

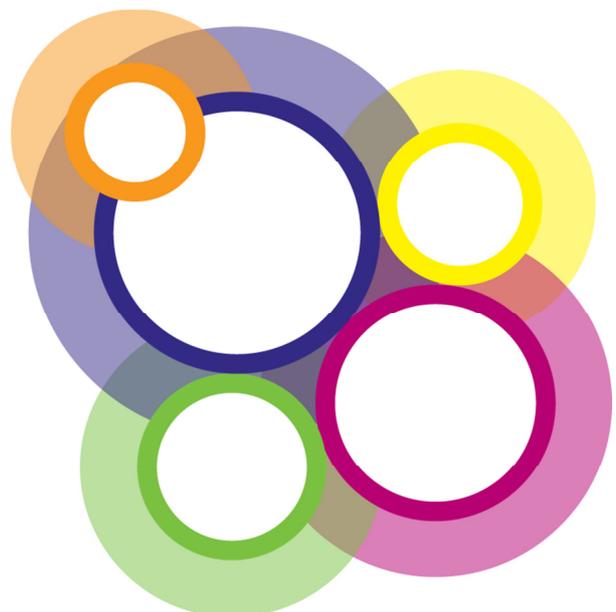


North of England
Commissioning Support

Partners in improving local health

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

March 2018 – Path to Excellence - Phase 2



Contents

1	Introduction	1
2	National insight.....	3
3	Local insight	8
3.1	Emergency care	8
3.1.1	Facilitated interviews with patients	8
3.1.2	Patient reviews	20
3.2	Planned care and outpatients.....	22
3.2.1	Facilitated interviews with patients	22
3.2.2	Patient reviews	29
3.3	Emergency surgery	31
3.3.1	Facilitated interviews with patients	31
3.3.2	Patient reviews	40
4	Appendix	43
4.1	Patient Experience Questionnaire.....	43
4.2	Ward 10 – South Tyneside Foundation Trust	49
4.3	Ward 3 – South Tyneside Foundation Trust	52
4.4	Ward 2 – South Tyneside Foundation Trust	56
4.5	Surgical Inpatient Centre – South Tyneside Foundation Trust	60
4.6	Ward B20 – City Hospitals Sunderland	1766
4.7	Ward D48 – City Hospitals Sunderland.....	68
4.8	Ward E50 – City Hospitals Sunderland.....	71
4.9	Ward E51 – City Hospitals Sunderland.....	73
4.10	Ward B22 – City Hospitals Sunderland.....	80
4.11	Ward D43 – City Hospitals Sunderland.....	87

1 Introduction

As part of the Path to Excellence healthcare transformation programme across South Tyneside and Sunderland., a task and finish group for communications and engagement was established during Phase One to consider the issues, expertise and support required around the potential service improvements and formal public consultation processes. Phase Two of the Path to Excellence programme is now underway and staff from across the South Tyneside and Sunderland Healthcare Group have already begun early discussions about the final areas of clinical service reviews as follows:

- Acute medicine and emergency care
- Acute surgery, critical care and theatres
- Elective (planned) care and specialist services
- Clinical support services

In order to assist discussions taking place amongst staff from both South Tyneside and City Hospitals Sunderland NHS Foundation Trusts, a desk review was undertaken of any national benchmarking surveys to allow comparison of the performance of the Trusts (South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust) with national standards. In addition, engagement was also undertaken with patients from both Trusts to further understand patient experience and perception in relation to the above clinical review service areas

This review therefore focuses on the following service areas:

- **Emergency care**

Emergency care is the care provide for patients who have serious or life-threatening illness or injury. Many of these medical emergencies arrive at emergency departments (ED) via an emergency ambulance, some people arrive by themselves and some people are referred as an emergency by their GP. The large majority of people who attend ED do not need to be admitted to hospital. However, for those who are seriously ill or injured and require hospital-based care, it is important they receive timely assessment and treatment.

- **Planned care and outpatients**

Planned care includes all outpatient appointments (including tests, scans and diagnostic investigations), day-case procedures or short-stay (elective) operations which may require a short overnight hospital stay. Patients are referred to hospital for planned care by their GP and there are a number of national standards which determine how quickly this should happen depending on the suspected problem. Due to advances in medicine and technology, many planned (or elective) procedures now take place on the very same day, without the need for an overnight stay in hospital and clinical evidence shows this is much better for patient outcomes and recovery.

- **Emergency surgery**

Some patients who arrive at the ED may require an immediate surgical procedure. Some of the most common emergency surgery procedures carried out in South Tyneside and Sunderland hospitals include: patients suffering from appendicitis, a bleed in the stomach or bowel (gastrointestinal bleed), broken hips and gall bladder removal. Other surgical emergencies, for example patients who have been involved in major trauma and require emergency surgery, are already treated in the region's two major trauma centres in Newcastle and Middlesbrough.

Considerations

Sample size and timing

It is important to recognise that the following patient feedback report captures a small segment of the patient population with an overall sample size of 126 people. Face-to-face surveys were carried out in order to give a flavour of the real-time views and opinions of patients who have recently used services at both Trusts (during February 2018) in order to inform clinical service review discussions at the earliest possible stage. This qualitative survey work will be supplemented by more exhaustive quantitative field research over the coming months which again will be shared with the teams involved in the clinical services review work streams to inform discussions. The field work also took place during the month of February 2018 at a time of heightened demand for NHS services in both Trusts.

Patient reviews

A summary of recent patient reviews (75 in total) from NHS Choices / Care Opinion have also been analysed. These were posted by patients between January 2017 to February 2018 and have been included in each section. Again, it should be noted that this represents only a small proportion of the feedback both Trusts receive from patients and service users. Both Trusts are currently working on improving processes to capture and triangulate all sources of patient feedback, including social media ratings and reviews.

Patient experience collaborative

Both South Tyneside and City Hospitals Sunderland are taking part in a new national collaborative led by the Patient Experience Network (PEN) to focus on how patient experience can be improved across both Trusts. This work is in its early stages and involves a number of 'pilot' wards in both Trusts who are taking part in real-time patient experience measurement to help provide a robust foundation of evidence of impact and change. Data for these 'pilot' wards has been included in the Appendix.

2 National insight

The following provides an overview of the results of any national surveys concerning emergency or planned care in South Tyneside and Sunderland, and how this compares with other trusts.

Emergency Department Survey (2016)

The following shows the results from the Care Quality Commission (CQC) Emergency Department Survey which surveyed patients aged 16 years or older who had attended the Emergency Department in September 2016.

The survey involved 137 acute and specialist NHS trusts with a Type 1 ED (a major 24 hour department which is consultant-led). 49 of these trusts also had direct responsibility for running a Type 3 department. However, the data provided here is only for people using Type 1 departments and shows how the trusts scored for each question in the survey, compared with the range of results from all other trusts that took part.

To identify the areas in which the trusts are performing better or worse than others, the following key has been used:

	Better: the trust is better for that particular question compared to most other trusts
	About the same: the trust is performing about the same for that particular question as most other trusts
	Worse: the trust did not perform as well for that particular question compared to most other trusts

Table: Emergency Department Survey (2016)

	South Tyneside NHS Foundation Trust (N=255)	City Hospitals Sunderland NHS Foundation Trust (N=302)
Section: Arrival at the ED	8.0	7.6
Ambulance handover time	8.3	8.5
Privacy at reception	7.8	6.8
Section: Waiting times	6.1	6.1
Waiting to speak to a doctor or nurse	6.7	7.2
Waiting to be examined	6.4	7.1
Information about waiting times for examination	3.6	3.0
Length of time in the ED	7.4	7.3
Section: Doctors and nurses	8.6	8.2
Time to talk	8.9	8.6
Clear explanations	8.3	8.0
Being listened to	8.9	8.8
Discussing anxieties or fears	7.7	7.1
Confidence and trust	8.8	8.6
Acknowledging patients	9.1	8.8
Involving family or friends	8.2	7.5
Section: Care and treatment	8.3	7.6

Information	8.7	8.4
Privacy	9.5	8.6
Getting help when needed	8.3	7.9
Conflicting information	9.1	8.7
Involvement in decisions	8.2	7.7
Emotional support	7.9	6.7
Timely pain relief	6.3	5.7
Pain control	8.1	7.1
Section: Tests	8.4	8.1
Explanations about tests	8.3	7.9
Timely test results	8.0	7.7
Explaining test results	8.8	8.6
Section: Hospital environment and facilities	8.7	7.9
Cleanliness	9.1	8.8
Feeling safe	9.7	9.3
Access to food and drink	7.4	5.6
Section: Leaving the ED	6.4	6.0
Explanations about medication purposes	9.6	8.7
Information about medication side effects	4.8	4.0
Information about resuming usual activities	5.3	4.6
Assessment of living arrangements	5.5	5.7
Information about danger signals	6.1	6.0
Contact information	7.4	7.2
Section: Respect and dignity	9.1	8.6
Experience overall	8.2	7.9

Adult Inpatient Survey 2016

The following shows the results of the 2016 CQC Adult Inpatient Survey which involved 149 acute and specialist NHS trusts. Patients were eligible for the survey if they were older than 16 years, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Respondent's inpatient stays were either planned in advance or the result of an emergency admission.

The following key is used to identify areas in which the trusts are performing better or worse than others.

	Better: the trust is better for that particular question compared to most other trusts
	About the same: the trust is performing about the same for that particular question as most other trusts
	Worse: the trust did not perform as well for that particular question compared to most other trusts

Table: Adult Inpatient Survey results (2016)

	South Tyneside NHS Foundation Trust (N=451)	City Hospitals Sunderland NHS Foundation Trust (N = 554)
Section: The Emergency/A&E Department	8.7	8.3
Information about condition or treatment provided	8.4	8.0
Privacy when being examined or treated	9.0	8.7
Section: Waiting list and planned admissions (answered by those referred to hospital)	9.4	9.1
Length of time on the waiting list	9.3	8.7
Admission date changed by hospital	9.2	9.4
All necessary information about condition/illness received by hospital specialist by referring health professional	9.6	9.1
Section: Waiting to get to a bed on a ward	7.8	7.8
Section: The hospital and ward	8.2	7.9
Sleeping area shared with patients of the opposite sex	9.5	9.4
Bathroom / shower area shared with patients of the opposite sex	9.0	8.5
Patient bothered by noise at night from other patients	5.7	6.6
Patient bothered by noise at night from hospital staff	8.3	8.2
Cleanliness of hospital room or ward	9.2	8.9
Cleanliness of toilets and bathrooms	9.0	8.7
Patient felt threatened during stay by other patients or visitors	9.6	9.7
Patient received enough help from staff to wash / keep clean	8.5	7.9
Patient able to take own medication to hospital and take it when needed	8.0	6.7
Hospital food	5.8	5.3
Choice of food	8.4	8.3
Patient received help from staff to eat meals	7.8	6.3
Section: Doctors	8.7	8.6
Patient received answers to questions that they could understand	8.3	8.0
Confidence and trust in the doctors providing care	9.1	9.1
Doctors talked in front of patient as if they weren't there	8.8	8.6
Section: Nurses	8.3	7.8
Patient received answers to questions that they could understand	8.3	7.9
Confidence and trust in the nurses providing care	9.0	8.8
Nurses talked in front of patient as if they weren't there	9.1	8.9
Patient felt there were enough nurses on duty to provide adequate care	7.9	7.4
Patient aware of who was responsible for looking after them whilst in hospital	7.1	6.0
Section: Care and treatment	8.1	7.5
Members of staff providing care worked well as a team	9.0	8.5
Hospital staff contradicted themselves	8.4	8.0
Patient involved in decisions about their care and treatment as much as they wanted to be	7.5	7.2
Patient had confidence in the decisions made about their condition or treatment	8.6	8.2
Level of information about condition or treatment provided	8.4	7.8

Patient able to talk to a member of staff about their fears or worries	6.1	5.1
Patient received enough emotional support from hospital staff	7.8	6.5
Privacy when discussing condition or treatment	8.6	7.9
Privacy when being examined or treated	9.5	9.3
Staff did everything they can to control pain	8.5	7.9
Attentiveness of staff, when call button pressed	6.6	6.2
Section: Operations and procedures (answered by those who had an operation or procedure)	8.5	8.2
Staff explained risks and benefits of operation or treatment in way that was understood	9.1	8.6
Staff explained what would be done during operation or procedure	8.6	8.2
Staff answered questions about operation or procedure	8.7	8.5
Patient told how they could expect to feel after operation or procedure	7.3	6.8
Anaesthetist (or other person) provided an explanation of how patient would be put to sleep / pain controlled	9.0	9.1
Staff explained how operation or procedure had gone	8.4	7.8
Section: Leaving hospital	7.5	7.0
Patients involved in decisions about discharge	7.5	7.2
Adequate notice of discharge given	7.8	7.3
Discharge delayed due to wait for medicines/see a doctor/for ambulance	6.6	7.7
Length of delay of discharge	7.9	8.7
Adequate support received from health or social care professionals to help recovery / manage condition	7.9	6.9
Patient aware of what to expect in terms of care, after discharge	7.3	6.8
Patient received printed or written information about what patient should and should not do after leaving hospital	5.8	6.0
Staff explained purpose of medicines patient was given in hospital in a way that was understood	8.7	7.9
Patient aware of side effects of medication to watch out for, following discharge	5.0	4.2
Staff explained how medication should be taken in a way that was understood	8.5	7.9
Patient received clear written or printed information about medication	8.3	8.0
Staff informed patient of any danger signals to be aware of, following discharge	5.7	5.1
Staff took family or home situation into account when planning discharge	8.1	6.9
Staff gave family (or someone else close) all the information they needed to support the patient at home	6.5	5.2
Patient informed of who to contact if worried about their condition / treatment after leaving hospital	7.8	7.5
Staff discussed whether any additional equipment or adaptations were needed at home	9.1	7.7
Staff discussed whether any further support was required from health or social care services	9.1	7.9
Section: Overall views of care and services	5.8	5.2
Treated with respect and dignity	9.2	8.9
Well looked after by hospital staff	9.1	8.8
Patient asked to give their views on the quality of care received, during their stay	2.3	1.3
Patient received, or saw, any information explaining how to make a complaint about the hospital care they received	2.8	1.8

Overall experience	8.3	7.9

It should be noted for City Hospitals Sunderland that the Trust's new emergency department was undergoing a huge structural rebuild during the fieldwork for both CQC surveys and the Emergency Department service had to be temporarily relocated into alternative accommodation. Undoubtedly, patient experience was affected during this difficult and challenging period despite the very best efforts from staff.

3 Local insight

3.1 Emergency care

3.1.1 Facilitated interviews with patients

The following summarises the findings from a series of facilitated interviews with patients at both hospitals conducted in February 2018. The interviews were conducted by patient experience team members at South Tyneside District Hospital and Sunderland Royal Hospital and volunteers.

3.1.1.1 South Tyneside

Demographics

- A total of 19 individuals accessing the ED at South Tyneside District Hospital took part in a facilitated interview; this comprised of ten males and nine females.
- All but one respondent stated that they were White British, the remaining respondent was mixed race: Black and White.
- Seven respondents had a long-standing illness or disability, while two respondents cared for someone with a long-standing illness or disability.
- The age and postcode breakdown of respondents is shown below, the age of participants ranged from 25 to 75+ years.
- The majority of respondents were heterosexual or straight (14 respondents) and just one respondent gay (4 respondents did not respond to the question).
- No respondents were pregnant or expecting a child, with just one respondent having a child under the age of two years.
- In terms of marital status, twelve respondents were married, one single, two divorced, three widowed and one in a civil partnership.
- The majority indicated that they were Christian (17 respondents) with the remaining respondents having no religious beliefs or not responding to the question.

Table: Age and postcode breakdown of respondents

Age	Number of respondents	Postcode	Number of respondents
25-34 years	2	NE31	3
35-44 years	1	NE32	2
45-54 years	3	NE33	4
55-64 years	2	NE34	8
65-74 years	2	NE35	1
75 years or older	8	NE36	1
No answer	1		

Respondents were sampled from the following wards:

- Ward 10 Respiratory 5 respondents
- Ward 5 Diabetes 5 respondents
- Ward 6 Cardiology 5 respondents
- Ward 2 Care of the Elderly 4 respondents

Most respondents arrived at hospital via ambulance (11 respondents), with the remaining individuals arriving by car (8 respondents).

Most respondents arrived at the ED at midday / during the afternoon or overnight (6 respondents for each category), with the remaining respondents arriving in the morning (3 respondents) or early evening (3 respondents). The remaining respondent was unable to remember.

The main reason as to why individuals had attended the ED was due to chest pains / breathlessness. Other frequent reasons included loss of consciousness and advice from a health professional.

- Chest Pains / breathlessness 8 respondents
- Loss of consciousness 3 respondents
- Advice from a health professional 3 respondents
- Other; vomiting blood, bone dislocation, loss of sensation in leg, seizure and combination of symptoms

Prior to attending the ED, respondents were asked if they sought advice from any other health professional, to which the majority indicated that they had, with most accessing their GP or GP out-of-hours service.

Just two individuals indicated that they hadn't sought advice, this was because they considered their GP to be a 'waste of time' due to the difficulty they have in getting a home visit and the other, negative perceptions of the NHS 111 service.

"I could have phoned the doctor, but it would have been a waste of time, my doctor will not come out" (Ward 10)

"Those services like 111 are rubbish, so I brought myself in because I knew it was serious enough" (Ward 6)

- GP or GP out-of-hours service 8 respondents
- NHS 111 3 respondents
- None 2 respondents
- Unsure 2 respondents
- 999 1 respondent
- Other; oncology nurse, outpatient appointment, district nurse

Respondents were asked why they felt the ED was the most appropriate place for them to attend. For those that responded, a number of reasons were given, the most

frequent of which was advice from a health professional followed by the individual being seriously ill and concern / injury after an accident;

- Advice from GP, NHS 111 or paramedic 6 respondents
- Individual was seriously ill 4 respondents
- Concern / injury after accident 2 respondents
- Nearest place to go 1 respondent

The specific comment made by the individual who felt that the ED was the nearest place to go was as follows;

"That's the nearest place you've got to go, through A&E, or you don't get in" (Ward 10)

Respondents were asked to comment upon the length of time it took for any tests or scans to be carried out, and subsequently to receive the results of these. Responses varied from within minutes to a couple of hours with many commenting upon the efficiency of the service;

"Done in minutes fixing x-ray to my bed giving the results there and then, they got me a bed before moving me into EAU" (Ward 10)

"I had chest x-rays and they took bloods, the guy two took the x-ray could see it straight away" (Ward 6)

"They did x-ray, ECG and blood test, about 3 hours for the result and then about another hour to be admitted onto this ward" (Ward 5)

However, a small number felt that they waited a while for their results, with one additionally indicating that it took a while for them to be transferred to a ward;

"I had an x-ray, ECG, they took about 4 lots of blood, I waited a canny while" (Ward 6)

"I was in there less than 10 mins which is very good - ECG and morphine to reduce the pain, they did really well, it was about 3am in the morning before I got a bed though. They came straight away to send me out, it didn't take long, and I was tucked up in a side room soon after getting seen to" (Ward 6)

"They x-rayed and said there was nothing wrong, yes we waited a long time for the results, but they said keep her in for observations" (Ward 2)

Respondents were asked about the time it took for them to see a consultant following their admission to hospital. Of those that could remember, the majority indicated that this was within a short period of time or on the same day, in EAU or the ED, or the next day. Three individuals were unable to respond to the question.

