained regarding the service they had received when they appealed against the PCNs they had received.
- Two visitors believed they had paid to park and received a PCN, whilst a further visitor was unhappy that they had received a PCN, but did not give any further details.

3.30 At STFT, parking complaints are logged on the customer services complaints system. Between the first November 2015 and 31st October 2016, a total of 143 parking complaints were logged, however not all of these are related to STDH. A summary of the themes of the complaints is listed below, however the vast majority of the complaints were associated with PCNs:

- 26 complaints were logged for the receipt of a PCN when attending for emergency treatment and overstaying the amount of time paid for parking.
- 23 complaints were received for the receipt of a PCN following the overrunning of appointments / clinics.
- 22 complaints were received from Blue Badge holders who received a PCN (as they were unaware that they needed to register their vehicle).
- 14 complaints related to the receipt of a PCN following the parking machines being out of order.
- 9 complaints were received about the issuing of PCNs following the incorrect inputting of vehicle registration plate details.
- 8 complaints related to receiving a PCN for being incorrectly parked.
- 8 complaints were made about Parking Eye in general.
- 7 complaints related to bereaved relatives receiving a fine.
- 5 complaints were received following the issue of a PCN as the receivers were not aware of the tariff increases.
- 5 complaints related to the lack of spaces available.
- 4 complaints reported problems with the Pay by Phone function.
- 4 complainants reported they had received a fine despite paying.
- 3 complaints related to staff parking inappropriately.

- 3 complaints were received by contractors who received PCNs.
- 2 complaints were received relating to the attitude of the parking attendants.

## Parking comparison between the two hospital sites

3.31 The table below shows a comparison of the allocation of parking facilities at STDH and SRH. The comparison shows that STDH dedicates 81% of its parking facilities to staff members and 17% of parking spaces to patients / visitors with the remaining 2% comprising various drop off bays. By contrast, SRH has implemented a more flexible allocation of parking spaces, providing 65% of the total car parking spaces available to be used by both staff and patients / visitors. A further 23% are allocated to the public and 12% purely dedicated to staff.

**Table 3-13: Comparison of parking allocations**

Parking allocation type	STDH - 921 spaces		SRH - 1714 spaces	
Public only spaces	159	17%	398	23%
Staff only spaces	739	80%	204	12%
Spaces for both staff and public	-	-	1112	65%
Drop off	14	2%	-	-
Restricted bays	9	1%	-	-
<b>Total</b>	<b>921</b>		<b>1714</b>	

3.32 Table 3-14 below presents a comparison of the parking prices and various tickets on offer at each hospital site. There is a difference in the ticketing structure at both hospitals, with the longest term parking ticket at STDH being a weekly ticket costing £10, whilst a monthly ticket is available at SRH for £20 - essentially the cost of a fortnight's parking at STDH. Generally, shorter term parking costs are slightly higher at SRH, whilst longer term parking costs are more expensive/costly effective at STDH.

Table 3-14: Comparison of parking costs

Parking ticket type	STDH	SRH
<b>Staff parking costs</b>		
Staff monthly parking permit	Between £7.50 and £15.00	£31.00 / £62.00
Staff daily parking permit	-	£3.00
<b>Public parking costs</b>		
Up to 1 hour	£1.50	£2.00
Up to 2 hours	£3.00	£3.00
Up to 3 hours	£4.50	-
2-4 hours	-	£4.50
Up to 24 hours	£5.00	£8.00
Weekly pass	£10.00	-
Monthly pass	-	£20.00
Renal Dialysis Patients	-	Free
Volunteers	-	Free
Disabled	Pay the general public parking costs	Free

## 4. Accessibility Review

- 4.1 This chapter explores the accessibility of the two hospital sites by various types of transport and demonstrates the levels of access to public and private transport (including car ownership) across the South Tyneside and Sunderland areas in addition to exploring the barriers to access.
- 4.2 We have used the following data sources to compile this chapter:
- Census 2011 datasets (level of car ownership, population)
  - 2015 English Indices of Deprivation, including a specific indicator relating to health deprivation and disability
  - Industry standard accessibility modelling software TRACC that uses public transport timetable and stop data to illustrate levels of accessibility to certain destinations by public transport, and can also calculate accessibility to destinations by car, bike and walking.
  - GIS software (QGIS)

### Levels of car ownership in South Tyneside and Sunderland

- 4.3 Census 2011 datasets have been used to create a range of data and information relating to South Tyneside and Sunderland. The table below provides figures relating to the number of cars or vans per household across the two Local Authority areas. A slightly larger proportion of households in South Tyneside do not have access to a car or van compared to Sunderland, 38.5% in South Tyneside compared to 35.1% in Sunderland.

**Table 4-1: Access to a car or van**

Local Authority area	Total number of households		No cars/vans in household		1 car/van in household		2+ car/van in household	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
South Tyneside LA	67,167	100%	25,830	38.5%	27,639	41.1%	13,698	20.4%
Sunderland LA	119,758	100%	42,094	35.1%	49,564	41.4%	28,100	23.5%

Local Authority area	Total number of households		No cars/vans in household		1 car/van in household		2+ car/van in household	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Total</b>	<b>186,925</b>	<b>100%</b>	<b>67,924</b>	<b>36.3%</b>	<b>76,933</b>	<b>41.2%</b>	<b>41,798</b>	<b>22.4%</b>

- 4.4 However, the proportion of households with no access to a car or van within their household does vary across the geographical area. Figure 4-1 is a thematic map illustrating the density of households that have no access to a car or van at the detailed level of Lower Super Output Areas (areas of approx. 1500 individuals) across the two Local Authority areas.
- 4.5 In South Tyneside, Jarrow and Hebburn comprise a relatively high percentage of households with no access to a car, as do some areas of South Shields (south west and west of the town). In Sunderland, certain areas of the city also comprise a relatively high proportion of households with no access to a car or van, particularly the Downhill, Witherwack and High Southwick areas north of the River Wear and the East End of Sunderland. Further afield, some areas of Washington have a high proportion of households with no access to a car or van as well.

### Mapping data

- 4.6 In addition to car ownership, there are a number of datasets that can be analysed in terms of numbers and percentages, and thematically mapped in the same manner as Figure 4-1, that illustrate the inequality that often exists between areas amongst the wider district / Local Authority. With respect to this commission these datasets include the following health and transport related indicators:
- Individuals with a long term health problem / disability - Census 2011 indicator
  - Age structure, e.g. mapping areas according to the proportion of individuals aged over 60, or under 20 - Census 2011 indicator
  - Gender - Census 2011 indicator
  - Indices of Multiple Deprivation (IMD) - 2015 English Indices of Multiple Deprivation
  - A specific health / disability related indicator of deprivation that contributes to the above IMD
- 4.7 To demonstrate the potential use of this data we have also produced a thematic map illustrating the levels of health deprivation and disability across South Tyneside and Sunderland, as shown in Figure 4-2. It is noticeable that the patterns demonstrated in relation to health deprivation bear a strong resemblance to the trends shown in relation

to a lack of car ownership. This linkage may not be new but the illustration of the data and numbers can be a powerful tool, helping organisations to decide where to focus their efforts.

Figure 4-1: Percentage of households with no access to a car or van

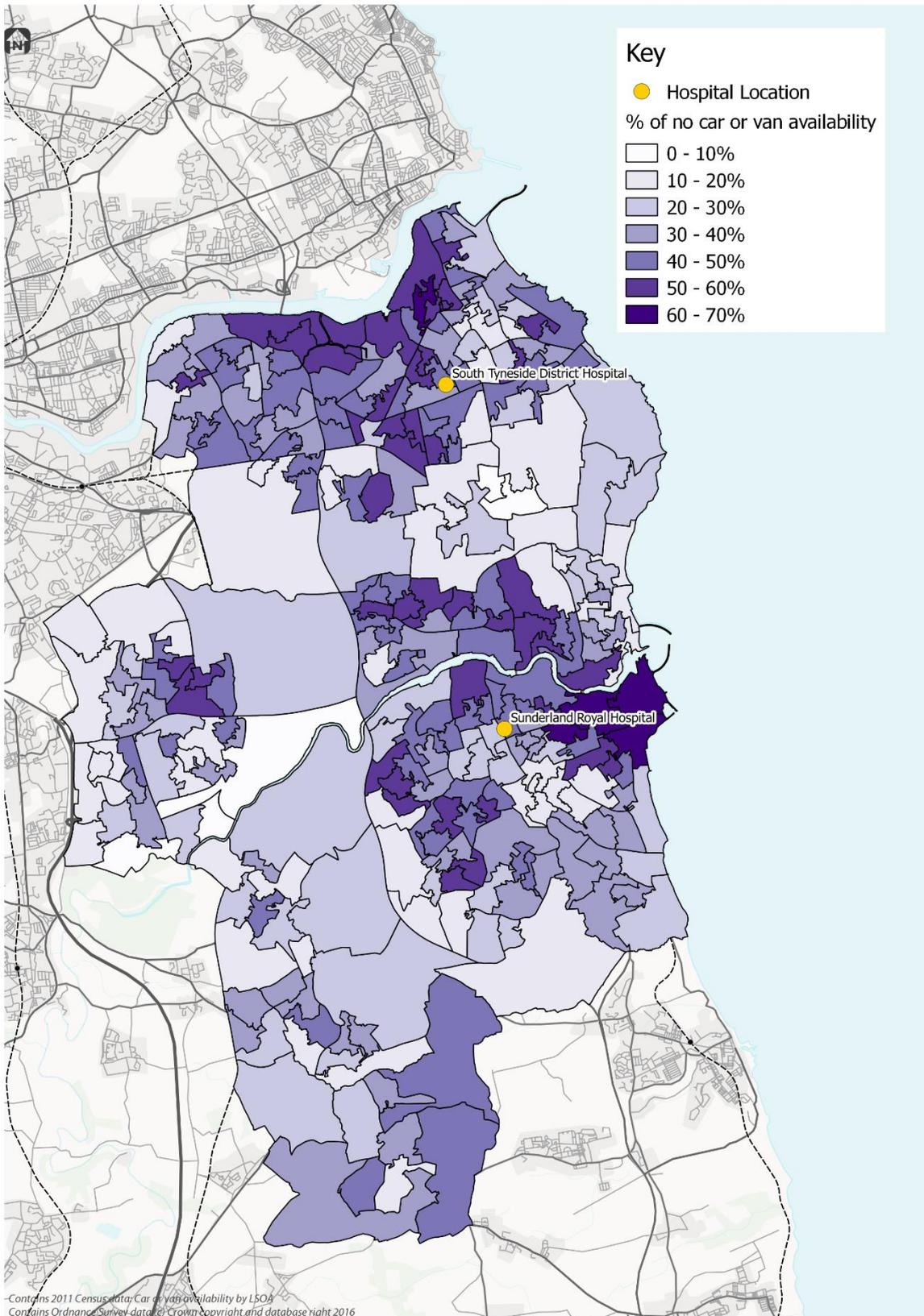
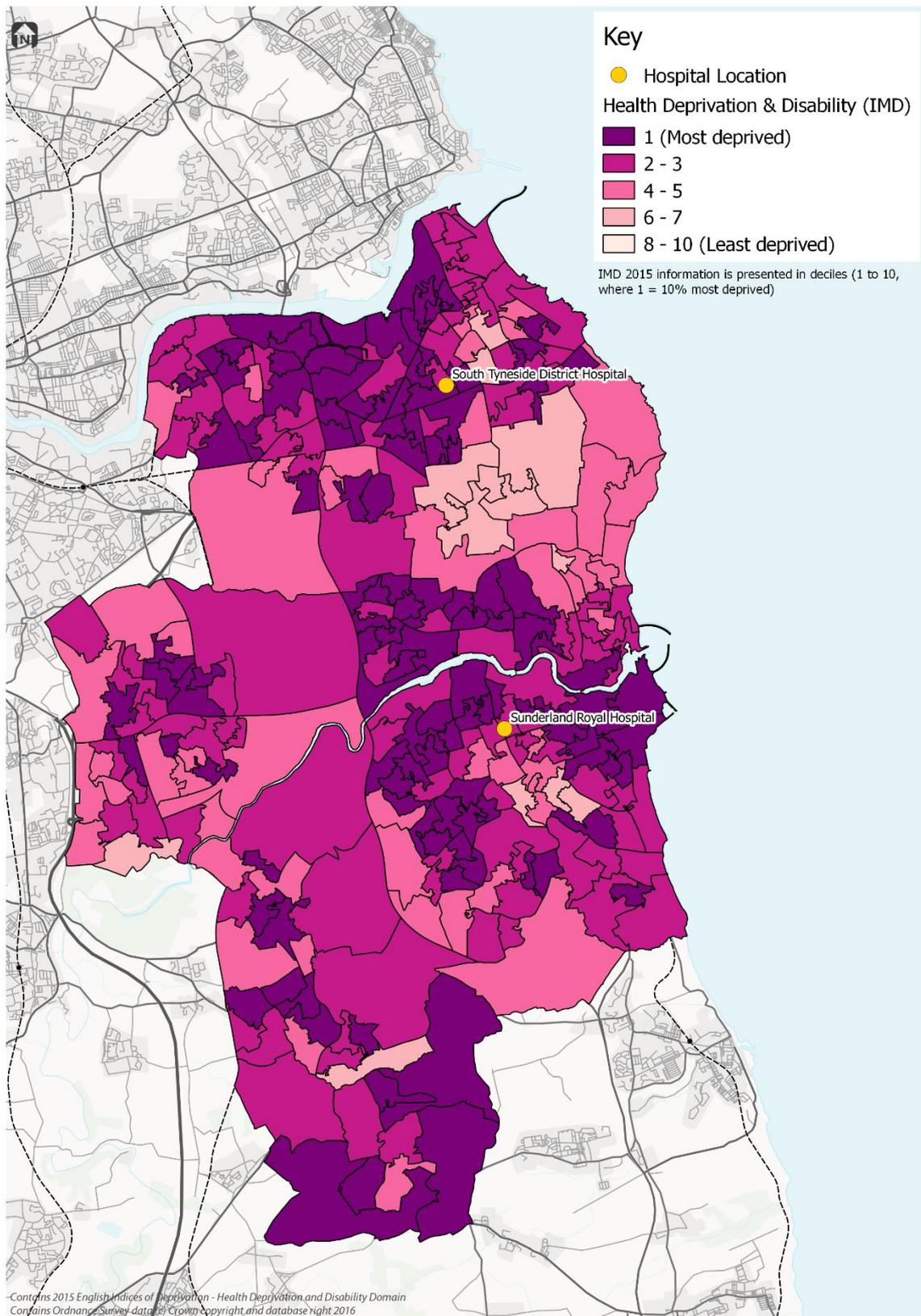


Figure 4-2: Health deprivation and disability across the LA areas



## Accessibility modelling and analysis

- 4.8 Using the industry standard regional accessibility modelling software 'Visography TRACC' (TRACC), it is possible to produce a number of maps showing the potential level of access to both SRH and STDH from the surrounding Local Authority areas of South Tyneside and Sunderland.
- 4.9 TRACC takes Ordnance Survey road data and public transport service data provided by Local Authorities and uses this to show demographic outputs of the level of accessibility for any chosen destination using a certain level of assumption and simplification including how far people will walk to access the public transport network at the start of their journey, which is 400m. TRACC outputs are based around travel time to a certain destination, in this case to each of the two hospital sites, with the map based outputs showing the geographic regions and patterns of public transport provision and the accompanying census based demographic outputs depicting the relevant metrics in numerical form, for example:
- Total population within each time band
  - Age structure within each time band, e.g. number of individuals aged 60+
  - Levels of car ownership, e.g. number of households within each time band with no access to a car/van
  - Long term health problems / disability, e.g. number of individuals within each time band that have a long term health problem / disability
- 4.10 TRACC outputs can be produced for public transport or road based modes, allowing the comparison of travel time for the different modes of public transport, private car, walking and cycling.
- 4.11 Overall, a total of 14 accessibility maps have been produced. For each accessibility plot produced we have also produced the following demographic outputs in tabular format:
- Numbers and percentage of total population in each LA that is within each 10 min time band
  - Numbers and percentage of households in each LA with no access to a car / van within each 10 min time band
  - Numbers and percentage of households in each LA with access to 1 car / van within each 10 min time band

4.12 For this commission and in line with meeting the requirements for considering the accessibility of the hospitals at a variety of times throughout the day we have produced the following accessibility maps:

**Table 4-2: Accessibility maps produced for both hospitals in this report**

Accessibility map type	Time periods
Public transport accessibility (bus and metro) Assumes that people will walk up to 400m to access the public transport network at the start of their journey.	<ul style="list-style-type: none"> <li>• 7am - 9am</li> <li>• 2pm - 4pm</li> <li>• 5pm - 7pm</li> <li>• 7pm - 9pm</li> </ul>
Accessibility by private car	Any as TRACC uses default road speeds according to road type: <ul style="list-style-type: none"> <li>• Motorway = 100kmh</li> <li>• A road = 75kmh</li> <li>• B road = 65kmh</li> <li>• Minor road = 35kmh</li> </ul>
Accessibility by bike	Any as TRACC uses a default cycling speed (16kmh)
Accessibility by walking	Any as TRACC uses a default walking speed (4.8kmh)

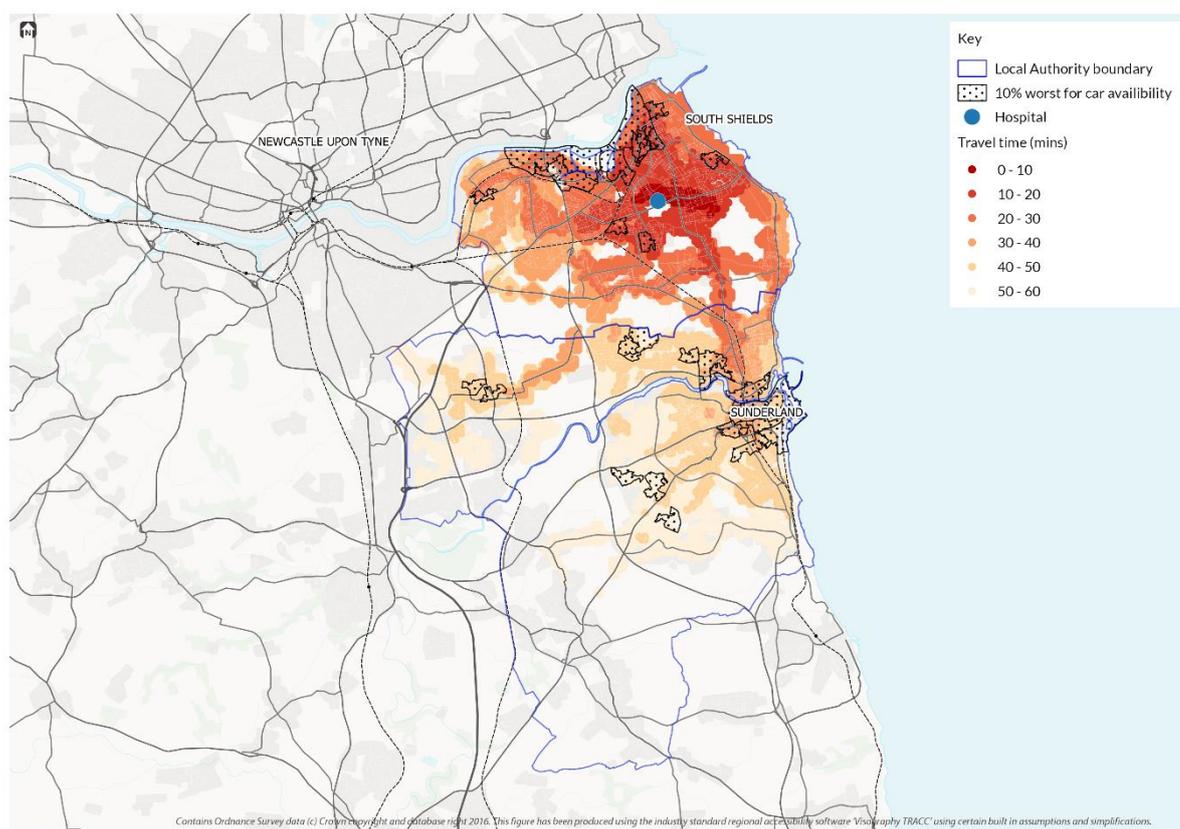
4.13 As a baseline, the table below shows the number of residents in both South Tyneside and Sunderland according to figures collated through the 2011 National Census.

**Table 4-3: Local Authority Census populations**

Local Authority areas	Number of residents
South Tyneside	148,127
Sunderland	275,506
South Tyneside and Sunderland	426,633

- 4.14 A stated above, a total of 14 different accessibility maps have been produced for the different modes of transport and, in the case of public transport, for different times of the day. These maps and the related census analysis are contained in Appendix C.
- 4.15 However, to illustrate and exemplify the data that is contained in the accessibility maps in this report, we have produced two figures, one for each hospital that shows the levels of public transport accessibility to each hospital between 7am and 9am, overlaid with the locations of the 10% most deprived lower super output areas (LSOA), across both local Authority areas, in terms of having no access to a car / van. Figure 4-3 illustrates this data relating to South Tyneside District Hospital and Figure 4-4 illustrates the same data relating Sunderland Royal Hospital.

**Figure 4-3: STDH Public transport accessibility between 7am and 9am in relation to 10% most deprived LSOA without access to a car**



- 4.16 Table 4-4 below shows the relevant census data relating to the Figure 4-3, namely the proportion of the total population that are within various public transport journey times of South Tyneside District Hospital by public transport time. Table 4-5 shows the

proportion of the total number of households that are within the various public transport journey times that have no access to a car/van.

**Table 4-4: Proportion of the population within 60 mins public transport journey time of South Tyneside District Hospital between 7am and 9am**

Journey time (mins)	Number of South Tyneside residents		Number of Sunderland residents		No of South Tyneside & Sunderland residents	
	Number	%	Number	%	Number	%
0 - 10	4,351	3%	0	0%	4,351	1%
10 - 20	47,962	32%	0	0%	47,962	11%
20 - 30	40,580	27%	4,471	2%	45,051	11%
30 - 40	24,591	17%	17,886	6%	42,477	10%
40 - 50	3,861	3%	65,585	25%	72,446	17%
50 - 60	1,720	1%	73,432	27%	75,152	18%
<b>Total population within 60 mins</b>	123,065	83%	164,374	60%	287,439	68%
<b>Total population</b>	148,127	-	275,506	-	423,633	-

**Table 4-5: Proportion of the population within 60 mins public transport journey time of South Tyneside District Hospital between 7am and 9am that have no access to a car or van**

Journey time (mins)	Number of South Tyneside households with no access to a car/van		Number of Sunderland households with no access to a car/van		No of South Tyneside & Sunderland households with no access to a car/van	
	Number	%	Number	%	Number	%
0 - 10	792	3%	0	0%	792	1%

Journey time (mins)	Number of South Tyneside households with no access to a car/van		Number of Sunderland households with no access to a car/van		No of South Tyneside & Sunderland households with no access to a car/van	
	Count	Percentage	Count	Percentage	Count	Percentage
10 - 20	9,699	38%	0	0%	9,699	14%
20 - 30	6,643	26%	363	1%	7,006	10%
30 - 40	4,339	17%	3,388	8%	7,727	11%
40 - 50	504	2%	12,906	31%	13,410	20%
50 - 60	251	1%	11,849	28%	12,100	18%
<b>Total no. of households within 60 mins</b>	<b>22,228</b>	<b>86%</b>	<b>28,506</b>	<b>68%</b>	<b>50,734</b>	<b>75%</b>
<b>Total no. of households</b>	<b>25,830</b>	<b>-</b>	<b>42,094</b>	<b>-</b>	<b>67,924</b>	<b>-</b>

4.17 Table 4-6 below shows the relevant census data relating to the Figure 4-4, namely the proportion of the total population that are within various public transport journey times of Sunderland Royal hospital by public transport time. Table 4-7 shows the proportion of the total number of households that are within the various public transport journey times that have no access to a car/van.

Figure 4-4: SRH Public transport accessibility between 7am and 9am in relation to 10% most deprived LSOA without access to a car

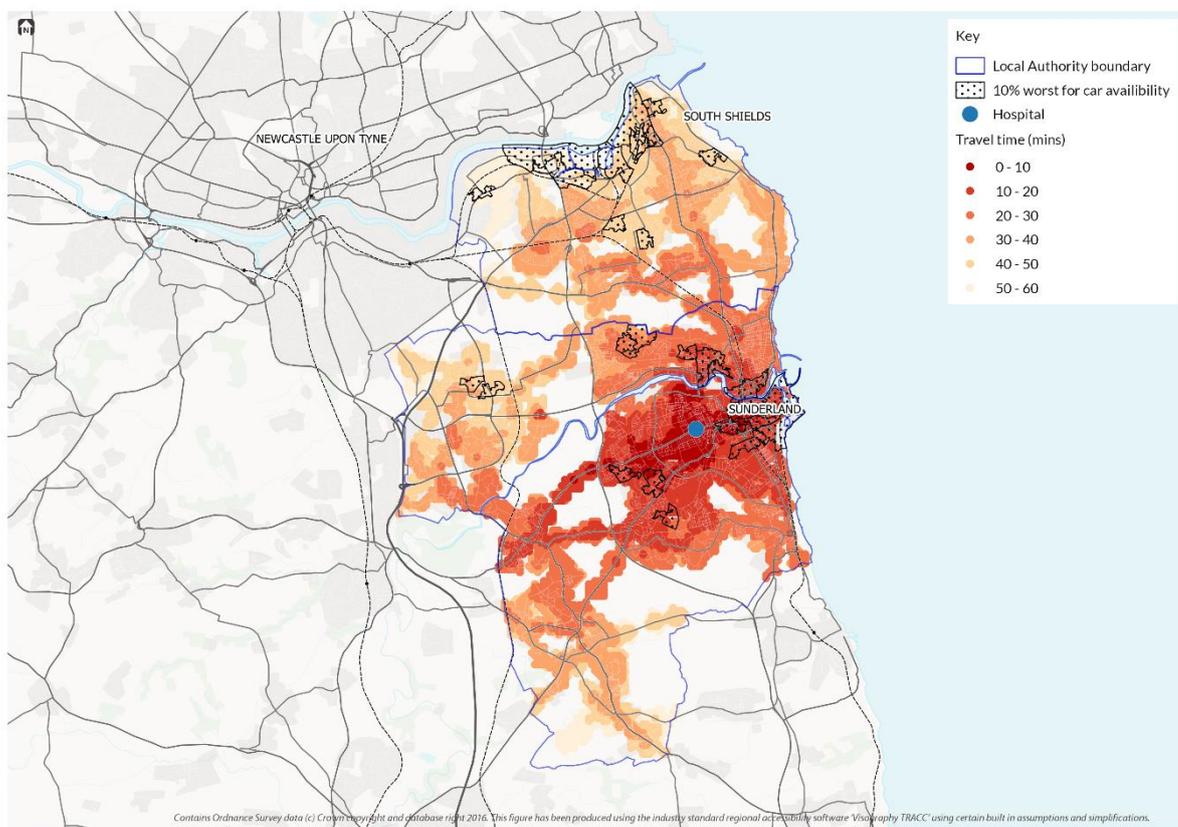


Table 4-6: Proportion of the population within 60 mins public transport journey time of Sunderland Royal Hospital between 7am and 9am

Journey time (mins)	Number of South Tyneside residents		Number of Sunderland residents		No of South Tyneside & Sunderland residents	
	Number	%	Number	%	Number	%
0 - 10	0	0%	23,889	9%	23,889	6%
10 - 20	0	0%	68,240	25%	68,240	16%
20 - 30	5,608	4%	65,573	24%	71,181	17%
30 - 40	38,804	26%	37,320	14%	76,124	18%

Journey time (mins)	Number of South Tyneside residents		Number of Sunderland residents		No of South Tyneside & Sunderland residents	
	Number	%	Number	%	Number	%
40 - 50	51,291	35%	24,115	9%	75,406	18%
50 - 60	18,774	13%	2,486	1%	21,260	5%
<b>Total population within 60 mins</b>	<b>114,477</b>	<b>77%*</b>	<b>221,803</b>	<b>81%*</b>	<b>336,280</b>	<b>79%</b>
<b>Total population</b>	<b>148,127</b>	<b>-</b>	<b>275,506</b>	<b>-</b>	<b>423,633</b>	<b>-</b>

Table 4-7: Proportion of the population within 60 mins public transport journey time of Sunderland Royal Hospital between 7am and 9am that have no access to a car or van

Journey time (mins)	Number of South Tyneside households with no access to a car/van		Number of Sunderland households with no access to a car/van		No of South Tyneside & Sunderland households with no access to a car/van	
	Number	%	Number	%	Number	%
0 - 10	0	0%	3,849	9%	3,849	6%
10 - 20	0	0%	13,287	32%	13,287	20%
20 - 30	645	2%	9,210	22%	9,855	15%
30 - 40	6,278	24%	5,625	13%	11,903	18%
40 - 50	10,309	40%	3,741	9%	14,050	21%
50 - 60	3,646	14%	304	1%	3,950	6%
<b>Total no. of households within 60 mins</b>	<b>20,878</b>	<b>81%</b>	<b>36,016</b>	<b>86%</b>	<b>56,894</b>	<b>84%</b>

Journey time (mins)	Number of South Tyneside households with no access to a car/van		Number of Sunderland households with no access to a car/van		No of South Tyneside & Sunderland households with no access to a car/van	
Total no of households	25,830	-	42,094	-	67,924	-

## Benchmarking Levels of Accessibility at STDH and SRH

- 4.18 Research has been carried out into relevant accessibility statistics, and additional accessibility analyses for the comparator hospitals (cited in chapter 2) have also been calculated to compare and contrast with the results for STDH and SRH. A separate Benchmarking Technical Note can be found in Appendix D.
- 4.19 In addition, a Public Transport Accessibility Level (PTAL) analysis has been undertaken for STDH, SRH and the comparator hospitals.
- 4.20 Table 4-8 below presents the proportion of residents within each local authority area that are within a 30 minute public transport journey of each hospital during between 7am and 9am.
- 4.21 Both South Tyneside District Hospital and Sunderland Royal Hospital have the highest proportions of local residents within a 30 minute public transport journey time of each hospital, 63% and 57% respectively, when compared to the comparator hospitals and respective local populations.
- 4.22 The level of accessibility to Sunderland Royal Hospital amongst both South Tyneside and Sunderland residents is significantly higher compared to the levels of accessibility to the University Hospital North Durham (19%) by the resident local population, and similar to the level of accessibility to University Hospital North Tees (41%) by the resident local population.
- 4.23 Sunderland Royal Hospital has a slightly higher proportion of residents from both South Tyneside and Sunderland within a 30 minute public transport journey than South Tyneside Hospital, 39% compared to 23%, however this is partly due to the fact that

Sunderland Royal Hospital is located towards the north of the Sunderland Local Authority area whilst South Tyneside District Hospital is located more towards the north of South Tyneside Local Authority, in comparison.