"I think a consultant came around and done the basics, within half an hour" (Ward 6)

"About 3 hours later, but there were a few people in with heart problems, but it didn't bother me because I was getting seen to" (Ward 6)

Just one individual, who answered the survey on behalf of his wife, commented that his wife has not seen a consultant – the patient had fell and hurt her knee and was kept in for observation - it was unclear when this individual was admitted to hospital;

"No never seen one" (Ward 2)

In terms of the frequency in which respondents have seen a consultant during their stay, responses varied from twice a day, once a day to every couple of days. No respondents reported any issues and appeared to be satisfied with their care;

"I think it's twice a week, I know if I need him they'd contact him" (Ward 5)

"Every day one comes around about 11 in the morning" (Ward 5)

"All the time, I see them every day" (Ward 2)

However, there was an evident confusion among some as to the differences between staff at different grades;

"Every day I see a doctor not sure if he is a consultant" (Ward 6)

"I've seen the registrars and I might have seen the consultant" (Ward 6)

There was a fairly even split of those who were aware of when they will be discharged and those that weren't. For the latter group, this was mainly because there was confusion as to their diagnosis and were still undergoing tests;

"Said we'll wait and see, they have to stop the morphine because they might have to do an operation, but we have to wait for the scan" (Ward 10)

"They haven't really yet because they are trying to sort this problem out first" (Ward 2)

"No not yet, they said if the x-rays no good they'll do an MRI scan" (Ward 5)

Just one individual indicated that staff had not discussed their discharge;

"They haven't really talked to me about a lot, but I know I have to have more tests and one is booked for Monday" (Ward 6)

All others were aware of the plans for their future care, including when they might be discharged. One individual indicated that an assessment was being done at her home, another that they had to attend an outpatient appointment, whilst two were waiting for a transfer to the Freeman Hospital.

"Yes, got to do couple more tests and provided it goes the way it is hopefully tomorrow or Wednesday" (Ward 10)

"They have this morning and I have a few outpatient appointments in a few weeks' time and that is to communicate things" (Ward 2)

"As soon as I came in I was told I should have been referred to Freeman and I have been told that I am either going tonight or first thing in the morning, but X has kept me up to date with everything that is going on" (Ward 6)

"He said you don't realise how poorly you've been. They're waiting to get me at the Freeman hopefully sometime this week" (Ward 6)

All respondents were very satisfied with the care and treatment they have received with many positive comments being made about the high standard of care, the

efficiency of the service, the care and attention provided by staff at all grades, the atmosphere of the ward and the good level of communication.

“Very good, good set of lasses, everything - atmosphere, level of care all very good” (Ward 10)

“Couldn't fault it, absolutely amazing - all round excellence” (Ward 10)

“Brilliant no complaints attention to detail with the staff, I press that buzzer and they're there, they told me how it is” (Ward 5)

“I have yes, they have been fantastic the doctors and nurses and because I am hard of hearing the nurses reassure me and the doctors will take time to make sure I understand” (Ward 5)

“On this ward, I do definitely, they are really good on here, they have been great telling / talking to me about everything they are friendly and full of information” (Ward 2)

“Magnificent, I couldn't praise them highly enough - from the cleaning staff to the nurses to the top people - couldn't ask for better” (Ward 6)

Those that were able to make suggestions as to how their care and treatment could be improved, did so in relation to;

- Improved staffing to reduce workload
- Improved car parking facilities - machines that work and improved lighting
- Extra pillows for beds
- Reduced response times for the ambulance service
- Improved menu – greater variety and less pasta
- More information and better communication in the EAU
- Improved communication between hospitals when patients are being transferred

Respondents were asked if they thought more could be done to improve care specific to their illness or injury to prevent them from attending the ED. Individuals were unable to identify anything and those that commented indicated that it was necessary for them to have accessed emergency care.

“No because when it's happening to you at home you can't help yourself, you need places like this to help you” (Ward 6)

“No because they've given me a machine at home (nebuliser), it didn't work and I was vomiting and with being diabetic” (Ward 6)

“I doubt it, the doctor took one look at me and called the ambulance” (Ward 6)

Respondents were asked to select their top three priorities in terms of accessing emergency care for serious or life-threatening problems. Getting the right treatment as quickly as possible was considered the most important (18 respondents), followed by quick access to an expert / specialist (16 respondents) and quick access to tests and scans / diagnosis (14 respondents).

Table: Priorities for respondents in terms of accessing emergency care

	Number of participants
Getting the right treatment as quickly as possible	18
Quick access to an expert / specialist for condition	16
Quick access to tests and scans / diagnosis	14
Services which are close to home	7
Knowing where to go for the seriousness of condition	3
Knowing how to contact healthcare services	2

Furthermore, respondents were asked to indicate their top three priorities in terms of accessing urgent help or advice for a problem which is not serious or life-threatening. Again, the same three factors emerged with getting the right treatment as quickly as possible the most important (15 respondents), followed by quick access to tests and scans / diagnosis (11 respondents) and quick access to an expert / specialist (10 respondents).

In addition, a small number provided an additional comment;

“There is only this hospital which is close to our home and I like that especially when you are getting on” (Ward 2)

“You can get a lot of help via the internet and things like that or ring your GP, but if it's serious I would be straight to A&E” (Ward 6)

“Having them nearer to home would be good but it isn't always possible, it can cost £5 or more in a taxi if you have to go to another place” (Ward 6)

Table: Priorities for respondents in terms of accessing urgent care

	Number of participants
Getting the right treatment as quickly as possible	15
Quick access to tests and scans / diagnosis	11
Quick access to an expert / specialist for condition	10
Services which are close to home	8
Knowing how to contact healthcare services	7
Knowing where to go for the seriousness of condition	5

3.1.1.2 Sunderland

Demographics

- A total of 41 individuals accessing the ED at Sunderland Royal Hospital took part in a facilitated interview; 26 females, fourteen males and one transgender.
- All those who indicated their ethnicity stated that they were White British (4 did not respond).
- Approximately half had a long-standing illness or disability (21 respondents) and eight respondents cared for someone with a long-standing illness or disability.

- Of those that disclosed their sexuality, 38 were heterosexual or straight and one individual pansexual.
- No respondents were currently pregnant or had a child under the age of two years, however one respondent indicated that their wife/spouse/partner was pregnant.
- In terms of marital status, eighteen respondents were married or in a relationship, nine were single, three divorced or separated, five widowed and two in a civil partnership (the remaining 4 respondents did not respond or gave two responses for the question).
- In terms of religious beliefs, 26 respondents stated they were Christian while eleven did not have any religious beliefs (4 respondents did not respond to the question).

Table: Age and postcode breakdown of respondents

Age	Number of respondents	Postcode	Number of respondents
18-24 years	2	SR2	2
25-34 years	2	SR3	6
35-44 years	5	SR4	3
45-54 years	7	SR5	3
55-64 years	5	SR6	4
65-74 years	9	SR7	4
75 years or older	11	SR8	3
		DH4	1
		DH5	1
		NE34	2
		NE38	4
		Not disclosed	8

Respondents were interviewed within the following wards;

- Ward E54 Respiratory 6 respondents
- Ward D44 Ambulatory Care 5 respondents
- Integrated Assessment Unit (IAU) 5 respondents
- Fracture Clinic 5 respondents
- Ward B22 Cardiology 5 respondents
- Ward B20 General Medicine 5 respondents
- Emergency Care waiting room 4 respondents
- Ward E51 4 respondents
- Ward E50 Care of the Elderly 2 respondents

With regards to the individuals who were attending the fracture clinic, not all questions were relevant to their care and treatment, so a number were left unanswered. However, their responses to the questions relating the ED have been considered within this analysis.

Similar numbers of respondents arrived at the ED by car (19 respondents) and by ambulance (18 respondents), while two arrived by taxi and two on foot.

Respondents were asked what time of day they arrived at the ED, to which the slight majority arrived in the morning (15 respondents), with thirteen respondents arriving midday or during the afternoon and eight individuals overnight. Just a small number arrived in the evening (3 respondents) whilst the remaining two respondents were unable to remember or gave a time which could have been interpreted as morning or evening.

The most common reason as to why respondents attended the ED was for a broken bone or for chest pain / breathlessness / asthma. Other less frequent reasons included stomach pain / vomiting / bleeding and dizziness / hallucinations. Not all respondents disclosed why they attended or indicated that a health professional advised them to attend.

- Broken bone (finger, wrist, hip, ribs) 8 respondents
- Chest pain / breathlessness / asthma 8 respondents
- Stomach pain / vomiting / bleeding 4 respondents
- Dizziness / hallucinations 2 respondents
- Advice from health professional 2 respondents
- Other; including loss of strength, numbness, spinal infection, perianal abscess, COPD, virus, water infection, back / kidney infection, Bell's Palsy, rheumatic fever and generally feeling unwell

Respondents were asked if they sought advice from any other health professional prior to attending the ED. For those that responded, the most respondents indicated that they contacted their GP, followed by NHS 111 and the walk-in centre. Just a small number indicated that they hadn't, these individuals were experiencing pains in their arm, stomach pains and vomiting, and chest pain.

Unfortunately for some of those who were attending the fracture clinic, it was not clear whether they responded to the question correctly or interpreted it as 'who advised them to attend the fracture clinic?' these results have therefore been omitted.

- GP 10 respondents
- NHS 111 8 respondents
- Walk-in centre 5 respondents
- 999 4 respondents
- None 3 respondents
- Other; including care home, concern from family, home-help buzzer

Respondents were asked why they felt the ED was the most appropriate place for them to attend. The most respondents indicated that this was because they were directed or taken to the service by a health professional (GP or ambulance service). Other frequent responses included concern, pain and feeling unwell / poorly. A small number indicated that they were told by a family member or friend that they needed emergency care.

- Advice from GP / ambulance service 8 respondents
-

- Concern 7 respondents
- Pain 7 respondents
- Unwell / poorly 4 respondents
- Advice from friends / family 3 respondents
- Other; including respondent has been before, panic, patient needed treatment

Specific comments made by individuals, included;

"Because I felt unwell" (IAU)

"I think A&E was the best place for that day" (Ward B20)

Respondents were asked how long they had to wait for any tests and scans to be carried out and to subsequently receive the results of these. Whilst, a number of those in the emergency care waiting room and Ward D44 (ambulatory care) were still waiting for tests to be carried out and/or to receive the results of these (4 respondents), most others felt that this process had been efficient;

"Had scans, tests all sorts. I got the results on the same day and then got put on a ward" (Ward E51)

"No idea at all from what my wife said it was pretty quick" (Ward B22)

However, a small number felt that this had taken a while;

"7 hours" (Ward D44)

"Long time" (IAU)

"I had to wait a while for bloods to get done, I waited in ED for a while before I saw a doctor" (Ward B20)

"The nurse said I've got some bad news, it will be about 3 hours until you get to see a doctor, had to wait 3 hours and they didn't do any tests, might have done blood test but I can't remember" (Ward B20)

"No, I had to wait, I haven't got a clue but it seemed like hours, I had to wait until the next day for them to tell me" (Ward B22)

Approximately half of the sample were inpatients on Wards E51, E54, B20, E50 and B22 (22 respondents). The following questions related to these respondents only.

Respondents were asked how long it took for them to see a consultant once they were admitted to hospital. Whilst some indicated that this was straight away or that this was within the ED, others indicated that they had to wait till the next day or two days.

"Straight away when I came into ED" (Ward B20)

"Seen by a doctor on admission, a consultant 2 days later" (Ward B22)

A couple of respondents were unsure when they first saw a consultant due to their ill-health at the time of admission, whilst two respondents indicated that they hadn't seen the consultant yet (it was unclear when these respondents were admitted to hospital).

One respondent who was referred from the Eye Infirmary with suspected Bell's Palsy indicated that a consultant had travelled from Newcastle within 12 hours to see them;

"I was admitted on the ward about 9pm and I saw the Dr this morning about 2 am and I think the Dr came from Newcastle to see me and it was her that arranged the CT Scan" (Ward B20)

Just one individual indicated that they had to wait to see a consultant;

"I had to wait for him as well, I couldn't tell you what time it was, but I know I had to wait" (Ward B22)

In terms of how frequently respondents have seen the consultant whilst in hospital, responses varied. Whilst some reported that they had seen a consultant a few times, regularly and 'lots', two reported that they haven't seen one. It was evident that there was some confusion with staff grades;

"I have seen the registrar while on this ward, but in all honesty, I am not sure if I have seen the consultant" (Ward B22)

"Don't think I've seen him yet" (Ward B22)

"I've only seen junior staff" (Ward B20)

Approximately half of the respondents had an idea of when they might be discharged and any additional care that they would need going forward;

"I was supposed to go home last Thursday, but then I had another scan and now I have to have another one today and if that is alright I can go home" (Ward E51)

"Mentioned on Friday I had to stay in over the weekend but maybe today" (Ward E51)

"Maybe later today or tomorrow depending on my breathing. I'll have a nebuliser from Care @ Home team" (Ward B20)

The remaining respondents were waiting for test results, and others simply indicated that it hadn't been discussed;

"It depends what happens when the drip and what the doctors say and the blood results, and I might get home today when they know everything is ok" (Ward B22)

"Not yet as they don't know what's happening, I am going for the dye though my veins to see how bad it is" (Ward B22)

"Never said nothing no" (Ward B22)

Overall, most of the sample were satisfied with the care and treatment they have received, with many positive comments being made about the high standard of care and the attentiveness and friendliness of staff;

“Care above and beyond” (IAU)

“Good, excellent can't grumble they're busy mind, the nurses are nice” (Ward E51)

“Fabulous, everybody all the nurses everyone who looks after you to the tea ladies / man and staff nurse she's lovely” (Ward B22)

“I think the staff are brilliant and that is an understatement. We get on and they are good to me” (Ward E51)

Although satisfied with their care, a couple of negative comments were made in relation to the following;

- Parking difficulties and expense
- Poor experience in the assessment unit (no further details provided)
- Lack of information about what to expect during an endoscopy
- Lack of communication between health professionals on the ward

Specific comments made by these individuals, included;

“They're very good, very attentive but I've spoken to them today about taking the stitches out of my leg and they didn't seem to know anything about it” (Ward B20)

“In here I have yes, the assessment unit was awful though” (Ward B22)

“Been happy with everything apart from the camera down that was terrible experience - they never told me what to expect - but they did find what they needed to and know what I need now” (Ward E50)

However, two respondents were not satisfied with their care and treatment as they had not received a diagnosis and were evidently very anxious;

“Not happy, not getting answers” (Ward E54)

“No because of all the waiting, I do try to be patient it's not the staff to blame, but that is because there are not enough of them to see to the people that need to be seen, but you do get a bit impatient when you wait that long and you get worried” (Ward B20)

Comments were made by two individuals attending the fracture clinic who suggested that it would be beneficial to see someone once a cast is removed, and another who felt that the communication within the department was poor.

“Rubbish - no communication”

Respondents were unable to identify if anything more could be done for their condition to prevent them from attending the ED.

Just three suggestions were made as to how respondent's care could be improved;

- Increased staffing to reduce workload and stress for staff
- Quieter fans in IAU / quieter environments at night to respect people trying to rest
- A more effective healthcare system to enable patients to see their GP quicker

"111 could have been more helpful they told me to wait till the next day and phone my doctor or go to the pharmacist, but I know I can't see the doctor for two weeks unless you go first thing on a morning and I was on shift then" (Ward B20)

Respondents were asked to select their top three priorities in terms of accessing emergency care for serious or life-threatening problems. Getting the right treatment as quickly as possible was considered the most important (34 respondents), followed by quick access to an expert / specialist (26 respondents) and quick access to tests and scans / diagnosis (20 respondents).

Table: Priorities for respondents in terms of accessing emergency care

	Number of participants
Getting the right treatment as quickly as possible	34
Quick access to an expert / specialist for condition	26
Quick access to tests and scans / diagnosis	20
Services which are close to home	12
Knowing where to go for the seriousness of condition	9
Knowing how to contact healthcare services	9

Furthermore, respondents were asked to indicate their top three priorities in terms of accessing urgent help or advice for a problem which is not serious or life-threatening. Again, getting the right treatment as quickly as possible the most important (32 respondents). However, this was followed by services which are close to home (20 respondents) and quick access to tests and scans / diagnosis (18 respondents).

Table: Priorities for respondents in terms of accessing urgent care

	Number of participants
Getting the right treatment as quickly as possible	32
Services which are close to home	20
Quick access to tests and scans / diagnosis	18
Quick access to an expert / specialist for condition	18
Knowing where to go for the seriousness of condition	13
Knowing how to contact healthcare services	4

3.1.2 Patient reviews

3.1.2.1 South Tyneside

The table below summarises the experiences of individuals who attended the ED at South Tyneside District Hospital. Themes have been identified from the patient reviews left on the NHS Choices website during the period 1 January 2017 - 15 February 2018 (14 reviews).

Table: Patient experiences of the ED at South Tyneside District Hospital

Positive comments	Negative comments
<ul style="list-style-type: none"> • Overall positive experience from admission to discharge or transfer to ward • Positive attitude of medical and non-medical staff; hard working, attentive, caring and reassuring • Good communication / clear explanations given by staff, with patients feeling reassured and put at ease, especially in stressful / upsetting circumstances • Efficiency of service from triage assessment, administration of treatment / pain relief / tests to discharge or transfer to ward 	<ul style="list-style-type: none"> • Attitude of staff; unhelpful and rude (talking to each other at the nurse's station, member of staff had earphones in) • Inadequate treatment received: <ul style="list-style-type: none"> - lack of care and attention given - reluctance of medical staff to X-ray - suitable treatment not provided • Long waiting times • Ward environment too hot (patient unable to tolerate forced air heating)

3.1.2.2 Sunderland

The table below summarises the experiences of individuals who attended the ED at Sunderland Royal Hospital. Themes have been identified from the patient reviews left on the NHS Choices website during the period 1 January 2017 - 15 February 2018 (41 reviews).

Table: Patient experiences of the ED at Sunderland Royal Hospital

Positive comments	Negative comments
<ul style="list-style-type: none"> • Overall positive experience from admission to discharge or transfer to ward • Positive attitude of medical and non-medical staff; helpful, caring, compassionate, professional, patient and respectful - despite working in a demanding environment • Good communication / clear explanations given by staff, with patients feeling reassured and put at ease, especially in stressful / upsetting circumstances 	<ul style="list-style-type: none"> • Attitude of staff; judgemental, uncaring, unprofessional and rude (staff overheard talking about patients, talked to patients like they were 'idiots' or a 'nuisance') • Medical staff did not always introduce themselves • Inadequate assessment or treatment • Inappropriate referral to another health service • Lack of follow-up following attendance

<ul style="list-style-type: none">• Efficiency of service from triage assessment, administration of treatment / pain relief / tests to discharge or transfer to ward• Clean and modern department	<ul style="list-style-type: none">• Lack of privacy in the waiting area• Long waiting times• Lack of cleanliness in the waiting area
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3.2 Planned care and outpatients

3.2.1 Facilitated interviews with patients

The following summarises the findings from a series of facilitated interviews with patients at both hospitals conducted in February 2018. The interviews were conducted by patient experience team members at South Tyneside District Hospital and Sunderland Royal Hospital and volunteers.

3.2.1.1 South Tyneside

Demographics

- Sixteen individuals took part in the planned care and outpatients' facilitated interviews; one of these individuals did not provide responses to the demographic section of the questionnaire and is therefore not accounted for within the demographic summary of respondents below.
- Eleven respondents were female and four male.
- All respondents were White British / Irish or Scottish.
- The age and postcode breakdown of respondents is shown below, the age of respondents ranged from 18 to 75+ years.
- Two individuals cared for someone with a long-standing illness or disability and six individuals had a long-standing illness or disability.
- No individuals were pregnant or expecting a child, with just one individual having a child under the age of two years.
- In terms of marital status, nine individuals were married / in a relationship, three were single, one divorced, one widowed and one in a civil partnership.
- In terms of religious beliefs, nine stated they were Christian while six indicated that they did not have any.

Table: Age and postcode profile of respondents

Age	Number of respondents	Postcode	Number of respondents
18-24 years	1	NE10	1
25-34 years	1	NE31	2
35-44 years	1	NE32	2
45-54 years	5	NE33	3
55-64 years	1	NE34	4
65-74 years	5	NE35	2
75 years or older	1	NE36	1

Respondents were interviewed within the following wards:

- Surgical Centre Day Unit 10 respondents
- Surgical Centre Inpatients 6 respondents

The main method in which respondents had arrived at hospital was by car (14 respondents) with the remaining two travelling by taxi or on foot.

The main reason for attendance at hospital was for;

- Operation or procedure (including hernia removal, foot injections, prolapse, coil fitting, removal of a polyp in the womb, hysterectomy, bunion removal, biopsy, steroid injections, removal of fallopian tubes) 15 respondents
- Other; bruising in the stomach 1 respondent

Seven individuals were waiting for their operation / procedure to take place when interviewed.

Respondents were asked if they had experienced any delays during their care and treatment. To which, two individuals indicated that they experienced delays whilst waiting for an appointment for their operation / procedure; the individual who had a hysterectomy had her operation delayed by a month, and another had a significant wait due to confusion with their medication which meant that their operation had to be postponed;

"It was cancelled on the 21st January until the 21st February and on the 21st February all went to schedule" (Surgical Centre Inpatients)

"It was planned, then there was a mistake, I had to wait another 5 months because I had to have time off the tablets and then had to come in for blood transfusion - after this I managed to come in and have the operation" (Surgical Centre Inpatients)

Two individuals whom were waiting for their operation / procedure when interviewed indicated that there was a delay, whilst the others who were waiting had not been informed there was a delay or not been told a time to expect their operation / procedure to take place;

"I have been stuck in here for 2.5 hours" (Surgical Centre Inpatients)

"Delayed by about half an hour they said approximately 10.00 o'clock" (Surgical Centre Day Unit)

"As far as I know it is on time" (Surgical Centre Day Unit)

"It's on time, as far as I know" (Surgical Centre Day Unit)

The majority indicated that their care and treatment had involved them attending the hospital for a pre-operative assessment (14 respondents), with respondents attending either once or twice. One individual who was attending for a gynaecological operation indicated that she had her assessment over the phone and then just had to attend the hospital for her blood to be taken. The remaining two individuals stated that this was not applicable (individual with bruising in their stomach) whilst the other did not have to attend (individual who was having steroid injections).

Most respondents felt that they were given enough information before arriving at hospital to prepare them their planned appointment or procedure (14 respondents).

“Ah yeah, it was given at the pre-op assessment appointment” (Surgical Centre Inpatients)

“Yeah I did, had it explained a 3-4 times over, everyone explained all the time to make sure I understood” (Surgical Centre Inpatients)

“Yes, quite prepared, quite thorough, explained everything” (Surgical Centre Day Unit)

“Oh yes - no made it perfectly clear about what they're going to do” (Surgical Centre Day Unit)

However, two respondents felt that there was some confusion regarding their appointments;

“No, when I came for the appointment she asked what I was here for it took a few appointments before she knew me” (Surgical Centre Inpatients)

“Not so much beforehand, think there was a bit of confusion before coming in. The doctor I saw last week put it down as a tie but I wanted it as a removal which is what it was meant to be” (Surgical Centre Day Unit)

Whilst some indicated that there was a plan in place for them following discharge / to help them at home, some were not aware of this and/or expected to receive this information before they left hospital (7 respondents). Just one individual was given a leaflet during their pre-operative assessment about eating and wound healing (this individual was attending for a hernia removal). Others were aware that they had to return for a follow-up appointment or to see their GP.

“Just going back to GP in 6 weeks everything went as scheduled” (Surgical Centre Day Unit)

“Yes they have told me I will get an appointment for check-up” (Surgical Centre Day Unit)

“Not really that I'm aware of I just knew I'll need stocking to wear and rest” (Surgical Centre Day Unit)

The majority felt that the service did not require any improvement;

“There isn't anything (to suggest) it is excellent here” (Surgical Centre Inpatients)

“Everything went as smooth as clockwork, so don't think anything can be improved” (Surgical Centre Day Unit)

“I thought everything was great all modern it's like being in a posh hotel” (Surgical Centre Day Unit)

However, the small number of respondents who felt the service could be improved made a suggestion in relation to;

- Shorter waiting times for appointments with specialists
- Improved communication - more advanced warning of planned procedures
- Improved pre-operative protocol (this individual had their operation cancelled because of a mistake with them not coming off their medication and consequently had to have a blood transfusion before they could have their operation).

“Don't keep putting dates off as it has had a huge effect on my life with work and finances not getting paid for time off and because of the process this took 3 times” (Surgical Centre Inpatients)

On the whole, most respondents felt that they had enough support to help them with their recovery or to manage their condition (14 respondents). However, one respondent felt that there wasn't 'anything they could do' and the other that 'they haven't had that bit yet' (this individual was waiting for their procedure to take place).

“Yes, never seen so many doctors in my life” (Surgical Centre Inpatients)

“The staff on the ward are always around. They are always asking if I am OK or need painkillers, extra blanket - everything is great” (Surgical Centre Inpatients)

“Oh yes, got loads of support, too much” (Surgical Centre Day Unit)

Overall, all but one of the respondents were satisfied with the care and treatment they have received with comments being made with regard to the information provided, the care and attention of staff and the efficiency of the service. Individuals were not able to suggest any improvement to the surgical care or procedures that they have had.

“Very satisfied, information the way the staff are with you” (Surgical Centre Day Unit)

“100%, judging by the other hospitals about, this is the best one” (Surgical Centre Day Unit)

“Don't think procedure could have been better - everyone has been efficient” (Surgical Centre Day Unit)

“Very satisfied - just they answer any questions that need answering and they answer in detail” (Surgical Centre Day Unit)

“It's excellent, I can't fault the girls, because they've been friendly and helpful, the doctor has been polite” (Surgical Centre Day Unit)

The one individual who was not satisfied commented upon the length of time they had been waiting to be taken for their procedure;

“No, nurses came around 9am and I haven't seen them for 2.5 hours” (Surgical Centre Inpatients)

Respondents were asked what was most important to them as a patient in terms of receiving planned care. Respondents were able to select their top three priorities. As shown below, quick access to an expert / specialist for condition was considered the most important (14 respondents), followed by getting the right treatment as soon as possible (12 respondents) and services which are close to home (11 respondents). The least important was knowing what aftercare and support is available (3 respondents).

Furthermore, one respondent added that it is important to not have to consider travelling when in need of emergency treatment, and another that it is important to have easy access to services by car and public transport.

Table: Priorities for respondents in terms of receiving planned care

	Number of participants
Quick access to an expert / specialist for condition	14
Getting the right treatment as quickly as possible	12
Services which are close to home	11
Quick access to tests and scans / diagnosis	8
Knowing what aftercare and support is available	3

3.2.1.2 Sunderland

Demographics

- Nineteen individuals took part in the planned care and outpatients' facilitated interviews; nine of which were female and ten male.
- All respondents were White British.
- The age and postcode breakdown of respondents are shown below. The age range of respondents was between 17 and 75+ years.
- Six respondents indicated that they had a long-standing illness or disability while two individuals cared for someone with a long-standing illness or disability.
- All individuals that disclosed their sexuality stated that they were heterosexual or straight (18 respondents).
- No respondents were pregnant, expecting a child or had a child under the age of two years.
- Individuals were either Christian (12 respondents) or did not have any religious beliefs (7 respondents).
- In terms of marital status, eight individuals were married, six single, two divorced, two widowed and one in a civil partnership.

Table: Age and postcode breakdown of respondents

Age	Number of respondents	Postcode	Number of respondents
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<18 years	1	DL1	1
18-24 years	2	SR2	3
25-34 years	4	SR3	3
35-44 years	1	SR4	1
45-54 years	4	SR5	3
55-64 years	2	SR6	1
65-74 years	3	SR7	1
75 years or older	2	DH4	1
		DH6	1
		DH9	1
		No answer	3

Respondents were interviewed within the following wards:

- General Outpatients - Chester Wing 9 respondents
- Day of Surgery Admissions - C Level 5 respondents
- Day of Surgery Admissions - D Level 5 respondents

The sample therefore consisted of individuals who have already had an operation / procedure, those that were waiting for their operation / procedure to take place, as well as individuals attending for an outpatient appointment.

Respondents indicated that they had arrived at hospital by car (13 respondents), by bus (3 respondents), by taxi (2 respondents) or on foot (1 respondent).

The main reason for attendance at hospital was for;

- An operation / procedure - including tonsillectomy, nose surgery, endoscopy, operation on prostate and spinal epidural 10 respondents
- Dermatology 3 respondents
- Gynaecology 3 respondents
- A consultation / surgical follow-up appointment (department unknown) 2 respondents
- Diabetes clinic 1 respondent

Just three respondents had experienced delays in their care and treatment; one individual had experienced an on-the-day delay waiting for their appointment, another a cancellation and a two-week delay for their surgery whilst the other explained that due to correspondence issues they had missed their first hospital appointment;

"I did not receive information the first time for hospital appointment (by mail). This happened twice. Changed address, hospital sent appointment to old address"
(General Outpatients)

The majority indicated that their care and treatment has involved pre-operative assessments which have required separate visits to the hospital (16 respondents). These ranged from one to three visits and fortnightly blood tests. Two individuals stated that they hadn't required any (one individual attending the diabetes clinic and the other attending for an operation) and one that this was not applicable (individual attending a dermatology outpatient appointment).

All but one individual felt that they were given enough information before arriving at hospital to prepare them for their planned appointment or procedure. The one respondent, who was attending for a gynaecology appointment, who felt that they didn't get enough information stated:

"Not enough information, only got date and time for this appointment, don't know why I'm here" (General Outpatients)

Respondents were asked if they felt they have enough support to help them with their recovery or to manage their condition. For those that is applied to, all felt that they had enough support.

"Yes, I've had good treatments to manage my condition" (General Outpatients)

The majority felt that the service couldn't be improved, however the small number who made a suggestion did so, in relation to;

- Reduced waiting times to see a specialist
- Appointments running on-time
- All pre-operative assessments undertaken on the same day (this individual had to attend on three separate occasions)
- Better parking facilities
- More information on what to expect prior to attending for appointment (this individual felt that they didn't receive adequate information for their gynaecology appointment and were unsure why they were attending)

For those that it applied to (14 respondents), the majority indicated that there was a plan in place for their care after their discharge and to help them at home (12 respondents). Two individuals elaborated on this and indicated that they felt involved in this process.

"Involved in plan and future care" (General Outpatients)

"Not sure yet about care plan for home" (General Outpatients)

Just two respondents indicated that they didn't have a plan in place. These individuals were both attending an outpatient appointment (gynaecology and dermatology).

All those that were able to comment upon their experience with the overall service (12 respondents) indicated that they were satisfied with the care and treatment they have received. No individuals made any suggestions as to how their surgical care or procedure could be improved.

"Staff friendly" (General Outpatients)

"ENT department - brilliant Service" (Day of Surgery Admissions – C Level)

"I think the hospital and staff are fabulous" (General Outpatients)

Respondents were asked what was most important to them as a patient in terms of receiving planned care. Although respondents were asked to indicate their top three priorities, some selected just their top priority and others more than three.

Getting the right treatment as quickly as possible was considered the most important (17 respondents), followed by quick access to an expert / specialist (15 respondents) and quick access to tests and scans / diagnosis (13 respondents). Knowing what aftercare and support is available was found to be the least important.

Table: Priorities for respondents in terms of receiving planned care

	Number of respondents
Getting the right treatment as quickly as possible	17
Quick access to an expert / specialist for condition	15
Quick access to tests and scans / diagnosis	13
Services which are close to home	8
Knowing what aftercare and support is available	3

3.2.2 Patient reviews

3.2.2.1 South Tyneside

Just two comments were made by patients who had accessed South Tyneside District Hospital for planned care / outpatients during the period 1 January 2017 to 9 March 2018.

These individuals both praised the staff, with one describing the care they had received from the consultant, nurses and ward clerk as '5 star'. The other had taken an individual with learning disabilities into hospital for a procedure and felt that the staff were very considerate of the individual's needs and put their priorities first.

"I supported a service user with learning difficulties to go into hospital for day surgery for a procedure. I along with my service user were anxious however staff and specialist ensured my service user's experience was as pleasant as possible they were all fantastic and put my service users' needs first I can't thank everyone involved enough"

"My partner had to have OGD (camera test) today. This was on the Surgical Centre. He had 5 star treatment from start to finish, from the consultants involved, to the nurses on the ward, to the ward clerk. I couldn't give enough praise to all the staff"

3.2.2.2 Sunderland

The table below summarises the experiences of individuals who accessed Sunderland Royal Hospital for planned care / outpatients. Themes have been identified from the patient reviews left on the NHS Choices website during the period 1 January 2017 – 9 March (14 reviews).

All but one individual highly praised the care and treatment they received. Those that disclosed information about their care indicated that they had attended for prostate surgery, sigmoidoscopy (Endoscopy Unit), facet joint injections, gall bladder surgery (Surgical Day case Unit), colonoscopy (Endoscopy Unit) and gall bladder removal.

Table: Patient experiences of planned care at Sunderland Royal Hospital

Positive comments	Negative comments
<ul style="list-style-type: none"> • Efficient process from admission to discharge • Excellent standard of care and treatment • Thorough explanations provided prior to surgery with a chance to ask questions • Attitude of all staff (including healthcare assistants and 'tea ladies'); friendly, reassuring, informative, professional and caring • Cleanliness of waiting rooms, toilets, treatment rooms, corridors and lifts • Endoscopy Unit – clean, modern and comfortable environment with private areas for patients (own toilets) 	<ul style="list-style-type: none"> • Rude, abrupt and hostile attitude of Nurse Practitioner

3.3 Emergency surgery

3.3.1 Facilitated interviews with patients

The following summarises the findings from a series of facilitated interviews conducted with patients at both hospitals in February 2018. The interviews were conducted by patient experience team members at South Tyneside District Hospital and Sunderland Royal Hospital and volunteers.

3.3.1.1 South Tyneside

Demographics

- A total of nine individuals took part in the emergency care facilitated interviews at South Tyneside District Hospital; seven males and two females, who were all White British.
- The age and postcode breakdown of respondents is shown below, the age of respondents ranged from 25 to 75+ years.
- Only one respondent had a long-standing illness or disability.
- All but one described their sexuality as heterosexual or straight, the remaining respondent did not disclose their sexuality.
- In terms of marital status, four respondents were married, three were widowed, and one single and one in a civil partnership.
- Five stated that they were Christian while four had no religious beliefs.

Table: Age and postcode breakdown of respondents

Age	Number of respondents	Postcode	Number of respondents
25-34 years	1	NE31	1
35-44 years	1	NE32	3
45-54 years	-	NE34	3
55-64 years	1	SR6	1
65-74 years	3	No answer	1
75 years or older	3		

Respondents were interviewed within the following wards:

- Surgical Inpatient Centre 7 respondents
- Ward 7 Trauma and Orthopaedic 2 respondents

Four respondents attended hospital due to a broken bone (three of which had injured their hip due to a fall) and five with a number of different conditions which included abdominal pain, blood in stoma bag, thigh pain, a blood clot behind the womb following an ectopic pregnancy and difficulty swallowing. For the purpose of this analysis, these were categorised as 'general medical conditions'.

Two individuals who attended for a general medical condition elaborated and indicated that they had sought advice from another health professional prior to attending the ED;

"I went to the doctor on Tuesday and he didn't diagnose me properly, the symptom was a very strong pain in my thigh, towards the weekend it began to get red on my hip and I saw another doctor who said I had to go straight to A&E" (Surgical Inpatient Centre)

"It was a blood clot behind my womb due to an ectopic pregnancy. I rang 111 the previous day on the Sunday, I came in at 10 am on the Monday because 111 advised and by 2 pm had scan and bloods done and by 4 pm I was prepared for the operation" (Surgical Inpatient Centre)

All those that attended hospital for a T&O injury arrived at hospital by ambulance as well as one of those who had a general medical condition (abdominal pain). The remaining individuals who attended for general medical conditions had done so by car (2 respondents), by taxi (1 respondent) or were unable to remember (1 respondent).

Respondents were asked how long they had to wait for tests and scans, and the subsequent results of these. All but one described this process as efficient, with the individual who had a blood clot behind their womb stating that within a couple of hours she was prepared for surgery.

"Minutes, straight away basically, they knew I needed a bed, moved me into EAU and blood tests, Drs examined me, not very long at all" (Surgical Inpatient Centre)

"Done a check-up, looked me over, weighed me and a verbal examination, said I'm stopping in because I was losing too much weight, blood checks and scans yes they did it was quick" (Surgical Inpatient Centre)

"It was all done in a couple of hours, bloods and urine by 11 am and had scan at 2 pm and they got me ready there for the operation" (Surgical Inpatient Centre)

"As soon as I came in it was around midnight It was a blood clot behind my womb due to ectopic pregnancy - I came in at 10 am on the Monday because 111 advised and by 2 pm had scan and bloods done and by 4 pm I was prepared for the operation" (Surgical Inpatient Centre)

Just one individual, who attended the ED with thigh pain, felt that the process took a while;

"They did the usual things bloods and blood pressure - I didn't really get the results, I did wait quite a while" (Surgical Inpatient Centre)

All respondents indicated that they saw a consultant either the same or the next day following admission to hospital, with two stating that they saw a consultant within an hour (one of these had a broken hip and the other a blood clot behind their womb). The individual who arrived at ED with blood in their stoma bag commented;

"Straight round, he was with me all day on Tuesday, he came with me to CT, Endoscopy, followed me down to theatre, he's been brilliant" (Surgical Inpatient Centre)

The following table shows the type of surgery respondents required and the length of time they had to wait for surgery from the time they arrived at the ED. Unfortunately, not all respondents provided this information.

Table: Surgical needs and waiting times

Type of surgery / details of condition	Waiting time following arrival at hospital
Gynaecology - remove fallopian tube	Couple of hours
Thigh pain – flushing out / pump to remove infection	Within a day
Abdominal pain	Next day
T&O surgery - hip	1.5 days
T&O surgery – break to leg	2 days
Difficulty swallowing – endoscopy	3 days (admitted Friday – surgery Monday)
Details not provided	
<i>T&O surgery - hip replacement</i>	
<i>Problem with central line (blood in stoma bag) – endoscopy</i>	
<i>T&O surgery – hip</i>	

All respondents were given the opportunity to discuss their surgery with the surgical teams prior to their procedure taking place and were satisfied with the information that they received. This included the individual whose surgery was undertaken within a couple of hours following her arrival at the ED;

“Plenty of discussions with him and all his teams” (Surgical Inpatient Centre)

“Oh yes, excellent very good, very straight forward and he pointed out all the possibilities” (Surgical Inpatient Centre)

“Yes, there was a few who came to talk to me about what needed doing and asked if I was alright and they gave the options and let me decide what option I wanted, and I signed by consent” (Surgical Inpatient Centre)

Respondents were asked how often they have seen the consultant during their stay. Whilst some stated a couple of times a day, twice a day or once a week others indicated that they had seen one twice or 2-3 times. For these individuals it was not clear when they were admitted to hospital. An individual who had undergone a hip replacement commented;

“Twice I think, and I've been in a fortnight” (Surgical Inpatient Centre)

No respondents reported any issues with the frequency in which they have seen a consultant.

All but two respondents were aware of how long they are expected to be in hospital. The remaining individuals commented that they are ‘going day-by-day’ (individual admitted with abdominal pains) and the other that they did at first but now this has changed (individual who had orthopaedic surgery on their hip);

“They did at first, but don't know when I will get home” (Ward 7)

One individual who required orthopaedic surgery for their leg commented that they were expecting to be in hospital for longer than they have been;

"I was probably expecting to be in a bit longer, going home today" (Ward 7)

For those that were aware of when they were being discharged (7 respondents), all but one were aware of their recovery plan and any necessary post-surgery advice or therapy support. The remaining individual who was being discharged in a few days' time indicated that this yet to be discussed with them (individual admitted with thigh pain).

Those that elaborated on their answer, made reference to their planned outpatient care, home visits (individual with a stoma bag), home-assessments (two individuals who underwent orthopaedic surgery to their hips), removal of clips (individual who had their fallopian tube removed) and weight bearing exercises (individual who underwent orthopaedic surgery to their leg).