**Table 4-8: Proportion of residents in each local authority within a 30 minute public transport journey**

<b>Hospital</b>	<b>Local Authority</b>	<b>% of residents within 30 minutes from LA area</b>
<b>South Tyneside District Hospital</b>	South Tyneside	63%
	Sunderland	2%
	South Tyneside and Sunderland	23%
<b>Comparator 1 - North Tyneside District Hospital</b>	North Tyneside	60%
<b>Comparator 2 - QE Gateshead Hospital</b>	Gateshead	52%
<b>Sunderland Royal Hospital</b>		
<b>Sunderland Royal Hospital</b>	Sunderland	57%
	South Tyneside	4%
	Sunderland and South Tyneside	39%
<b>Comparator 1 - University Hospital of North Tees, Stockton</b>	Stockton-on-Tees	41%
<b>Comparator 2 - University Hospital of North Durham</b>	County Durham	19%

### Public Transport Accessibility Level (PTAL) analysis

4.24 PTAL is a measure of accessibility that has been used in London for a number of years to assist with the planning process. For any selected location, the PTAL suggests how well connected that location is to public transport services. There are 9 possible PTAL values / scores that can be assigned to a particular location: 0, 1a, 1b, 2, 3, 4, 5, 6a and 6b. The higher the value the greater the accessibility to the public transport network. Further information on the calculation of PTAL levels can be found in Appendix D.

4.25 Table 4-9 shows the results of the PTAL analysis for all six hospitals. It shows both the Accessibility Index score and the PTAL level allowing both an overall, and finer detailed, comparison to be made. For reference, a PTAL score of 0 is the worst and a score of 6b is the best.

**Table 4-9: Hospital PTAL levels**

Hospital	Accessibility Index score	PTAL level
South Tyneside District Hospital	11.65	3
North Tyneside Hospital	8.22	2
QE Gateshead Hospital	13.84	3
Sunderland Royal Hospital	18.20	4
University Hospital of North Tees	8.59	2
University Hospital of North Durham	19.27	4

4.26 The PTAL score of 3 for STDH is better than or equal to its comparator hospitals when looking at PTAL levels, however the AI score for STDH is lower than that for QE Gateshead Hospital. QEH has a higher AI score due to having more services within a very close stopping distance to the hospital site, compared to STDH. The presence of the Metro being within the catchment of STDH does help its score, but as it is a relatively long walk, and the frequency is not particularly high, it doesn't significantly increase the Accessibility Index score. North Tyneside Hospital has a relatively lower score due to having the least amount of bus services stopping within the 400m radius of the hospital and having no access to rail services.

4.27 The PTAL score of 4 for SRH is better than or equal to its comparator hospitals when looking at the PTAL level, but is slightly lower than University Hospital of North Durham when looking at the Accessibility Index. UHND has the highest AI score as it has the largest number of bus services serving the site compared to any of the other hospitals, and all of these services are only a very short distance from the hospital. University Hospital of North Tees has a lower AI score due to having very few bus services within reach, and no rail services.

4.28 Levels of accessibility calculated through TRACC and the associated census data produced through the TRACC software and PTAL Levels are not necessarily comparable; as demonstrated through some of the results for two of the comparator hospitals, for example North Tyneside Hospital has a relatively low PTAL score of 2 yet 60% of the

North Tyneside population are within a 30 minute public transport journey of the hospital. This is primarily explained by the fact that North Tyneside is a relatively compact, urban area. A second example when comparing the TRACC levels of accessibility and PTAL results shows that the University Hospital of North Durham has the joint highest PTAL score and highest AI score, yet when looking at Table 3-1, it was the lowest scoring hospital with the smallest proportion of its resident population within a 30 minute public transport journey (19%). This anomaly is largely explained by geography as County Durham is a far larger geographic area than any of the other Local Authority areas.

- 4.29 The two comparisons of accessibility levels and PTAL scores for the example described above highlight one of the deficiencies with the PTAL measure, in that it is only a measure of access to the public transport network, and bears no relation to where an individual might be able to travel once within the public transport network. Also, TRACC Accessibility analysis takes account of joining services (transfers) and is less effected by low frequency when compared to PTAL.

## Barriers to accessing transport (private and public)

- 4.30 A workshop was held on Friday 18th November in South Shields to consult with the relevant stakeholders regarding the impact on travel and transport for patients, visitors and staff as a result of the clinical service review that are being undertaken over the next two years.
- 4.31 The workshop focussed primarily on sharing the data sources and findings so far from the transport baseline report and invited comments on any additional information sources. The final part of the workshop asked stakeholders to think about how the clinical service reviews may impact upon patients, visitors and staff depending on whether they had access to a car/private transport or if they did not (and so were dependent upon public transport and active travel modes).
- 4.32 The workshop proved very useful for uncovering the different barriers to both public and private transport access and these barriers are explored below. The workshop report can be found in Appendix E.
- 4.33 Firstly, **individuals with mobility issues** are noted as a group that may experience difficulties should they be required to travel to a different hospital site for medical care, or indeed potential hospital visitors who experience mobility difficulties. If travelling by public transport, some of these individuals may experience difficulties in accessing the relevant public transport service / bus stop and may have to interchange during the

journey. Whilst the IHT guidelines and NEXUS Bus Strategy outline a maximum walking distance of 400m to or from a bus service, for some individuals this may be unattainable or too far.

- 4.34 **Out of hours transport needs** may prove to be a barrier for some individuals, particularly those who do not have access to private transport but are not eligible for PTS or any other mobility schemes.
- 4.35 Following on from the above, inability (or not wanting to) use public transport may mean individuals start to make use of taxis, which are usually more expensive than public transport fares and here lies the second barrier - cost of travel. If people from South Tyneside are required to use a taxi to travel to Sunderland Royal Hospital rather than South Tyneside District Hospital, this is inevitably going to attract a higher taxi fare.
- 4.36 **Cost of travel** is also a consideration for car users, as increases in travel distance are associated with costing more in petrol, wear and tear etc. The slightly higher **cost of short term parking** at Sunderland Royal Hospital compared to South Tyneside District Hospital may also be a barrier to patients and visitors particularly but also to any staff that may be transferred to SRH.
- 4.37 Potential increases in travel distances invariably result in **longer journey times**, which is something that may affect patients attending appointments, visitors attending hospital to visit friends / family and staff for their commute to work. It was pointed out at the workshop that some patients may feel uncomfortable asking visitors to come and visit them at a hospital further away and so may not ask them. Or visitors may not be able to make the journey.
- 4.38 **Parking capacities and space allocation** at both STDH and SRH may be a barrier going forward and the impact of the lack of parking spaces (particularly for visitors at STDH) is an issue and particularly how this may impact on surrounding residential streets as staff, patients and visitors park on residential roads that do not have any restrictions on them.
- 4.39 A number of stakeholders at the workshop noted that older relatives were not confident or would not be happy driving to a new, unfamiliar destination and the **concept of unfamiliarity** with a new area, a new hospital was likely to cause anxiety and worry. Other unfamiliar topics that are like to cause anxiety include Blue Badge Parking 'rules' at different sites and where to interchange if travelling by public transport.
- 4.40 Further, more specific barriers may be the **reduced frequency of public transport** on bank holidays etc. which may affect staff travelling to a different hospital site. Also on the subject of staff, any increase in costs for journeys to work may affect staff morale,

attitudes and perception; however, it is understood that staff will be protected from these extra costs for one year and any changes to work base may benefit some staff rather than adversely affect them.

- 4.41 In summary, some of the barriers to accessing public and private transport will arise because of the clinical services review however many barriers are existing issues that may or may not be exacerbated by the clinical services review.

## 5. Surveys and Data Analysis

- 5.1 This chapter explores the survey data and associated information that we have been given access to relating to how patients, staff and other hospital visitors currently travel to access health services to help ascertain the modal share of different types of transport used by each user group. At present we only have data for staff travel, however there are plans to undertake new staff, patients and visitor travel surveys in 2017.
- 5.2 In future reports, this section will also focus on determining the amount of travel that currently happens from one area to the other and what could be expected if certain health services are aggregated into in one geographical area.
- 5.3 We have used the following data sources to compile this chapter:
- Previous staff travel survey results from both CHSFT and STFT.
  - The Travel Plan document for SRH (amended in October 2013)

### Staff Travel Survey Results

#### South Tyneside District Hospital

- 5.4 South Tyneside NHS Foundation Trust has undertaken staff travel surveys in both 2014 (undertaken by the Trust) and also in 2015 as part of the Local Sustainable Transport Fund (LSTF) Funded Go Smarter initiative in the North East region. Both surveys were undertaken on a trust wide basis and therefore contain survey responses from staff not based at STDH.
- 5.5 The 2014 survey was distributed via email using a Survey Monkey link to the online survey and attracted 514 responses from at least 16 different sites, however 43.3% (223 responses) were received from staff at South Tyneside District Hospital.
- 5.6 It is impossible to state if the 2015 survey was undertaken solely through paper survey forms or a mix of both hard copy and online survey however this survey was focussed on three cores sites, one of which was STDH and received 706 responses (although not every respondent answered all questions).
- 5.7 The survey questions from the two survey years differ slightly but do allow for the comparison of travel to work data.

- 5.8 Table 5-1 shows the modal split of staff working at hospitals and health facilities within the South Tyneside Hospitals Trust, this is from 514 responses in 2014 and 627 responses in 2015 (excluding four non-responses). As can be identified, single occupancy car use is the most dominant form of transport, though its use has fallen between 2014 and 2015 by 5.8% points. Further, whilst the proportion of staff using the bus or metro has fallen, the proportions of staff car sharing, cycling and walking to work has increased significantly.

**Table 5-1: Staff Modal Split - South Tyneside Foundation Trust**

Mode of Travel	Totals from Surveys – percentage of all respondents Main Mode of Travel	
	2014	2015
Car - alone as driver	80%	74.2%
Car share	2.3%	7.1%
Bus	9.4%	5.4%
Metro		1.9%
Walk	4.7%	6.0%
Cycle	2.9%	4.1%
Other	0.7%	1.3%

Source: STFT Staff Travel Survey Reports (2014 & 2015)

- 5.9 The 2014 survey asked respondents if they would consider using sustainable forms of travel and how the Trust could encourage staff to change how they travel. A large proportion of staff stated that they would consider using public transport, cycling or walking to work (36.7%, 28.4% and 28% respectively) and in order to facilitate this change, staff requested improved changing, showering and locker facilities, more secure cycle storage, subsidised fares and more frequent public transport services and access to a pool car(s).
- 5.10 Following this, a programme of works to encourage walking and cycling specifically at STDH was drawn up and was costed at approximately £50,000. Finding the necessary resource for these improvements is difficult, particularly in the current economic

climate. £5,000 match funding was available through the LSTF funded Go Smarter initiative and if the forthcoming Access Fund bid is successful it is likely that the match funding initiative will become available again for employers in the region.

## Sunderland Royal Hospital

- 5.11 CHSFT has a workplace travel plan in place, which was last amended in October 2013. The document was developed in consultation with the Sunderland City Council Travel Plan Officer and primarily developed to conform with local and national transport policy, and to help ameliorate transport and travel access during a programme of construction works designed to improve the configuration of the hospital and improve patients' access to a high standard of healthcare.
- 5.12 The most recent staff travel survey was undertaken in 2010 using iTrace, as was the 2008 travel survey, however the 2003 survey used a paper only survey form. A total of 582 responses were received to the 2010 travel survey, which is a 12.9% response rate.
- 5.13 Table 5-2 shows the modal split of staff working at Sunderland Hospital from the three survey years - 2003, 2008 and 2010. As can be observed, single occupancy car use remains the most dominant form of transport to the hospital site, with 60.5% of surveyed staff in 2010 (582 staff) travelling by this mode. Though this is a small increase over the proportion recorded in 2003 (59%), the hospital trust has acknowledged this should be set against an overall increase in car usage in the North East. Similarly, whilst the number of staff travelling on foot or by bike has fallen since 2008, there has been a shift to sustainable modes such as bus, metro and park and ride. Note that the Park and Ride service to SRH is no longer in operation.

**Table 5-2: Staff Modal Split - Sunderland Royal Hospital**

Mode of Travel	Totals from Surveys – percentage of all respondents Main Mode of Travel.		
	2003	2008	2010
Car – alone as driver	59%	62%	60.5%
Car Share	9%	5%	8%
Bus	13% (Bus/Metro Combined)	8%	12%
Metro		3%	4%

Mode of Travel	Totals from Surveys – percentage of all respondents Main Mode of Travel.		
	2003	2008	2010
Park & Ride	0%	1%	1.5%
Walk	16%	12%	11.5%
Cycle	1.5%	3%	2%
Other	1.5%	6%	0.5%

Source: Sunderland Royal Hospital Travel Plan (2013), adapted by ITP.

- 5.14 As stated in the Sunderland Royal Hospital Travel Plan (2013), the majority of car users park on site (57.4%), with 53% stating they pay for on-site car parking. A further 23.5% of car users stated that they parked off-site where parking charges did not exist, up from 16.4% in 2008. A further 12.2% responded that they were dropped off at the site, up from 7.9% in 2008.
- 5.15 Staff identified financial incentives and the provision of pool cars as being the most important factors in encouraging the use of alternative modes of transport for business usage whilst being designated as a car user was a significant factor in holding staff back from using alternative modes for business usage. However, 56% of staff stated that nothing would encourage them to shift from their present car based travel.
- 5.16 Similarly, whilst staff identified incentives such as subsidised fares, more frequent/reliable public transport services and travel information at work that would encourage them to use public transport, the largest response was that nothing would encourage them to travel.
- 5.17 The workplace travel plan contains a package of measures in the CHSFT Travel Plan to encourage and promote sustainable travel, which include:
- Use of the Liftshare car share matching scheme
  - Guaranteed Ride Home service available to car sharers and cyclists
  - Regular updating of the car park policy, particularly concerning the parking permits and car share only parking spaces.
  - Interest free loan for public transport season ticket purchase
  - Negotiated discounts with public transport operators

- Raising awareness through electronic means amongst staff of bus routes serving the hospital
- Information made available to staff regarding bus route availability and ticket prices
- Use of public transport for business travel and investigation into a corporate Network One ticket
- On site signage relating to walking distances, especially to the Metro station and shops
- Staff pedometers
- Offer and promotion of the Government's cycle to work scheme providing staff with the chance to purchase a bike tax free via salary sacrifice, all year round. CHSFT use the provider Cyclescheme
- Cycle mileage rates available for business travel
- Bicycle User Group
- Pool bikes for staff use
- Active travel maps have been produced that show cycle routes and cycle parking facilities for staff and visitors cycling to SRH
- Free cycle maintenance facilities and discounts at local bike shops
- Motorcycle parking
- Teleconferencing facilities
- Promotion of up to date transport information through the Hospital 'Grapevine' newsletter
- Sustainable transport promotions in line with National Transport events such as Bike Week and Walk to Work week.

## Modal share comparison

- 5.18 The table below shows the modal share amongst staff at South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust according to the results from the most recent staff travel surveys undertaken. Single occupancy car use at SRH is considerably lower than that at STDH, with many more commutes to SRH made by staff walking and using public transport (particularly bus use), whilst the proportion of staff cycling is slightly higher at STDH.

Table 5-3: Staff modal share comparison

Transport mode	STFT - 2015	CHSFT- 2010
Car - alone as driver	75%	60.5%
Car share	7%	8%
Walk	6%	11.5%
Bus	5%	12%
Metro	2%	4%
Cycle	4%	2%
Park and Ride*	-	1.5%
Other	1%	0.5%

\* No longer in operation

## Home locations of staff

- 5.19 Both STFT and CHSFT have provided staff home postcodes to enable ITP to map staff home locations. The postcodes have been provided by staff specialty and are currently being sorted into the relevant clinical service to enable ITP to use and isolate the staff postcodes associated with each clinical service review.
- 5.20 Once the postcodes are sorted by clinical service, ITP will be able to plot the various postcodes and utilise them in a number of ways, for example we can overlay the postcode locations onto the various accessibility plots to illustrate how many staff live within certain journey times of each hospital, by different modes, or perhaps identify potential car sharing arrangements etc.

## 6. NHS Policy Review

- 6.1 This chapter explores the relevant national and local NHS policies relating to providing assistance for travel and Trust specific travel and transport policies for staff, patients and carers. At present no data has been uncovered pertaining to what other organisations have done to improve access in terms of transport following a reconfiguration.
- 6.2 We have used the following data sources to compile this chapter:
- CHSFT Travel and Associated Expenses Policy
  - Health Technical Memorandum (07-03) - NHS car-parking management: environment and sustainability (2015 Edition)
  - DoH guidance on Health Care Travel Costs

### Travel and Associated Expenses Policies

- 6.3 CHSFT has recently updated their Travel and Associated Expenses Policy (please note the document is still currently draft, awaiting sign off). In summary, the pertinent sections of the policy state that:
- Staff are required to consider alternatives to travel, e.g. teleconferencing or where travel is necessary using public transport or car sharing with colleagues attending the same meeting(s)
  - Mileage incurred whilst on Trust business will be reimbursed at the rates detailed in the appropriate section of the NHS Terms and Conditions of Service. Car passenger allowance per mile is also available to staff.
  - Staff who are required by the Trust to change their work base will be paid the additional mileage required to be travelled over and above the previous, normal home to base mileage, if the mileage exceeds five miles per single journey, for a period of up to 12 months from the date of transfer. Staff who incur extra public transport costs will be reimbursed for the additional cost for a period of up to 12 months from the date of transfer. These payments will not apply to staff who are contracted to change work bases.
  - Cycle mileage covered using the employee's own bicycle will be paid in accordance with the standard rates detailed in the appropriate NHS Terms and Conditions.

- 6.4 At STFT, there isn't an agreed Travel / Expenses policy, with travel and expenses forming part of the Payroll FPN, which isn't published to date.

## Health Technical Memorandum (07-03) - NHS car-parking management: environment and sustainability (2015 Edition)

- 6.5 The NHS Health Technical Memorandum (07-03) is a guidance document which helps NHS organisations "identify best practice in car-park management and sustainable transport in order to improve the patient and visitor experience and support staff on their journeys to and from work".
- 6.6 The memorandum provides a number of measures that have been used by NHS organisations to reduce car parking demand and promote better use of car parks on NHS sites. The measures are drawn into the following three categories:
- Sustainable transport
  - Car park management
  - Car park equipment
- 6.7 The document also offers a number of case studies of NHS organisations that have demonstrated good practice in one of the following four areas:
- Patient and visitor experience
  - Sustainable transport
  - Car parking charges and concessions
  - Car park management

## NHS patient, visitor and staff car parking principles

- 6.8 The document links heavily with the Department of Health NHS patient, visitor and staff car parking principles (2014), which provides "clear and consistent ground rules" which help to manage car parking provision in the NHS and help to improve patient experience. In particular, guidance is provided in the Health Technical Memorandum on how to meet these principles.
- 6.9 The following principles are stated as best practice for car parking for NHS organisations, in terms of improving the overall car parking experience for patients and visitors:

- Ensuring their journey is straightforward;
- Avoiding confusing messages and signage;
- Providing information relating to parking, including where to park and costs;
- Maintaining safety through the NHS site;
- Listening to feedback.

## Travel planning measures that can reduce the demand on parking at NHS sites

6.10 On the other side to the above principles, there are a number of principles in relation to travel planning and car park management, which are aimed at reducing the demand of car parking at NHS sites. These are detailed below.

### Sustainable transport measures

- Secure cycle hubs
- Cycle compounds
- Bus stops and park and ride sites
- Shuttle bus services connecting sites
- Car share schemes
- Electric vehicles
- Car clubs

### Car park management schemes

- Short-term parking bays
- Flexible parking permits
- Wheelchair hire
- Identifiable car parks
- "No loading" markings/red lines on blue light routes
- Utilising patrol staff for car parking
- Liaising with NHS departments to assist car parking
- Designated blue badge car parks
- Liaising with the police regarding any offsite issues

### Car parking equipment measures

- Pay on exit machines
- Pay by phone systems
- Car park barrier systems
- Variable message systems
- Reactive access systems
- Automatic Number Plate Recognition (ANPR)
- Car park security measures - security patrols, lighting
- Park Mark award

## DoH Healthcare Travel Costs Scheme

- 6.11 The Healthcare Travel Costs Scheme (HTCS) forms an element of the NHS Low Income Scheme, and was established to provide financial assistance to patients "who do not have a medical need for ambulance transport, but who require assistance with their travel costs" (Department of Health, 2010).
- 6.12 The scheme replaces the Hospital Travel Costs scheme, following the commitments made in the Government white paper "Our Health, Our Care, Our Say", and extends to "include people who are referred by a healthcare professional for treatment in a primary care setting, providing that they meet the existing low-income criteria" (Our Health, Our Care, Our Say - section 6.68, 2006 )

### Eligibility Criteria

- 6.13 Under the HTCS scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in part or in full for costs incurred in travelling to receive certain NHS services, where their journey meets certain criteria.
- 6.14 Under the HTCS regulations, three conditions must be met in order to be eligible for the full or partial payment of NHS travel expenses:
- 1) The patient must be:
    - a) In receipt of one of the qualifying benefits or allowances specified in the 2003 Regulations (stated below) (or in certain cases be a member of the same family as a person receiving a qualifying benefit or allowance), or
    - b) Be named on a NHS Low Income Scheme certificate HC2 or HC3 (or in certain cases be a member of the same family as a person named on a NHS Low Income Scheme certificate).

- 2) The journey undertaken must be made to receive services under the National Health Service Act 2006, which are not primary medical or primary dental care services, for which the patient has been referred by a doctor or dentist.
- 3) Where a doctor or dentist has provided the primary medical or primary dental services which lead to the referral for non-primary care services, those services must be provided on a different visit or involve an additional journey to the premises where the primary medical or primary dental services which lead to that referral were provided.

## Qualifying Benefits and Allowances

### Benefits providing automatic entitlement

6.15 These benefits include the following:

- Income Support
- Income based employment support and allowance
- Income based jobseekers allowance
- Working tax credit and/or child tax credit
- Pension credit - guarantee credit

### Other routes providing eligibility to the HTCS

6.16 Other routes through which HCTS can be claimed include:

- People claiming on the grounds of low income
- Persons living permanently in a care home or accommodation provided by a local authority
- Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999
- Children of 16 or 17 being supported by a local authority

## Calculation of Reimbursement

6.17 Where patients meet the three conditions, as stated above, the 2003 Regulations state that travel expenses must be reimbursed according to the cost of the cheapest means of transport which is reasonable, taking into consideration the person's relevant circumstances. The test of reasonableness should be based on the assumption that the

patient should be able to access their healthcare establishment efficiently and without harm to their condition.

6.18 When assessing a patient's claim, the relevant provider unit should take into consideration issues such as:

- The distance the patient has to travel;
- The amount of time taken to complete a journey;
- Whether the patient has to make this journey frequently;
- The availability, suitability and accessibility of public transport;
- The medical condition of the patient;
- The age of the patient.

## 7. Patient Transport Services

- 7.1 This chapter explores the Patient Transport Services access criteria and take up and will seek to establish the potential impact on patient transport services provided by North East Ambulance Service (NEAS) created by the clinical services review.
- 7.2 Patient Transport Services (PTS) are classified as non-emergency transportation services, which transport patients with a medical need, which are not immediate or urgent, to and from premises providing NHS healthcare and between NHS healthcare providers (Department of Health, 2007).
- 7.3 We have used the following data sources to compile this chapter:
- DoH PTS Eligibility Criteria
- 7.4 Following the initial contact made with NEAS at the stakeholder workshop, a request for booking information and revisions to the eligibility criteria has been successfully made to NEAS. Analysis of the data will be forthcoming.

### DoH PTS Eligibility Criteria

- 7.5 As referred to in the Department of Health's PTS eligibility criteria (2007), eligible patients are those:
- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey
  - Where it would be detrimental to the patient's condition or recovery if they were to travel by other means
  - Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare
  - Recognised as a parent or guardian where children are being conveyed.
- 7.6 A patient's eligibility should also be determined by either a healthcare professional or by non-clinically qualified staff who are both:
- Clinically supervised and/or working within locally agreed protocols or guidelines;
  - Employed by the NHS or working under contract for the NHS.

## Local Eligibility Criteria

- 7.7 In addition to the Department of Health's PTS eligibility criteria, local Clinical Commissioning Groups (CCGs) also provide local guidance on eligibility. Sunderland and South Tyneside CCG are currently reviewing their local criteria and have produced a draft revised list of criteria in October 2016, which follows the principles of the Department for Health's guidance, however goes into more depth regarding the patient's condition and distance to be travelled.
- 7.8 Patients that advise that they can get to their appointment by another means such as a family member, a friend or by public transport will not be eligible for PTS.
- 7.9 According to revised eligibility criteria, a patient's eligibility for PTS travel will be based on a number of further questions. Patients will be automatically eligible if:
- The distance from home to appointment is 30 miles or more.
  - If the patient is registered blind, or if they have a sight, hearing or other communication impairment that means they require assistance when travelling alone.
  - The patient is currently resident in a Nursing Home.
  - The patient's journey is for an inter-hospital transfer or hospital discharge.
  - The patient's appointment is for radiotherapy, chemotherapy or renal dialysis.
  - The patient's appointment letter from the hospital suggests that they need aided support to get home following their appointment.
  - The patient is confined to bed, in need of ambulance oxygen en-route, in regular contact with mental health services or suffers from dementia.
- 7.10 A further question enquires with regards to mobility assessment. Call handlers will be required to ask if the journey time the patient has to travel affects if the patient can get in and out of the car unaided without the help of another person. If the answer is no they cannot then the patient is eligible for PTS.
- 7.11 However if the answer is Yes, a further question will be asked:
- Can the patient get from the car to their appointment on their own? If the patient answers yes to this question they are ineligible.

- 7.12 The current draft revised criteria and guidance notes that the process for escorts is to remain as at present. Further considerations of the eligibility criteria may need to be made for children's issues.

## Patient Transport Service Booking Data

- 7.13 In order to identify travel patterns in relation to Patient Transport Services (PTS), booking data obtained from the NHS for the South Tyneside and Sunderland CCG areas for the date range 1st August 2016 to 31st October 2016 has been interrogated. The provided dataset contained information on the type of journey made (inbound or outbound), the hospital accessed, the clinical service accessed, planned mileage for the journey, and information regarding the abortion and cancellation of a service (where relevant).
- 7.14 The dataset provided a description of the hospital services that patients were due to access and these services have been assigned to one of the 19 clinical services that are being reviewed over the next two years. Staff at both STFT and CHSFT have been responsible for categorising the hospital services into clinical services as far as possible.
- 7.15 Using this data, patterns have been identified regarding trip length (in miles), clinical services accessed and numbers of cancelled and aborted trips (cancelled trips are where the journey was not undertaken, whilst aborted trips are where the collection journey was made but the remainder of the journey was not completed) . This included trips made between the South Tyneside and Sunderland Clinical Commissioning Group (CCG) areas to the two hospitals - South Tyneside District Hospital and Sunderland Royal Hospital.
- 7.16 Table 7-1 below summarises the main indicators / figures derived from the PTS booking data analysis, to include total number of journeys completed, total number of journeys cancelled and aborted and various measurements of trip length (one way).

Table 7-1: Overview of PTS booking data for journey to STDH and SRH between 1st August 2016 and 31st October 2016

	PTS Route				Totals / Averages
	South Tyneside CCG to STDH	South Tyneside CCG to SRH	Sunderland CCG to SRH	Sunderland CCG to STDH	
<b>Total completed journeys</b>	2774	955	4197	189	8,115
<b>Total aborted journeys</b>	674	138	921	38	1,771
<b>Total cancelled journeys</b>	152	58	315	13	538
<b>Average trip length (miles)</b>	3.0	8.0	4.2	6.4	5.4
<b>Maximum trip length (miles)</b>	21.0	33.0	33.0	14.0	25.3
<b>Minimum trip length (miles)</b>	1.0	1.0	1.0	1.0	1.0

- 7.17 To provide some meaning to these PTS journeys in terms of monetary value, we have identified the operating cost (including administration and depreciation) per vehicle mile of bus services across England outside of London, which has been sourced from National Statistics<sup>2</sup>. The cost per vehicle mile is £3.25. For reference, we have been in touch with NEAS to obtain the monetary value that they would assign per PTS vehicle mile and once we hear back from them we will amend the figures accordingly.
- 7.18 If we apply this cost to the PTS journeys undertaken during the relevant time period, the table below compares the costs of the PTS journeys from each CCG area to each hospital. Completed PTS journeys to SRH from Sunderland CCG have cost the most

<sup>2</sup> Annual bus statistics: year ending, March 2016 tables (updated), National Statistics

amount of money, totalling twice the cost of PTS journeys to STDH from both South Tyneside and Sunderland CCGs.

**Table 7-2: Monetary value of PTS journeys to SRH and STDH from Sunderland and South Tyneside CCGs**

PTS Journey scenario	Journeys completed	Journey aborted	Average trip length (miles)	Cost per mile	Total cost (completed journeys)	Total cost (aborted journeys)
South Tyneside CCG to STDH	2774	674	3	£3.25	£27,046.50	£6,571.50
South Tyneside CCG to SRH	955	138	8	£3.25	£24,830.00	£3,588.00
Sunderland CCG to SRH	4197	921	4.2	£3.25	£57,289.05	£12,571.65
Sunderland CCG to STDH	189	38	6.4	£3.25	£3,931.20	£790.40
<b>Totals</b>					£113,096.75	£23,521.55
<b>Grand total</b>						£136,618.30

### South Tyneside CCG to South Tyneside District Hospital

- 7.19 As identified in the PTS booking data, 2774 completed journeys were undertaken by PTS during the specified period. In addition, a total of 674 trips were aborted (collection journey made) and a total of 152 trips between the South Tyneside CCG area and South Tyneside District Hospital were cancelled (journey not completed).
- 7.20 In terms of trip length, the average mileage for a journey was three miles, with a maximum mileage of 21 miles and a minimum mileage of one mile.
- 7.21 Tables 7-3 and 7-4 show the clinical services being accessed or departed from at South Tyneside District Hospital by patients from the South Tyneside CCG area (either a completed journey or aborted journey - where the PTS vehicle has travelled to make a collection but the onward journey was aborted).

7.22 It is apparent from both tables that most PTS journeys arrive at or departed from three key clinical services - Care of the Elderly (COTE), emergency care and out-patients multispecialty. In terms of completed journeys, this accounts for over 1700 trips. Additionally, it is also evident that there were significantly more journeys in the outward direction (from the hospital), for both completed and aborted journeys.

Table 7-3: Clinical services being accessed or departed from by PTS (completed journeys) vehicles from South Tyneside CCG at South Tyneside District Hospital

Clinical Service <sup>3</sup>	Inward (to hospital)	Outward (from hospital)	Total
Emergency care	137	562	699
Outpatients multispecialty	289	373	662
COTE	94	282	376
Cardiology	83	78	161
Surgery	16	125	141
Diagnostics	90	38	128
Diabetes & Endocrinology	38	87	125
Therapies	65	40	105
Gastroenterology	15	72	87
Outpatients	45	38	83
Main entrance	12	65	77
Respiratory Medicine	9	50	59
Stroke	1	34	35
Staff Movements	1	31	32
Obstetrics and Gynaecology	2	2	4
<b>Total</b>	<b>897</b>	<b>1877</b>	<b>2774</b>

<sup>3</sup> Emergency care includes acute medical care. Surgery includes Trauma & Orthopaedics. COTE includes Moorlands Physio - Therapy. This also applies to Table 7-3.

Table 7-4: Clinical services being accessed or departed from by PTS (aborted journeys) vehicles from South Tyneside CCG at South Tyneside Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Emergency care	31	139	170
Outpatients multispecialty	44	95	139
COTE	12	107	119
Cardiology	10	33	43
Surgery	1	42	43
Diabetes & Endocrinology	7	24	31
Diagnostics	10	21	31
Respiratory Medicine	4	20	24
Outpatients	7	17	24
Gastroenterology	2	17	19
Therapies	7	9	16
Stroke	0	14	14
Main entrance	0	1	1
<b>Total</b>	<b>135</b>	<b>539</b>	<b>674</b>

## South Tyneside CCG to Sunderland Royal Hospital

- 7.23 955 completed journeys were undertaken by PTS during the specified period to and from SRH carrying residents who live in South Tyneside CCG. In contrast to the previous section, there were lower numbers of cancelled (58) and aborted trips (138) between the South Tyneside CCG area and Sunderland Royal Hospital. The average trip length however was longer at eight miles, with a maximum trip mileage of 33 miles and minimum of one mile, which is likely attributed to the fact that Sunderland Royal Hospital is outside of the South Tyneside CCG area.
- 7.24 Tables 7-5 and 7-6 show the clinical services being accessed or departed from at Sunderland Royal Hospital by patients from the South Tyneside CCG area (either a completed journey or aborted journey).
- 7.25 As can be observed, the majority of PTS journeys were made to or from Acute Medicine services and other services (such as entrances and the educational centre) - 382 and 200 trips respectively. This trend is also repeated amongst the data relating to aborted journeys (Table 7-6).
- 7.26 Further, and in contrast with other PTS journeys, such as between Sunderland CCG and Sunderland Royal Hospital, the number of journeys made inward and outward are similar during this time period (451 for inward, compared to 504 for outward).

Table 7-5: Clinical services being accessed or departed from by PTS (completed journeys) vehicles from South Tyneside CCG at Sunderland Royal Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Acute Medicine	189	193	382
Other	79	121	200
General Surgery	31	35	66
Trauma & Orthopaedics	34	29	63
Care of the Elderly	0	57	57
Therapy Services	31	19	50
Diagnostic Imaging	18	14	32
Outpatients	22	10	32
Medical Specialties	9	8	17
Theatres/Anaesthetics	10	5	15
Gynaecology	5	5	10
Head & Neck	9	1	10
Cardiology	5	2	7
Specialist Rehabilitation	5	0	5
Diabetes	2	3	5
Respiratory	2	0	2
Paediatrics	0	2	2
<b>Total</b>	<b>451</b>	<b>504</b>	<b>955</b>

Table 7-6: Clinical services being accessed or departed from by PTS (aborted journeys) vehicles from South Tyneside CCG at Sunderland Royal Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Acute Medicine	6	30	36
Other	8	20	28
Outpatients	8	10	18
General Surgery	1	10	11
Trauma & Orthopaedics	3	5	8
Care of the Elderly	1	6	7
Theatres/Anaesthetics	0	7	7
Diagnostic Imaging	1	4	5
Specialist Rehabilitation	2	2	4
Head & Neck	2	2	4
Therapy Services	1	3	4
Medical Specialties	1	2	3
Cardiology	0	1	1
Stroke Services	0	1	1
Paediatrics	0	1	1
<b>Total</b>	<b>34</b>	<b>104</b>	<b>138</b>

## Sunderland CCG to Sunderland Royal Hospital

- 7.27 Between the Sunderland CCG area and Sunderland Royal Hospital, a total of 4197 trips were completed by PTS. 315 trips were cancelled and a further 921 trips aborted. The average trip length was just over four miles, with a maximum mileage of 33 miles and minimum mileage of one mile.
- 7.28 Tables 7-7 and 7-8 show the clinical services being accessed or departed from at Sunderland Royal Hospital by patients from the Sunderland CCG area (either a completed journey or an aborted journey).
- 7.29 As can be identified from the tables, there was a relatively high number of PTS vehicles travelling between the Sunderland CCG area and Sunderland Royal Hospital between 1st August and 31st October 2016, with 4197 journeys being completed and a further 921 being aborted (PTS made the collection journey but did not fulfil the patient journey).
- 7.30 The vast majority of PTS journeys were made to or from Care of the Elderly (COTE) clinical services (1082), followed by other services / areas such as entrances and the educational centre (716). Additionally, it is important to note that PTS journeys were largely outward (from the hospital), particularly in relation to services such as COTE.

Table 7-7: Clinical services being accessed or departed from by PTS (completed journeys) vehicles from Sunderland CCG at SRH

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Care of the Elderly	32	1050	1082
Other	236	480	716
Therapy Services	346	243	589
Acute Medicine	265	267	532
Trauma & Orthopaedics	127	131	258
Diagnostic Imaging	141	104	245
General Surgery	88	96	184
Medical Specialties	69	65	134
Outpatients	91	34	125
Cardiology	48	22	70
Diabetes	33	32	65
Head & Neck	47	14	61
Specialist Rehabilitation	29	10	39
Emergency Care	25	8	33
Theatres/Anaesthetics	12	6	18
Respiratory	11	6	17
Gynaecology	8	5	13
Gastroenterology	5	2	7
Stroke Services	1	6	7
Anaesthetics & Theatres	1	0	1
Paediatrics	0	1	1
<b>Total</b>	<b>1615</b>	<b>2582</b>	<b>4197</b>

Table 7-8: Clinical services being accessed or departed from by PTS (aborted journeys) vehicles from Sunderland CCG at Sunderland Royal Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Care of the Elderly	10	187	197
Acute Medicine	44	125	169
Therapy Services	46	67	113
Other	27	61	88
Medical Specialties	23	59	82
Trauma & Orthopaedics	19	42	61
Diagnostic Imaging	18	29	47
Outpatients	18	28	46
General Surgery	8	22	30
Emergency Care	20	3	23
Cardiology	6	17	23
Head & Neck	4	8	12
Theatres/Anaesthetics	1	8	9
Respiratory	3	5	8
Diabetes	3	4	7
Specialist Rehabilitation	1	2	3
Gynaecology	1	1	2
Stroke Services		1	1
<b>Total</b>	<b>252</b>	<b>669</b>	<b>921</b>

## Sunderland CCG to South Tyneside District Hospital

- 7.31 A significantly lower total of 189 PTS journey were completed during the time period, and a significantly lower number of trips were cancelled or aborted between the Sunderland CCG area and South Tyneside District Hospital - 13 and 38 journeys respectively. The average mileage however, was higher at almost six and a half miles. A maximum mileage of 14 miles and a minimum mileage of one mile was recorded.
- 7.32 Tables 7-9 and 7-10 show the clinical services being accessed or departed from at South Tyneside District Hospital by patients from the Sunderland CCG area (either a completed journey or aborted journey).
- 7.33 It is apparent from Table 7-9 that most completed journeys were for the movement of staff, and to two clinical services, namely therapies and outpatients multispecialty. Similarly, aborted journeys were largely to or from outpatients multispecialty and emergency care. Further, similar to other PTS movements such as between South Tyneside CCG and South Tyneside District Hospital, there was again a higher number of outward journeys being completed or aborted.

Table 7-9: Clinical services being accessed or departed from by PTS (completed journeys) vehicles from Sunderland CCG at South Tyneside District Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Therapies	19	15	34
Staff Movements	0	34	34
Outpatients multispecialty	11	17	28
COTE	6	11	17
Emergency Care	2	15	17
Diagnostics	10	5	15
Gastroenterology	5	7	12
Main entrance	1	9	10
Surgery	2	5	7
Cardiology	4	1	5
Obstetrics and Gynaecology	3	2	5
Stroke	0	2	2
Respiratory Medicine	0	2	2
Diabetes & Endocrinology	0	1	1
<b>Total</b>	<b>63</b>	<b>126</b>	<b>189</b>

Table 7-10: Clinical services being accessed or departed from by PTS (aborted journeys) vehicles from Sunderland CCG at South Tyneside District Hospital

Clinical Service	Inward (to hospital)	Outward (from hospital)	Total
Outpatients multispecialty	5	5	10
Emergency Care	2	6	8
Gastroenterology	0	5	5
Therapies	2	2	4
Diagnostics	1	2	3
Surgery	0	2	2
Obstetrics and Gynaecology	0	2	2
COTE	0	2	2
Diabetes & Endocrinology	0	1	1
Main entrance	0	1	1
<b>Total</b>	<b>10</b>	<b>28</b>	<b>38</b>

# Appendix A

## East Durham Hospital Link

If you wish to cancel your booking outside of the Travel Response opening times an out of hours cancellation number is available. Just call ...

**(0191) 372 5372**

...and leave a message.

**(0191) 383 5383 and (0191) 372 5372 are not premium rate numbers. Normal charges apply.**



For further information about public transport throughout the north east you should call:



Calls to Traveline cost 10p per minute plus 6p per call set up fee from BT landlines. Other providers may vary.

If you would like to make any comments about this timetable or about the bus services in County Durham please write to:

**Passenger Transport Unit  
Durham County Council  
County Hall Durham DH1 5UQ**

**Please ask us if you would like this document summarised in another language or format.**

العربية (Arabic) (中文(繁體字)) (Chinese) اردو (Urdu)  
polski (Polish) ਪੰਜਾਬੀ (Punjabi) Español (Spanish)  
বাংলা (Bengali) हिन्दी (Hindi) Deutsch (German)  
Français (French) Türkçe (Turkish) Melayu (Malay)

 **(0191) 372 5386**

 Braille  Audio  AAA Large Print

# The East Durham Hospital Link

## Revised service commencing

### 1st September 2009

- Links East Durham to ...  
Sunderland Eye Infirmary  
Sunderland Royal Hospital  
Cherry Knowle Hospital Ryhope  
University Hospital of Hartlepool  
University Hospital of North Tees  
James Cook University Hospital
- Picks up from your front door where possible
- Can be used by anyone
- Operated by Scarlet Band under contract to Durham County Council
- See inside for details on how to book

Provided by a partnership between  
County Durham Primary Care Trust and  
Durham County Council



## What is Hospital Link?

The East Durham Hospital Link is a demand responsive bus service providing links between the East Durham area and the following hospitals ...

- Sunderland Eye Infirmary
- Sunderland Royal Hospital
- Cherry Knowle Hospital Ryhope
- University Hospital of Hartlepool
- James Cook University Hospital
- University Hospital North Tees

## Hospital Link Fares

£2.50 per single journey  
(half fares apply to children under 14)

Concessionary passes are valid on this service.

If you are eligible to reclaim the cost of your travel, this continues to be assessed by the hospital.

## How to Book

Pre-booking on this service is essential.  
Contact the Travel Response Centre ...

# (0191) 383 5383

... to make your booking and you will be given a half hour 'window' in which you will be picked up.

## East Durham Hospital link

Monday to Friday

From East Durham area to Cherry Knowle Hospital Ryhope, Sunderland Eye Infirmary and Royal Hospital		
Departing between 0800 and 0900 to arrive by 0930		
Departing between 0900 and 1000 to arrive by 1030		
Departing between 1000 and 1100 to arrive by 1130		
Departing between 1230 and 1330 to arrive by 1400		
Departing between 1715 and 1800 to arrive by 1830		
From Royal Hospital...	From Eye Infirmary...	From Cherry Knowle Hospital Ryhope...
...to East Durham area		
1115	1130	1135
1215	1230	1235
1415	1430	1435
1600	1615	1620
2000	2015	2020

From East Durham area to Hartlepool Hospital
Departing between 0800 and 0900 to arrive by 0915
Departing between 0945 and 1030 to arrive by 1045
Departing between 1230 and 1315 to arrive by 1325
Departing between 1715 and 1755 to arrive by 1810
From Hartlepool Hospital
1045
1215
1420
1705
1830
2035

From East Durham area to University Hospital North Tees
Departing between 0800 and 0900 to arrive by 0930
Departing between 0945 and 1030 to arrive by 1105
Departing between 1230 and 1315 to arrive by 1340
Departing between 1315 and 1400 to arrive by 1420
Departing between 1705 and 1755 to arrive by 1830
From University Hospital North Tees
1105
1420
1645
1810
2020

From East Durham area to James Cook Hospital
Departing between 0900 and 1000 to arrive by 1015
Departing between 1230 and 1315 to arrive by 1400
Departing between 1715 and 1755 to arrive by 1850
From James Cook Hospital
1145
1400
1615
1745
2000

## Weekend Service

From East Durham area to Cherry Knowle Hospital Ryhope, Sunderland Eye Infirmary and Royal Hospital		
Departing between 1230 and 1330		
From Royal Hospital	From Eye Infirmary	From Cherry Knowle Hospital Ryhope
1600	1615	1620

From East Durham area to James Cook Hospital
Departing between 1230 and 1315 to arrive by 1400
From James Cook Hospital
1615

From East Durham area to University Hospital North Tees
Departing between 1230 and 1315 to arrive by 1340
From University Hospital North Tees
1645

From East Durham area to Hartlepool Hospital
Departing between 1230 and 1315 to arrive by 1325
From Hartlepool Hospital
1705

# Appendix B

## TaxiCard Leaflet

## Documentary evidence required

You will qualify for membership of the TaxiCard scheme if you receive one of the following benefits and can provide formal documentary evidence eg a relevant certificate, letter or notice:

- **High Rate Mobility Component of Disability Living Allowance**
- **Registered Severely Visually Impaired or Blind**
- **Higher Rate Attendance Allowance**
- **Personal Independence Payment (PIP)**  
(The decision letter must show that you have scored a minimum of 8 points in the Mobility component under 'Moving around').

## What happens next?

We will write to let you know whether your application has been successful. If it has, we'll send you a handbook with more information about the scheme and which taxi companies you can use, along with your new TaxiCard.

If your application is not accepted we will return all of your documentation in the envelope which you provided with your application form.

## For queries about the TaxiCard scheme

Contact our Customer Service Team by email, phone or post (see overleaf).



**nexus.org.uk**  
**0191 20 20 747**



### Email

customerservices@nexus.org.uk



### Call us

7.00am to 9.00pm, 7 days a week



### By post

Customer Services, Nexus,  
Nexus House, St James' Boulevard,  
Newcastle upon Tyne, NE1 4AX



### In person

Our TravelShops are open 6 days a week

- **Central Station** Metro station
- **Four Lane Ends** Interchange
- **Gateshead** Interchange
- **Haymarket** Metro station
- **Heworth** Interchange
- **Monument** Metro station
- **North Shields** Metro station
- **Park Lane** Interchange
- **South Shields** 34-36 Fowler Street



Scan to go to  
[nexus.org.uk](http://nexus.org.uk)

## TaxiCard scheme

From September 2014



[nexus.org.uk](http://nexus.org.uk)

## What is TaxiCard?

The TaxiCard scheme can help people with mobility difficulties travel independently.

## How does it work?

You get issued with a card, the same size as a credit card, which will be credited with an annual amount of £225.

You can use your TaxiCard to pay towards your taxi fares with one of our approved taxi companies.

A flat fare of £3 is deducted from your TaxiCard each time you travel, regardless of the price of the journey (even if it is less than £3\*). However, if the taxi fare is more than £3 you have to pay the extra amount yourself.

**Your journey must start and/or finish in Tyne and Wear.** There are no restrictions otherwise on where or when you can travel with your TaxiCard. Visit friends, go shopping, go to a hospital appointment or wherever you like.

### \*Important note

When a journey is less than £3 (for example only £2.70) you will lose 30p on your card. You can, if you prefer, pay the driver cash instead of losing any value on your card. You will need to decide how you wish to pay for your journey before you hand over your TaxiCard to the driver. The decision is entirely yours.

## How do you book a journey?

You will need to ring one of our approved taxi companies (which will be listed in the 'User handbook' you receive with your card). Simply book your journey directly with them. You can only use one taxi company – the one which operates in the area you live in.

You can book journeys in advance or just before you travel, as long as the taxi company has a car available.

## How do you pay for each journey?

When you arrive at your destination you give your TaxiCard to the driver. They will put it into a machine which will automatically deduct £3 from your card.

You can also check the amount of credit left on your card when you're in the taxi - just ask the driver.

## How do you join the scheme?

TaxiCard is an annual scheme and you have two opportunities to join each year. Membership starts in March and September but you'll need to submit your application well before these dates.

You can request an application form from our Customer Services Team. They will also tell you the application deadline, or you can find this information on our website at [nexus.org.uk/taxicard](http://nexus.org.uk/taxicard).

Along with your completed application form you'll also need to provide evidence/proof that you qualify to join the scheme - see 'Documentary evidence required' overleaf.

A colour passport photo, stamped addressed envelope and payment of a small administration fee will also need to be supplied so that your application can be processed.

## Customer Services Team

To request an application form contact our Customer Services Team in any of the following ways:

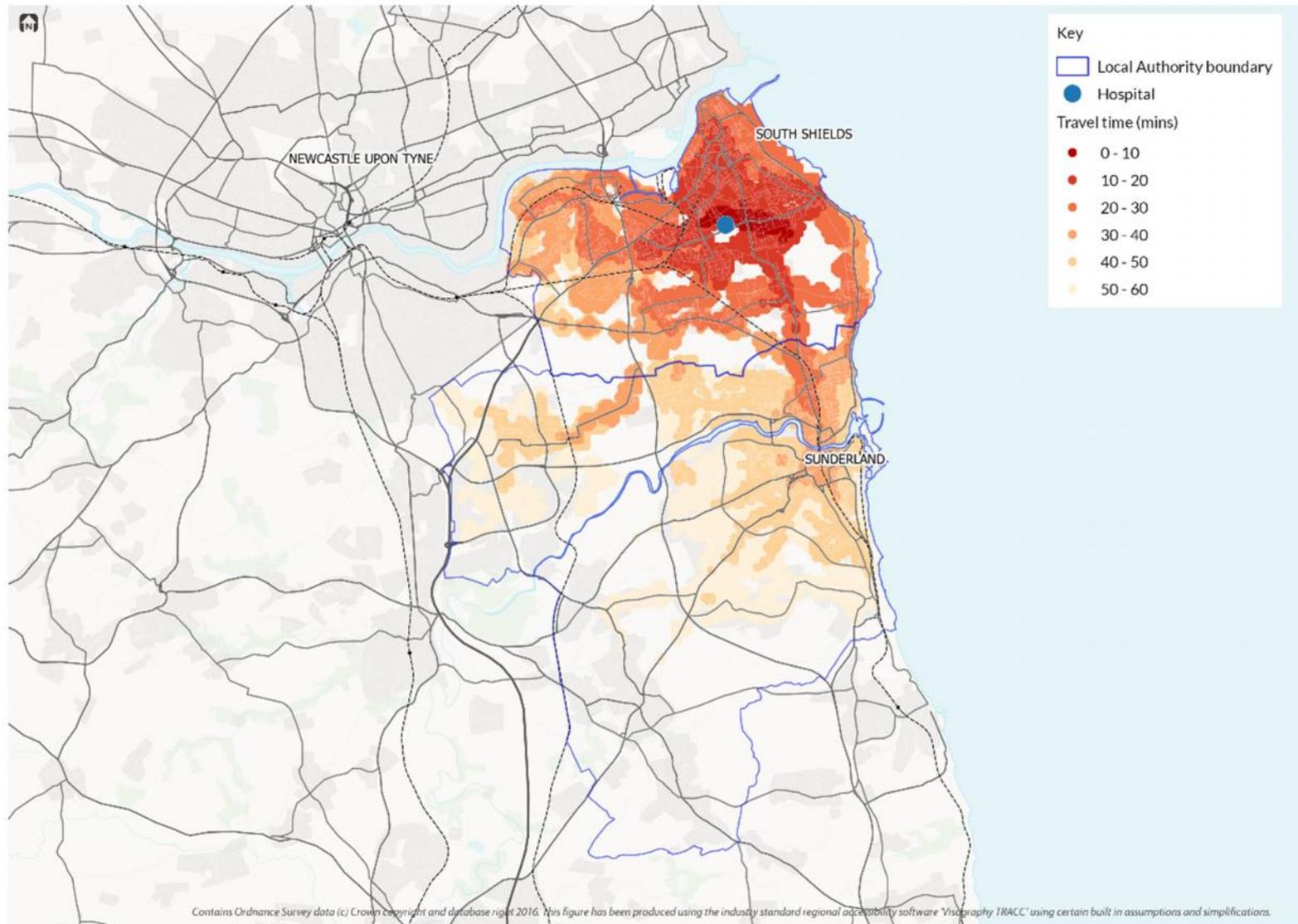
- ring  
**0191 20 20 747**  
(7.00am-9.00pm, 7 days a week)
- email  
**customerservices@nexus.org.uk**
- apply in writing to

**TaxiCard Applications  
Nexus  
Nexus House  
St James Boulevard  
Newcastle upon Tyne  
NE1 4AX**

# Accessibility maps and census output tables

## Appendix C

Figure C1: 60 minute public transport accessibility to South Tyneside District Hospital between 07:00-09:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	4,351	3%	4,351	1%
10 - 20	0	0%	47,962	32%	47,962	11%
20 - 30	4,471	2%	40,580	27%	45,051	11%
30 - 40	17,886	6%	24,591	17%	42,477	10%
40 - 50	68,585	25%	3,861	3%	72,446	17%
50 - 60	73,432	27%	1,720	1%	75,152	18%
60 - 70	33,781	12%	190	0%	33,971	8%
70 - 80	18,154	7%	115	0%	18,269	4%
80 - 90	4,714	2%	0	0%	4,714	1%
Total population within 90 minutes	221,023	80%	123,370	83%	344,393	81%
Total population within 60 mins	164,374	60%	123,065	83%	287,439	68%
Total population	275,506	100%	148,127	100%	423,633	100%