The two individuals who were not sure when they will be discharged stated that this hasn't been discussed with them.

Just two individuals had been made aware of who to contact following discharge if they have any immediate problems, these patients had both had general surgery.

"Give me all on cards (phone numbers)" (Surgical Inpatient Centre)

"Yes, I've got phone numbers" (Surgical Inpatient Centre)

Overall, the majority were satisfied with the care and treatment that they have received;

"I've been very satisfied with the way I've been treated" (Surgical Inpatient Centre)

"100% satisfied no problems, everyone's been really nice" (Ward 7)

"Excellent - more than excellent and that includes the surgeon as well" (Ward 7)

However, just one respondent, who attended the ED with thigh pain, described their experience as 'mixed' commenting upon the poor attitude and professionalism of some nursing staff;

"Very mixed, it's difficult because I'm a big fan of the NHS but it's clear there are some nurses that aren't on the ball and there's lots of other things, by contrast the night nurse last night was clearly remarkably different and spot on" (Surgical Inpatient Centre)

A suggestion to improve the service was made by just one individual, who was admitted with blood in their stoma bag, who felt that their care and treatment could be improved by having more staff on duty;

"The only thing they should have more staff because they're rushed off their feet. I've seen some nurses 8.30 am and they meant to finish at 8.30 pm and they're still there at 11.30pm" (Surgical Inpatient Centre)

Respondents were asked what was most important to them as a patient in terms of accessing emergency care for a serious or life-threatening problem. Respondents were able to select their top three priorities, although two individuals indicated that they were all important. Getting the right treatment as quickly as possible and quick access to an expert / specialist were deemed the most important factors with all

respondents selecting these factors. The least important was knowing where to go for the seriousness of condition (2 respondents).

Table: Priorities for respondents in terms of accessing emergency care

	Number of respondents
Getting the right treatment as quickly as possible	9
Quick access to an expert / specialist for condition	9
Quick access to tests and scans / diagnosis	8
Services which are close to home	5
Knowing where to go for the seriousness of condition	2

3.3.1.2 Sunderland

Demographics

- A total of 22 individuals took part in the emergency surgery facilitated interviews at Sunderland Royal Hospital; one of these individuals did not provide any responses to the demographic section of the questionnaire and therefore has not been included within the demographic summary below.
- The sample consisted of twelve males and nine females and all those that disclosed their ethnicity were White British (19 individuals).
- The age and postcode profile of respondents is shown in the table below, the age range of respondents was between 35 and 75+ years.
- Eleven individuals had a long-standing illness or disability and two individuals cared for someone with a long-standing illness or disability.
- All those that disclosed their sexuality indicated that they were heterosexual or straight (16 respondents).
- No individuals were pregnant, expecting a baby or had a child under the age of two years.
- In terms of marital status, seven respondents were married, four single, four widowed and four divorced or separated. Two individuals selected more than two categories.
- In terms of religious beliefs, fifteen were Christian, while three individuals had no beliefs and three did not respond to the question.

Table: Age and demographic profile of respondents

Age	Number of respondents	Postcode	Number of respondents
35-44 years	2	SR1	1
45-54 years	2	SR3	2
55-64 years	5	SR4	2
65-74 years	4	SR5	4
75 years or older	7	SR6	3
No answer	1	SR7	2
		SR8	1
		DH5	2
		NE38	1
		No answer	3

Respondents were interviewed within the following wards:

- Ward D43 Trauma and Orthopaedic 10 respondents
- Ward B26 Gastroenterology 10 respondents
- D42 Surgical Admissions Unit 2 respondents

Ten respondents indicated that they attended hospital due to a T&O injury, seven of which indicated that this was their hip. Nine individuals attended for a general medical condition which included breathlessness, a fall/loss of consciousness, gall bladder, difficulty swallowing, nausea (individual diagnosed with terminal liver cancer), blood clot, water infection and chest and stomach pain.

Two individuals interviewed on Ward B26, stated that the reason they attended hospital was for a 'consultant review', whilst another who was also interviewed on Ward B26 did not disclose details about their condition.

The main method of transport by which respondents arrived at hospital was via ambulance (13 respondents), whilst six arrived by car and two by taxi. One individual who had suffered from a broken hip was unable to remember how they travelled. Seven of those that had a T&O injury arrived by ambulance and five of those categorised as having a general medical condition.

Two individuals, who attended Sunderland Royal Hospital due to a general medical condition, elaborated on their response indicating that they had sought advice from another health professional prior to attending the ED.

"I went to Bunny Hill and they put me on some tablets but I still wasn't feeling good after them so I rang 111 and two nurses came out to see me, they came back a few times and they said I needed to get into hospital" (Ward B26)

"Doctor thought it was food poisoning, so I went home, but then I came back because I was having difficulty swallowing" (Ward B26)

Respondents were asked how quickly they had tests and scans once they arrived at the ED, and subsequently received the results of these. For those that were able to remember, all but one of those who attended with a T&O injury stated that this was straight away or not too long. The remaining individual indicated that they received some of their results the next day;

"Same night and next day" (Ward D43)

For those that attended with a general medical condition, some described this process as efficient with test results being given straight away, however a number were waiting for more tests and scans to be undertaken, as well as their results.

"They have done everything, they were lovely, more or less as I was lying there, they were checking my urine and temperature" (Ward B26)

"Had blood clot on Monday and my liver or kidney function was low, it was about an hour or so I thought that was pretty efficient" (Ward B26)

"I got ECG bloods diabetes check, blood sugar tests, pretty quick ECG was alright, they didn't know what was wrong with the stomach and they did the scan the next morning" (Ward B26)

Just one of these individuals felt that they had been waiting some time and that they were not being kept informed;

"It's the cardio team that are taking the time they know what they need to do but they don't tell the patients" (Ward B26)

Respondents were asked how long they had to wait to see a consultant following their admission to hospital, although three respondents were unable to remember, the majority stated that this was straight away, within a couple of hours, the same day or evening or the next day.

"It was amazing, I handed in my paperwork and was seen within minutes" (Ward B26)

"He came along before I come onto the ward, it was quick" (Ward B26)

One individual admitted to Ward B26 with breathing problems was unsure whether they had seen the consultant or not, whilst the other who was admitted with a blood clot, stated that they had not seen a consultant yet, however it was unclear when this individual was admitted to hospital;

"I wouldn't know if it was a consultant if they stood in front but have seen doctors" (Ward B26)

"Not seen him yet just the nurses" (Ward B26)

The following table shows the operations / procedures that respondents had or were waiting for. Unfortunately, some respondents did not specify how long they had to wait following their admittance to hospital.

Six of the individuals who were interviewed on Ward B26 and one on Ward D42 indicated that they did not require surgery but instead were undergoing tests, with one individual who had terminal cancer waiting for blood test results before a decision was made as to whether they needed to be transferred to Royal Victoria Infirmary.

"Haven't had surgery, they are just adjusting the medication, but they have to do the dye thing in the veins to see if there are working right" (Ward B26)

"I've just had scan on my kidney to make sure I'm alright, yesterday morning and the results were back and they said I was fine" (ward B26)

Table: Type of surgery and waiting times

Type of surgery / details of condition	Waiting time following arrival at hospital
Orthopaedic surgery	Next day
Orthopaedic surgery - hip manipulation	12 hours
Orthopaedic surgery - hip	Next day
Orthopaedic surgery - hip	Next day
Stomach drain	3 days
Gall bladder surgery	Patient still waiting
Endoscopy	Patient still waiting (expected within a couple of hours)
<i>Details not provided:</i>	
<i>Orthopaedic surgery – hip (x4 respondents)</i>	
<i>Orthopaedic surgery - operation on leg</i>	

Endoscopy
Orthopaedic surgery - broken femur

For those that have underwent or were waiting for their operation / procedure, the majority indicated that they did have the opportunity to discuss their surgery with the surgical team;

“Yes, told him everything” (Ward D43)

“He’s been very clear and concise” (Ward B26)

“The consultant was to the point, he knew what he was talking about” (Ward B26)

However, two respondents stated that they hadn’t both of which had undergone hip surgery (no further details were provided).

In terms of how often respondents have seen a consultant during their stay, most indicated that they have seen one everyday. Others stated once, twice or three times however, it was unclear how long these respondents have been in hospital.

Respondents reported no issues in how frequently they have seen a consultant, with just the one individual commenting that they have not seen one yet.

Just over half of respondents were aware of how long they are expected to be in hospital, with some stating that they were going home today, tomorrow or in a few days. This was a mixture of individuals admitted with a T&O injury and those admitted with a general medical condition.

“They are going to check me out tomorrow and if everything is ok and they are happy I will get home tomorrow” (Ward B26)

“Just said they’re going to keep me in and monitor my blood pressure. Could have let me go home yesterday but they’d rather keep me in” (Ward B26)

However, approximately nine individuals indicated that they haven’t been told when they can expect to go home;

“No, I haven’t spoken to anyone about anything” (Ward B26)

“I have no idea, they’re leaving that wide open” (Ward B26)

There was a fairly even split in terms of those that were aware of their recovery plan and any necessary post-surgery advice or therapy support, and those that weren’t. Again, this was a mixture of individuals admitted with a T&O injury and those admitted with a general medical condition. Some individuals who were being discharged on the day the interview took place, or the day after, indicated that they were not aware.

Those that indicated that staff had spoken to them discussed an assessment being undertaken at home, home visits from district nurses and aids around the house. These were all mentioned by individuals admitted with general medical conditions to Ward B26, those who were admitted to the T&O did not elaborate on their answers.

“They have said something and there might be someone to do a home visit to make sure everything is ok there” (Ward B26)

“Different aids with the MacMillan walkers, boxes round the toilet, shower seat and they're talking about putting a different bed in downstairs” (Ward B26)

Just three individuals indicated that they had been told who to contact following discharge if they have any immediate problems, all of these were admitted with a general medical condition. One of these individuals stated that you ‘get a discharge card’ and another that you can ‘come back to hospital’. One individual who stated that they hadn’t been made aware assumed that they would contact their GP unless they got a hospital appointment, whilst another stated that they have been given a MacMillan pack.

Overall, nearly all were satisfied with the care and treatment they have received with many commenting upon the attitude of staff and the high standard of care received.

“No issues happy with care” (Ward D43)

“Care really good, staff lovely, treatment excellent, food and beds not good” (Ward D43)

“Lovely care, do a wonderful job, food lovely (put on weight)” (Ward D43)

“Great, brilliant care, nothing to complain about they have all been great” (Ward B26)

Suggestions for improvement were made by a small number on Ward B26. None of the respondents on the Surgical Inpatient Unit or the T&O ward made any suggestions.

- Improved food
- Comfier beds and extra pillows
- Reduced response times for the ambulance service (this individual had to wait five hours for an ambulance)
- Improved attentiveness of staff

The latter point relates to the comment made by one individual on Ward B26;

“I'd say good things could always better. I asked them last night for a pillow and no one came back with it. I asked for a sandwich because I'm meant to eat 6 small meals a day and no one came back”

Just one individual commented upon their poor experience in the ED. This individual attended the ED after being referred by the walk-in centre for a water infection but was sent home. The next day their condition deteriorated, and the GP sent them straight back to the ED (no further details were given);

“A&E rubbish, in here lovely, ask all the time are you ok and they show you where things are”

Respondents were asked to indicate what was most important to them as a patient in terms of accessing emergency care for a serious or life-threatening problem. Individuals were able to select their top three priorities. Getting the right treatment as quickly as possible (18 respondents) and quick access to an expert / specialist (13

respondents) were considered the most important, with services close to home the least important (4 respondents).

Table: Priorities for respondents in terms of accessing emergency care

	Number of respondents
Getting the right treatment as quickly as possible	18
Quick access to an expert / specialist for condition	13
Quick access to tests and scans / diagnosis	8
Knowing where to go for the seriousness of condition	7
Services which are close to home	4

3.3.2 Patient reviews

3.3.2.1 South Tyneside

A total of three individuals have left comments on the NHS Choices website since January 2017 with regards to the emergency surgery that they received at South Tyneside District Hospital.

Two of these highly commended the care and treatment that was delivered by staff both in the ED and on the surgical wards that they were admitted to (specific details of the wards were not disclosed). These individuals described their treatment as efficient and the staff as professional, friendly, caring and conscientious. Both individuals felt that staff took time to explain everything to them, with one commenting that the aftercare received was excellent.

“I found every single member of staff that I came into contact with to be professional, friendly and very caring. Instances like this makes me grateful and thankful for such an excellent local hospital”

“During his two stays he received a very high standard of care from all the staff he encountered. They took the time to explain things to him and treated him with respect at all times. He was well looked after. All staff including nurses, doctors, orderlies etc. were all friendly and helpful”

However, the remaining individual commented upon their poor experience of both the ED and the surgical ward (details of the specific ward was not disclosed). With regards to the ED, this individual commented that the department ‘cannot cope and do not have the facilities to deal with people with complex physical disabilities’. This individual needed somewhere to lie down as they are unable to sit and only able to stand for a short period of time. Furthermore, once admitted to the surgical ward, this individual felt that their appointed surgeon was disrespectful – talking over them with the surgeon raising his hand at the individual. Subsequently, the individual left the hospital and was re-admitted to another hospital within two hours for surgery. Further negative comments were made about the cleanliness of the hospital as well as the hospital generally being run down. This review was left in February 2018.

“I will never be admitted to this hospital again, it has been slowly run down and the only the management can be to blame as they have the purse strings. Staff are not happy, with some saying they used to care but now it’s just a job and I understand why totally. I have even spoken to students who say that after training they will never want to work there and that is a shame as this was once a great hospital along with the Ingham Infirmary but too much money has been wasted on making the outside look good instead of spending on the medical needs of patients. The result is slowly the closure of many wards and transferring to Sunderland many aspects of several specialties of which I totally agree. It’s sad that the dedicated staff have to see this happening as there are some staff that are dedicated still in the hospital but are seriously over worked and underpaid for what they have to do”.

3.3.2.2 Sunderland

Just one individual left a comment on the NHS Choices website regarding the emergency surgery they underwent at Sunderland Royal Hospital (January 2017). This individual indicated that they whilst waiting 15 hours for their appendix to be removed, they were not given any pain relief when asked for. Following their surgery they were placed on a ward and within a short time all patients in the bay were moved to the staff room whilst the ward was cleaned.

“Patients had to all look after each other and there was nowhere to plug in the drips. We were left to sit on wooden chairs. The room was incredibly filthy. I will never return to Sunderland Royal Hospital ever again”

4 Appendix

4.1 Patient Experience Questionnaire

Patient Experience Questionnaire

Date of Survey / / Ward _____ Site _____

No of Patients on the ward No of Patients surveyed No of refusals

Name of surveyor _____

Name of checker _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Q1 I want to know how consistent your care feels. Sometimes in a hospital, a member of staff will say one thing & another will say something quite different. Did this happen to you on ward?

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly ever																			
5	Never																			
Total:																				

Q2 In your opinion how well do the doctors and nurses work together on this ward?

																			ST	CT
1	Excellent																			
2	Very Good																			
3	Good																			
4	Fair																			
5	Poor																			
Total:																				

Q3 Overall on this ward, did you feel you are treated with respect and dignity?

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly ever																			
5	Never																			
Total:																				

1	Yes, always																					
2	Most of the time																					
3	Some of the time																					
4	Hardly ever																					
5	Never																					
																				Total:		

Q14 In your opinion, how clean was the hospital room or ward that you were in?

																				ST	CT	
1	Very Clean																					
2	Fairly Clean																					
3	Not Very Clean																					
4	Not Clean At All																					
																				Total:		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Q15 How clean were the toilets and bathroom that you used while on this ward?

																				ST	CT	
1	Very Clean																					
2	Fairly Clean																					
3	Not Very Clean																					
4	Not Clean At All																					
5	I did not use the Bathroom or toilet																					
																				Total:		

Q16 As far as you know, did doctors wash or clean their hands between touching patients?

																				ST	CT	
1	Yes, always																					
2	Most of the time																					
3	Some of the time																					
4	Hardly ever																					
5	Never																					
6	Don't know / Can't remember																					
																				Total:		

Q17 As far as you know, did nurses wash or clean their hands between touching patients?

																				ST	CT	
1	Yes, always																					
2	Most of the time																					
3	Some of the time																					
4	Hardly ever																					
5	Never																					
6	Don't know / Can't remember																					
																				Total:		

Q18 Do you think the staff on this ward did everything they could to help control your pain?

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly ever																			
5	Never																			
6	I am not in any pain																			
Total:																				

Q19 Have you started any new medicines or tablets on this ward? Were you given enough explanation about what these were for?

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly any of the time																			
5	No																			
6	Not needed																			
7	No new medicines																			
8	Don't know																			
Total:																				

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Q20 Did any member of staff tell you about side effects to watch for?

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly any of the time																			
5	No																			
6	Not needed																			
7	No new medicines																			
8	Don't know																			
Total:																				

Q21 Were you told how to take your medication in a way you could understand? (eg before or after meals, with water)

																			ST	CT
1	Yes, always																			
2	Most of the time																			
3	Some of the time																			
4	Hardly any of the time																			
5	No																			
6	Not needed																			
7	No new medicines																			
8	Don't know																			
Total:																				

Q22 Were you ever bothered by noise at night from hospital staff?

															ST	CT
1	Yes, always															
2	Most of the time															
3	Some of the time															
4	Hardly ever															
5	Never															
Total:																

Q23 Were you ever bothered by noise at night from other patients?

															ST	CT
1	Yes, always															
2	Most of the time															
3	Some of the time															
4	Hardly ever															
5	Never															
Total:																

Q24 Were you treated with kindness and compassion by the staff looking after you?

															ST	CT
1	Yes, always															
2	Most of the time															
3	Some of the time															
4	Hardly ever															
5	Never															
Total:																

Q25 How likely are you to recommend this ward to friends and family if they needed similar care or treatment?

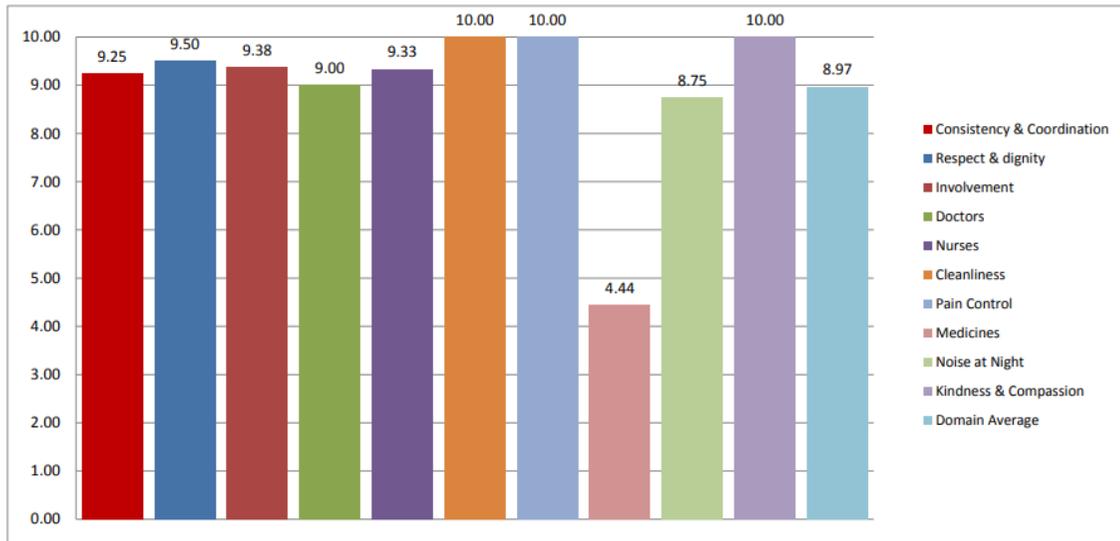
															ST	CT
1	Extremely likely															
2	Likely															
3	Neither likely nor unlikely															
4	Unlikely															
5	Extremely unlikely															
6	Don't know															
Total:																

Are there any comments you like to make, Is there anyway we could of improve quality of care whilst you have been on the Ward?

4.2 Ward 10 – South Tyneside Foundation Trust



10, STFT as at 15/01/2018



100% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 3

Number of respondents 5 (31%)

6 Declines



Comments from patients.

Pt1. Q1. Its been consistent, in fact its that consistent that I said to Sam (SN) that I was going home today and she said 'as soon as you get your antibiotics you can go' - Q2. Very, very good - Q3. Yes they are, always very pleasant - Q4. Anything I've asked they tell me, I said to Mr Shipley what caused it (infection) and he said he was 99% certain it was because on an infection in the kidneys - Q8. Quite happy, give me whatever I've asked for, they've not battered me down with information - Q6. Its been given at the right time - Q8. Yes they have - Q9. Got to, who else can you trust? I prefer the day shift to the night shift, they seem to have more doctors floating around than on a night time - Q10. There was a lot this morning, about five or six but the Consultant was the one I was speaking to and he answered truthfully - they (other doctors) didn't have a lot to say, they just left when he (Consultant) did - Q12. Yeah... I like Sam - Q14. Spotless - Q15. Never had a wash since Friday because i had a bag on, by Sunday I was itching for a shower...it was great...yeah fine, really clean - Q16. They do, and the visitors - Q17. They wear aprons and gloves, if they come in on the ward without gloves on they use the gels - Q18. All they offered was paracetamol and they asked if it was alright to take take them - Q19. Been on antibiotics...just tablets in a little cup two a day...I didn't ask, If I've got an infection its the only way to take it away is with antibiotics - Q20. I just summised there wasn't (side effects) - q21. Assumed it was just with water, they didn't mention if it was or without food, but come to think about it its always been before meals - Q22. Not the staff - Q23. There was him and that guy over there...just tried to make him comfortable, thats all they (staff) can do, to be fair they've been really good, lights go out at 9:30pm or 10:00pm, mind you Sunday they were on nearly all night but there was loads going on, beds moving in, beds moving out - Q24. If i had the power I'd givethem a thousand pounds a week - Q25. Certainly, with no hesitation

Pt 2. Q1. No all been perfect on here - Q2. I think theres too many doctors, the nurses do a brilliant job, but the doctors seem to interfere, that's my opinion anyway...they're all very good, can't say that's nothings wrong, they're all excellent - q3. Always with respect - Q6. All informations been given at the right time, sometimes it goes over my head - q7. Always someone to talk to, with the patients - Q8. Sometimes and sometimes it seems to go over my head, the way they talk to you, you've got that many doctors at one time - Q9. You've got to haven't you, who else are you going to trust - Q10. You feel like that (excluded) but you know they're not, but thats how you feel - Q12. They're excellent - Q14. Perfect...changing beds and mopping - Q15. Haven't been there yet - Q16. They wash their hands - Q17. They do the same (as question 16) - Q18. They ask - Q22. Theyre quiet on a night time, you don't hear a peep, you can hear them moving around but they try to keep quiet - Q24. They make you feel welcome - Q26. I'm quite happy with my care

Pt 3. Q2. Definitely they have for me Q3. Definitely Q4. Yes definitely - hes just been to explain things and if they think you need soemthing different they will try it Q5. To me they have done everything and about COPD and they are trying different things and hes going to have me back to the clinic Q6. Everything definitely Q7. its been fine Q8. Sometimes i don't understand, Dr Bone has said if I am not sure to tell him and he will explain differently even the people who come with him are lovely Q9. definitely Q10. talk together, thats what i like them to do to plan and they do that Q12. definitely Q13. They never stop Q15. Everytime I've been its clean Q16. Loads of times they do, I see it all the time Q18. The staff have helped me Q19. New inhalers and changing one of my tablets and have put me on steriod Q20. But i already know because I've had this for such a long time Q24. definitely Q25. The staff are excellent and do a great deal

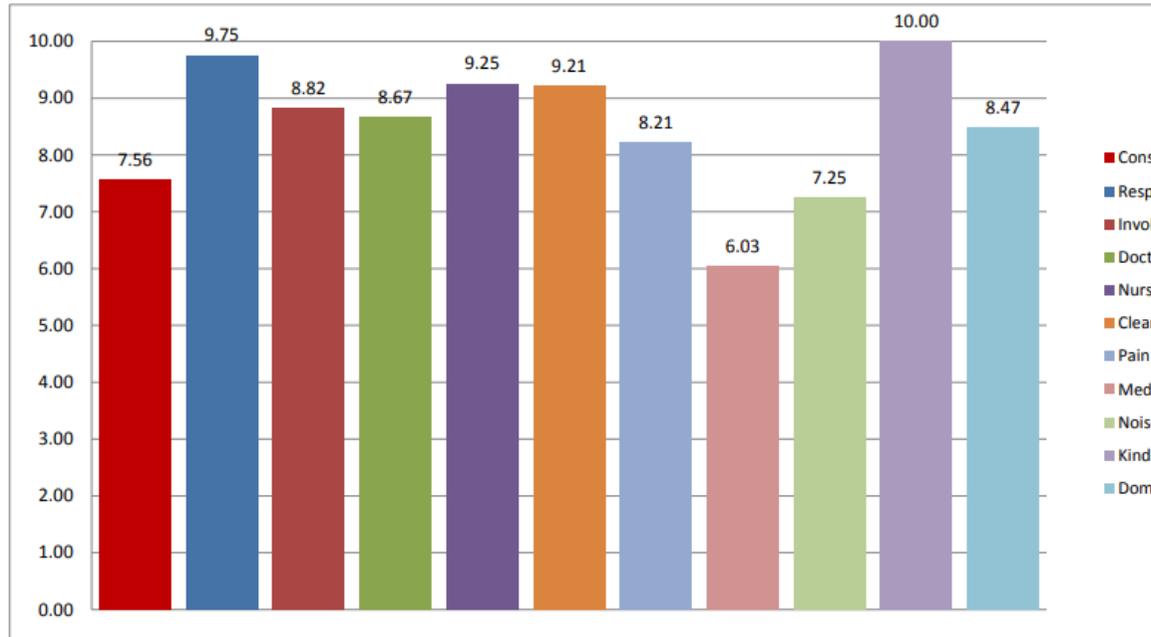
Pt 4 Q4. Don't really know Q5. Very little Q10. when they are with others it sometimes happens Q11. 50/50 question sometimes they do and sometimes don't Q13. They do

Pt 5 Q2. They are excellent Q4. I've even got my own note book to be able to ask him questions and I trust him completely Q5. Dry Ellis Q6. Straight away Dry Ellis has been 3 times already Q7. Its not been easy for me, I have had a wobble and a member of staff caught me and we had a good chat, always there for you and asking if you're OK Q8. Found out a lot more about my condition now, whether good or bad, I still know more now Q10. Never fail to include me Q12. always there for you Q13. Always chatting to me Q14. Always cleaning it, could eat off the floor Q15. Only go to one, its my favourite and I feel comfortable there Q16. always using the gel or the sink in the corner Q18. Always come round and check and give you something if needed Q22. Staff no, they can't help it if they have to make noise to help patients Q23. Just the past 2 days, talking and shouting and wondering about at night Q24. Always

4.3 Ward 3 – South Tyneside Foundation Trust



Ward 3, STFT as at 11/01/2018



100% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 9

Number of respondents 10 (42%)

4 Patients Declined



Comments from patients.

Patient 1 - Q2 - They do work well together in here. Q9 - Yes - they are lovely. Q11 - Yes and if they don't know the answer they go and find out for me. Q16 Yes they always use the gel. Q23 One old lady in particular is always calling out to go home. Q25 Yes I would recommend it I like it in here. Any other Comments/ Suggestions - yes - Cheaper television.

Patient 2 - Q8 - I would ask if I didn't. Q9 - I am confident to ask them anything Q11-They talk straightforward to you. Q12 - Yes they are all good. Q14 - It's fairly clean in here. Q15 - Yes they are ok. I couldn't fault them. Q16 - You cant see them washing hands in here cos there is no sink but I see them using the gel. Q17 - the same - there is no sink but they do use the gel. Q19 - They (nurses) don't know what the tablets are for when I ask them. They are just giving them out . Q21 - They don't know what the tablets are for so they can't advise of anything. Q24 - The nurse through the night is very good - she checks on me all the time - can't do enough for me. Q25 - I've been on here a few times and it is always the same - always okay. Any other Comments/Suggestions - Most of the time the food is lovely but today the dinner wasn't nice - I couldn't even tell what it was. It didn't taste nice.

Pt3. Q3. Very very good Q4. I think that could be a bit better, I am his grandma and when his mam comes in she has to ask about things, but that depends who is on. Roisin is brilliant Q5. Still can't get a diagnosis been in and out over 3 years, he can't keep things down orally, but he's a lot better now he has the drip Q6. They do tell me stuff Q7. He knows the ones to ask Q8. sometimes yes - sometimes not, consultant doesn't listen but the junior one did listen that's how am on the drip now Q11. They seem to listen more to me Q13. They talk with you Q18. But that's because I can't have it but they do offer me something else Q23. Shouting and snoring

Pt4. Q3. Very very good Q4. I think that could be a bit better, I am his grandma and when his mam comes in she has to ask about things, but that depends who is on. Roisin is brilliant Q5. Still can't get a diagnosis been in and out over 3 years, he

Pt 5. Q1. They all do Q2. Very very well, I think they do and they do a great job Q3. Definitely. Q4. I keep getting treated for different things Q6. Not a bloody thing Q8. No never answer the questions Q9. No Q14. Very very clean Q17. Mostly Q18. Haven't got a clue Q24. They do

Pt 6. Q3. Very mush so Q4. Still assessing so no decision made yet Q5. They could only give me information about test until the results are back Q11. Nurses are brilliant, unusually for most people there were two nurses from 15 months ago when I was in came to see me so that was really nice couldn't ask for better care Q15. Been restricted to one due to the flu Q18. Its a question they always ask Q19. Yes Q23. A little, people wonder around at night but that's to be expected Q24. Definitely (comments- Been on this ward 3 times and always been great

Pt 7. Q4. Information not always disclosed, you have to keep asking Q6. As before Q7. They speak with me Q23. Patients are a disgrace its just unfortunate, its not the staff, the chap next to me was trying to get in bed with me and then trying to get my clothes on. I think they should be in a room together if possible and a nurse sitting in there to try to stop it happening and then they might not disturb each other

Pt. 8. Q1. No all staff asked me questions as I've gone along - Q2. All worked very well since I've been in - Q4. If you ask them questions they'll tell you - Q5. Since I've been in got all its been fine, they've got all my notes and medical history - Q6. Been timely because when I've been having blood tests as soon as the tests are back they've informed me and its been acted on - Q7. Always available to talk to - Q8. Some of it can be (medical) but if you push them they'll clarify it in laymen's terms - Q9. I have yes - Harris was on Ward 6 so I know him and he knows my medical history - Q13. Always found them helpful and friendly, they've got a hard job to do and they do it well - q16. Yes and afterwards too - Q17. Come in with gloves on, I was in isolation for four days and they all wore masks - Q18. If I'd asked for it and I can get extra if I need it - Q19. Just to open up my airways - Q21. Just put it (inhaler) in the table but it was early morning - Q23. One lad used to scream and shout, it was only for a couple of nights - Q24. Very nice, very good - Q25. I would have no qualms - Q26. All been very good, they do a hard job for what they have to deal with

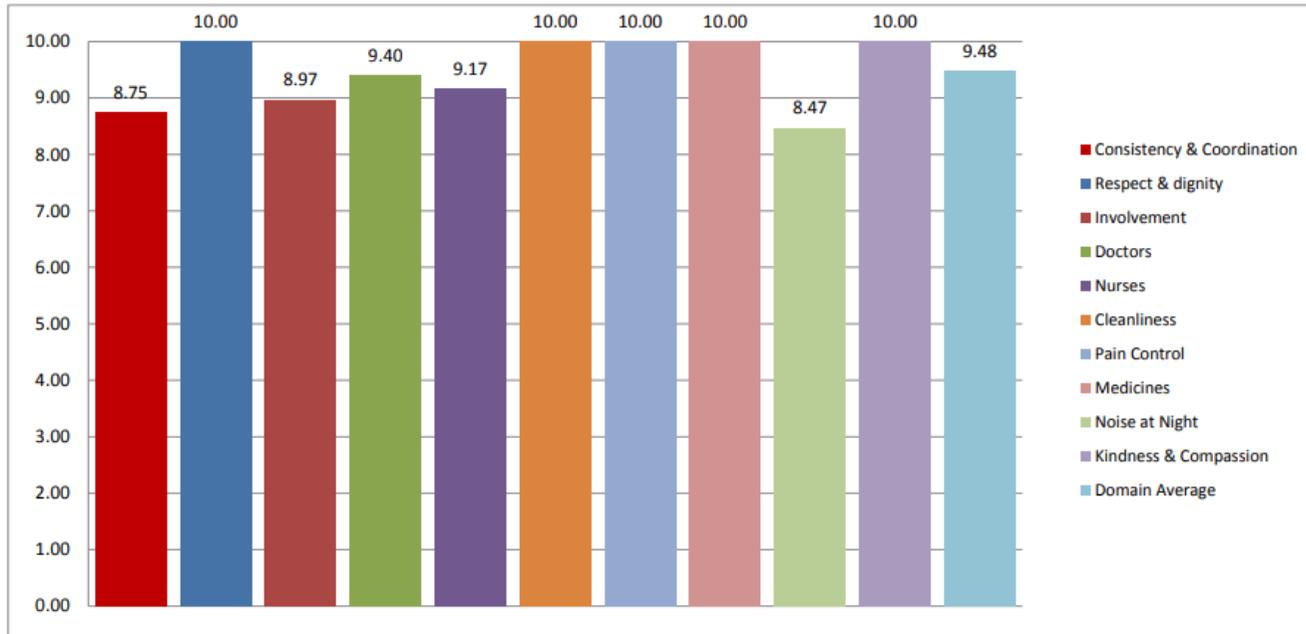
Pt. 9. Q2 Been alright - Q6. Been alright - Q7. Just got to wait for them - Q9. You've got to, they know more than you - Q13. Keep you involved - Q14. Cleaning all day every day - Q19. I'm on a drip for antibiotics, they did blood tests yesterday to make sure its working - Q21. Normally at six at the morning and dinnertime, think there's another one on a night time - Q24. They're kind

Pt. 10. Q1. A little bit - Q2. Nurses are alright just the doctors they tell me something different, it's a different one every time - Q4. Just said that my blood sugars are low and I need this - Q5. Sometimes its different bits of information from different people, it gets confusing - Q6. A bit, some keep me up to date, I though it was just one doctor that I would see, but its a different one every single time, they come in ask questions and walk away without saying why they're asking it - Q8. Its not medical, they simplify it - Q10. If there's a few around they talk to me first but then they talk amongst themselves, they tell me first, but I don't understand what they said to each other - Q12. The nurse put a catheter in me got loads of blood, I was in loads of pain with it - (Relative) it scared him - (Patient) they said it's not that bad but I was bleeding for hours, they did follow it up with an Ultrasound on my belly - Q14. See them mopping about - Q19. Just different drips - Q21. Aye, just said for how long - Q24. Definitely - Q25. Definitely - Q26. I'm happy with my care

4.4 Ward 2 – South Tyneside Foundation Trust



2, STFT as at 11/01/2018



100% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 3

Number of respondents 9 (53%)



Comments from patients.

Patient 1 - Q1 - I was told I was going home tomorrow now somebody else has told me I might be going home today. Q2 Excellent yeah they work very well together. Q3 All the time definitely - when I you think how poorly you are when you come in they definitely treat you with respect. Q4 Oh yes they have talked to me about getting care at home and about equipment I need at home. Q5 - Yes definitely. Q6 - They speak to me all the time Q7 I haven't had any worries or fears but if I had I would have been able to talk to somebody. Q8 Oh yes - they asked me if I understood and asked me if there was any more questions I would like to ask. Q11 Yes no problems they have all been lovely. Q12 Yes everyone. Q14 It's immaculately clean - I've got nothing but high praise for everyone. Q15 Immaculate - I've never found any mess or dirt. Q16 Yes they use the hand gel. Q17 Yes they use the gel and they wear gloves Q18 They ask if I'm in pain and ask if I need anything for it. Q22 No not the staff they don't make a noise. Q23 Yes you hav a good night and then a bad night with noise from other patients. Q24 Yes definitely - always. Q25 Definitely - I've found it to be fantastic. Any other Comments - Yes - when you first come in you are really poor;y and they ask if you need any help at home and ask what kind of help but you are too poor;y then to know - they should wait until you are a bit better to ask. I would also like to say that the Doctor in Casualty (Sam - Lucas????) was fantastic. I couldn't have had a nicer doctor.

Patient 2 - Q4 Oh yes they talk to me Q12 Oh yes - I want to stay in here! Q13 The nurses are nice Q25 Oh yes - it's good in here my sister and my friend has been in here, I want to stay here.

Patient 3 Q3 definitely. Q4 Haven't been in long enough yet to know. Q7 I was able to speak to the staff this morning. Q9. I haven'y been in long enough to have had much contact. Q14 Oh yes it's vet clean - they do the tops of the doors and everything.. Q15 Oh yes exceptionally clean. Q25. Yes I would definitely recommend here. Any additional comments - no I dont have any suggestions - It's been alright in here.

Patient 4 Q2 - It's a good hospital - I don't know of a better one. Q3 No problems whatsoever - I've enjoyed my stay in here. Q6 Yes - I've had no problems with that. Q7 I've had no worries - nothing at all. Q8 Oh yes Q9 Absolutely - the doctors could not be better - they are first class. Q11 Oh yes they (nurses) couldn't be better - I've had no problems at all. Q12 Excellent nurses - if I need anything they are there in a moment. Q14 Spot on. Q15 I've seen nothing but cleanliness - everything gets attended to immediately. Q16 I've seen them washing their hands before they go to the next patient. Q22 Never - none whatsoever - they can't do enough for you. Q23 I can honestly say I've had no problems at all., Q25 I wouldn't hesitate to recommend it. Any additional comments - Yes - I couldn't speak more highly of this ward.