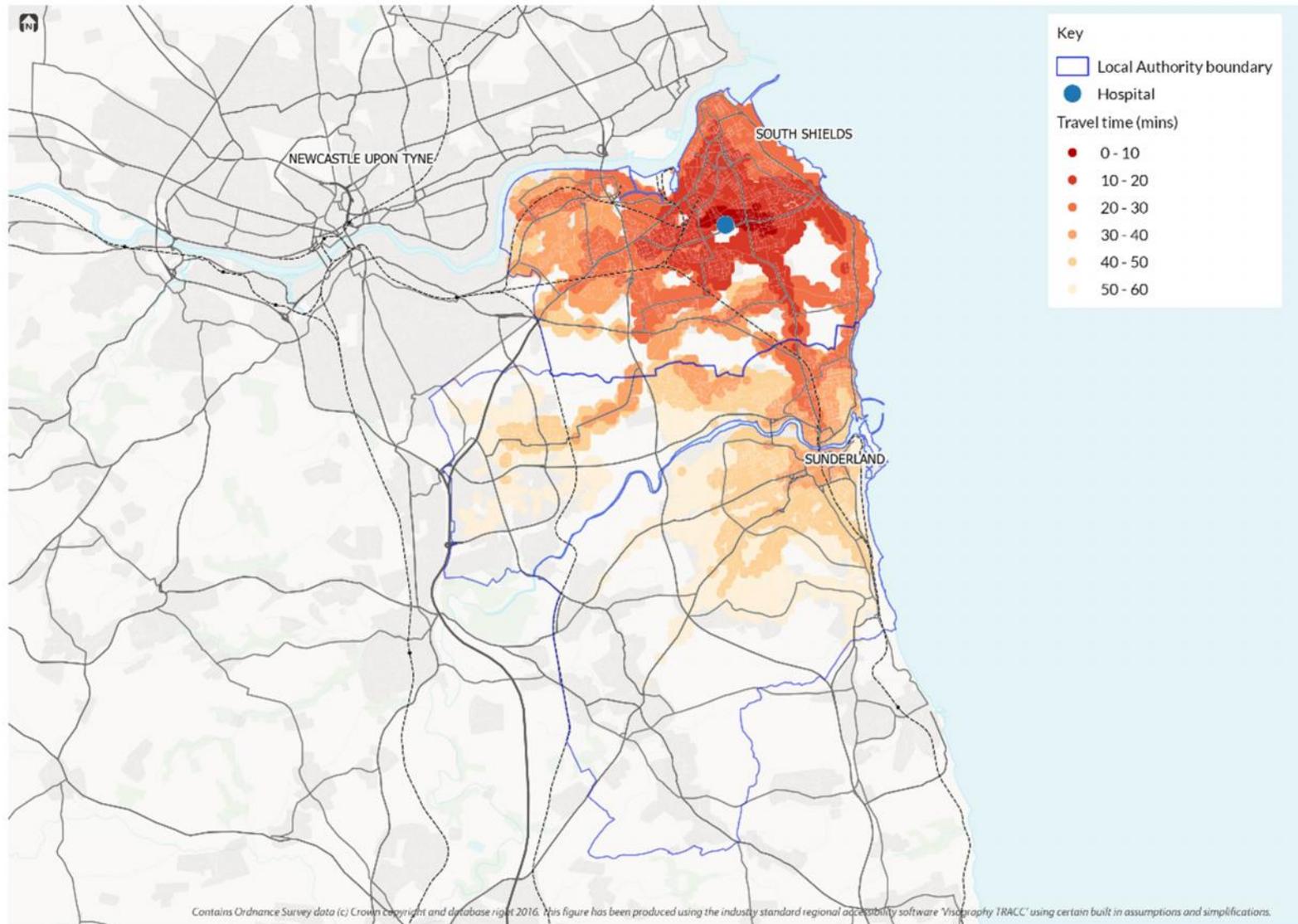
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to STDH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
	0 - 10	0	0%	792	3%	792
10 - 20	0	0%	9,699	38%	9,699	14%
20 - 30	363	1%	6,643	26%	7,006	10%
30 - 40	3,388	8%	4,339	17%	7,727	11%
40 - 50	12,906	31%	504	2%	13,410	20%
50 - 60	11,849	28%	251	1%	12,100	18%
60 - 70	4,134	10%	50	0%	4,184	6%
70 - 80	2,471	6%	41	0%	2,512	4%
80 - 90	802	2%	0	0%	802	1%
Total no. households within 90 minutes	35,913	85%	22,319	86%	58,232	86%
Total no. households within 60 mins	28,506	68%	22,228	86%	50,734	75%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to STDH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	0	0%	846	3%	846
10 - 20	0	0%	8,811	32%	8,811	11%
20 - 30	853	2%	7,719	28%	8,572	11%
30 - 40	3,404	7%	4,672	17%	8,076	10%
40 - 50	11,982	24%	734	3%	12,716	16%
50 - 60	13,194	27%	310	1%	13,504	17%
60 - 70	6,151	12%	30	0%	6,181	8%
70 - 80	3,407	7%	14	0%	3,421	4%
80 - 90	888	2%	0	0%	888	1%
Total no. households within 90 minutes	39,879	80%	23,136	84%	63,015	82%
Total no. households within 60 mins	29,433	59%	23,092	84%	52,525	68%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C2: 60 minute public transport accessibility to South Tyneside District Hospital between 14:00-16:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	3,630	2%	3,630	1%
10 - 20	6	0%	47,125	32%	47,131	11%
20 - 30	6,713	2%	43,833	30%	50,546	12%
30 - 40	22,169	8%	25,314	17%	47,483	11%
40 - 50	67,780	25%	3,321	2%	71,101	17%
50 - 60	63,701	23%	15	0%	63,716	15%
60 - 70	40,040	15%	285	0%	40,325	10%
70 - 80	18,418	7%	0	0%	18,418	4%
80 - 90	3,678	1%	0	0%	3,678	1%
Total population within 90 minutes	222,505	81%	123,523	83%	346,028	82%
Total population within 60 mins	160,369	58%	123,238	83%	283,607	67%
Total population	275,506	100%	148,127	100%	423,633	100%

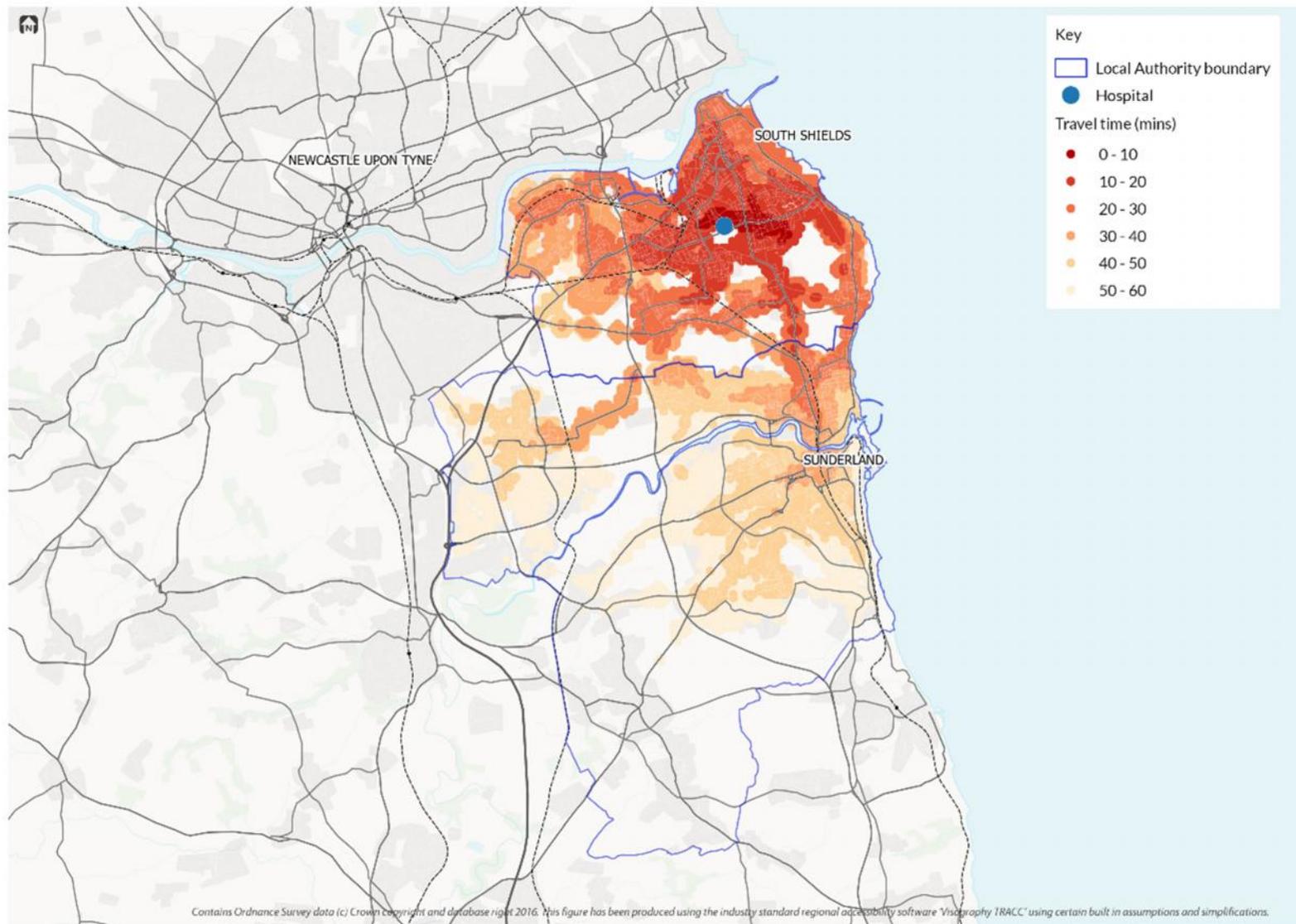
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to STDH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
	0 - 10	0	0%	628	2%	628
10 - 20	0	0%	9,519	37%	9,519	14%
20 - 30	635	2%	7,611	29%	8,246	12%
30 - 40	4,508	11%	4,097	16%	8,605	13%
40 - 50	12,605	30%	401	2%	13,006	19%
50 - 60	10,464	25%	5	0%	10,469	15%
60 - 70	4,864	12%	85	0%	4,949	7%
70 - 80	2,423	6%	0	0%	2,423	4%
80 - 90	549	1%	0	0%	549	1%
Total no. households within 90 minutes	36,048	86%	22,346	87%	58,394	86%
Total no. households within 60 mins	28,212	67%	22,261	86%	50,473	74%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to STDH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	0	0%	684	2%	684
10 - 20	1	0%	8,679	31%	8,680	11%
20 - 30	1,284	3%	8,322	30%	9,606	12%
30 - 40	4,060	8%	4,815	17%	8,875	11%
40 - 50	11,869	24%	619	2%	12,488	16%
50 - 60	11,512	23%	3	0%	11,515	15%
60 - 70	7,341	15%	41	0%	7,382	10%
70 - 80	3,380	7%	0	0%	3,380	4%
80 - 90	667	1%	0	0%	667	1%
Total no. households within 90 minutes	40,114	81%	23,163	84%	63,277	82%
Total no. households within 60 mins	28,726	58%	23,122	84%	51,848	67%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C3: 60 minute public transport accessibility to South Tyneside District Hospital between 17:00-19:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	4,592	3%	4,592	1%
10 - 20	6	0%	47,867	32%	47,873	11%
20 - 30	6,562	2%	46,607	31%	53,169	13%
30 - 40	24,029	9%	19,355	13%	43,384	10%
40 - 50	76,737	28%	3,272	2%	80,009	19%
50 - 60	68,427	25%	1,451	1%	69,878	16%
60 - 70	27,525	10%	5	0%	27,530	6%
70 - 80	13,967	5%	0	0%	13,967	3%
80 - 90	3,036	1%	0	0%	3,036	1%
Total population within 90 minutes	220,289	80%	123,149	83%	343,438	81%
Total population within 60 mins	175,761	64%	123,144	83%	298,905	71%
Total population	275,506	100%	148,127	100%	423,633	100%

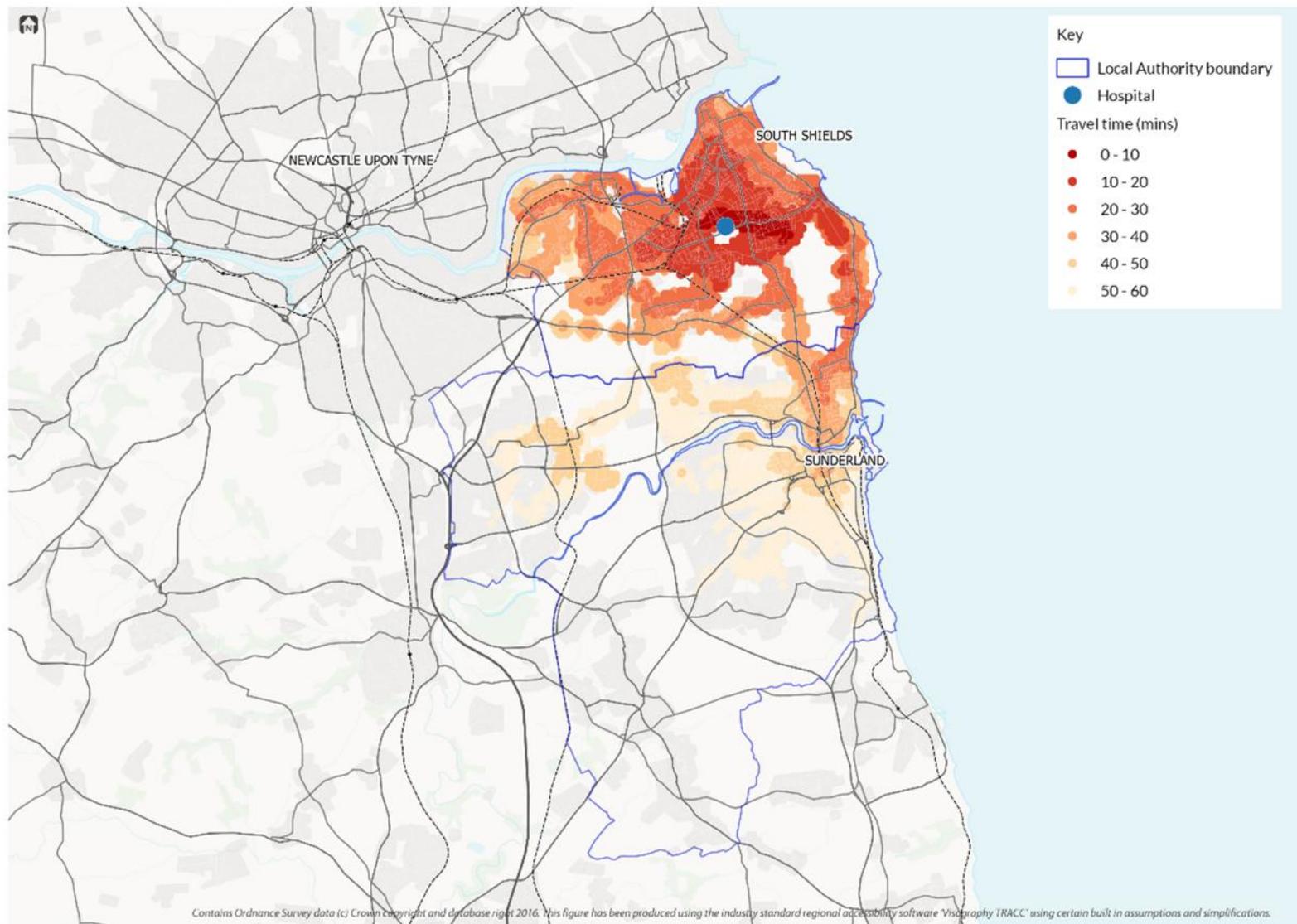
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to STDH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	0	0%	798	3%	798	1%
10 - 20	0	0%	9,589	37%	9,589	14%
20 - 30	575	1%	8,063	31%	8,638	13%
30 - 40	4,849	12%	3,140	12%	7,989	12%
40 - 50	13,813	33%	379	1%	14,192	21%
50 - 60	10,673	25%	274	1%	10,947	16%
60 - 70	3,327	8%	0	0%	3,327	5%
70 - 80	2,014	5%	0	0%	2,014	3%
80 - 90	472	1%	0	0%	472	1%
Total no. households within 90 minutes	35,723	85%	22,243	86%	57,966	85%
Total no. households within 60 mins	29,910	71%	22,243	86%	52,153	77%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to STDH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	0	0%	861	3%	861
10 - 20	1	0%	8,797	32%	8,798	11%
20 - 30	1,265	3%	8,885	32%	10,150	13%
30 - 40	4,401	9%	3,690	13%	8,091	10%
40 - 50	13,706	28%	627	2%	14,333	19%
50 - 60	12,254	25%	242	1%	12,496	16%
60 - 70	4,934	10%	0	0%	4,934	6%
70 - 80	2,617	5%	0	0%	2,617	3%
80 - 90	552	1%	0	0%	552	1%
Total no. households within 90 minutes	39,730	80%	23,102	84%	62,832	81%
Total no. households within 60 mins	31,627	64%	23,102	84%	54,729	71%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C4: 60 minute public transport accessibility to South Tyneside District Hospital between 19:00-21:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	4,332	3%	4,332	1%
10 - 20	0	0%	39,912	27%	39,912	9%
20 - 30	3,684	1%	45,959	31%	49,643	12%
30 - 40	14,102	5%	25,179	17%	39,281	9%
40 - 50	25,059	9%	3,639	2%	28,698	7%
50 - 60	68,673	25%	1,299	1%	69,972	17%
60 - 70	60,838	22%	10	0%	60,848	14%
70 - 80	29,878	11%	1	0%	29,879	7%
80 - 90	10,447	4%	0	0%	10,447	2%
Total population within 90 minutes	212,681	77%	120,331	81%	333,012	79%
Total population within 60 mins	111,518	40%	120,320	81%	231,838	55%
Total population	275,506	100%	148,127	100%	423,633	100%

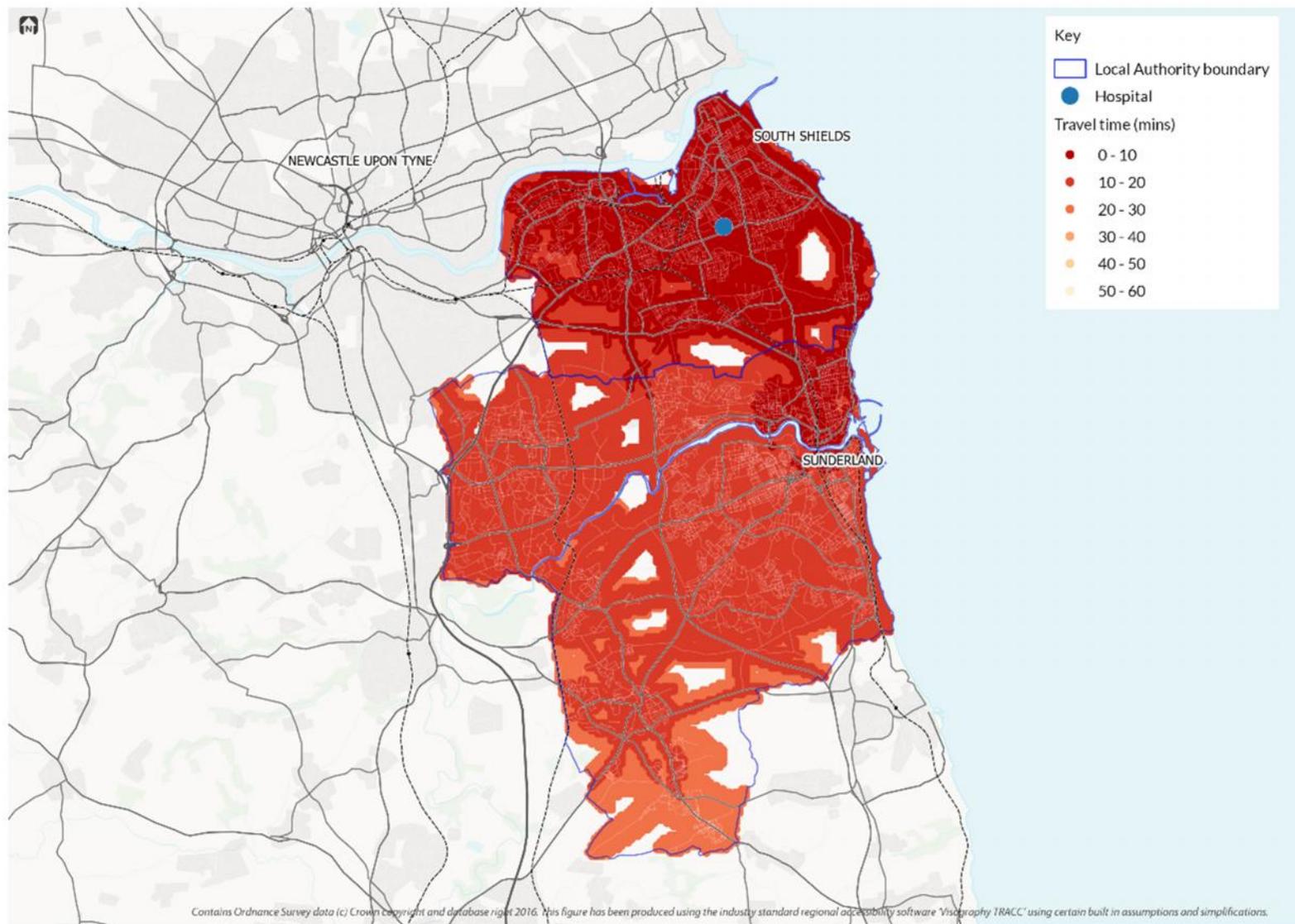
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to STDH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	0	0%	758	3%	758	1%
10 - 20	0	0%	8,228	32%	8,228	12%
20 - 30	345	1%	8,179	32%	8,524	13%
30 - 40	2,058	5%	4,088	16%	6,146	9%
40 - 50	5,766	14%	459	2%	6,225	9%
50 - 60	11,396	27%	231	1%	11,627	17%
60 - 70	10,230	24%	1	0%	10,231	15%
70 - 80	3,478	8%	0	0%	3,478	5%
80 - 90	1,317	3%	0	0%	1,317	2%
Total no. households within 90 minutes	34,590	82%	21,944	85%	56,534	83%
Total no. households within 60 mins	19,565	46%	21,943	85%	41,508	61%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to STDH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	0	0%	814	3%	814
10 - 20	0	0%	7,386	27%	7,386	10%
20 - 30	758	2%	8,685	31%	9,443	12%
30 - 40	2,866	6%	4,793	17%	7,659	10%
40 - 50	4,185	8%	693	3%	4,878	6%
50 - 60	12,277	25%	222	1%	12,499	16%
60 - 70	10,865	22%	2	0%	10,867	14%
70 - 80	5,466	11%	0	0%	5,466	7%
80 - 90	1,959	4%	0	0%	1,959	3%
Total no. households within 90 minutes	38,376	77%	22,595	82%	60,971	79%
Total no. households within 60 mins	20,086	41%	22,593	82%	42,679	55%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

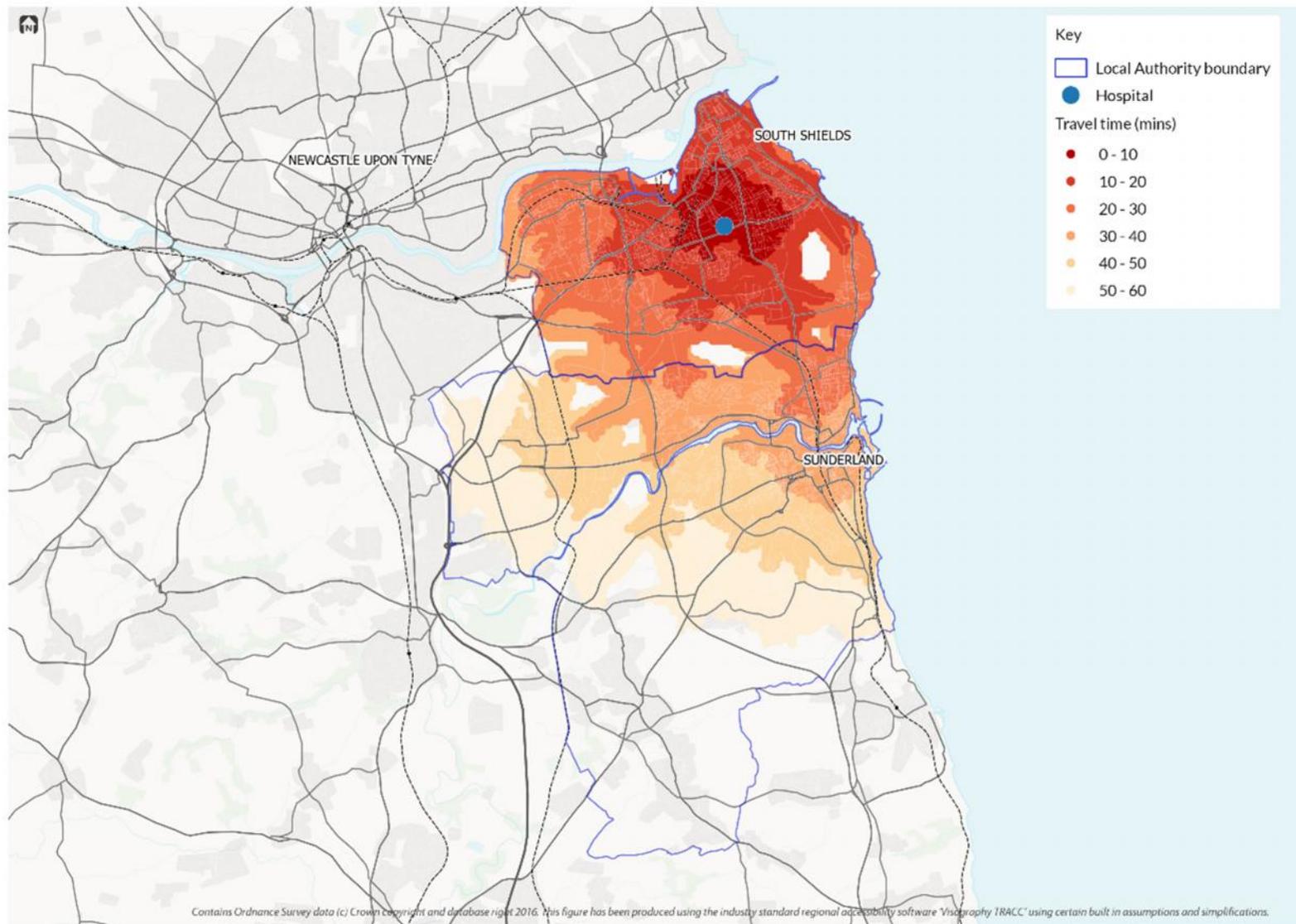
Figure C5: 60 minute accessibility by road to South Tyneside District Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by car.