Patient 5. Q1. I would say what's said is what's said, been perfect got no qualms, ever bodies been good - Q.2 I would say so, a very happy team, pleasant team - Q3. From coming in I've found them to be very respectable - Q4. As far as I'm concerned yes, they involve me in what's going on, you have a choice whether you want to stay in your bed or sit in a chair, you're not just a number - Q5. I would say yes, treat you normally, its not too much, not too little - Q7. Always. If one nurse can't answer you she'll pass you onto another who can - Q8. Just talk in plain English - Q9. Definitely - Q10. No never (exclude) its done as a team - Q11. Yes, really great, they work hard, there's not enough of them with what they have to put up with - Q14. Very, very clean they wash these rails, the floors even the chairs - Q15. So far all I have is a dish of water on the trolley, yes its perfectly clean - Q16. They use that (gel) on the end of the bed even if they're just talking to you - Q18. Yes. can't say I've had a horrific amount of pain but I've been given paracetamol, they ask you but it is at regular times - Q19. I wouldn't know, got antibiotics and tablets that I take at home - Q20. Not what I've been told - Q23. The one that was has gone, they were eating crisps during the night, rustling in the bag, they (staff) did ask her to stop but they didn't take much notice of them - Q24. I would say yes, they say good morning to you and good bye when you're going home, they treat you as if you're something special, not at all grumpy - Q25. I would just say you're lucky to get into a ward like this - rather a happy ward - Q26. I've had wonderful care, wonderful nurses, nice doctors and if I had to come back in I wouldn't be upset

Patient 6. Q1. Consistant I would say - Q2. Seem to - Q6. I don't know really - Q7. I don't ask - Q8. A bit complicated - Q10. Sometimes yes - Q14. It's clean, always been a clean hospital - Q24. Oh yes, they're chatty and pleasant

Patient 7. Q1. Sometimes theres very little follow up, I suppose its whats going on at the time, it just gets really busy - to be honest we chase things up now, but I feel like you have to - Q2. I would think so they seem to speak to each other - Q5. I could do with more, most of the time we ususally have to ask and theres not always someone there to ask - Q6. Just as if they maybe don't know - Q7. Most of the time because we are in twice a day and my sister comes in on an evening so will ask if I'm not able to - Q8. Doctors been OK - Q9. Not sure if they have the sort of expereince to deal with this sort of dementia my mam has, like it makes her sleep all day and night, maybe it's because me and my sister have looked after her all of the time and we know her and what shes like, I wonder if they know enough of the symptoms, are they older peoples doctors or young doctors? - Q11. They've been good - Q12. The nurses have been very good - Q14. Seems OK, my mams doubly incontinent and they'll just come straight in to help - Q15. Don't use toilets outside of my own house - Q17. Yes, they always put gloves on - Q18. They try but shes in consistent pain with her knee, she gets four lots of pain killers and another one on a morning and one on a night - Q19. They did, blood thinning which no body knew anything about - she was in for two and a half week and came out - when she came back in with A&E thats when we found out - Q22. She's never mentioned it - Q23. All been very good - Q26. Couldn't make any complaints, they all do their best in the circumstances

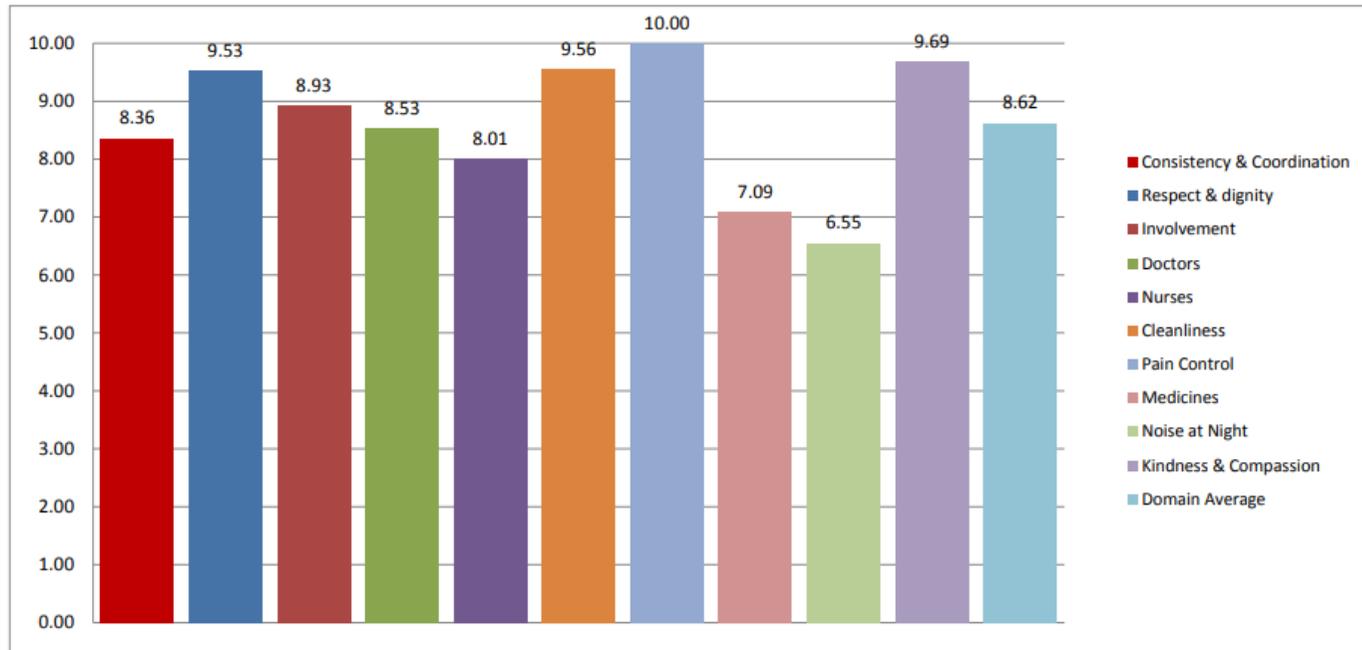
Patient 8. I don't think that will ever happen Q2. I am satisfied with the progress as it is now Q3. Yes they always treat me well always polite Q4. I wouldn't say they ask but I would, the doctors do tell me what is going on, they explained what was the plan Q5. To say it was difficult but not impossible to have the op, which give me the choice to make my mind up Q6. I would say they do their best, think when you have your bloods tested the results could be back a bit quicker Q8. Sometimes i feel they hear what they want to and soemtimes feel who am I Q10. Generally its been one doctor, so they can talk to me and i can to them Q11. I think they can answer it the best they can, i fon't thinkthey would hold anything back Q13. No they are kinder and listen to what you say Q14. With the staff they have, I think sometimes the floors are too polished in case of slips Q15. They are very clean, but soemtimes there is a little spillage but if the staff are notified its cleaned Q16. Didn't oay that much attention to them Q17. I see the nurses sometimes Q22. sometimes because the computer is outside the room, I can hear the conversation Q23. sometimes you do get a bit annoyed with the odd patient

Patient 9. I don't think that will ever happen Q2. I am satisfied with the progress as it is now Q3. Yes they always treat me well always polite Q4. I wouldn't say they ask but I would, the doctors do tell me what is going on, they explained what was the plan Q5. To say it was difficult but not impossible to have the op, which give me the choice to make my mind up Q6. I would say they do their best, think when you have your bloods tested the results could be back a bit quicker Q8. Sometimes i feel they hear what they want to and soemtimes feel who am I Q10. Generally its been one doctor, so they can talk to me and i can to them Q11. I think they can answer it the best they can, i fon't thinkthey would hold anything back Q13. No they are kinder and listen to what you say Q14. With the staff they have, I think sometimes the floors are too polished in case of slips Q15. They are very clean, but soemtimes there is a little spillage but if the staff are notified its cleaned Q16. Didn't oay that much attention to them Q17. I see the nurses sometimes Q22. sometimes because the computer is outside the room, I can hear the conversation Q23. sometimes you do get a bit annoyed with the odd patient

4.5 Surgical Inpatient Centre – South Tyneside Foundation Trust



SIPC, ST as at 09/01/2018



100% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 9

Number of respondents 16 (48%)



Comments from patients.

Pt 1. Q2. Hardly seen a doctor, the nurses are good - Q4. I'm not sure - Q6. Don't Know - Q7. Most of them (staff), some of them can be a bit abrupt, but they're just doing their job - Q8. I saw the Doctor when I came in and one for a few seconds on Saturday who came and give me a blood test. The doctor came in yesterday who did my blood test and told me the result - Q9. I trust them - Q10. Yeah a bit, you're just a number to them - Q11. Yes I have - Q12. Most can be very helpful - Q15. They're alright - Q16. Having really seen then but only because there's only be two in here since I came in - Q17. Yes and put rubber gloves on - Q18. I've had a terrible sore back two days ago, think it was from sitting all day - give me pain killers that night and it did help - Q19. Not sure - Q22. Just the lights across there in that building, it just glows right in my face because the blinds don't close properly - Q24. I hardly see them - Q25. About a seven or eight out of ten

Pt 2. Q1. Don't know, but they're quite nice - Q2. I think they do - Q3. Just the way they (staff) treat you, its not over your head or like your beneath them - Q4. I don't know, I think they'd have to be - Q5. Sometimes you do and sometimes you don't - Q6. Been delayed a couple of times, you don't always get it straight away - Q7. That's never cropped up in my case - Q8. I have done sometimes you get the right answer and sometime you don't so now I don't bother (to ask questions) - Q9. Oh yeah definitely - Q10. I don't think they (Doctors) come round enough to talk to you, they spoke to me but also amongst themselves naturally - Q12. Yes definitely, some are quite nice, some are on the off side and some are not - Q14. Dead clean, they're always cleaning - Q15. Think they're alright - Q16. Do wash their hands all the time - Q17. Never took that much notice - Q18. As far as they could - I have had to wait if they're been busy - Q21. Just let me get on with it - Q22. Some of them (staff) have - Q24. Just the way they talk to you, its not all of the time but most of the time, some can be bad tempered the same you, we all have off days - Q25. I would , they're here to make a difference

Pt. 3 Q1. I came in before News Years Eve and this is the first time I've seen a Doctor, I think there was a mix up or something - Q2. I think they're brilliant, the nurses are lovely because nothing is a bother to them - Q3. Yes, even the cleaners are lovely and the ones in brown uniforms - Q4. I've never had any discussions until now, just this one (Doctor) asked if I was happy to go home, said they just need to sort out some tests and tablets - Q5. He (Doctor) did tell me but mind you its gone over my head, I should of had one of my family with me, such a lot of information about this tablet and that tablet - Q6. I was meant to see Doctor Butt in outpatients but I was brought in here - didn't let him know I was in here, in fact his secretary rang me because I didn't turn up for my appointment and she seemed a bit upset that I hadn't rang them to let them know - Q8. Just explaining about the tablet, I didn't ask anything because I was just trying to take everything in and get my head round what the tablets were about - Q10. Just talking to me, they (Doctor) said something to the other Doctor and said that I needed a chest x-ray -Q11. They're (Doctor) always in a hurry but they do answer - Q12. I do, especially one of them (nurse) she's so confident, so your confident - Shannon - Q14. Very clean, I've been watching then and they've been cleaning under the beds and all the rails and edges - Q17. I know the Nurses are in and out and washing they hands between rounds - Q18. Been getting pain relief, think it was paracetamol - straight away - Q19. No, just put it (medication) on the table, I suppose if it was a special one they'd say - Q22. I can hear all of the nurses talking over here (nurses station) but this room is right next to it - Q23. This lady (patient) here but she'd had a big operation and it was the bed making noises, like a fog horn. They (nurses) said they'd turn it off but they didn't, but she had just had a big operation, one of the nurses said that if a room (side room) came available she would let me know - Q24. Very very nice, they look after you well - Q25. I would ten out of ten, one of the nurses the other night was very dower, never smiled but so caring and kind, I suppose that was her way - Q26. Its a bit embarrassing when you've got to leave a pan in the toilet and other people are coming in, wish there was somewhere to put it, I know you can put a cover over it but it's still not nice having to leave it

Pt. 4 - Q2. Quite well - Q3. Yes absolutely, just seem to be consistent in what they do - Q4. As much as I wanted to be involved - Q5. No but then again I've not asked anything - its probably been the right amount of information - Q9. I just think that cannot do it and you can, well trained - Q11. Haven't really asked any important questions, I just assumed they know what there doing - Q12. Definitely, just kind and caring, and they're always ready to help - Q14. Nine out of ten (cleanliness of bay) - Q17. I know they (nurses) use gloves - Q18. They (staff) went and got it (pain relief) - Q22. A little bit - Q23. I hear them (patients) coming up the corridor but that comes with the territory - Q. 24. Just the way they (staff) talk to you, they don't frighten you and always concerned with your level of pain - Q25. Eight out of ten, because I wouldn't want to say ten out of ten and other people say well actually its more like eight out of ten

Pt. 5 Q2. Worked well, really nice, every bodies been lovely, I've had no bother - Q3. Been really nice, no ones been patronising - Q5. I could of asked questions but in that moment I was caught up with what they were saying, would be nice to see the doctor more - Q6. Been good, Doctor came in really early and had me booked in for a scan today because they didn't get me in yesterday, still not heard anything, I'm hoping its going to be today - Q7. If I called them (staff) they would come - Q8. They (doctors) have - Q9. Think I'm in good hands, If they don't know they'll say and go and find out, I've got total faith in them - Q10. Involved, they've never talked over me - Q11. Been really nice and really approachable and calm and reassuring - Q12. They're really nice - Q14. Dead clean - Q15. Champion, nice hot water and the nurse got me a towel - Q16. Always going to the end of the bed, its the first and last thing they do - Q18. Came round and checked, they'll say 'have you got any pain?', I was aware they were checking on me during the night, think it was about every hour or so - Q22. If the staff come in and they have to talk to a patient they do it quietly - Q23. Its the other patients shouting - Q24. Lovely, couldn't ask them to be any nicer, despite how busy they are no one is showing the stress, they're dead professional

Pt 6. Q1. Even staff on the opposite shift know what's happening so they must have a good handover - Q4. I would say yes, I have had further questions but then again I always have questions which other people don't nominally ask - Q6. Most have been timely, can't say there's been any delays, its always been consistent and properly communicated - Q7. I choose not to press (buzzer) because I see them (staff) flying up and down, I wouldn't press it unless I absolutely have to - Q8. Clear, concise information in a language I understand - Q9. Absolutely ever confidence - Q10. Not that I can recall, its been a joint party conversation with shared points of view - Q11. easy to understand - Q12. Absolutely _ Q13. Other than what's operationally forced upon them (staff), people with other needs come first and I completely accept that - Q14. Regular checks, the rooms mopped and people pick stuff up off the floor, not just left for the cleaners - Q15. By the nature of the ward people having bowel operations the toilet is used frequently, mind you its difficult to see if someone's in, its not like being on an aeroplane the with 'in use' sign - Q16. Yes, its something that I've noticed - Q17. When they're doing wounds and dressing they use this sterile pack and nothing is left I am confident they're doing everything to prevent any infection - Q18. Yes, very much I have had Susan the pain nurse and I think that is a really good idea, I react badly to normal pain relief and she has manufactured and recommended new medication for me to try - Q20. Said that the GP would take me through things properly but I've been made aware of nausea and sickness - Q21. Fully explained, the first time was prescribed the nurse checked my wrist bands before administrating my first dose - Q23. to be honest I pity them (staff), they try all reasonable ways to help other patients but its not always acted on by them (other patients), and yet they (staff) remain so compassionate - Q24. More than I can possible expect - Q26. One thing that's been nagging me, a lot of people are concerned about the NHS, some nurses have incredible skills, experience and knowledge about their jobs but many have said that after 30-40 years they would be leaving. It's nice to see Terry the student nurse, she's been following George whose been demonstrating things, it's nice to see that knowledge been passed on, but it's not enough to fill that void. It's gratifying seeing Terry on this ward and how she handles some of the difficult patients, someone of that age with so much authority

Pt 7. Q2. They do work well together - but they are over worked Q4. They follow me all of the time - they are straight forward, hold no punches and that's how I like it - they are very good Q5. whatever is wrong with me they tell me - keep me informed all of the time Q7. But they are always there if you need them doesn't matter how often the staff change, they are all the same Q8. But if not I would ask him - if they talk in technical terms I will tell them to tell me in plain English Q11. They tell you if they know it and answer you as honestly as they can no beating about the bush Q14. Great cleaner in every 2 minutes, its well looked after Q15. The en-suite is - obviously there is the odd person, but the cleaner always keeps it clean - I do think there should be a chair in there for when you get washed - sometimes

Pt 8. Q1. Just the odd time Q3. sometimes I feel that I am dismissed - I feel that they know what they have to do and just want to get on with it Q5. They speak through my daughter and she tells me she's happy Q10. There's about 4 that come and they talk amongst themselves and then one will explain to me Q13. Talk amongst themselves at the end of the bed but that's alright for me, they have to do that sometimes Q15. Excellent Q16. They have the materials that they use Q17. The ones that need to touch me do yes Q23. Patient shouts when he wants help

Pt 9. Q1. The physio wanted me to walk, but the chap who had done the operation didn't want me to put pressure on the foot - the staff do work well together Q2. Just question about the dressing Q3. they do but the nurse are under pressure a lot Q4. The decision is to stay and get the job done Q5. My specialist - I know what he is doing and looking for Q6. been fine - limitation that they can do Q11. Very good Q17. They do or put gloves on Q18. Always asking Q19. antibiotic drip Q20 Think they did but I felt a bit drowsy when they explained Q22. with the quick turn around in this bay it can get noisy moving beds and things but the staff can't do a lot about that Q23. People with their ailments and people wondering about so you are woken with that

Pt 10. Q1. Now and then they don't agree what's right for me Q8. some of the time they explain, its that I don't understand the medical terms Q11. They try to explain but again I can't understand everything Q13. Because they can't agree Q17. They do

Pt 11. Q1. Not at all. Q2. First time on the Ward, everything is how I would expect it to be Q5. Only due to me not understanding what he was saying and using big words Q14. spot on Q18. Yes they did all of the time Q23. First night I'd never been to sleep and there were a couple of patients snoring which I couldn't get any sleep Q25. I would recommend this Ward

Pt 12. Q1. I need whole milk one staff member say yes and one no Q12. The nurses are outstanding

Pt 13. (additional comments) I have had excellent treatment form everyone I have had nursing and treatment from, also Mr Nassan has been 100/10 looking after me

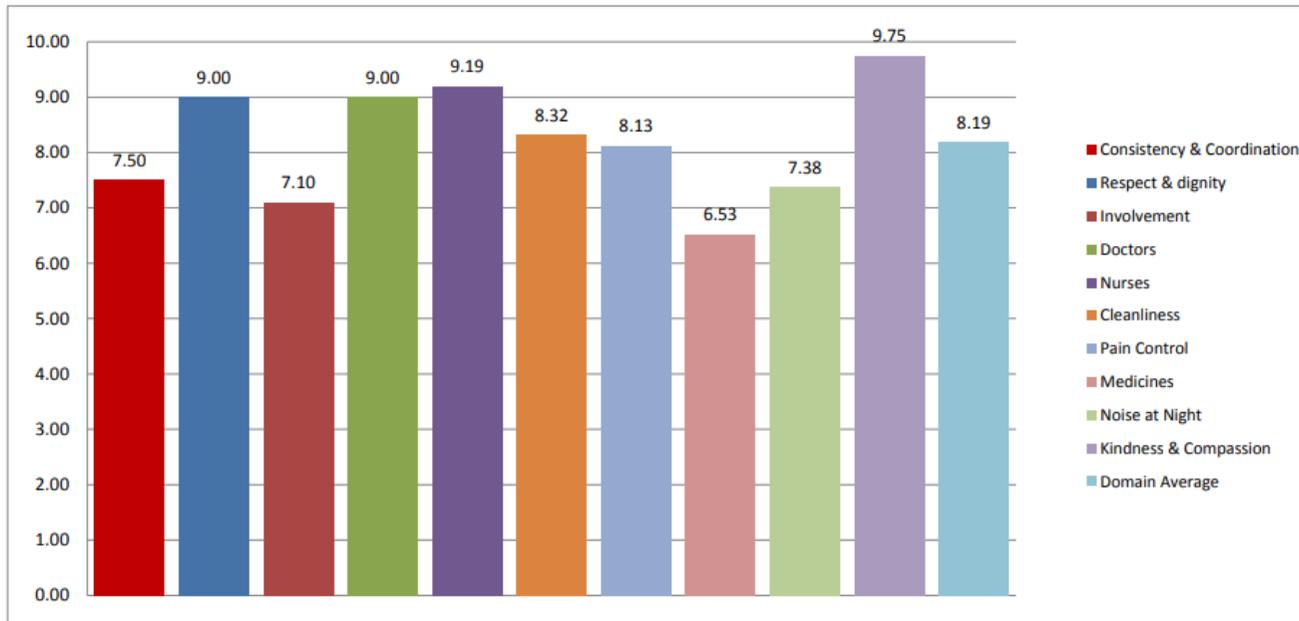
Pt 14. (additional comments) Have fun the staff lovely, helpful, always available at any time.

Pt. 15. Q26. I didn't get my cup of tea this morning - they didn't see me because I was behind this wall and they didn't come all the way in the room

4.6 Ward B20 – City Hospitals Sunderland



B20, CHS as at 02/01/2018



90% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 6

Number of respondents 10 (50%)



Comments from patients.

I am just given my tablets and I just take them, no explanation as to what it is.

Unsure what medication I am taking, I just take it.

I havent seen a doctor for days.

No one can tell me when I will see a doctor.

Always kept clean, cleaning is always going on.

Doctors always listen to my issues I have.

Pain kept under control.

New medication fully explained to me.

Just want to go home but no one can tell me when that will be.

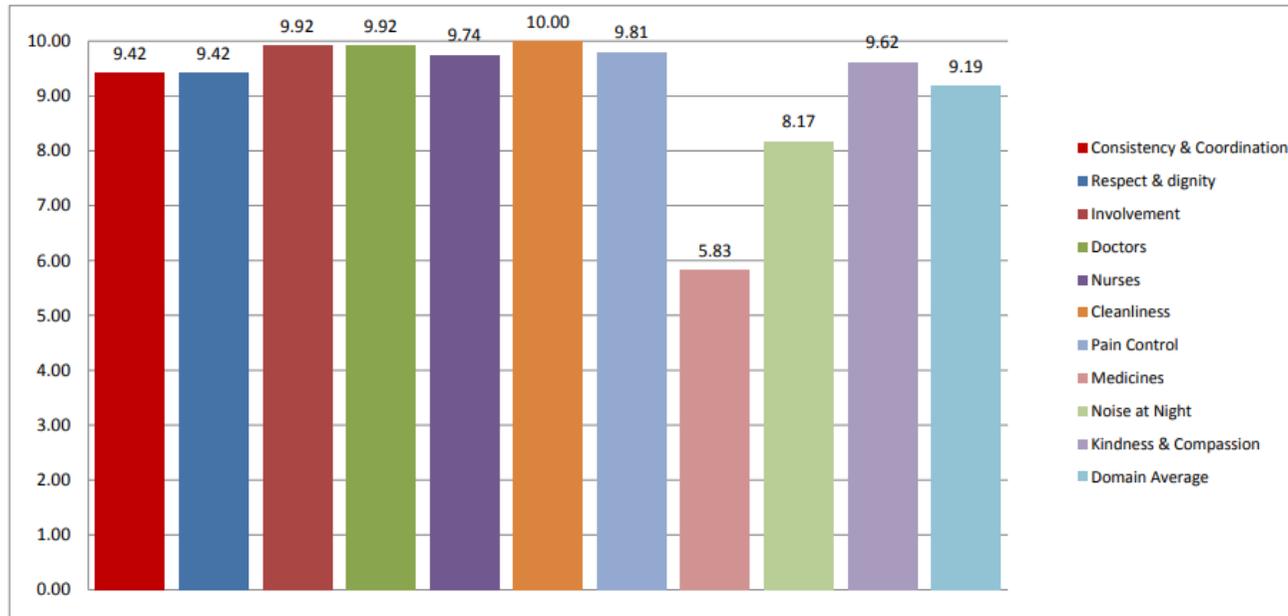
lack of communication

lovely ward no trouble to look after you

4.7 Ward D48 – City Hospitals Sunderland



D48, SRH as at 15/01/2018



92% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 4

Number of respondents 13 (50%)



Comments from patients.

Doctors prescribe quicker

nothing staff great

door shut in night to ward.

nothing staff great

had a panic attack just one nurse not very nice shouting like I was a child.

very impressed very good

staff great

nothing a bother.

couldn't ask for better care.

great experience

try to be more understanding with patients who need help to toilet.

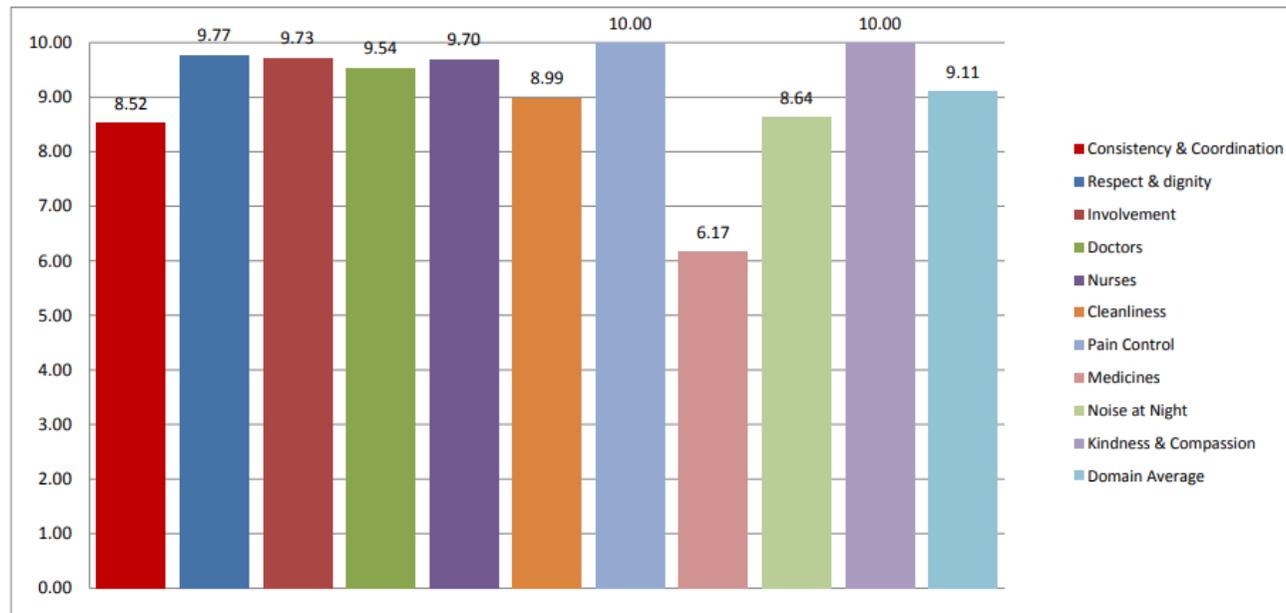
great staff

been no bother at all very kind staff

4.8 Ward E50 – City Hospitals Sunderland



E50, as at 15/01/2018



82% of patients surveyed would highly likely or likely recommend this ward to their families and friends.

Number of patients on new medication 5

Number of respondents 11 (41%)



Comments from patients.

Staff lovely toilets seats are very low.

nothing everything great.

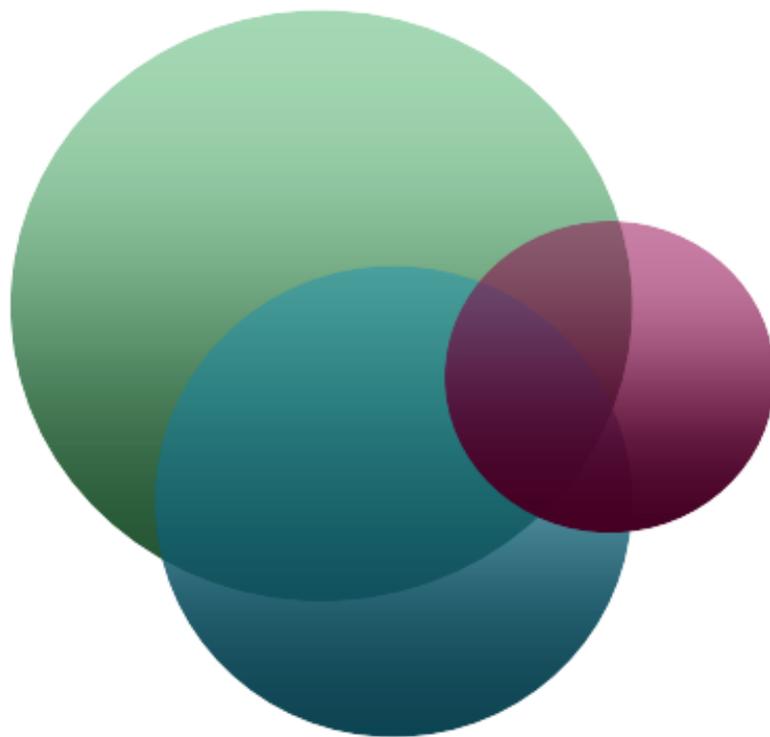
cant improve quality

good care

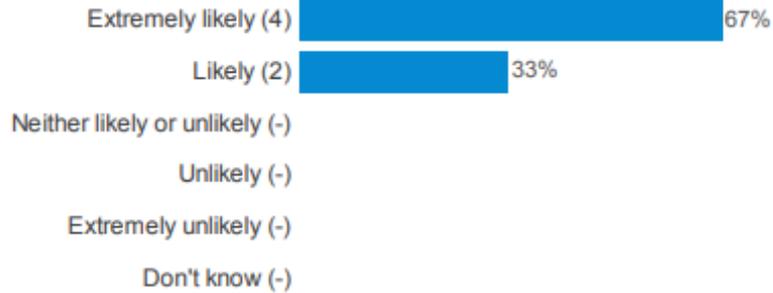
no problems

staff lovely.

Patient Experience Feedback



E51 – January 2018

Q1 How likely are you to recommend our service to friends and family if they needed similar care or treatment?**Q5 Were you involved as much as you wanted to be in the decisions about your care and treatment?****Q6 If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?****Q7 Were you given enough privacy when discussing your condition or treatment?**

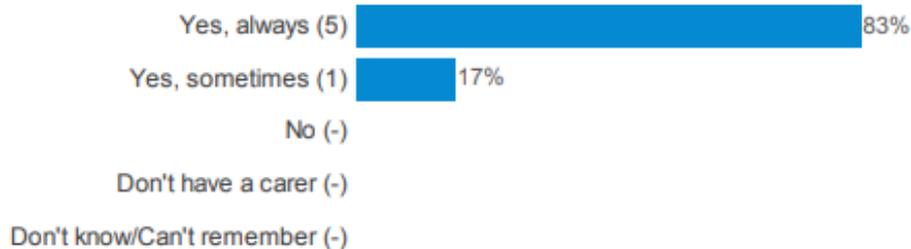
Q8 During your stay were you treated with kindness and compassion by the people caring for you?



Q9 Did you always have access to the call bell when you needed it?



Q10 Have your relatives or friends who support you (carers) been as involved in your care as much as you would have liked them to have been?

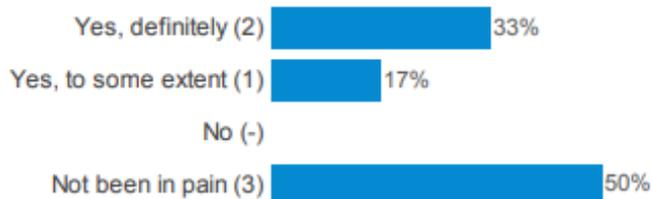


Q11 Did you get the care you felt you required when you needed it most?



Q12 On this ward have you been provided with an individual menu?



Q13 How would you rate the hospital food?**Q14 On this ward do staff ask often enough if you have any pain?****Q15 Do you feel staff do everything they can to manage your pain?****Q16 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?****Q2 What was good about your care?**

Food is good! Better than Durham hospital.

Don't know what people are complaining about the meals, they are great. They give you too much to eat sometimes.

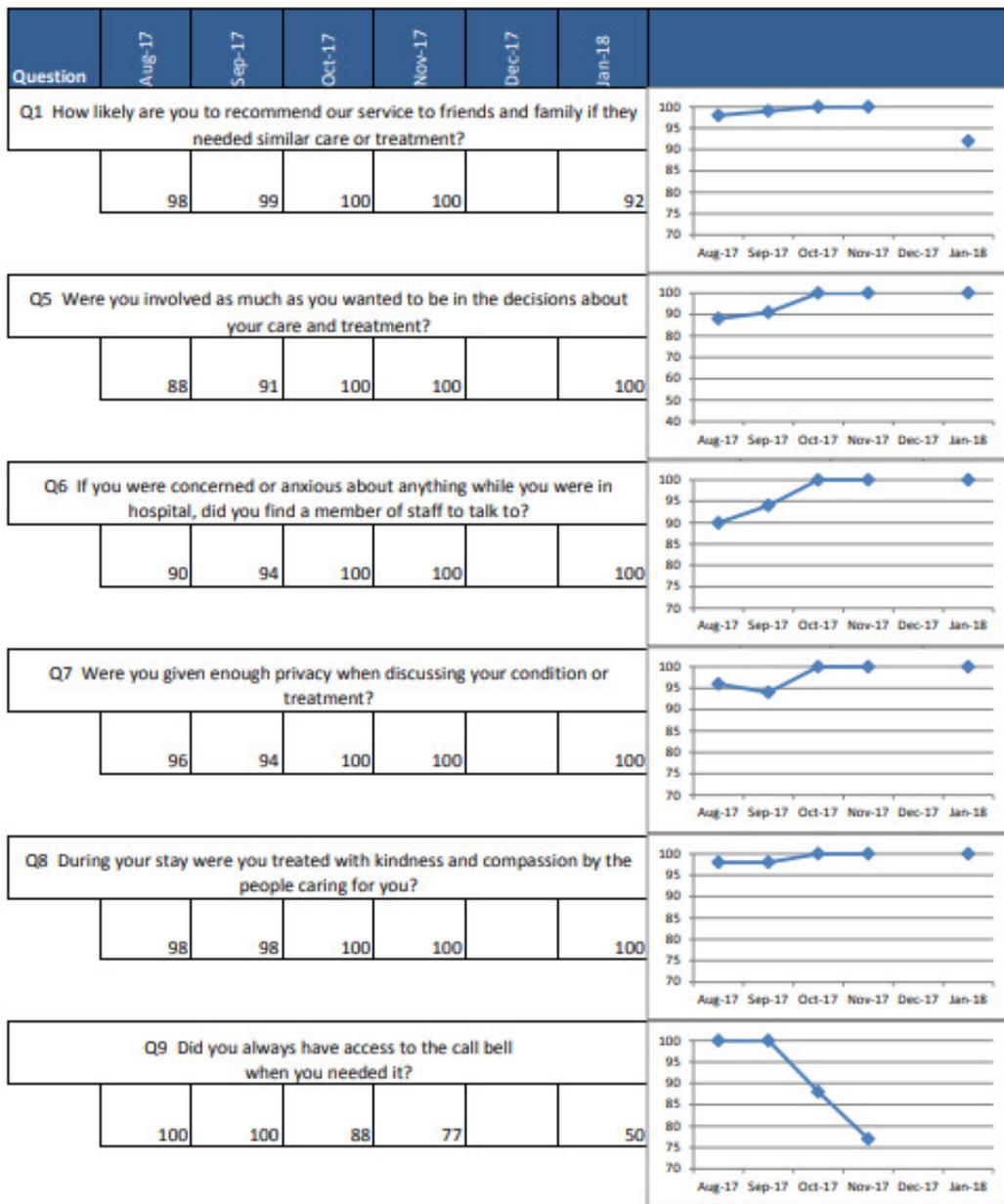
Q3 What could be improved?

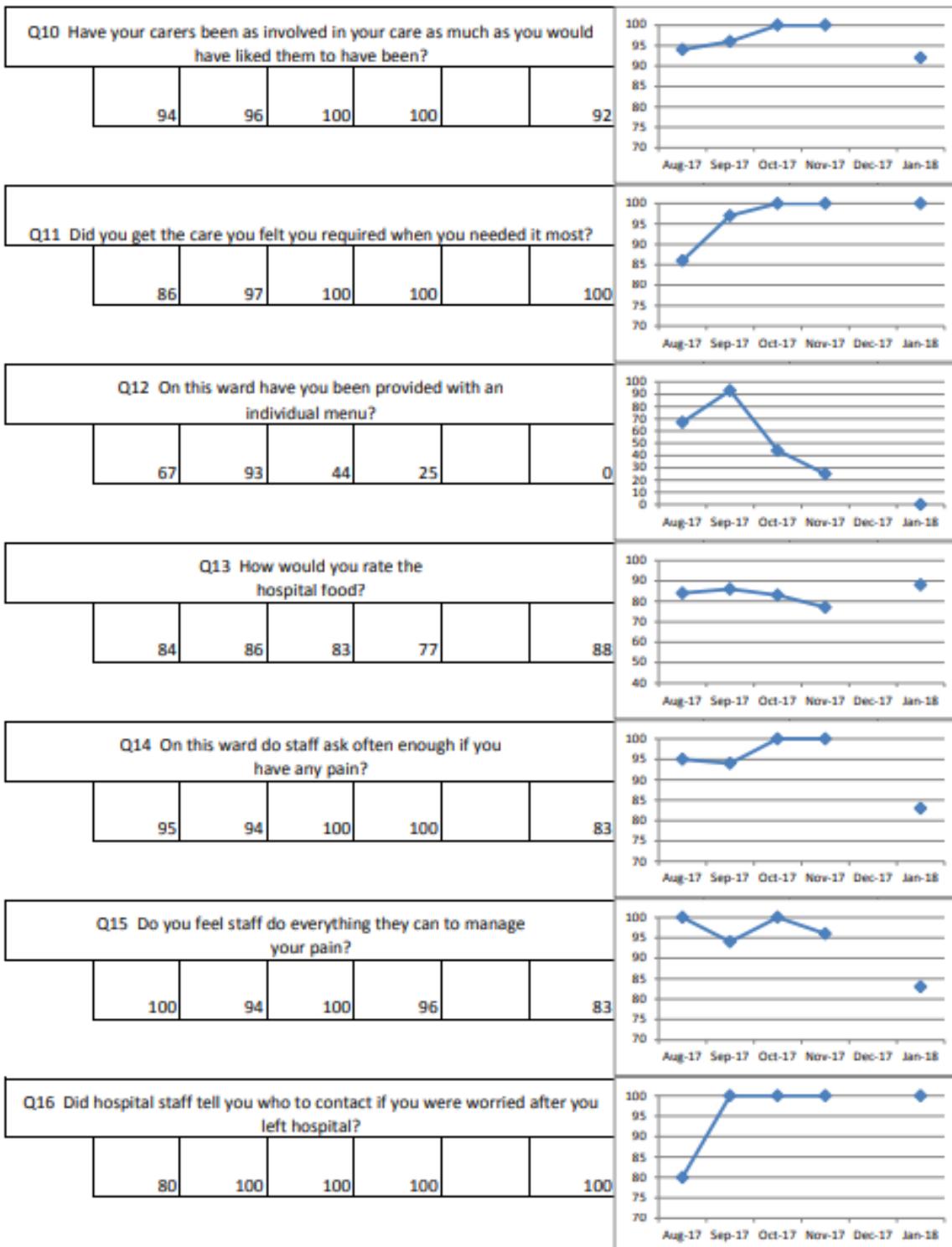
I ask the staff for pain pills,they don't always ask me.

I ask for pain pills, they (staff) don't ask

I don't have a family, only one cousin, he knows I'm here.