90 min car accessibility to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	26,764	10%	135,336	91%	162,100	38%
10 - 20	229,022	83%	11,930	8%	240,952	57%
20 - 30	17,147	6%	0	0%	17,147	4%
30 - 40	0	0%	0	0%	0	0%
40 - 50	0	0%	0	0%	0	0%
50 - 60	0	0%	0	0%	0	0%
60 - 70	0	0%	0	0%	0	0%
70 - 80	0	0%	0	0%	0	0%
80 - 90	0	0%	0	0%	0	0%
Total population within 90 minutes	272,933	99%	147,266	99%	420,199	99%
Total population within 60 mins	272,933	99%	147,266	99%	420,199	99%
Total population	275,506	100%	148,127	100%	423,633	100%

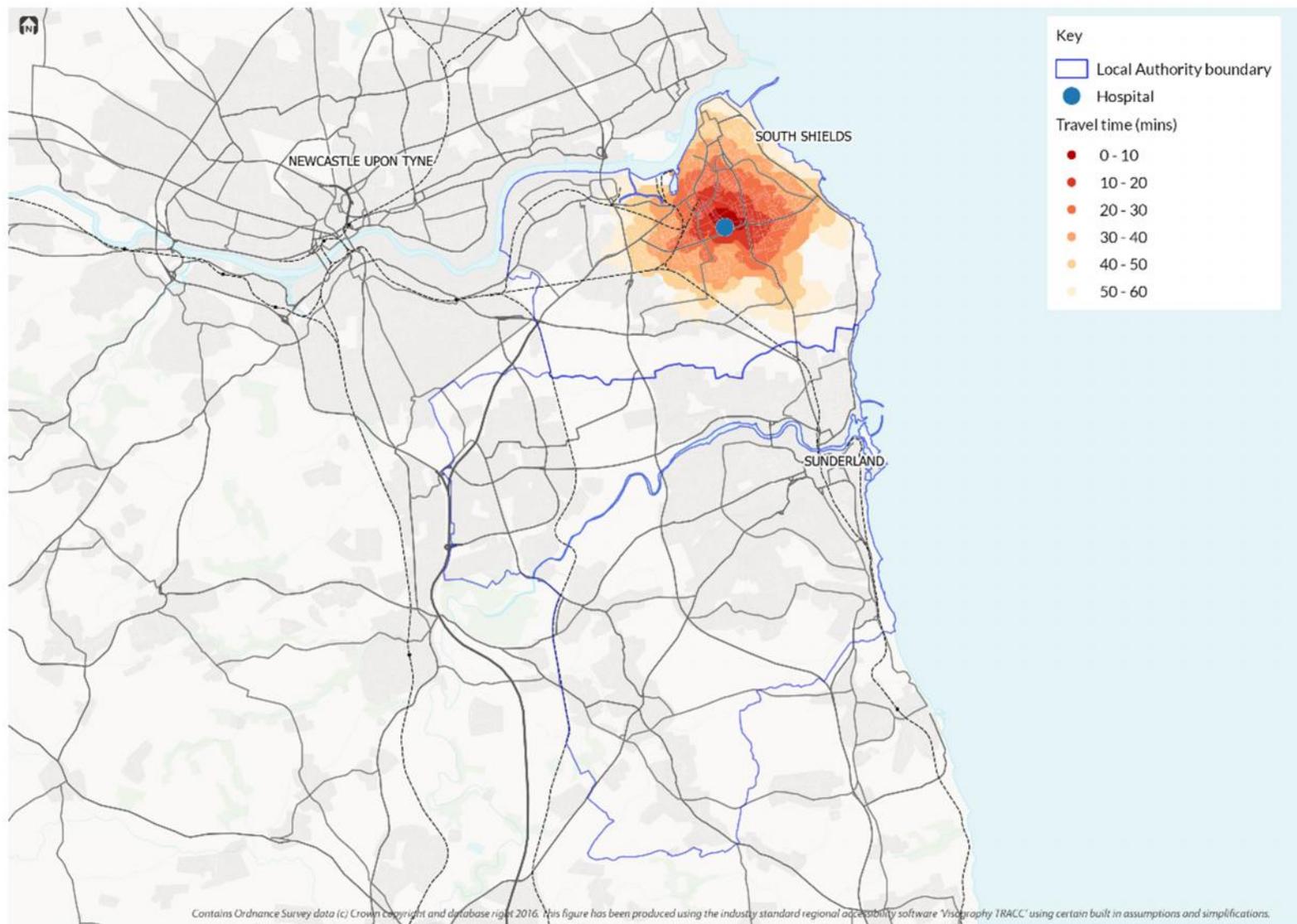
Figure C6: 60 minute cycling accessibility to South Tyneside District Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by bicycle.

90 min cycle accessibility to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	28,803	19%	28,803	7%
10 - 20	0	0%	64,022	43%	64,022	15%
20 - 30	21,003	8%	46,413	31%	67,416	16%
30 - 40	52,730	19%	8,010	5%	60,740	14%
40 - 50	68,155	25%	18	0%	68,173	16%
50 - 60	76,174	28%	0	0%	76,174	18%
60 - 70	27,052	10%	0	0%	27,052	6%
70 - 80	18,241	7%	0	0%	18,241	4%
80 - 90	9,209	3%	0	0%	9,209	2%
Total population within 90 minutes	272,564	99%	147,266	99%	419,830	99%
Total population within 60 mins	218,062	79%	147,266	99%	365,328	86%
Total population	275,506	100%	148,127	100%	423,633	100%

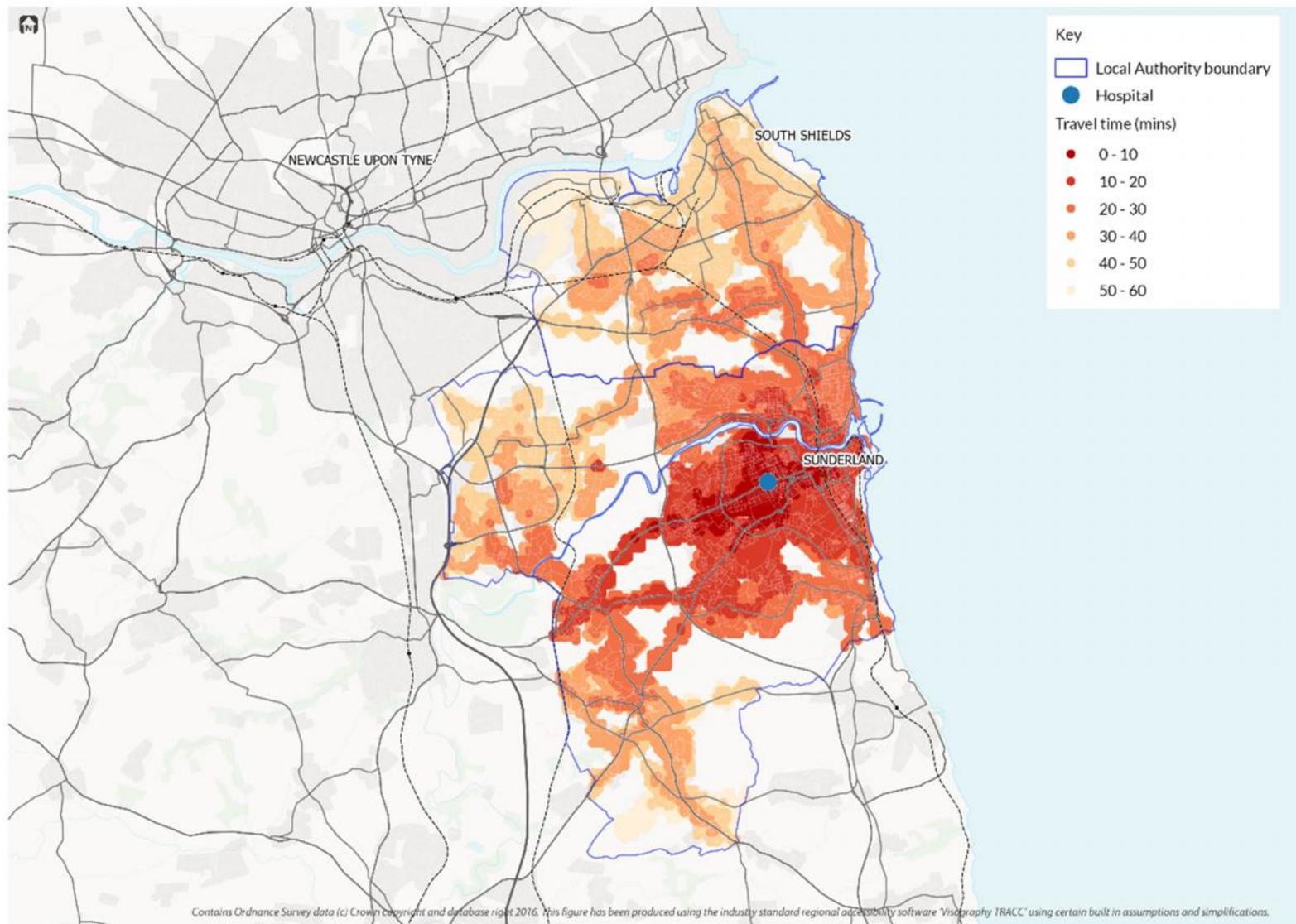
Figure C7: 60 minute walking accessibility to South Tyneside District Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes on foot.

90 min walk accessibility to STDH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	0	0%	1,232	1%	1,232	0%
10 - 20	0	0%	9,240	6%	9,240	2%
20 - 30	0	0%	21,324	14%	21,324	5%
30 - 40	0	0%	30,956	21%	30,956	7%
40 - 50	0	0%	17,002	11%	17,002	4%
50 - 60	0	0%	11,419	8%	11,419	3%
60 - 70	375	0%	17,740	12%	18,115	4%
70 - 80	3,545	1%	17,265	12%	20,810	5%
80 - 90	8,913	3%	9,164	6%	18,077	4%
Total population within 90 minutes	12,833	5%	135,342	91%	148,175	35%
Total population within 60 mins	0	0%	91,173	62%	91,173	22%
Total population	275,506	100%	148,127	100%	423,633	100%

Figure C8: 60 minute public transport accessibility to Sunderland Royal Hospital between 07:00-09:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access Sunderland Royal Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	23,889	9%	0	0%	23,889	6%
10 - 20	68,420	25%	0	0%	68,420	16%
20 - 30	65,573	24%	5,608	4%	71,181	17%
30 - 40	37,320	14%	38,804	26%	76,124	18%
40 - 50	24,115	9%	51,291	35%	75,406	18%
50 - 60	2,486	1%	18,774	13%	21,260	5%
60 - 70	287	0%	7,273	5%	7,560	2%
70 - 80	25	0%	580	0%	605	0%
80 - 90	0	0%	82	0%	82	0%
Total population within 90 minutes	222,115	81%	122,412	83%	344,527	81%
Total population within 60 mins	221,803	81%	114,477	77%	336,280	79%
Total population	275,506	100%	148,127	100%	423,633	100%

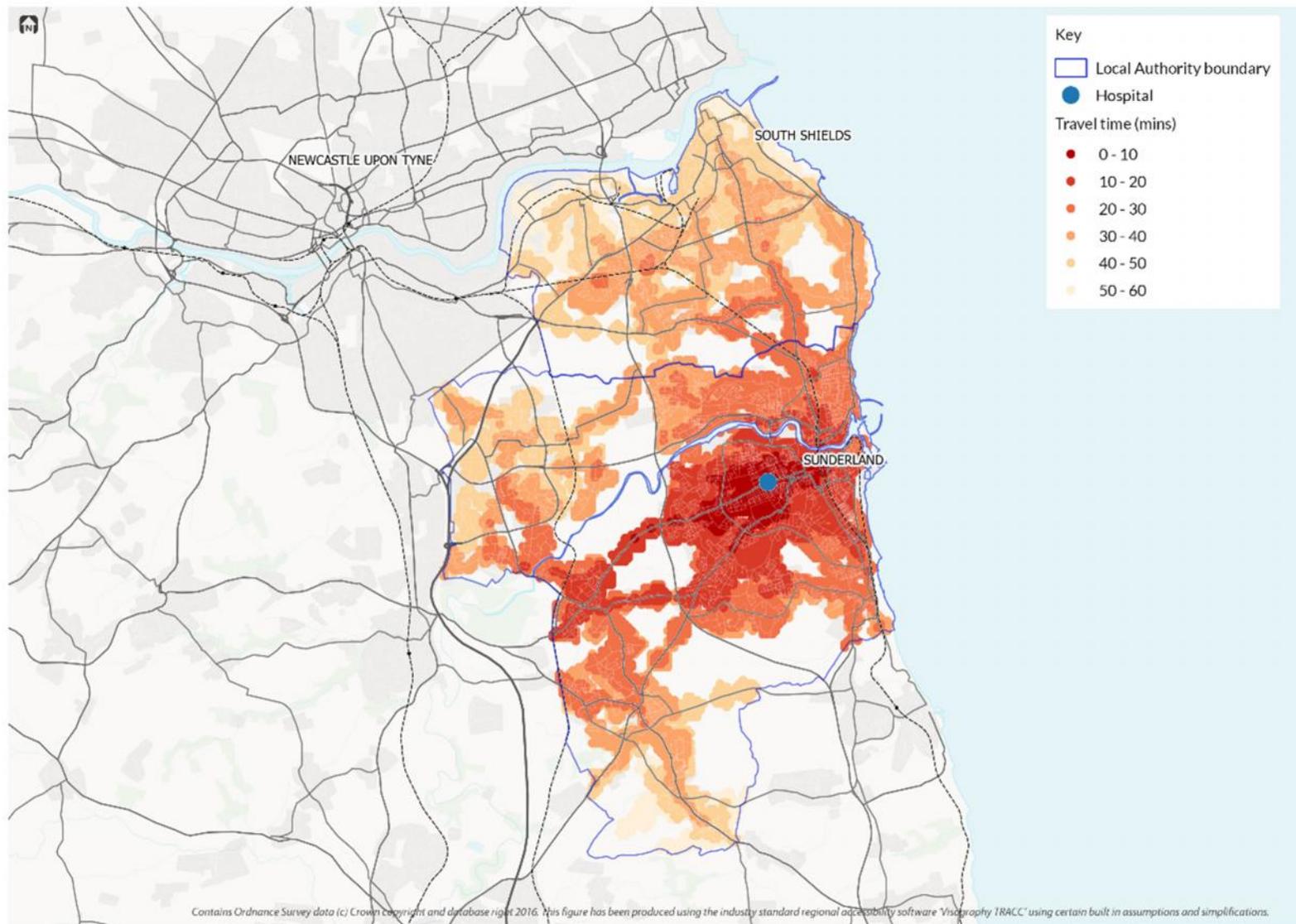
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to SRH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	3,849	9%	0	0%	3,849	6%
10 - 20	13,287	32%	0	0%	13,287	20%
20 - 30	9,210	22%	645	2%	9,855	15%
30 - 40	5,625	13%	6,278	24%	11,903	18%
40 - 50	3,741	9%	10,309	40%	14,050	21%
50 - 60	304	1%	3,646	14%	3,950	6%
60 - 70	30	0%	1,080	4%	1,110	2%
70 - 80	1	0%	116	0%	117	0%
80 - 90	0	0%	14	0%	14	0%
Total no. households within 90 minutes	36,047	86%	22,088	86%	58,135	86%
Total no. households within 60 mins	36,016	86%	20,878	81%	56,894	84%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 07:00 - 09:00.

90 min Public transport accessibility (0700-0900) to SRH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	4,260	9%	0	0%	4,260
10 - 20	11,801	24%	0	0%	11,801	15%
20 - 30	12,131	24%	1,051	4%	13,182	17%
30 - 40	6,798	14%	7,314	26%	14,112	18%
40 - 50	4,574	9%	9,541	35%	14,115	18%
50 - 60	447	1%	3,561	13%	4,008	5%
60 - 70	59	0%	1,368	5%	1,427	2%
70 - 80	4	0%	110	0%	114	0%
80 - 90	0	0%	16	0%	16	0%
Total no. households within 90 minutes	40,074	81%	22,961	83%	63,035	82%
Total no. households within 60 mins	40,011	81%	21,467	78%	61,478	80%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C9: 60 minute public transport accessibility to Sunderland Royal Hospital between 14:00-16:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access Sunderland Royal Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	22,643	8%	0	0%	22,643	5%
10 - 20	62,915	23%	0	0%	62,915	15%
20 - 30	69,536	25%	3,898	3%	73,434	17%
30 - 40	41,303	15%	40,507	27%	81,810	19%
40 - 50	23,796	9%	56,986	38%	80,782	19%
50 - 60	2,840	1%	18,455	12%	21,295	5%
60 - 70	130	0%	3,165	2%	3,295	1%
70 - 80	12	0%	138	0%	150	0%
80 - 90	0	0%	240	0%	240	0%
Total population within 90 minutes	223,175	81%	123,389	83%	346,564	82%
Total population within 60 mins	223,033	81%	119,846	81%	342,879	81%
Total population	275,506	100%	148,127	100%	423,633	100%

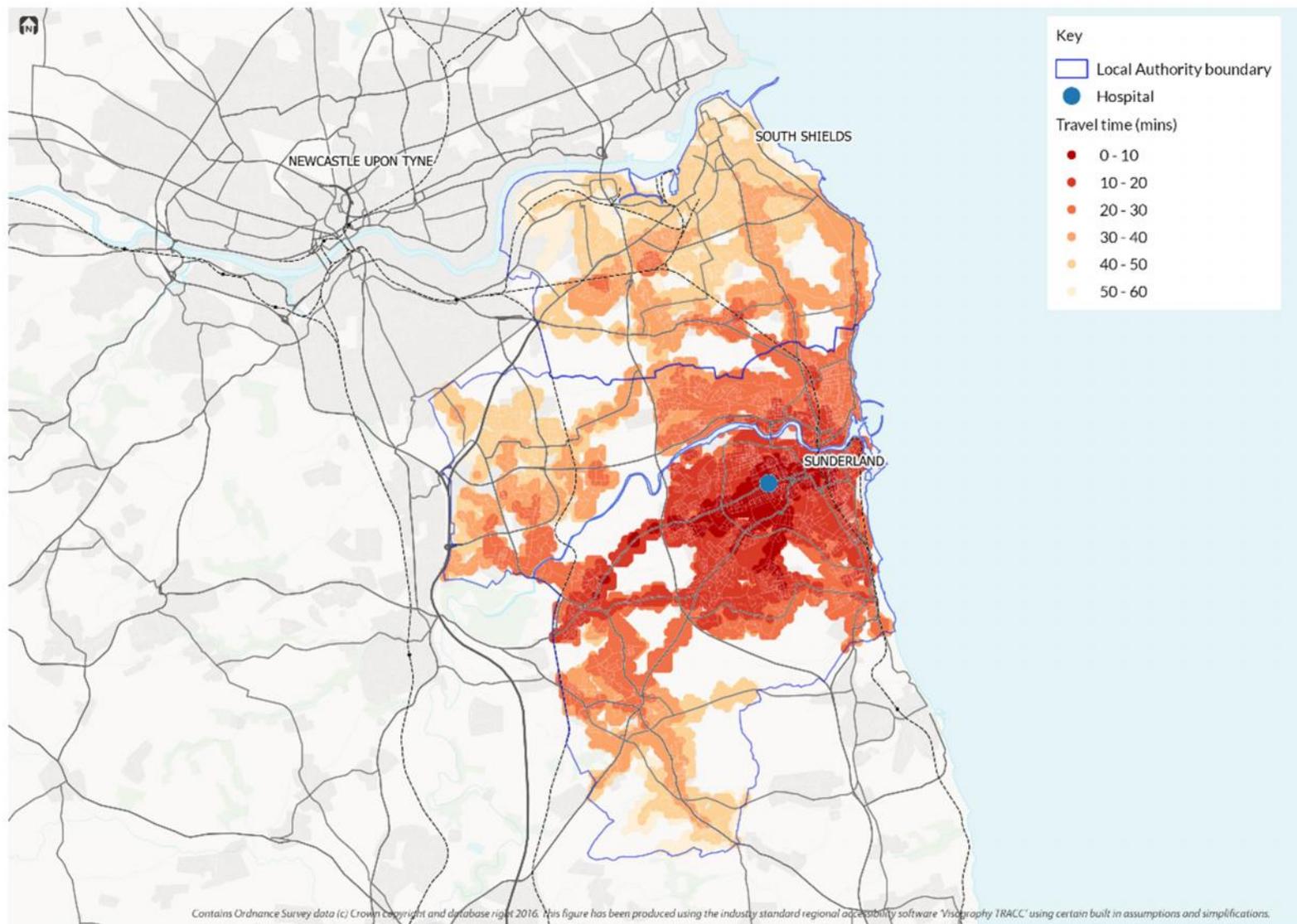
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to SRH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	3,537	8%	0	0%	3,537	5%
10 - 20	11,949	28%	0	0%	11,949	18%
20 - 30	10,298	24%	388	2%	10,686	16%
30 - 40	6,333	15%	6,688	26%	13,021	19%
40 - 50	3,640	9%	11,195	43%	14,835	22%
50 - 60	388	1%	3,490	14%	3,878	6%
60 - 70	8	0%	468	2%	476	1%
70 - 80	0	0%	14	0%	14	0%
80 - 90	0	0%	70	0%	70	0%
Total no. households within 90 minutes	36,153	86%	22,313	86%	58,466	86%
Total no. households within 60 mins	36,145	86%	21,761	84%	57,906	85%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 14:00 - 16:00.

90 min Public transport accessibility (1400-1600) to SRH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	4,061	8%	0	0%	4,061
10 - 20	10,888	22%	0	0%	10,888	14%
20 - 30	12,863	26%	736	3%	13,599	18%
30 - 40	7,403	15%	7,580	27%	14,983	19%
40 - 50	4,522	9%	10,653	39%	15,175	20%
50 - 60	517	1%	3,473	13%	3,990	5%
60 - 70	24	0%	635	2%	659	1%
70 - 80	2	0%	25	0%	27	0%
80 - 90	0	0%	37	0%	37	0%
Total no. households within 90 minutes	40,280	81%	23,139	84%	63,419	82%
Total no. households within 60 mins	40,254	81%	22,442	81%	62,696	81%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C10: 60 minute public transport accessibility to Sunderland Royal Hospital between 17:00-19:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access Sunderland Royal Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	22,974	8%	0	0%	22,974	5%
10 - 20	73,058	27%	87	0%	73,145	17%
20 - 30	65,859	24%	4,223	3%	70,082	17%
30 - 40	34,347	12%	26,214	18%	60,561	14%
40 - 50	24,463	9%	59,125	40%	83,588	20%
50 - 60	1,832	1%	26,370	18%	28,202	7%
60 - 70	74	0%	3,453	2%	3,527	1%
70 - 80	51	0%	3,478	2%	3,529	1%
80 - 90	0	0%	199	0%	199	0%
Total population within 90 minutes	222,658	81%	123,149	83%	345,807	82%
Total population within 60 mins	222,533	81%	116,019	78%	338,552	80%
Total population	275,506	100%	148,127	100%	423,633	100%

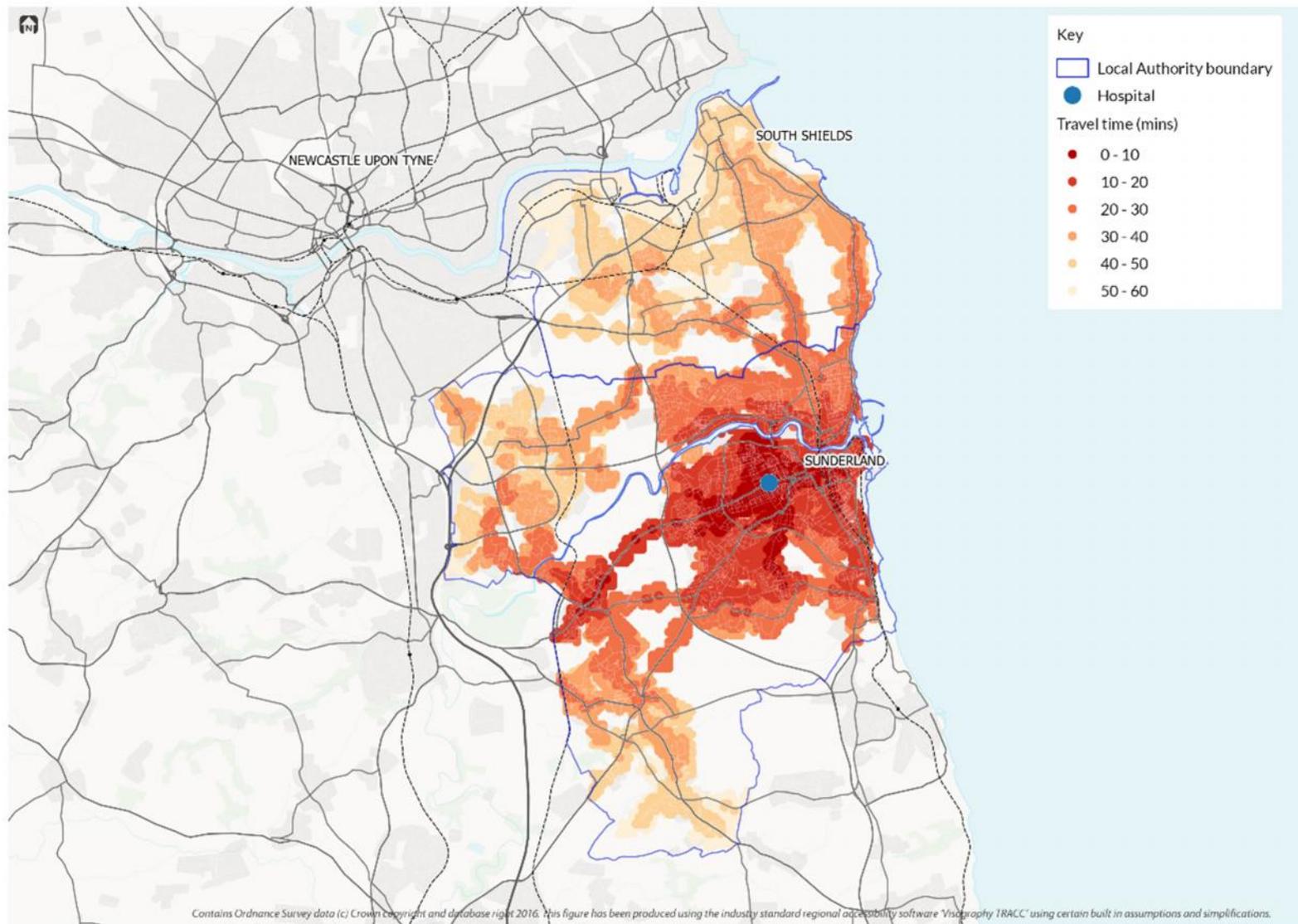
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to SRH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	6,304	15%	0	0%	6,304	9%
10 - 20	11,087	26%	15	0%	11,102	16%
20 - 30	9,466	22%	550	2%	10,016	15%
30 - 40	5,193	12%	3,958	15%	9,151	13%
40 - 50	3,773	9%	11,322	44%	15,095	22%
50 - 60	289	1%	5,244	20%	5,533	8%
60 - 70	4	0%	491	2%	495	1%
70 - 80	3	0%	616	2%	619	1%
80 - 90	0	0%	47	0%	47	0%
Total no. households within 90 minutes	36,119	86%	22,243	86%	58,362	86%
Total no. households within 60 mins	36,112	86%	21,089	82%	57,201	84%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 17:00 - 19:00.

90 min Public transport accessibility (1700-1900) to SRH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	4,122	8%	0	0%	4,122
10 - 20	12,722	26%	19	0%	12,741	17%
20 - 30	12,103	24%	821	3%	12,924	17%
30 - 40	6,216	13%	4,916	18%	11,132	14%
40 - 50	4,661	9%	11,101	40%	15,762	20%
50 - 60	343	1%	4,917	18%	5,260	7%
60 - 70	13	0%	684	2%	697	1%
70 - 80	9	0%	613	2%	622	1%
80 - 90	0	0%	31	0%	31	0%
Total no. households within 90 minutes	40,189	81%	23,102	84%	63,291	82%
Total no. households within 60 mins	40,167	81%	21,774	79%	61,941	80%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

Figure C11: 60 minute public transport accessibility to Sunderland Royal Hospital between 19:00-21:00



The below table shows the proportion of Sunderland and South Tyneside residents who can access Sunderland Royal Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	26,214	10%	0	0%	26,214	6%
10 - 20	70,412	26%	0	0%	70,412	17%
20 - 30	64,977	24%	3,263	2%	68,240	16%
30 - 40	31,569	11%	28,623	19%	60,192	14%
40 - 50	22,973	8%	50,544	34%	73,517	17%
50 - 60	4,289	2%	28,183	19%	32,472	8%
60 - 70	1,223	0%	8,171	6%	9,394	2%
70 - 80	31	0%	294	0%	325	0%
80 - 90	72	0%	1,202	1%	1,274	0%
Total population within 90 minutes	221,760	80%	120,280	81%	342,040	81%
Total population within 60 mins	220,434	80%	110,613	75%	331,047	78%
Total population	275,506	100%	148,127	100%	423,633	100%

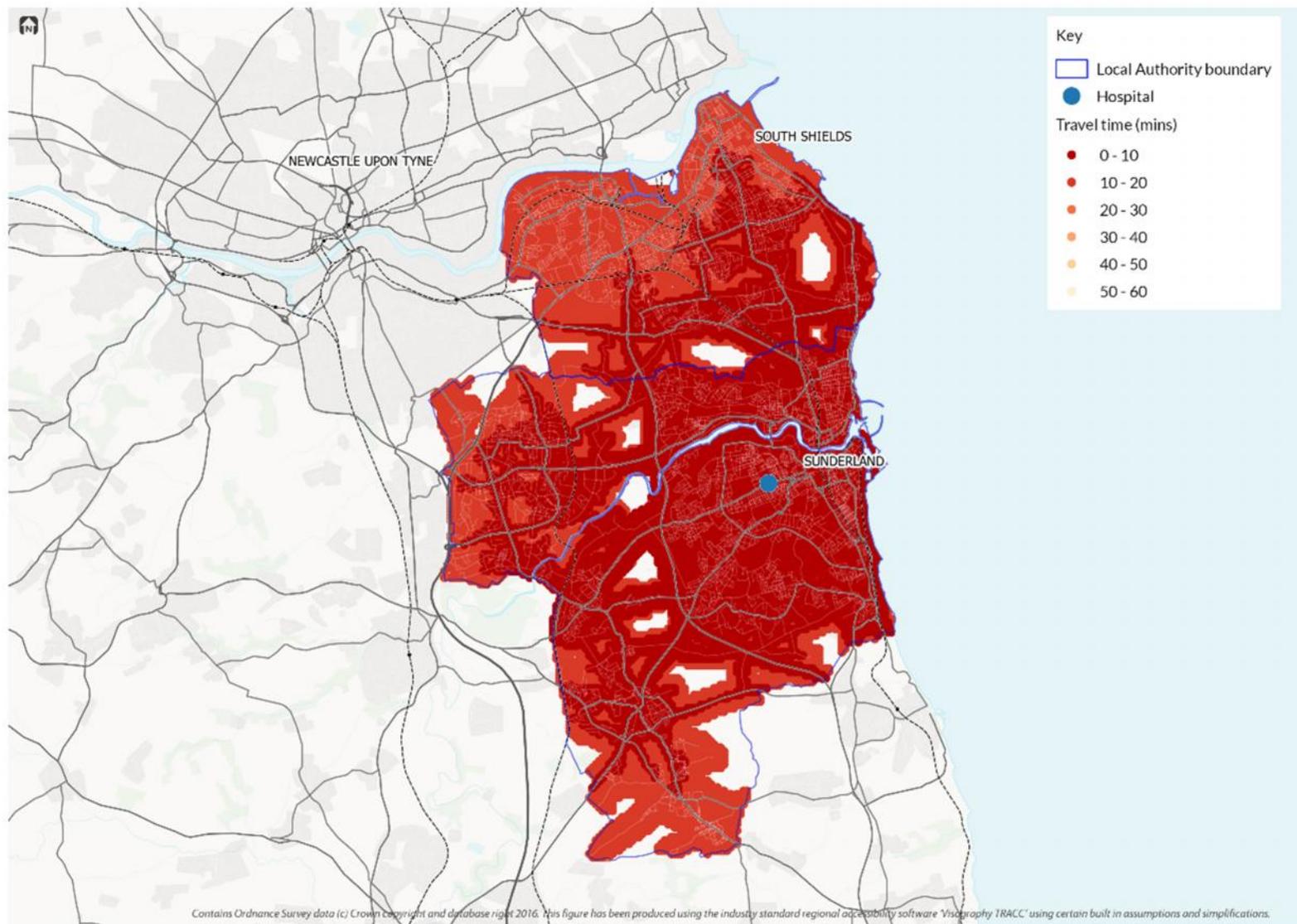
The below table shows the proportion of Sunderland and South Tyneside households with no access to a car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to SRH						
Travel time (mins)	Sunderland - no car		South Tyneside - no car		Sunderland & South Tyneside	
0 - 10	4,295	10%	0	0%	4,295	6%
10 - 20	13,769	33%	0	0%	13,769	20%
20 - 30	8,974	21%	387	1%	9,361	14%
30 - 40	5,004	12%	4,458	17%	9,462	14%
40 - 50	3,383	8%	9,144	35%	12,527	18%
50 - 60	569	1%	6,339	25%	6,908	10%
60 - 70	75	0%	1,350	5%	1,425	2%
70 - 80	2	0%	42	0%	44	0%
80 - 90	4	0%	215	1%	219	0%
Total no. households within 90 minutes	36,075	86%	21,935	85%	58,010	85%
Total no. households within 60 mins	35,994	86%	20,328	79%	56,322	83%
Total no. of households with no car	42,094	100%	25,830	100%	67,924	100%

The below table shows the proportion of Sunderland and South Tyneside households with access to one car who can access South Tyneside District Hospital within 90 minutes by public transport - in the period 19:00 - 21:00.

90 min Public transport accessibility (1900-2100) to SRH						
Travel time (mins)	Sunderland - access to one car		South Tyneside - access to one car		Sunderland & South Tyneside	
	0 - 10	4,658	9%	0	0%	4,658
10 - 20	12,268	25%	0	0%	12,268	16%
20 - 30	11,924	24%	654	2%	12,578	16%
30 - 40	5,821	12%	5,356	19%	11,177	14%
40 - 50	4,333	9%	9,531	34%	13,864	18%
50 - 60	820	2%	5,208	19%	6,028	8%
60 - 70	229	0%	1,579	6%	1,808	2%
70 - 80	6	0%	55	0%	61	0%
80 - 90	13	0%	202	1%	215	0%
Total no. households within 90 minutes	40,072	81%	22,585	82%	62,657	81%
Total no. households within 60 mins	39,824	80%	20,749	75%	60,573	78%
Total no. of households with one car	49,564	100%	27,639	100%	77,203	100%

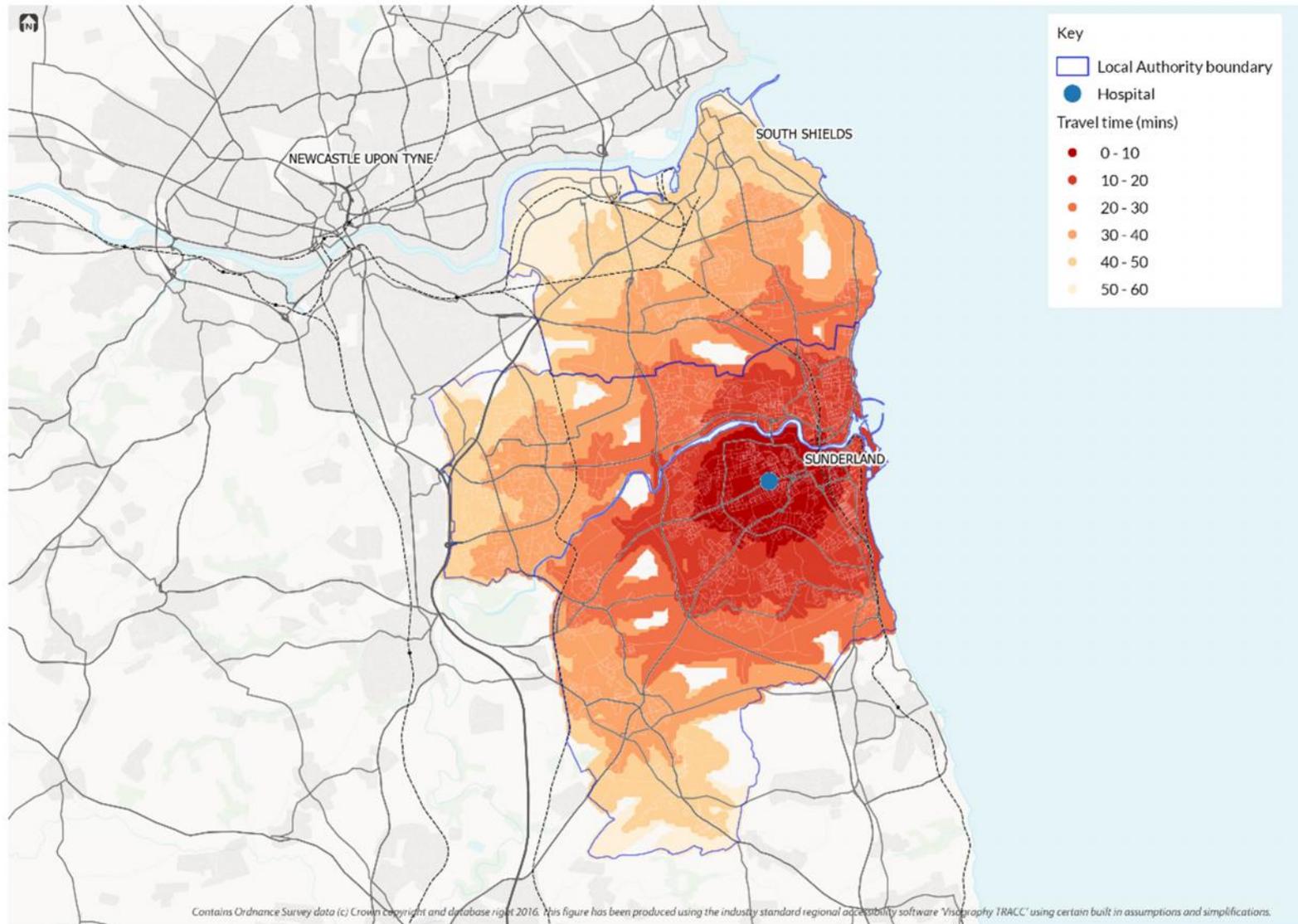
Figure C12: 60 minute accessibility by road to Sunderland Royal Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by car.

90 min car accessibility to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	224,232	81%	43,856	30%	268,088	63%
10 - 20	48,701	18%	103,404	70%	152,105	36%
20 - 30	0	0%	6	0%	6	0%
30 - 40	0	0%	0	0%	0	0%
40 - 50	0	0%	0	0%	0	0%
50 - 60	0	0%	0	0%	0	0%
60 - 70	0	0%	0	0%	0	0%
70 - 80	0	0%	0	0%	0	0%
80 - 90	0	0%	0	0%	0	0%
Total population within 90 minutes	272,933	99%	147,266	99%	420,199	99%
Total population within 60 mins	272,933	99%	147,266	99%	420,199	99%
Total population	275,506	100%	148,127	100%	423,633	100%

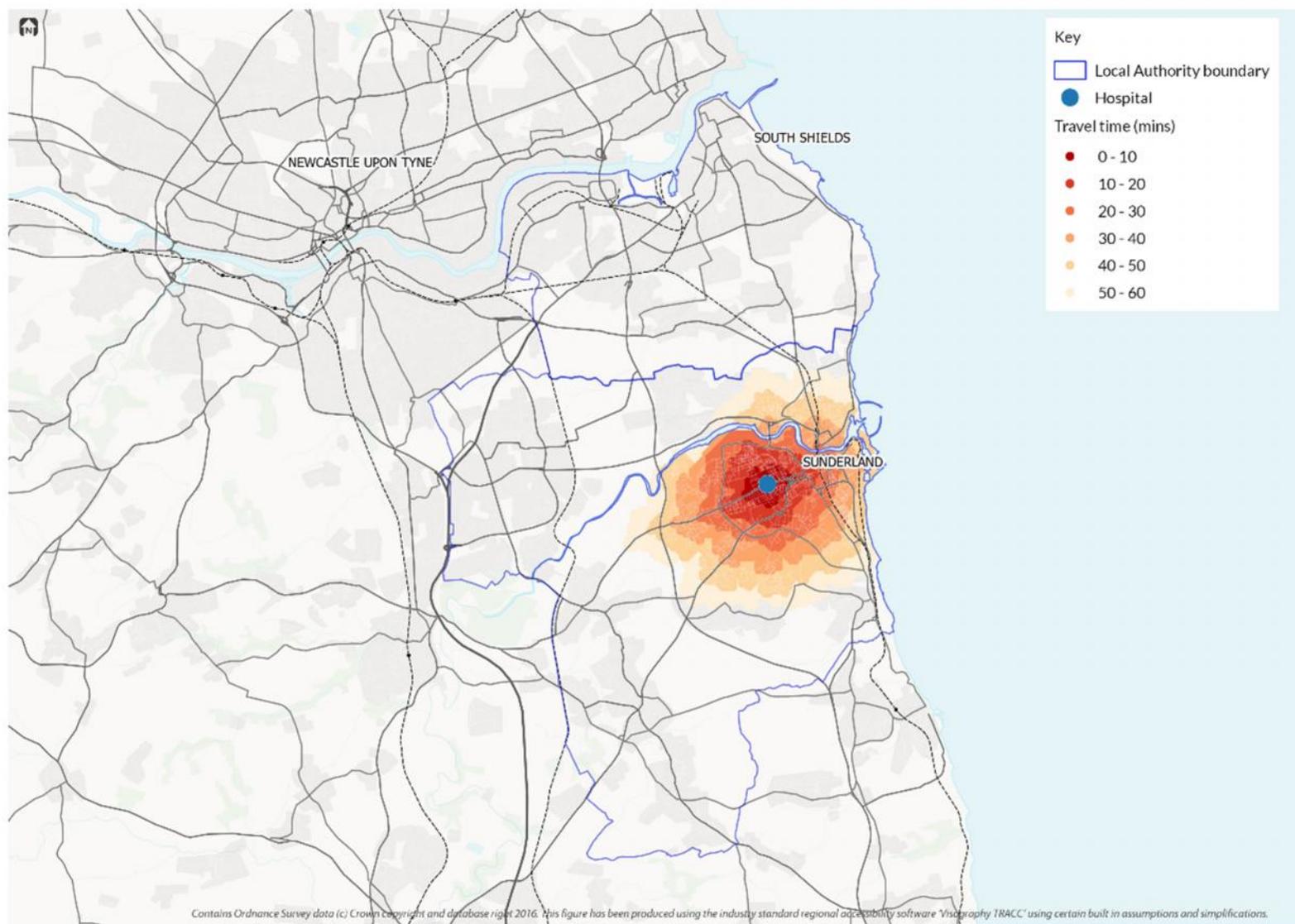
Figure C13: 60 minute cycling accessibility to Sunderland Royal Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes by bicycle.

90 min cycle accessibility to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	50,761	18%	0	0%	50,761	12%
10 - 20	88,768	32%	0	0%	88,768	21%
20 - 30	45,269	16%	5,406	4%	50,675	12%
30 - 40	49,853	18%	35,853	24%	85,706	20%
40 - 50	36,568	13%	73,358	50%	109,926	26%
50 - 60	1,714	1%	29,496	20%	31,210	7%
60 - 70	0	0%	3,153	2%	3,153	1%
70 - 80	0	0%	0	0%	0	0%
80 - 90	0	0%	0	0%	0	0%
Total population within 90 minutes	272,933	99%	147,266	99%	420,199	99%
Total population within 60 mins	272,933	99%	144,113	97%	417,046	98%
Total population	275,506	100%	148,127	100%	423,633	100%

Figure C14: 60 minute walking accessibility to Sunderland Royal Hospital



The below table shows the proportion of Sunderland and South Tyneside residents who can access South Tyneside District Hospital within 90 minutes on foot.

90 min walk accessibility to SRH						
Travel time (mins)	No. of Sunderland Residents		No. of South Tyneside residents		No. of Sunderland & South Tyneside residents	
0 - 10	8,876	3%	0	0%	8,876	2%
10 - 20	16,468	6%	0	0%	16,468	4%
20 - 30	20,863	8%	0	0%	20,863	5%
30 - 40	24,717	9%	0	0%	24,717	6%
40 - 50	33,702	12%	0	0%	33,702	8%
50 - 60	24,025	9%	0	0%	24,025	6%
60 - 70	21,190	8%	10	0%	21,200	5%
70 - 80	13,102	5%	132	0%	13,234	3%
80 - 90	14,902	5%	1,011	1%	15,913	4%
Total population within 90 minutes	177,845	65%	1,153	1%	178,998	42%
Total population within 60 mins	128,651	47%	0	0%	128,651	30%
Total population	275,506	100%	148,127	100%	423,633	100%

# Appendix D

## Benchmarking Technical Note

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<b>Title</b>	Benchmarking exercise
<b>Date</b>	16/01/2017
<b>Author(s)</b>	Lynsey Harris, Matt Cottam, Ian Stott, Jamie Wheway
<b>Project Code</b>	2268
<b>Version</b>	1-0

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## 1. Benchmarking exercise for South Tyneside and Sunderland hospitals

- 1.1 In order to benchmark some of the transport services / elements at South Tyneside and Sunderland Hospitals, a number of comparisons with other hospitals in the region have been undertaken.
- 1.2 The table below shows the comparator hospitals for both Sunderland Royal and South Tyneside Hospital.

**Table 1-1: Comparator hospitals**

South Tyneside & Sunderland NHS Partnership Hospital	Comparator 1	Comparator 2
South Tyneside Hospital	North Tyneside Hospital (NTH)	QE Gateshead Hospital (QEH)
Sunderland Royal Hospital	University Hospital of North Tees, Stockton (UHNT)	University Hospital of North Durham (UHND)

- 1.3 Firstly, to inform a judgement on the level of public transport services serving STDH and SRH, a comparative public transport analysis exercise has been undertaken to review the public transport services / networks serving comparator hospitals in the North East region. The results from this review are presented in Chapter 2.

- 1.4 Secondly, research has been carried out into relevant accessibility statistics and additional accessibility analyses for the comparator hospitals have also been calculated. Results from this task are presented in Chapter 3.
- 1.5 Thirdly, a Public Transport Accessibility Level (PTAL) analysis has been undertaken for STDH, SRH and the comparator hospitals. Results from this task are presented in Chapter 4.

## 2. Public transport reviews for comparator hospitals

- 2.1 This chapter reviews the public transport networks and services that serve each comparator hospital. Both high frequency and lower frequency services are presented in separate tables for each hospital.

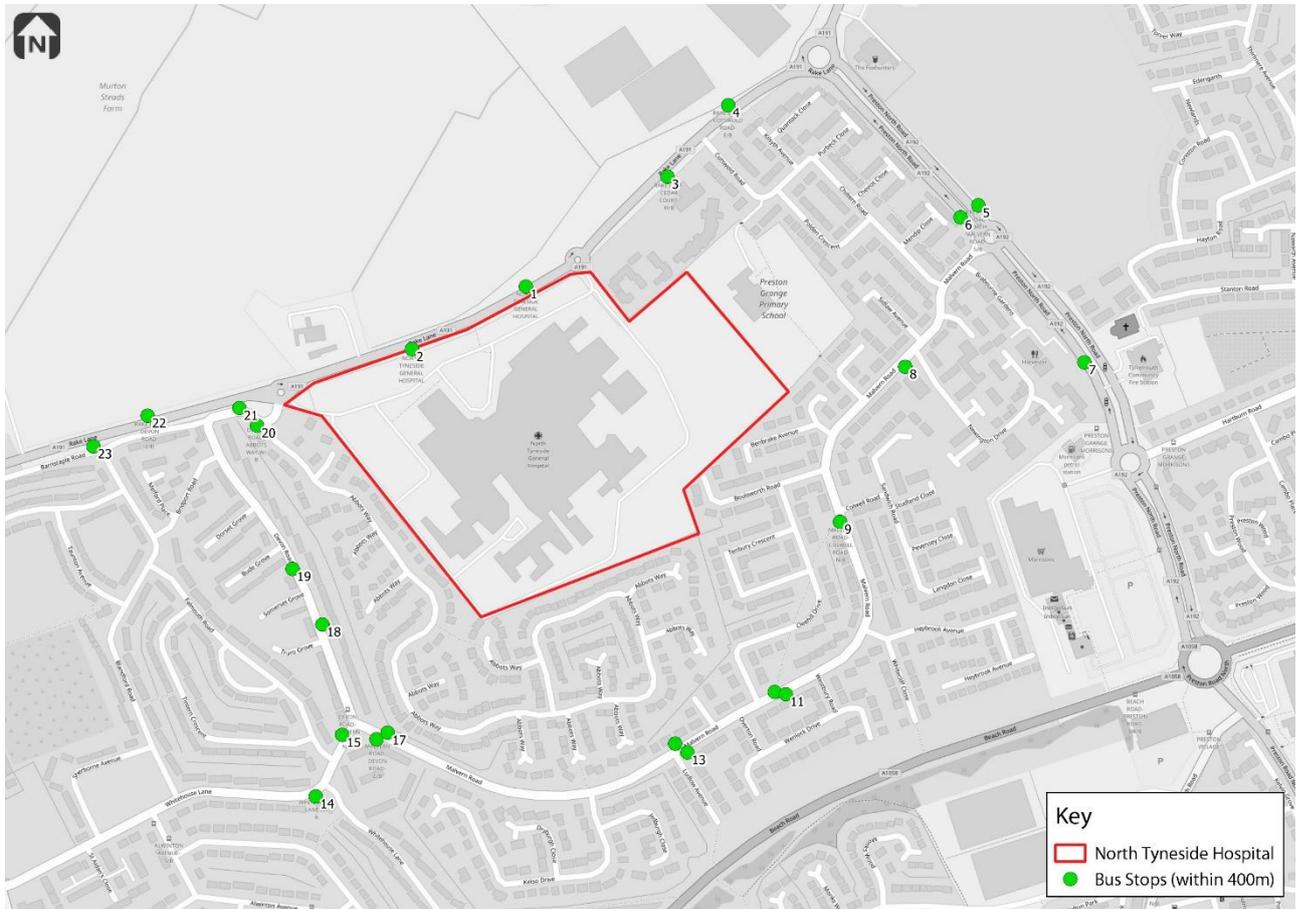
### North Tyneside Hospital

- 2.2 North Tyneside Hospital (NTH) is located to the north of North Shields, and north west of Tynemouth, bounded by Rake Lane to the north, residential areas to the west and south, and educational and office facilities to the east and north east.
- 2.3 To investigate the level of public transport services, a 400m perimeter was drawn around the NTH site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored.
- 2.4 Similarly, an 800m perimeter was drawn around the NTH site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

### Bus Services

- 2.5 There are a total of 23 bus stops within a 400m perimeter of the NTH Hospital site, that are served by public bus services, as illustrated in Figure 2-1. The nearest bus stop to the site is located on Rake Lane, and is approximately 180m from the centre of the hospital site. A bus layby, shelter and timetabling information are provided. A bus stop with similar facilities is provided further east on Rake Lane, approximately 210m from the centre of the hospital site.

Figure 2-1: Bus stops within 400m of North Tyneside Hospital



2.6 Table 2-1 below lists the high frequency bus services that serve the bus stops within 400 metres of the Hospital site, whilst Table 2-2 shows the lower frequency services. To summarise, there are five high frequency bus services and four lower frequency bus services serving the hospital.

Table 2-1: High frequency all-day bus services serving North Tyneside Hospital

Service	Stops served	Operating hours <sup>1</sup>	Average frequency	Operator	Route
11	1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 21	Mon - Fri 06:32 - 22:47	30 minutes	Go North East: Blue Arrow	Metrocentre Interchange/ Wallsend Interchange - North Shields - N Tyneside Hospital - Whitley Bay
		Sat 06:51 - 22:47			
		Sun 09:35 - 22:47			
42	2, 14, 15, 18, 19, 20, 21, 22, 23	Mon - Fri 06:09 - 18:40	30 minutes	Go North East	Cramlington /Hadrian Lodge/Benton Asda - Howdon - N Tyneside Hospital - North Shields
		Sat 07:56 - 18:23			
54	1, 2, 3, 4, 22, 23	Mon - Fri 06:35 - 20:45	30 minutes	Arriva	Haymarket - Shiremoor - N Tyneside Hospital - Whitley Bay
		Sat 07:45 - 20:45			
		Sun 09:45 - 20:45	1 hour		
308	1, 2, 3, 4, 22, 23	Mon - Fri 05:09 - 23:09	15 minutes	Arriva	Blyth - Whitley Bay - N Tyneside

<sup>1</sup> Operating hours from first bus stop on route.

Service	Stops served	Operating hours <sup>1</sup>	Average frequency	Operator	Route
		Sat 05:39 - 23:09			Hospital - High Farm - Haymarket
		Sun 06:09 - 23:09	30 minutes		
309	1, 2, 3, 4, 22, 23	Mon - Fri 06:05 - 21:45	15 minutes	Go North East: Cobalt Clipper	Blyth - Whitley Bay - N Tyneside Hospital - Cobalt Business Park - Haymarket
		Sat 07:12 - 22:45			
		Sun 07:21 - 22:28	30 minutes		

Table 2-2: Low frequency bus services serving North Tyneside Hospital

Service	Stops served	Operating hours	Average frequency	Operator	Route
57A	1, 2, 3, 4, 22, 23	Mon - Sat 18:13 - 22:13	1 hour	Arriva	Cramlington - Seaton Delaval - Whitley Bay - N Tyneside Hospital - North Shields
		Sun 09:39 - 22:13			
59	1, 2, 3, 4, 22, 23	Mon - Sat 09:10 - 17:25	Three buses daily (09:10, 16:18, 17:25)	Phoenix Coaches	Whitley Bay - N Tyneside Hospital - Shiremoor - Backworth Castle Park
359	1, 2, 3, 4, 5, 6, 7, 22, 23	Mon - Sat 09:41 - 14:41	1 hour	Phoenix Coaches	Backworth Castle Park - Northumberland Park - N Tyneside Hospital - Farrington Road
W3	1, 2, 3, 4, 22	Mon - Fri 08:08 - 17:42	1 hour	Phoenix Coaches	Whitley Bay - N Tyneside Hospital - West Chirton - Whitley Bay
		Sat 08:10 - 16:25			

## Rail Services

- 2.7 There are no rail connections within 800m of North Tyneside Hospital. The closest rail station is North Shields metro station, which is approximately 4.2km from the hospital site and is served by the Tyne & Wear yellow line. Though this is a considerable distance to walk, it can be accessed easily via the 42 (Indigo) bus service. From North Shields

metro station, connections can be made to Newcastle City Centre, Gateshead and South Shields.