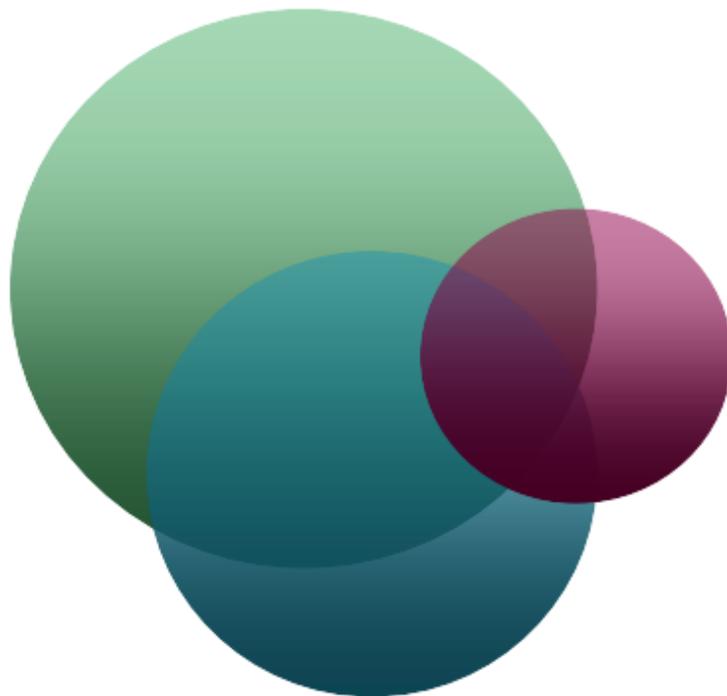
E51 - Patient Experience - Trend Charts



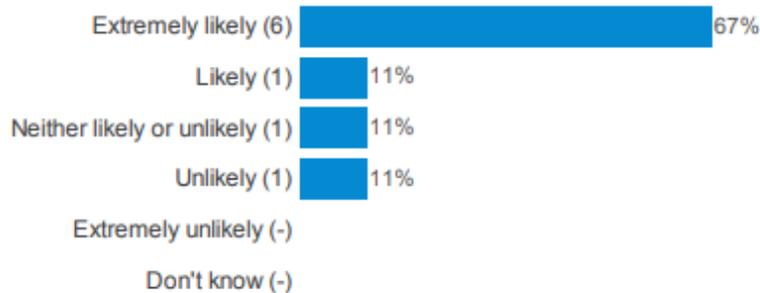
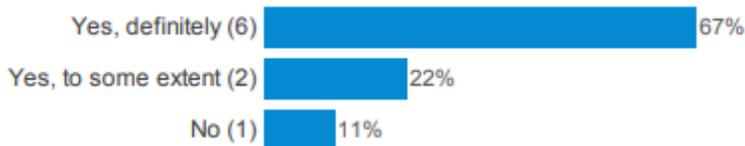
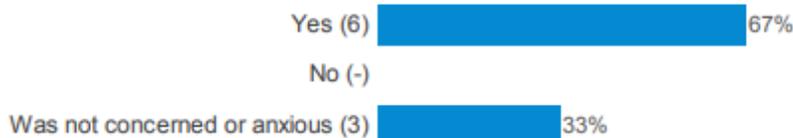
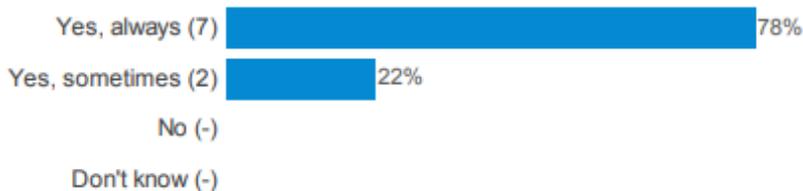


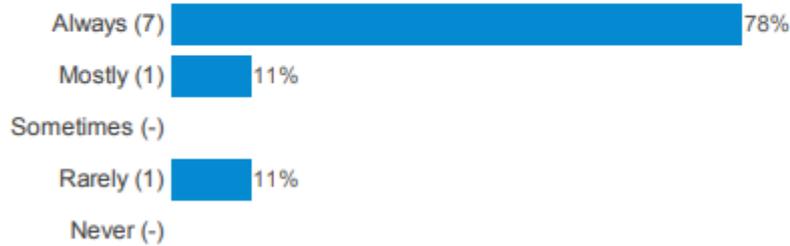
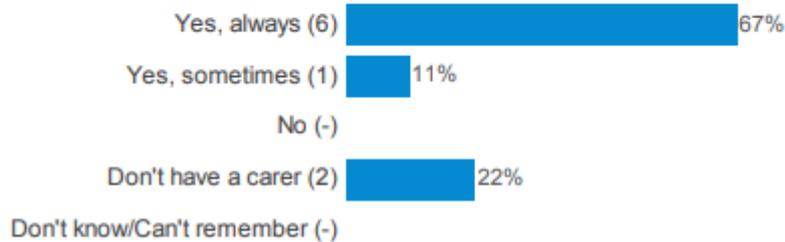
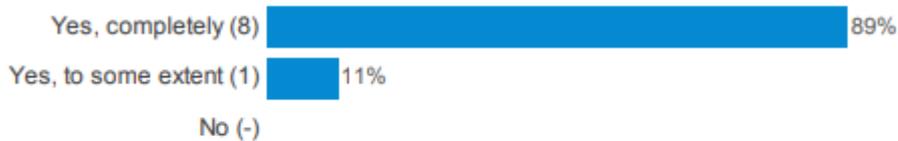
4.10 Ward B22 – City Hospitals Sunderland

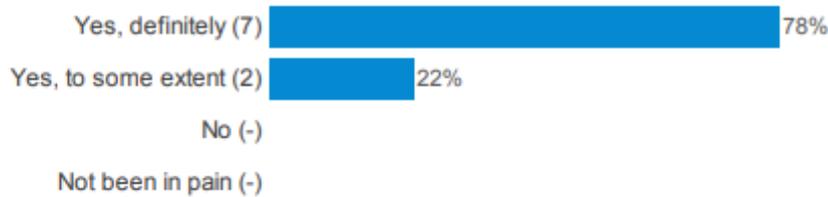
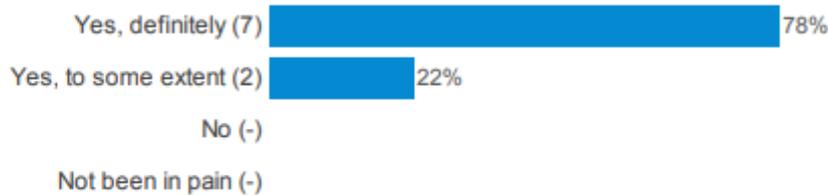
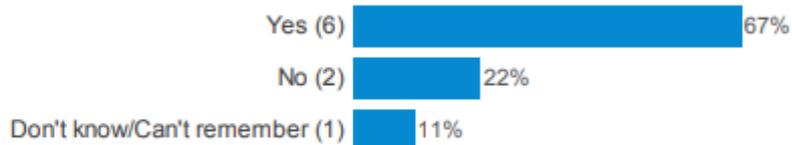
Patient Experience Feedback



B22 – January 2018

Q1 How likely are you to recommend our service to friends and family if they needed similar care or treatment?**Q5 Were you involved as much as you wanted to be in the decisions about your care and treatment?****Q6 If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?****Q7 Were you given enough privacy when discussing your condition or treatment?**

Q8 During your stay were you treated with kindness and compassion by the people caring for you?**Q9 Did you always have access to the call bell when you needed it?****Q10 Have your relatives or friends who support you (carers) been as involved in your care as much as you would have liked them to have been?****Q11 Did you get the care you felt you required when you needed it most?****Q12 On this ward have you been provided with an individual menu?**

Q13 How would you rate the hospital food?**Q14 On this ward do staff ask often enough if you have any pain?****Q15 Do you feel staff do everything they can to manage your pain?****Q16 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**

Q2 What was good about your care?

Excellent care.

Friendly staff, always there to answer questions and worries.

Pleasant and listening staff.

First class.

All round care.

Happy, pleasant staff.

Nurses and doctors care was excellent.

Quick response at A&E.

Tea time.

Q3 What could be improved?

Not a thing.

More staff.

Not much.

Nothing.

More tea lol.

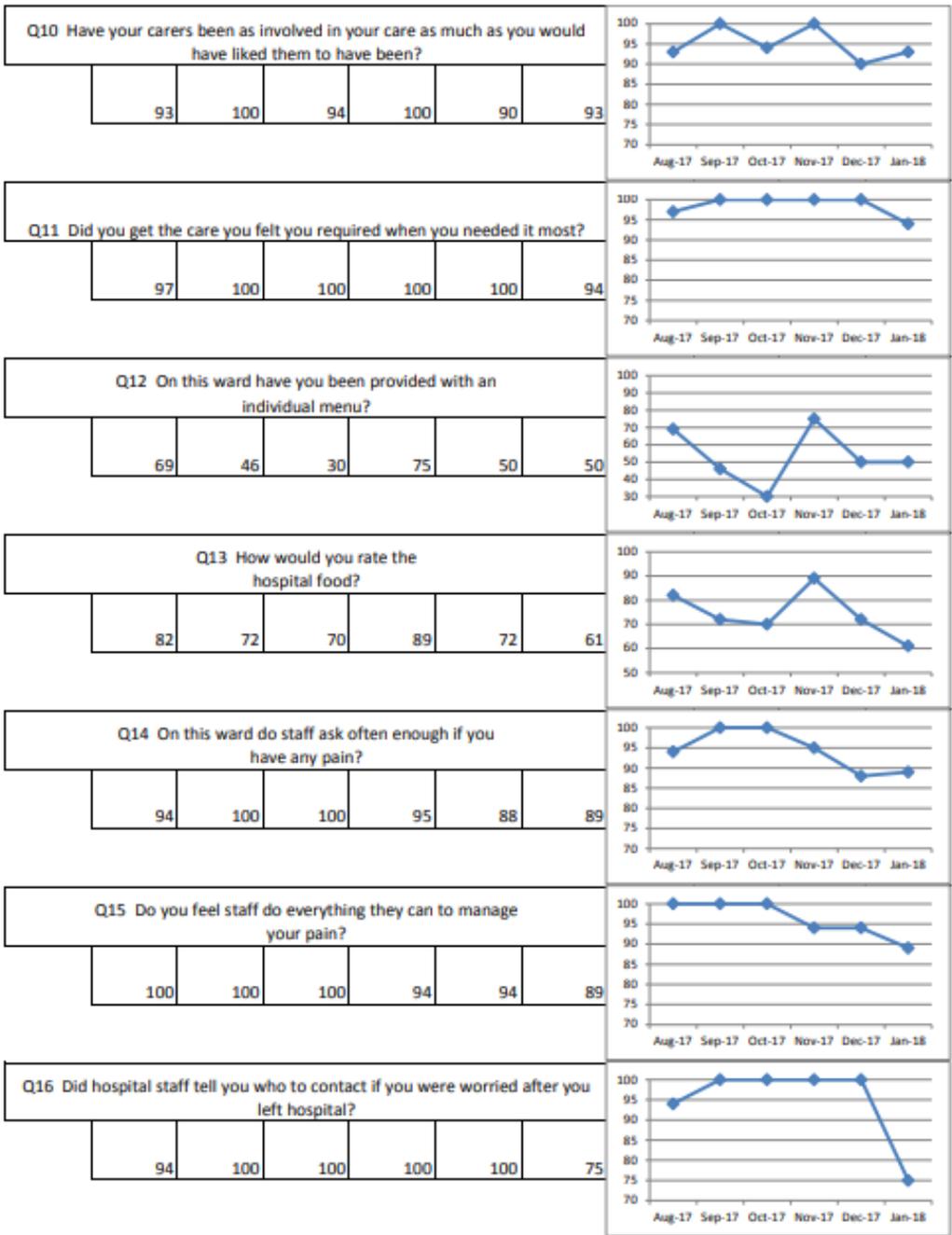
Meals are terrible.

Limited toilet/washing facilities.

Organisation.

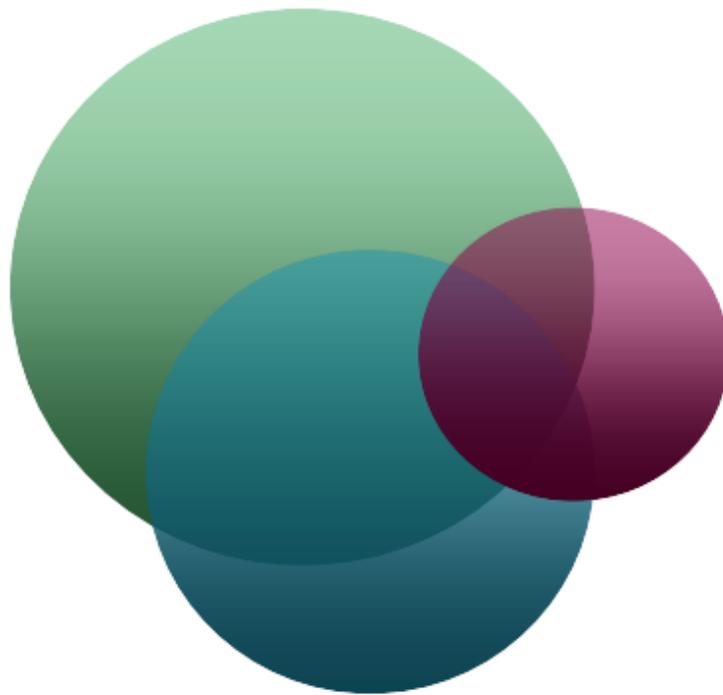
B22 - Patient Experience - Trend Charts

Question	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18															
Q1 How likely are you to recommend our service to friends and family if they needed similar care or treatment?	93	98	100	97	100	83	<table border="1"> <caption>Q1 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>93</td></tr> <tr><td>Sep-17</td><td>98</td></tr> <tr><td>Oct-17</td><td>100</td></tr> <tr><td>Nov-17</td><td>97</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>83</td></tr> </tbody> </table>	Month	Score	Aug-17	93	Sep-17	98	Oct-17	100	Nov-17	97	Dec-17	100	Jan-18	83
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Q5 Were you involved as much as you wanted to be in the decisions about your care and treatment?	89	96	95	85	100	78	<table border="1"> <caption>Q5 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>89</td></tr> <tr><td>Sep-17</td><td>96</td></tr> <tr><td>Oct-17</td><td>95</td></tr> <tr><td>Nov-17</td><td>85</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>78</td></tr> </tbody> </table>	Month	Score	Aug-17	89	Sep-17	96	Oct-17	95	Nov-17	85	Dec-17	100	Jan-18	78
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Q6 If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	86	100	100	100	100	100	<table border="1"> <caption>Q6 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>86</td></tr> <tr><td>Sep-17</td><td>100</td></tr> <tr><td>Oct-17</td><td>100</td></tr> <tr><td>Nov-17</td><td>100</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>100</td></tr> </tbody> </table>	Month	Score	Aug-17	86	Sep-17	100	Oct-17	100	Nov-17	100	Dec-17	100	Jan-18	100
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Q7 Were you given enough privacy when discussing your condition or treatment?	92	96	100	100	100	89	<table border="1"> <caption>Q7 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>92</td></tr> <tr><td>Sep-17</td><td>96</td></tr> <tr><td>Oct-17</td><td>100</td></tr> <tr><td>Nov-17</td><td>100</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>89</td></tr> </tbody> </table>	Month	Score	Aug-17	92	Sep-17	96	Oct-17	100	Nov-17	100	Dec-17	100	Jan-18	89
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Q8 During your stay were you treated with kindness and compassion by the people caring for you?	99	100	100	97	100	89	<table border="1"> <caption>Q8 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>99</td></tr> <tr><td>Sep-17</td><td>100</td></tr> <tr><td>Oct-17</td><td>100</td></tr> <tr><td>Nov-17</td><td>97</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>89</td></tr> </tbody> </table>	Month	Score	Aug-17	99	Sep-17	100	Oct-17	100	Nov-17	97	Dec-17	100	Jan-18	89
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Dec-17	100																				
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Q9 Did you always have access to the call bell when you needed it?	100	100	100	100	100	86	<table border="1"> <caption>Q9 Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>100</td></tr> <tr><td>Sep-17</td><td>100</td></tr> <tr><td>Oct-17</td><td>100</td></tr> <tr><td>Nov-17</td><td>100</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>86</td></tr> </tbody> </table>	Month	Score	Aug-17	100	Sep-17	100	Oct-17	100	Nov-17	100	Dec-17	100	Jan-18	86
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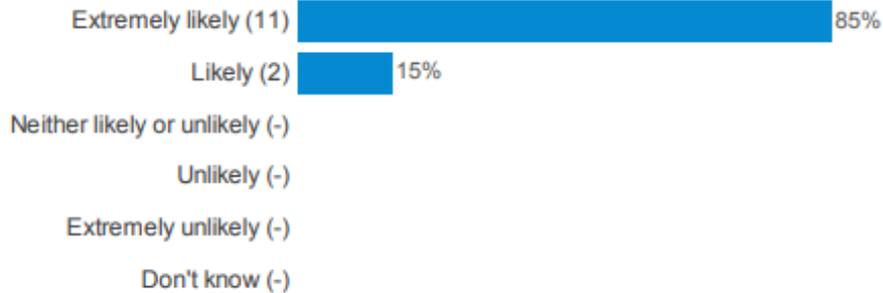
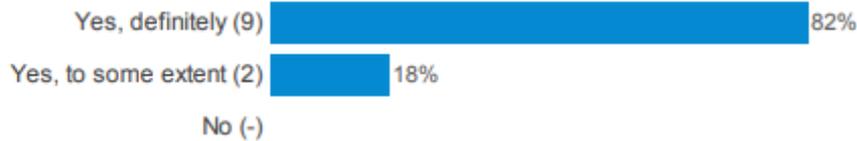
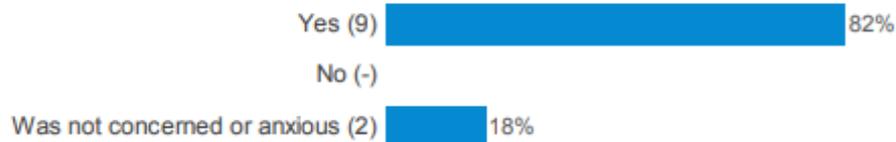


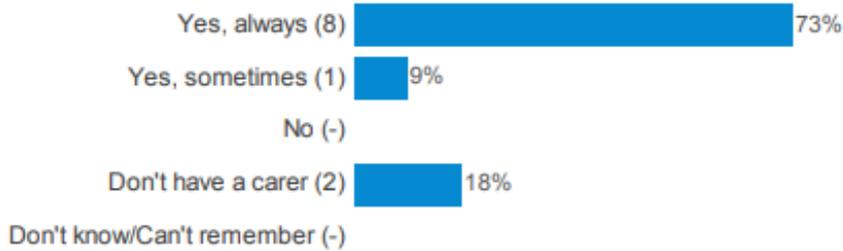
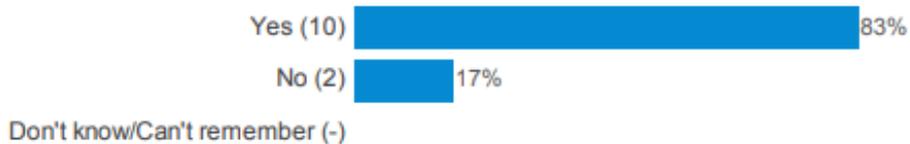
4.11 Ward D43 – City Hospitals Sunderland

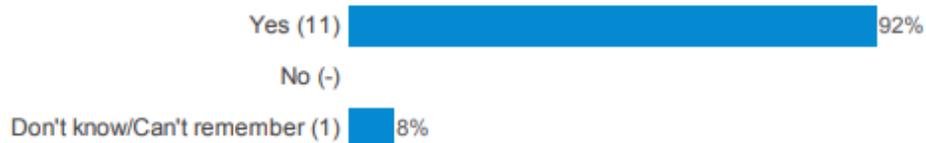
Patient Experience Feedback



D43 – January 2018

Q1 How likely are you to recommend our service to friends and family if they needed similar care or treatment?**Q5 Were you involved as much as you wanted to be in the decisions about your care and treatment?****Q6 If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?****Q7 Were you given enough privacy when discussing your condition or treatment?**

Q8 During your stay were you treated with kindness and compassion by the people caring for you?**Q9 Did you always have access to the call bell when you needed it?****Q10 Have your relatives or friends who support you (carers) been as involved in your care as much as you would have liked them to have been?****Q11 Did you get the care you felt you required when you needed it most?****Q12 On this ward have you been provided with an individual menu?**

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Q2 What was good about your care?

Very happy.

Staff always able to listen.

Staff were excellent. Very reassuring during a very difficult time.

All staff were extremely caring, polite, very professional.

All aspects were very good.

Helpful, friendly staff. Speed of treatment.

Efficient, understanding, friendly, very clean, nothing too much to ask.

Food excellent.

Great regular care.

Everything.

Very good.

Q3 What could be improved?

Nothing.

Not applicable.

Gents shower not working. Better lock on gents toilet.

Sometimes it is felt that there wasn't enough staff - they had a lot to do - but they were still friendly and approachable.

Better ice cream.

Nothing.

D43 - Patient Experience - Trend Charts