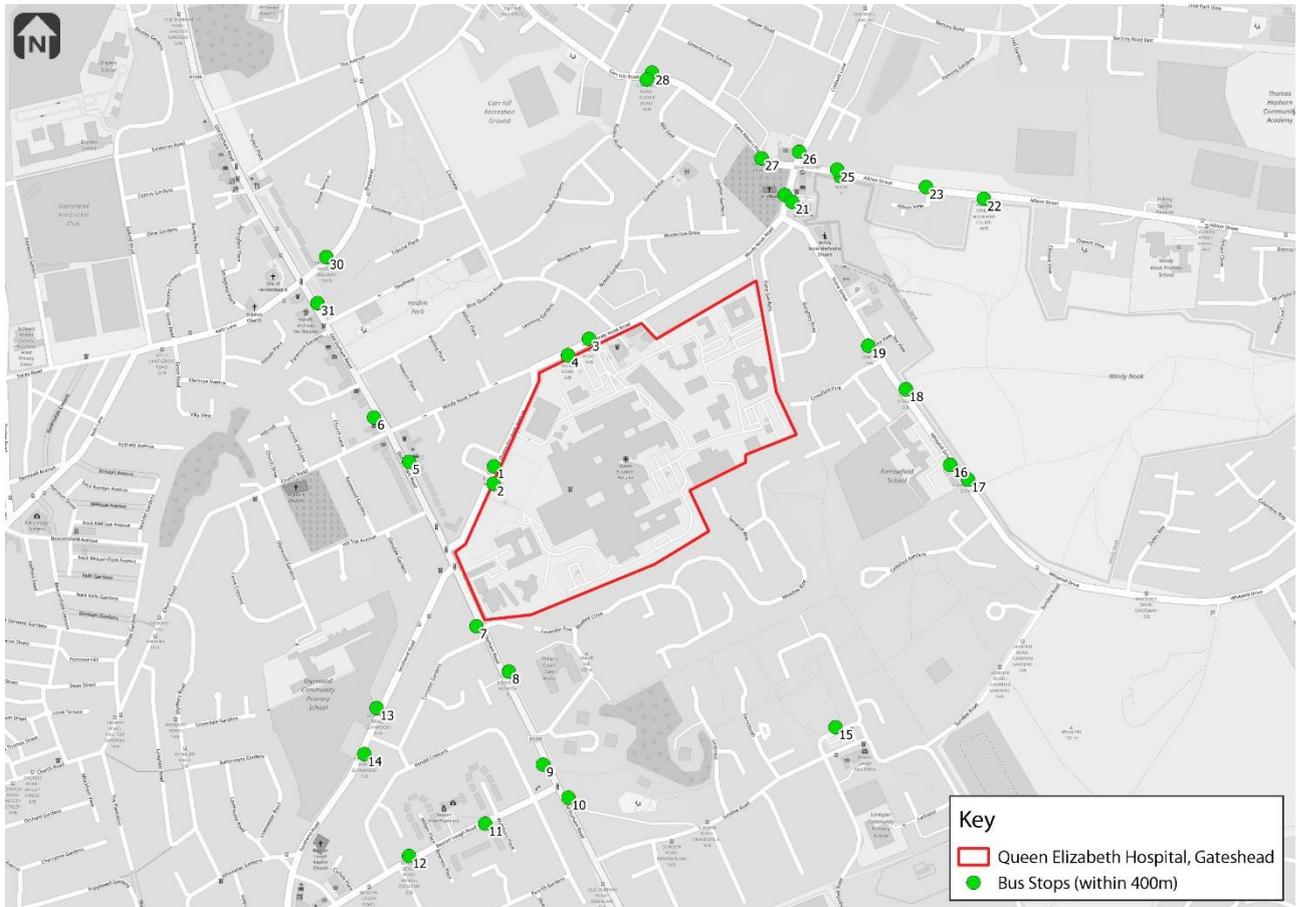
## Queen Elizabeth Hospital, Gateshead

- 2.8 The Queen Elizabeth Hospital, Gateshead is located to the south east of Gateshead, bounded by Windy Nook Road to the north, Queen Elizabeth Avenue to the north west, Old Durham Road to the west, and residential areas to the south, south east, east and north east.
- 2.9 To investigate the level of public transport services, a 400m perimeter was drawn around the Queen Elizabeth Hospital site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored.
- 2.10 Similarly, an 800m perimeter was drawn around the Queen Elizabeth Hospital site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

## Bus Services

- 2.11 There are a total of 31 bus stops within a 400m perimeter of the Queen Elizabeth Hospital site that are served by public bus services, as illustrated in Figure 2-2. The nearest bus stops to the site are located on Queen Elizabeth Avenue, within 175m of the centre of the hospital site. Both of these stops offer a shelter and timetabling information. Bus stops with similar facilities are also located on Windy Nook Road, within 250m of the centre of the hospital site.

Figure 2-2: Bus stops within 400m of Queen Elizabeth Hospital, Gateshead



2.12 Table 2-3 below lists the high frequency bus services that serve the bus stops within 400 metres of the Hospital site, whilst Table 2-4 shows the lower frequency services. To summarise, there are 10 high frequency bus services and eight lower frequency bus services serving the hospital.

Table 2-3: High frequency all-day bus services serving Queen Elizabeth Hospital, Gateshead

Service	Stops served	Operating hours	Average frequency	Operator	Route
28	5, 6, 7, 9, 10	Mon - Fri 06:12 - 18:50	1 hour	Go North East: The Waggonway	Chester le Street - Pelton - Birtley - QEH - Eldon Square
		Sat 07:12 - 18:50			
		Sun 08:47 - 16:47			
56	5, 6, 7, 8, 9, 10	Mon - Thurs 05:03 - 22:05	15 minutes	Go North East: Fab Fifty Six	Sunderland Interchange - Concord Bus Station - QEH - New Bridge Street
		Fri 05:03 - 22:35			
		Sat 05:35 - 23:05			
		Sun 07:05 - 22:05	20 minutes		
57	5, 6, 7, 8, 9, 10, 15	Mon - Fri 05:58 - 23:44	20 minutes	Go North East: City Link	Wardley Sunderland Road - Whitehills Estate - QEH - Gateshead - Hadrian Park
		Sat 06:26 - 23:44			
		Sun 09:18 - 23:14			
58	22, 23, 24, 25	Mon - Thurs 05:33 - 23:05	10 minutes	Go North East: City Link	Heworth Interchange - Whitehills Estate - Felling Square -
		Fri 05:33 - 23:30			

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 07:13 - 23:30			Gateshead Interchange/ New Bridge Street
		Sun 07:16 - 23:05			
67	1, 2, 3, 4, 5, 6, 20, 21, 22, 23, 24, 25, 30, 31	Mon - Fri 06:47 - 23:14	1 hour	Go North East	Metrocentre Interchange - Shipcote - QEH/ Wardley
		Sat 07:59 - 23:14			
		Sun 08:25 - 23:14			
69	1, 2, 3, 4, 13, 14, 20, 21	Mon - Thurs 06:32 - 22:09	1 hour	Go North East: The Pulse	Wardley - Meresyde - QEH - Low Fell - Winlaton
		Fri 06:32 - 23:09			
		Sat 08:43 - 23:09			
		Sun 11:09 - 23:09			
93	2, 4, 8, 11, 21	Mon - Sat 05:08 - 23:05	15 minutes	Go North East: The Loop	Gateshead Interchange - Heworth Interchange - QEH - Low Fell - Gateshead Interchange
		Sun 09:00 - 23:05			
94	1, 3, 7, 9, 12, 20	Mon - Fri 05:34 - 23:04	20 minutes		Gateshead Interchange -

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 05:39 - 23:04		Go North East: The Loop	Low Fell - QEH - Heworth Interchange - Gateshead Interchange
		Sun 09:35 - 23:04			
X1	5, 7	Mon - Fri 05:28 - 22:00	15 minutes	Go North East: Red Arrows	Easington Lane - Herrington Burn - Springwell Village - QEH - Gateshead Interchange - Newcastle Eldon Square
		Sat 06:11 - 22:30			
		Sun 07:22 - 22:00			
X25	5, 6, 7	Mon - Fri 06:20 - 19:08	30 minutes	Go North East	Stringer Terrace - Chester le Street - QEH - Gateshead Interchange - Newcastle Eldon Square
		Sat 07:08 - 19:08			

Table 2-4: Low frequency bus services serving Queen Elizabeth Hospital, Gateshead

Service	Stops served	Operating hours	Average frequency	Operator	Route
68	1, 2, 3, 4, 8, 10, 13, 20, 21, 27, 28, 29	Mon - Fri 09:04 - 15:51	1 hour	Gateshead Central Taxis	Wrekenton - QEH - Heworth Interchange - Lakes Estate - Heworth Interchange - QEH - Wrekenton
		Sat 09:04 - 15:48			
69B	1, 2, 7, 8, 9, 11, 12	Sun 06:35	One bus	Go North East: The Pulse	Crawcrook - Winlaton - Whickham - Low Fell - QEH
94A	1, 3, 7, 9, 12, 20	Mon - Fri 06:49	One bus daily	Go North East	Gateshead Interchange - Team Valley - QEH - Heworth Interchange - Gateshead Interchange
N56	5, 6, 7, 8, 9, 10	Sun 00:15 - 02:15	1 hour	Go North East	Sunderland Interchange - Concord Bus Station - QEH - New Bridge Street
Q1	2, 3, 4, 20, 21, 26, 28	Sun 05:36 - 08:06	30 minutes	Go North East: Quaylink	Gateshead Interchange - QEH - Heworth Interchange

Service	Stops served	Operating hours	Average frequency	Operator	Route
<b>Q2</b>	2, 3, 4, 20, 21, 27, 29	Sun 07:09 - 08:09	30 minutes	Go North East: Quaylink	Gateshead Interchange - Low Fell - Heworth Interchange - QEH - Gateshead Interchange
<b>TB10</b>	2, 3, 4, 15, 16, 17, 18, 19, 20, 21, 26	Mon - Sat 09:35 - 15:35	1 hour	Gateshead Central Taxis	Fewster Square - Wrekenton - QEH - Fewster Square
<b>X1A</b>	5, 7	Mon - Fri 06:21, 07:04	Two buses daily	Go North East	Picktree Village - Fatfield - Springwell Village - QEH - Gateshead Interchange - Newcastle Eldon Square

## Rail Services

- 2.13 There are no rail connections within 800m of Queen Elizabeth Hospital, Gateshead. The closest rail station is Felling metro station, which is approximately 2.7 km from the hospital site and is served by both the yellow and green metro lines. From Felling metro station, connections can be made to Newcastle City Centre, Gateshead, South Shields and Sunderland.

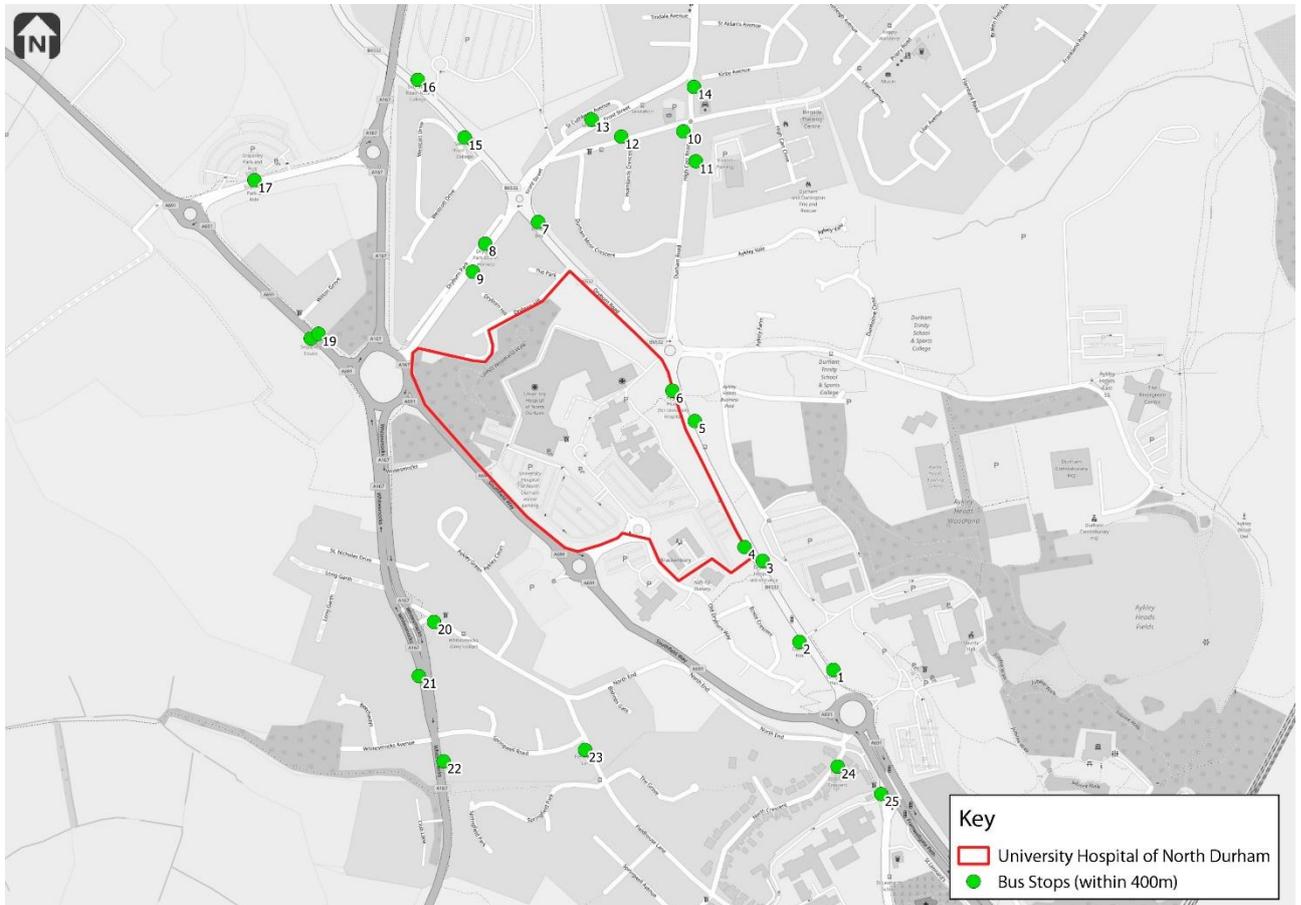
## University Hospital of North Durham

- 2.14 The University Hospital of North Durham (UHND) is located to the north west of Durham, bounded by the A167 and A691 to the west, care and educational facilities to the south, B6532 to the east and woodland and residential areas to the north.
- 2.15 To investigate the level of public transport services, a 400m perimeter was drawn around the UHND site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored.
- 2.16 Similarly, an 800m perimeter was drawn around the UHND site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

### Bus Services

- 2.17 There are a total of 25 bus stops within a 400m perimeter of the UHND hospital site that are served by public bus services, as illustrated in Figure 2-3. The nearest bus stops to the site are located on the B6532 to the north east, within 175m of the centre of the hospital site. Both of these stops benefit from a bus layby, shelter and timetabling information. Further bus stops with similar facilities are located to the south east of the B6532, and are within 350m of the centre of the hospital site.

Figure 2-3: Bus stops within 400m of the University Hospital of North Durham



2.18 Table 2-5 below lists the high frequency bus services that serve the bus stops within 400metres of the Hospital site, whilst Table 2-6 shows the lower frequency services. To summarise, there are 16 high frequency bus services and eight lower frequency bus services serving the hospital.

Table 2-5: High frequency all-day bus services serving University Hospital of North Durham

Service	Stops served	Operating hours	Average frequency	Operator	Route
6	1, 2, 3, 4, 5, 6, 11, 12, 25	Mon - Fri 05:40 - 22:55	12 minutes	Arriva	Framwellgate/Durham Bus Station - Spennymoor High St - Bishop Auckland - Woodhouse Close Estate/Cockfield Mount Pleasant
		Sat 06:40 - 22:55			
		Sun 08:40 - 18:40			
7	1, 2, 3, 4, 5, 6, 11, 12, 25	Mon - Fri 05:15 - 23:15	15 minutes	Arriva: Sapphire	Darlington Tubewell Row - Ferryhill Town Centre - Durham Bus Station
		Sat 06:45 - 23:15			
		Sun 08:15 - 23:15			
13	1, 2, 3, 4, 5, 6, 7, 15, 16, 25	Mon - Fri 06:40 - 17:25	30 minutes	Go North East	Langley Park - Sacriston - Arnison Centre - UHND - Durham Millburngate
		Sat 08:12 - 16:13	1 hour		

Service	Stops served	Operating hours	Average frequency	Operator	Route
<b>14</b>	1, 2, 3, 4, 5, 6, 13, 14, 25	Mon - Thurs 07:00 - 22:05	1 hour	Go North East	Langley Park - Sacriston - Arnison Centre - UHND - Durham Millburngate
		Fri 07:00 - 23:00			
		Sat 07:03 - 23:00			
		Sun 09:05 - 18:05			
<b>15</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, 18, 19, 25	Mon - Thurs 06:22 - 20:27	50 minutes	Go North East	Consett Bus Station - Leadgate The Wheatsheaf UHND - Durham Bus Station
		Fri 06:22 - 22:40			
		Sat 06:22 - 22:40			
<b>15A</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, 18, 19, 25	Mon - Fri 07:30 - 16:50	1 hour	Go North East	Consett Bus Station - Leadgate The Wheatsheaf UHND - Durham Bus Station
		Sat 08:45 - 15:45			
		Sun 09:16 - 17:16			

Service	Stops served	Operating hours	Average frequency	Operator	Route
16	1, 2, 3, 4, 5, 6, 7, 15, 16, 25	Mon - Fri 06:09 - 16:47	30 minutes	Go North East: Durham Diamond	Castleside Church/Cons ett Bus Station - Stanley Bus Station - UHND - Durham Bus Station
		Sat 08:12 - 16:42			
		Sun 09:20 - 17:20			
21	1, 2, 3, 4, 5, 6, 13, 14, 25	Mon - Fri 05:15 - 23:12	15 minutes	Go North East: Angel	Newcastle Eldon Square/ Chester le Street - UHND - Durham Bus Station
		Sat 06:18 - 23:12			
		Sun 07:43 - 23:12			
50	1, 2, 3, 4, 5, 6, 10, 11, 25	Mon - Fri 06:49 - 16:23	30 minutes	Go North East: Whey Aye	South Shields Market/Ches ter le Street - Arnison Centre - UHND - Durham Bus Station
		Sat 08:23 - 16:13			
		Sun 09:39 - 15:38			
62	1, 2, 3, 4, 5, 6, 10, 11, 25	Mon - Fri 06:57 - 17:27	1 hour	Arriva	Durham North Rd - Arnison Centre -

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 09:12 - 17:12			Brasside Frankland Prison
64	1, 2, 3, 4, 5, 6, 10, 11, 25	Mon - Fri 05:55 - 22:56	10 minutes	Arriva	Arnison Centre - Framwellgate Moor - Durham Bus Station/Gilesgate Moor/Sherburn Gray Avenue
		Sat 06:26 - 22:56			
		Sun 09:26 - 22:56			
265	1, 2, 3, 4, 5, 6, 11, 12, 25	Mon - Fri 06:34 - 19:10	1 hour	Go North East: Indigo	Seaham - Hetton le Hole Interchange - Belmont - Durham Bus Station
		Sat 07:10 - 19:10			
PR1	1, 2, 5, 6, 17	Mon - Sat 07:05 - 18:35	10 minutes	Scarlet Band	Sniperley P&R - Durham Millburngate - Belmont P&R
X12	1, 2, 5, 6, 13, 14, 25	Mon - Fri 06:18 - 23:20	30 minutes	Arriva: Max	Middlesborough Bus Station/ Stockton High St/

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sat 06:21 - 23:20			Coxhoe Church - Durham Uni - Durham Bus Station/New castle Eldon Square
		Sun 07:15 - 21:15			
<b>X21</b>	1, 2, 3, 4, 5, 6, 13, 14, 25	Mon - Thurs 06:40 - 22:12	30 minutes	Go North East: Castles Express	Newcastle Eldon Square/ Chester le Street - UHND - Durham Bus Station/Bishop Auckland Bus Station
		Fri 06:40 - 23:12			
		Sat 08:04 - 23:12			
		Sun 07:43 - 20:10	1 hour		
<b>X46</b>	1, 2, 3, 4, 5, 6, 11, 12, 25	Mon - Fri 06:09 - 22:49	20 minutes	Arriva	Stanhope Market Place/ Tow Law Inkerman/ Crook - Lagnley Moor - Durham Bus Station/Fram
		Sat 07:19 - 22:49			

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sun 08:49 - 22:49	1 hour		wellgate Moor

Table 2-6: Low frequency bus services serving University Hospital of North Durham

Service	Stops served	Operating hours	Average frequency	Operator	Route
<b>16A</b>	1, 2, 3, 4, 5, 6, 7, 15, 16, 25	Mon - Fri 17:47 - 19:58	1 hour	Go North East: Durham Diamond	Castleside Church/Consett Bus Station - Stanley Bus Station - UHND - Durham Bus Station
		Sat 06:38 - 08:13 (then 17:42 - 19:58)			
		Sun 17:20 - 19:20			
<b>24X</b>	1, 2, 3, 4, 5, 6, 11, 12, 25	Mon - Fri 07:29	One bus daily	Arriva: Sapphire	Peterlee Bus Station - Durham Bus Station - Framwellgate Moor Holmlands Crescent

Service	Stops served	Operating hours	Average frequency	Operator	Route
50A	4, 10, 25	Mon - Sat 18:11	One bus daily	Go North East: Whey Aye	Durham Bus Station - UHND - Nissan UK - Boldon ASDA - South Shields Market
52	1, 2, 3, 4, 5, 6, 7, 8, 9, 21, 22, 25	Mon - Sat 06:49 - 16:49	2 hours 30 minutes	Weardale Travel	East Hedley Hope/Cornsay Colliery - Ushaw College - UHND - Durham Bus Station
59	1, 2, 3, 4, 5, 6, 10, 11, 25	Sun 09:13 - 16:13	2 hours	Go North East: Indigo	Wheatley Hill Cemetery Rd - Bowburn - Durham North Rd - UHND - Arnison Centre
N21	1, 2, 3, 4, 5, 6, 13, 14	Sat - Sun 00:15 - 03:15	1 hour	Go North East	Newcastle Pilgrim St - Gateshead Interchange - Chester le Street - UHND - Durham North Rd
X22	1, 2, 3, 4, 5, 6, 13, 14, 25	Mon - Fri 10:25 - 16:30	1 hour	Go North East	Metrocentre - Team Valley - Chester le Street - UHND - Durham North Rd
		Sat 10:25 - 17:25			
		Sun 10:35 - 16:35	2 hours		

Service	Stops served	Operating hours	Average frequency	Operator	Route
X24	1, 2, 5, 6, 11, 13, 14, 25	Sat 10:11 - 18:11	2 hours	Arriva	Metrocentre - Chester le Street - Framwellgate Moor - Durham Bus Station

## Rail Services

- 2.19 There are no rail connections within 800m of the University Hospital of North Durham. The closest rail station is Durham, which is approximately 1.9 km from the hospital site and is served by CrossCountry, Northern, TransPennine Express and Virgin East Coast trains. Though this is a considerable distance to walk, it can be reached via one of the aforementioned bus services. From Durham, connections can be made to Middlesbrough and Newcastle, as well as Glasgow, Edinburgh and other longer distance destinations.

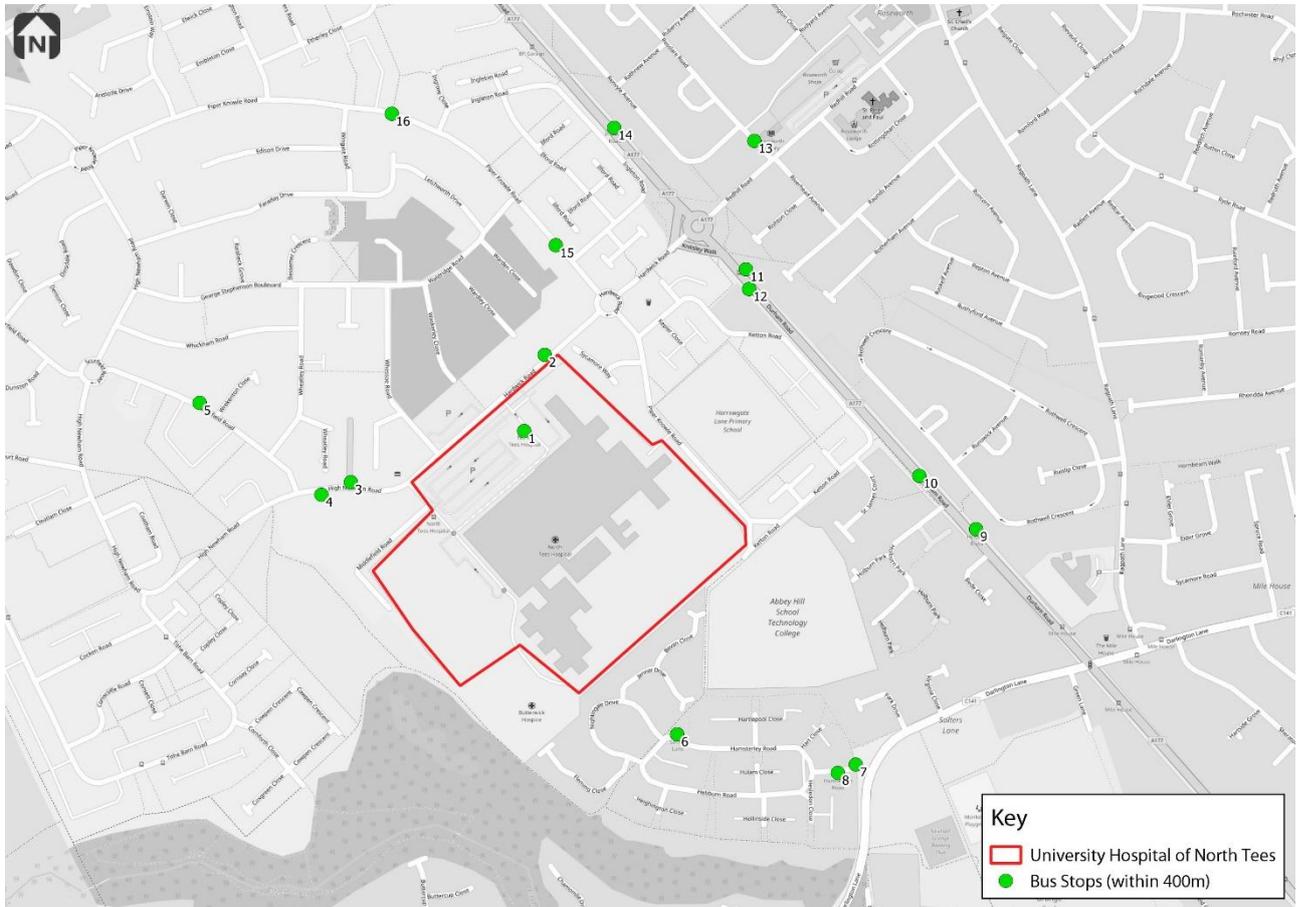
## University Hospital of North Tees

- 2.20 The University Hospital of North Tees (UHNT) is located to the north west of Stockton-on-Tees, bounded by Hardwick Road to the north, Middlefield Road and open grassland to the west, Butterwick Care Hospice to the south, residential housing to the south east and Harrow Gate Primary Academy to the east.
- 2.21 To investigate the level of public transport services, a 400m perimeter was drawn around the UHNT site (in line with guidance issued by the Institute of Highways and Transportation, and in line with NEXUS policy regarding a reasonable distance to walk to/from a bus stop) and bus routes serving the bus stops within this perimeter have been explored.
- 2.22 Similarly, an 800m perimeter was drawn around the UHNT site (in line with guidance issued by the Institute of Highways and Transportation regarding a reasonable distance to walk to/from a rail/metro stop) and metro stations and services within this distance have been investigated.

### Bus Services

- 2.23 There are a total of 16 bus stops located within a 400m perimeter that are served by public bus services, as illustrated in Figure 2-4. The nearest bus stop to the site is located on the north eastern hospital access road, which is approximately 150m from the centre of the hospital site. This stop is provided with a shelter and timetabling information. Bus stops with similar facilities are also located on Hardwick Road, and are within 300m of the centre of the hospital site.

Figure 2-4: Bus stops within 400m of the University Hospital of North Tees



2.24 Table 2-7 below lists the high frequency bus services that serve the bus stops within 400 metres of the Hospital site, whilst Table 2-8 shows the lower frequency services. To summarise, there are seven high frequency bus services and three lower frequency bus services serving the hospital.

Table 2-7: High frequency all-day bus services serving University Hospital of North Tees

Service	Stops served	Operating hours	Average frequency	Operator	Route
13	6, 7, 8	Mon - Fri 07:22 - 17:06	30 minutes	Stagecoach	Hemlington Shops/ Middlesborough Bus Station/ Stockton High St - Salters Lane Estate
		Sat 07:34 - 17:06			
37	1, 2	Mon - Sat 05:32 - 22:38	30 minutes	Stagecoach	Middlesborough Bus Station - Stockton High St - Norton Glebe - UHNT
		Sun 07:00 - 22:38			
58	2, 3, 5, 9, 10, 11, 12, 15, 16	Mon - Fri 06:14 - 23:32	12 minutes	Stagecoach	Stockton High St - opp UHNT - Mile House - Stockton High St
		Sat 06:46 - 23:32	15 minutes		
		Sun 09:42 - 22:55	30 minutes		
59	1, 2, 3, 4	Mon - Fri 06:40 - 23:22	15 minutes	Stagecoach	Stockton High St - Elm Tree Centre - UHNT
		Sat 07:20 - 23:22			

Service	Stops served	Operating hours	Average frequency	Operator	Route
		Sun 10:10 - 23:22	1 hour		
84	1, 3, 4, 5, 9, 10, 11, 12	Mon - Fri 07:50 - 17:21	1 hour	Stagecarriage	Stockton High St/Stillington - UHNT - Stockton High St
		Sat 07:50 - 16:36			
X12	11, 12	Mon - Fri 06:18 - 23:20	30 minutes	Arriva	Middlesborough Bus Station/ Stockton High St - Sedgefield Green - Durham/Newcastle Eldon Square
		Sat 06:21 - 23:20			
		Sun 07:15 - 21:15			
X22	1, 2, 9, 10, 11, 12, 14	Mon - Fri 06:10 - 17:25	1 hour	Arriva	Peterlee Bus Station - Trimdon Village Hall - UHNT - Stockton High St - Middlesborough Bus Station
		Sat 06:20 - 17:25			

Table 2-8: Low frequency bus services serving University Hospital of North Tees

Service	Stops served	Operating hours	Average frequency	Operator	Route
15	1, 13	Sun 09:10 - 18:10	30 minutes	Arriva	Thornaby - Stockton High St - Roseworth - UHNT
58A	2, 3, 5, 9, 11, 15, 16	Mon - Fri 06:42, 07:12	Two buses daily	Stagecoach	Hardwick Piper Knowle Rd - opp UHNT - Mile House - Stockton High St
X8	1, 4, 5, 10, 12	Mon - Sat 09:22 - 14:22	1 hour	Stagecarriage	Stockton High St - Teesdale Thornaby Station - Teesside Park - Middlesborough Bus Station

## Rail Services

- 2.25 There are no rail connections within 800m of the University Hospital of North Tees. The closest rail station is Stockton, which is approximately 3.5km from the hospital site and is served by Northern trains. Though this is a considerable distance to walk, it can be reached via one of the aforementioned bus services. From Stockton, connections can be made to Middlesbrough and Newcastle, as well as Nunthorpe, Hexham and other longer distance destinations.

## Summary of Public Transport services

- 2.26 Table 2-9 shows the number of high and low frequency bus services provided within 400m of South Tyneside Hospital, in comparison to bus services serving North Tyneside Hospital (Comparator 1) and Queen Elizabeth Hospital (Comparator 2). As can be identified, the number of high frequency services provided at South Tyneside District Hospital is directly comparable to QEH (10 services) and is significantly greater than NTH (five services). In terms of lower frequency services, the number of services provided at South Tyneside District Hospital is lower than both NTH (four services) and QEH (eight services).

**Table 2-9: Comparison of bus services provided at South Tyneside District Hospital against comparators**

Hospital	No. of high frequency services (within 400m)	No. of low frequency services (within 400m)	Total
South Tyneside District Hospital	10	2	12
Comparator 1 - North Tyneside Hospital	5	4	9
Comparator 2 - Queen Elizabeth Hospital, Gateshead	10	8	18

- 2.27 Table 2-10 shows the number of high and low frequency bus services provided within 400m of Sunderland Royal Hospital, in comparison to the University Hospital of North Durham (Comparator 1) and the University Hospital of North Tees (Comparator 2). As can be identified, the number of high frequency services provided at Sunderland Royal Hospital is greater than that provided at UHNT, however is lower than that provided at UHND. This trend is also apparent for low frequency services.

Table 2-10: Comparison of bus services provided at Sunderland Royal Hospital against comparators

Hospital	No. of high frequency services (within 400m)	No. of low frequency services (within 400m)	Total
Sunderland Royal Hospital	12	6	18
Comparator 1 - University Hospital of North Durham	16	8	24
Comparator 2 - University Hospital of North Tees	7	3	10

### 3. Accessibility research and accessibility analyses

- 3.1 Accessibility analysis has previously been undertaken (and still is in many cases), primarily by Local Authorities, to understand how accessible key services across geographical areas are to the resident population, by various forms of transport (usually public transport) utilising census data to provide key statistics.
- 3.2 One of the key accessibility indicators reported by local authorities in previous years has been the proportion of a Local Authority's population within 30 minutes of a / any hospital by public transport. The important thing to note here is that the indicator does not specify or detail the type of hospital, it refers to a hospital, which in theory could mean any type of hospital, rather than hospitals offering particular clinical services.
- 3.3 Recent published national data released by the Department for Transport in September 2014 shows that accessibility analysis undertaken in 2013 illustrates that, across England, 66% of households are able to access a hospital within a 30 minute threshold by public transport / walking.
- 3.4 At the regional scale, The ITA Bus Strategy for Tyne and Wear 2012 contains a measure relating to access to hospitals. The measure is presented as 'Maintain access to a General Hospital within 30 minutes (% of households in T & W) day time 10am'. The benchmark for this indicator is 67.5% (using accessibility measured in 2012) and the target for 2022 is to maintain this level of accessibility at 67.5%

- 3.5 Accessibility analysis undertaken by ITP for both South Tyneside District Hospital and Sunderland Royal Hospital, coupled with census data from 2011 has produced statistics showing the proportion of the residential population that are within a 30 minute public transport journey of the hospital.
- 3.6 To benchmark these two hospitals, accessibility analysis using industry standard software Visography TRACC has also been undertaken for the four comparator hospitals in the same manner as the accessibility analysis undertaken for STDH and SRH. Table 3-1 below presents the proportion of residents within each local authority area that are within a 30 minute public transport journey of each hospital during between 7am and 9am.
- 3.7 Both South Tyneside District Hospital and Sunderland Royal Hospital have the highest proportions of local residents within a 30 minute public transport journey time of each hospital, 63% and 57% respectively, when compared to the comparator hospitals and respective local populations.
- 3.8 The level of accessibility to Sunderland Royal Hospital amongst both South Tyneside and Sunderland residents is significantly higher compared to the levels of accessibility to the University Hospital North Durham (19%) by the resident local population, and similar to the level of accessibility to University Hospital North Tees (41%) by the resident local population.
- 3.9 Sunderland Royal Hospital has a slightly higher proportion of residents from both South Tyneside and Sunderland within a 30 minute public transport journey than South Tyneside Hospital, 39% compared to 23%, however this is partly due to the fact that Sunderland Royal Hospital is located towards the north of the Sunderland Local Authority area whilst South Tyneside District Hospital is located more towards the north of South Tyneside Local Authority, in comparison.

**Table 3-1: Proportion of residents in each local authority within a 30 minute public transport journey**

Hospital	Local Authority	% of residents within 30 minutes from LA area
South Tyneside District Hospital	South Tyneside	63%
	Sunderland	2%

Hospital	Local Authority	% of residents within 30 minutes from LA area
	South Tyneside and Sunderland	23%
<b>Comparator 1 - North Tyneside District Hospital</b>	North Tyneside	60%
<b>Comparator 2 - QE Gateshead Hospital</b>	Gateshead	52%
<b>Sunderland Royal Hospital</b>		
	Sunderland	57%
	South Tyneside	4%
	Sunderland and South Tyneside	39%
<b>Comparator 1 - University Hospital of North Tees, Stockton</b>	Stockton-on-Tees	41%
<b>Comparator 2 - University Hospital of North Durham</b>	County Durham	19%

## 4. Public Transport Accessibility Level (PTAL) analysis

4.1 PTAL is a measure of accessibility that has been used in London for a number of years to assist with the planning process. For any selected location, the PTAL suggests how well connected that location is to public transport services. There are 9 possible PTAL values / scores that can be assigned to a particular location: 0, 1a, 1b, 2, 3, 4, 5, 6a and 6b. The higher the value the greater the accessibility to the public transport network. A location will have a high PTAL if:

- It is at a short walking distance to the nearest stations or stops
- Waiting times at the nearest stations or stops are short
- More services pass at the nearest stations or stops
- There are major rail stations nearby
- Any combination of all the above.

- 4.2 PTAL is a measure of the density of the public transport network, it does not take into account the destinations to which an individual can travel.
- 4.3 This London based accessibility methodology, utilised by Transport for London (TfL) has been employed to provide a further benchmarking exercise on the current levels of accessibility to STDH and SRH, in comparison with the four comparator hospitals.

## Methodology

- 4.4 The process for creating a PTAL score is as follows:
  - 1) Calculate the walk time from the place to all the stations or stops within a given distance. This is the one area where the TfL methodology has been amended to complement the South Tyneside and Sunderland areas - TfL use a distance of 640 metres for a bus stop, and 960 metres for a rail station, however for the purposes of this exercise and to remain consistent with our other analysis a 400 metre walking distance from the hospital for bus stops, and 800 metre distance for rail stations (including Metro) has been used.
  - 2) Calculate a wait time at the stop for all services that run through it. This is based on the service frequency at the stop and the reliability of the mode of public transport.
  - 3) Combine the walk time and the wait time to create an access time to each service.
  - 4) The access time is then converted back into a unit of frequency for each service.
  - 5) The frequency for each service as described above is then combined and weighted to give an Access Index for the place.
  - 6) The Access Index is then converted into a PTAL score.
- 4.5 Table 4-1 below sets out the process of how the Access Index is calculated in more detail.

Table 4-1: Calculating the Access Indicator<sup>2</sup>

Step	Key facts
<p><b>Calculate walk times to service access points (SAPs)</b></p>	<ul style="list-style-type: none"> <li>• Not every bus stop is a separate SAP. If several stops are very close to each other then they are coded as a group</li> <li>• A walking speed of 4.8 kph is assumed in the calculation</li> <li>• The calculation assumes that all bus stops within a 400 meter distance of the hospital are accessible. 800 metres for rail stops/stations. The crow flies distance from the hospital to the stop is factored up by 1.2 to allow for straight line deviation. Services available at a longer distance do not affect the PTAL of a selected location.</li> <li>• Information on bus stops and routes is taken from both the NEXUS website and individual public transport operator websites</li> <li>• Rail and metro station locations and frequencies are derived from the official timetabled information available to the public.</li> </ul>
<p><b>Calculate scheduled waiting time (SWT) for each route at each SAP</b></p>	<ul style="list-style-type: none"> <li>• The standard PTAL calculation is based on service frequencies in the period between 08:15 and 09:15 on a weekday</li> <li>• Passengers are assumed to arrive at the station point at random, without adjusting their arrival to the bus timescale, as is common with frequent urban services</li> <li>• The SWT (in minutes) is estimated as half the time interval between arrivals of the service at the SAP, i.e. <math>SWT = 0.5 * (60/frequency)</math></li> <li>• For example, a bus service with a frequency of six buses per hour will have an interval of 10 minutes and a SWT of five minutes, which is the average amount of time a passenger who arrives randomly will have to wait</li> <li>• If a single route has several stops in the area being reviewed, only the nearest is considered</li> <li>• PTAL considers directions in a simplified way. If a service runs in both directions, the most frequent direction is used in the calculation</li> </ul>

<sup>2</sup> The original methodology for calculating as published by TfL can be found at the following link: <http://content.tfl.gov.uk/connectivity-assessment-guide.pdf>.

Step	Key facts
Calculate average waiting times (AWT) for each route at each SAP	<ul style="list-style-type: none"> <li>• The AWT (in minutes) equals the SWT plus a reliability factor. The reliability factor varies by mode of transport. It reflects the fact that actual wait times can be longer because services do not arrive in an entirely regular manner</li> <li>• A reliability factor of two minutes is used for buses and a factor of 0.75 minutes is used for rail or tram (metro) services</li> </ul>
Calculate total access time (TAT) for each route at each SAP	<ul style="list-style-type: none"> <li>• The TAT (in minutes) combines the walk time to the SAP with the AWT at the SAP, i.e. <math>TAT = \text{walk time} + AWT</math></li> </ul>
Calculate equivalent doorstep frequency (EDF) for each route at each SAP	<ul style="list-style-type: none"> <li>• The EDF (in minutes) converts the TAT back into units of frequency, i.e. <math>EDF = 0.5 * (60 / TAT)</math>. It is a measure of what the service frequency would be like if the service was available without any walk time</li> </ul>
Calculate Access Index (AI)	<ul style="list-style-type: none"> <li>• It is common that for each mode of transport available for a certain journey, a specific route from a specific nearby stop or station is the most suitable. The PTAL method simplifies this by giving a higher weight to the single service with the highest EDF for each mode, and a lower weight to other services within the same mode</li> <li>• The AI is therefore based on summarising the EDFs of all routes at all SAPs (within the acceptable walking distance), but giving a weight of one to the highest EDF per mode and a weight of 0.5 to all other EDFs. The calculation of the AI for each specific mode is <math>AI = \text{Largest EDF} + 0.5 * \Sigma(\text{all other EDFs})</math></li> <li>• A separate AI is initially calculated this way for buses, rail and tram</li> <li>• A total AI is then calculated for the selected location, as the Sum of the AIs across all modes, i.e. <math>AI_{\text{total}} = \Sigma(AI_{\text{bus}} + AI_{\text{rail}} + AI_{\text{tram}})</math></li> </ul>
Convert to PTAL	<ul style="list-style-type: none"> <li>• The AI is converted to PTAL using the bands specified in Table 4-2 below</li> </ul>

4.6 Table 4-2 below shows the conversion from the Access Index to a PTAL level.

Table 4-2: Calculating the PTAL from the Access Index

PTAL	Access Index range
0 (worst)	0
1a	0.01 - 2.50
1b	2.51 - 5.0
2	5.01 - 10.0
3	10.01 - 15.0
4	15.01 - 20.0
5	20.01 - 25.0
6a	25.01 - 40.0
6b	40.01+

4.7 The above methodology, and consequent PTAL scoring range, has been applied to each of the six hospitals individually to create a PTAL score for each site.

## Results

4.8 **Error! Reference source not found.** shows the results of the PTAL analysis for all six hospitals. It shows both the Accessibility Index score and the PTAL level allowing both an overall, and finer detailed, comparison to be made.

Table 4-3: Hospital PTAL levels

Hospital	Accessibility Index score	PTAL level
South Tyneside District Hospital	11.65	3
North Tyneside Hospital	8.22	2
QE Gateshead Hospital	13.84	3
Sunderland Royal Hospital	18.20	4
University Hospital of North Tees	8.59	2
University Hospital of North Durham	19.27	4

- 4.9 The PTAL score of 3 for STDH is better than or equal to its comparator hospitals when looking at PTAL levels, however the AI score for STDH is lower than that for QE Gateshead Hospital. QEH has a higher AI score due to having more services within a very close stopping distance to the hospital site, compared to STDH. The presence of the Metro being within the catchment of STDH does help its score, but as it is a relatively long walk, and the frequency is not particularly high, it doesn't significantly increase the Accessibility Index score. North Tyneside Hospital has a relatively lower score due to having the least amount of bus services stopping within the 400m radius of the hospital and having no access to rail services.
- 4.10 The PTAL score of 4 for SRH is better than or equal to its comparator hospitals when looking at the PTAL level, but is slightly lower than University Hospital of North Durham when looking at the Accessibility Index. UHND has the highest AI score as it has the largest number of bus services serving the site compared to any of the other hospitals, and all of these services are only a very short distance from the hospital. University Hospital of North Tees has a lower AI score due to having very few bus services within reach, and no rail services.
- 4.11 Levels of accessibility calculated through TRACC and the associated census data produced through the TRACC software and PTAL Levels are not necessarily comparable; as demonstrated through some of the results for two of the comparator hospitals, for example North Tyneside Hospital has a relatively low PTAL score of 2 yet 60% of the North Tyneside population are within a 30 minute public transport journey of the hospital. This is primarily explained by the fact that North Tyneside is a relatively compact, urban area. A second example when comparing the TRACC levels of accessibility and PTAL results shows that the University Hospital of North Durham has the joint highest PTAL score and highest AI score, yet when looking at Table 3-1, it was

the lowest scoring hospital with the smallest proportion of its resident population within a 30 minute public transport journey (19%). This anomaly is largely explained by geography as County Durham is a far larger geographic area than any of the other Local Authority areas.

- 4.12 The two comparisons of accessibility levels and PTAL scores for the example described above highlight one of the deficiencies with the PTAL measure, in that it is only a measure of access to the public transport network, and bears no relation to where an individual might be able to travel once within the public transport network. Also, TRACC Accessibility analysis takes account of joining services (transfers) and is less effected by low frequency when compared to PTAL.

# Appendix E

## Workshop Report

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<b>Title</b>	South Tyneside and Sunderland Healthcare Group
<b>Date</b>	24/11/2016
<b>Author(s)</b>	Lynsey Harris
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## 1. Introduction

- 1.1 South Tyneside and Sunderland Healthcare Group has appointed Integrated Transport Planning Ltd to undertake an independent travel and transport impact assessment to consider the transport impact of the clinical service reviews being undertaken.
- 1.2 A stakeholder workshop was organised to consult with relevant stakeholders regarding the impact on travel and transport for patients resulting from these clinical service reviews being undertaken over the next two years.
- 1.3 Stakeholders were invited to discuss transport and travel issues that may be of concern to them and also take part in an intelligence sharing exercise by contributing local knowledge.
- 1.4 Presentations from the City Hospitals Sunderland FT Project Lead, Patrick Garner and independent transport planning consultants Integrated Transport Planning Ltd (ITP) were given to the audience to explain the background to the Sustainability and Transformation Plan being embarked upon by CHSFT and STDH. ITP focussed on the progress of the baseline report they are producing, specifically the data sources they are using to compile the baseline report, gaps in the data gathering exercise and early findings from the data gathered so far.
- 1.5 Following the presentations, a group discussion was facilitated by ITP to obtain the views of the stakeholders present and for the suggestion of additional data sources.

### Intelligence sharing and further discussion

- 1.6 Initial comments were made by representatives from North East Ambulance Services (NEAS) who operate Patient Transport Services across the North East. They explained that they are commissioned by the CCGs and operate Patient Transport Services to members of the general public who meet the eligibility criteria for their services to attend outpatient appointments or patients who are being discharged or transferred to another facility. Each PTS vehicle already provides patient transport services for perhaps 3, 4 or 5 patients per day. With regard to the clinical service review, NEAS's initial response was that the movement of services many mean that they will be required to transport the same number of patients but those individual journey times may be longer if they have to travel further, which may impact on the hours PTS operates or the number of vehicles that are used for PTS.
- 1.7 The NEAS representatives also noted that the local CCGs are currently reviewing the eligibility criteria as to who can access PTS, noting that there are many people who are on the borders of the eligibility criteria but do not qualify for PTS and they sometimes 'fall through the cracks' and may not be able to attend their health appointments. The eligibility scheme is under review to broaden the scope of PTS and recommendations for the new eligibility criteria are due at the end of 2016.
- 1.8 Contracting arrangements for PTS can be complex. NEAS have a main contract with the CCGs to provide PTS during the core hours of 8am - 6pm Monday - Friday. On top of this core contract, individual CCGs may commission contract add-ons / extensions or commission new contracts for specific healthcare areas, for example one CCG separately funds and commissions a PTS contract for dialysis patients
- 1.9 The second scheme is the Taxicard scheme that allows people with mobility difficulties to travel independently using one of NEXUS's approved taxi companies at a discounted rate. Members are issued with a card that is credited with a set amount of money every year (or six monthly period), currently £227 for one year, and the money credited to the card can be used to pay towards a taxi fare. For each journey made with Taxicard, a flat fare of £3 is deducted from the card. For taxi fares higher than £3, the individual is required to pay the extra amount themselves. It was pointed out that residents living in South Tyneside, for example, with a taxicard who, following the clinical services review, may have to travel further to access the healthcare they require - they may need to travel to Sunderland Royal Hospital, rather than South Tyneside District Hospital - is likely to result in journey cost increases and individuals paying for higher taxi fares / paying a greater proportion of the total taxi fare, over and above the £3 flat fare, they may be currently spending.
- 1.10 A separate comment was made that people living in the western area of South Tyneside may prefer to go the Queen Elizabeth Hospital in Gateshead and likewise with people

living in areas such as Hetton le Hole, who may be nearer to the hospital in Durham. Patients have a free choice as to where they receive their treatment, therefore the possibilities outlined above may be modelled going forward and may need to be taken account of in the transport impact assessment.

- 1.11 Another stakeholder raised the issue of out of hours transport, with an example given of a person needing to be at hospital for 7.30am who is not eligible for PTS or any other mobility schemes and the question how would they get to the hospital? Taxi was cited as an obvious choice and concerns were raised about the costs of possible longer journeys and the expectancy of longer journeys in general for South Tyneside residents who may need to attend Sunderland Royal Hospital. A CHSFT staff member noted that patients can speak with scheduling staff about where they are coming from and any difficulties they may encounter with transport if required to be at the hospital for a certain (out of hours) appointment time. NHS staff can, and should be, improving their customer service experience in terms of encouraging staff to ask patients about they are planning to travel to their health appointment. Having access to public transport timetables (both staff and patients) was considered very important, going forward.
- 1.12 Hospital travel planning, and particularly employer travel plans for the NHS staff was also raised as a mechanism through which to address staff travel behaviour. STDH took part in the LSTF funded Go Smarter Initiative, through which a high number of staff received personalised travel plans. The Local Authorities also harness expertise in travel planning and are keen to be involved. Getting staff on shift is particularly important with morning shifts usually starting at 8am and some staff members including porters and catering staff starting earlier. SRH has offered park and ride services in the past, utilising parking at the Stadium of Light and a nearby Sainsburys, with the latter site proving more popular amongst staff because of the shorter distance to the hospital site. It was noted that many Filipino nurses have chosen to privately rent accommodation close to the hospital, presumably to ensure a degree of certainty for their commute to work.
- 1.13 The possibility of a staff shuttle / shuttle bus service for all hospital users was raised by a few stakeholders as a possible solution. In terms of patients, this may not be convenient as they would be required to travel to STDH in order to access onward travel to SRH, but the initial journey to STDH may be out of their way or an indirect route by which to travel to SRH. A shuttle bus service for staff running at certain times of the day may work but would it deliver value for money over and above a shared taxi? Another stakeholder noted that a staff / visitor shuttle bus had previously been implemented when psychiatric services were moved to a different site (Cherry Hill). The use of the shuttle service was observed to be negligible.

- 1.14 The potential impact on residential parking arrangements was raised as another issue, as there are already complaints from residents surrounding the two hospital sites. At STDH particularly it was felt that there was not enough parking spaces for visitors, who in some cases now arrived ahead of visiting hours in order to secure a parking space but were consequently having to pay to park for a longer period of time, which has a higher cost attached to it.
- 1.15 Comments was received that although a 400metre walk to a bus stop is a guideline stipulated through the Institute of Highways and Transportation, that distance is still going to be too far for some less mobile people to walk to catch a bus or alight a bus and walk to the hospital site.
- 1.16 With regard to public transport, specific reference was made to the Connect 700 bus service. This service has been operating for approximately 4 years and the new contract is due to be let in September 2017. Whilst the 700 bus service is widely seen as a student bus service, the route passes numerous GP Surgeries and there is a possibility that the service could be routed through the hospital grounds, providing passengers with the chance to alight closer to the hospital buildings. The 700 is currently funded through a three way partnership, however there is room for this partnership to be expanded and presumably jointly funded from NHS funding resources. Comment was also made as to whether a similar service could be introduced serving South Tyneside and STDH. A number of stakeholders recalled a bus service running from South Shields to SRH up until approximately 2015, when it was removed from the network.
- 1.17 A final comment in this session noted that information concerning the reimbursement of Health Care Travel Costs was not clear or widely known about.

## Group activity

- 1.18 For the group activity, stakeholders were asked to think about how they thought transport and travel arrangements of different hospital users may be affected by the transformation of NHS services, imagining the concerns of users in relation to whether they had access to a car or not. A total of six scenarios were discussed with the results shown below.

### Patient with access to a car

- 1.19 The first concern voiced was about longer journey times, that would cost more in petrol and in the case of travelling to SRH, slightly higher parking costs although the £20

monthly parking pass at SRH was considered to be good value. The stakeholder, having recently been to SRH, was not worried about finding a parking space on the hospital site.

- 1.20 Another issue raised concerned worries about navigating, both to the hospital and to the right area of the hospital, noting that postcodes needed to be accurate. The journey from the car to the relevant area of the hospital was also noted to be important. A large proportion of these concerns are due to unfamiliarity.
- 1.21 The QE Hospital in Gateshead has started issuing appointment letters with a small map of the hospital site indicating where the patient needed to get to, and others thought that this was a good example to try and follow. STDH have given this thought in the past. Others added that parking information (and presumably the closest parking area?) could be added to patient letters and / or which bus stop to alight at and which hospital entrance to use.
- 1.22 Other stakeholders noted that older relatives were not confident or would not be happy driving to a new, unfamiliar destination. (This is an area that may be addressed in the new PTS eligibility criteria). Others asked what would happen to patients who are unable to drive after their treatment.
- 1.23 The last point made in this scenario is about anxiety associated with parking fines. Blue Badge holders were mentioned specifically. Currently Blue Badge Holders have to register their registration plate(s) (not their Blue Badge) with Parking Eye. Will STDH Blue Badge Holders be required to register their registration plate(s) with SRH's Parking Eye management scheme? Will / Can the registration plates associated with the Blue Badges be transferred to SRH's Parking Eye management scheme?

### Visitor with access to a car

- 1.24 Stakeholders reported that visiting times at STDH can be a 'bunfight' with people arriving early to secure a parking space and consequently having to pay a higher charge to park for a longer time period.
- 1.25 At SRH, the permit restrictions in the surrounding residential streets come into effect during visiting hours.
- 1.26 Other stakeholders said they would like to be able to access parking details up front as this may influence whether people drive or not. Another concern noted for visitors is not knowing how long they may be staying and uncertainty in the parking ticket to be purchased.

### Staff member with access to a car

- 1.27 The (perceived) increase in costs was noted as was the cumulative (negative) effects of the journey to work experience affecting staff morale, attitudes and perceptions. However it was also pointed out that not every staff member is likely to have to travel further, there will be winners and losers.
- 1.28 Knock on effects such as additional childcare costs and nurse locations were raised.
- 1.29 STDH already hires additional parking capacity (50 spaces) via the Brinkburn overflow car park, located off McAnany Avenue. A previous site at Temple Park was discontinued because of concern for staff safety travelling between this site and the hospital.

### Patient with no access to a car

- 1.30 Cost was considered to be a big concern, together with the thought "How on earth do I get there?"
- 1.31 Another stakeholder noted that some patients may feel uncomfortable asking visitors to come and visit them at a hospital further away, and consequently not ask them to visit. This can have impact upon both the patient and visitor in terms of reducing emotional support during a time of need. Other visitors may have to visit less due to increased journey distances and times.
- 1.32 Interchange anxiety when using public transport was raised and concerns cited regarding perceived security. The wider concept of unfamiliarity is key taking into account a new area, knowing / deciding which bus stops are preferable, crossing the road etc. Hebburn and Washington were two settlements where stakeholders believed that three buses would be required to access SRH.

### Visitor with no access to a car

- 1.33 Stakeholders noted that bus service frequencies change (reduce) around the time that evening visiting hours are in session.

### Staff member with no access to a car

- 1.34 Getting staff on shift is vital for the hospitals to function properly. One stakeholder noted that public transport operator Stagecoach had worked with the hospital to understand shift patterns and changes and design their timetables accordingly.

- 1.35 Concern was raised particularly for staff travelling on bank holidays to different hospital locations, particularly as public transport service frequencies tend to decrease during this time period.
- 1.36 Some stakeholders presented examples of how they accommodate staff who do not / choose not to drive to work or choose to park off site, for example NEAS hire a parking area and operate taxi services from the hired car parking area to the office between 8am - 10am and 3pm -5pm.
- 1.37 The Queen Elizabeth Hospital in Gateshead runs a bus/shuttle service from certain Local Authority car parks to the hospital site.

## VERBAL ITEM

# Consultation Plan and Meetings Schedule

## VERBAL ITEM

### Chairman's Urgent Items