Path to Excellence Phase two – Seeking staff views

Survey summary report (V2)

March 2018

Contents

Executive summary

A survey (see enclosed in Appendix A) was designed to capture views from frontline staff in South Tyneside and Sunderland on the challenges and difficulties they currently face in everyday service delivery and to seek their ideas on how to further improve the quality of patient care

In total, 710 people members of staff responded to the questionnaire from a total of 4246 staff who were invited to take part who work in the areas impacted by Phase two. This represents an overall response rate of 16.7%. Of these 710 responses 580 members of staff responded to most of the questionnaire.

Almost a fifth (17.8%) of staff invited to complete the survey at South Tyneside NHS Foundation Trust did so (n = 215 from a sample size of 1207). This equalled six per cent of the total Trust workforce. For City Hospitals Sunderland NHS Foundation Trust, sixteen per cent (16.3%) of staff invited to complete the survey did so (n = 494 from a sample size of 3039). This equalled ten percent of the total Trust workforce.

About the staff

- The majority of responses were from people based at Sunderland Royal Hospital (n=462) and South Tyneside District Hospital (n=198).
- The majority of responses were from hospital nurses, consultants, and specialist nurses.
- When asked what area they worked in, staff were most likely to respond: Therapies, Acute Medicine, Trauma and Orthopaedics, and Care of the Elderly.
- When staff were asked to tell us what wards and specific department they worked with, a diverse list of answers were provided. As such, these cannot be summarised in the executive summary, but can be seen detailed in tables 7 and 8.

Summary of findings

- A third of staff told us that their ward or department often saw patients who should be admitted or seen by another speciality. Nearly all (93%) of respondents felt they had the right skills to deal with patients in their ward or department.
- Almost four out of ten staff felt there was enough staff and capacity on their ward or department to treat patients safely and effectively most of the time (38%) or some of the time (37%).
- Only 24% of staff reported having easy and quick access to specialist advice about their patients care and treatment all of the time , with 53% stating this was available most of the time.
- Only 17% of staff reported having easy and quick access to diagnostic tests, scans, and results all of the time, with 52% stating this was available most of the time

Qualitative questions

Four qualitative questions were asked through this survey. These questions included: asking staff what the biggest challenges are that they face on a daily basis (Q6. Biggest challenges); if there are any areas of service delivery they felt could be improved (Q7. Service delivery); examples of where wards or departments saw patients which should have been seen elsewhere (Q9. Seen elsewhere); and final thoughts and comments (Q25. Final thoughts / comments)

The main themes identified for each question have been coded up in table one. What will follow will be a descriptive of each theme.

Table 1: Themes from qualitative questions

	Q6. Biggest challenges	Q7. Service delivery	Q9. Seen elsewhere	Q25. Final thoughts / comments
Workload	X	X	X	
Staffing	X	X	X	X
Working conditions	X	X	X	X
Physical capacity	X	X	X	X
Equipment and facilities	X	X		X
Patient handover	X	X		
Patient focus		X	X	X
Department / service related		X	X	
Seen elsewhere			X	
Referrals and admissions			X	
Proposals				X
Other	X	X		

Gray shaded cells: themes merged in analysis

Workload

This theme includes comments made about an increased or large workload for staff. This includes staff having to work across multiple sites. Staff mentioned having a lack of capacity to carry out their role, with competing timescales. Staff commented on high-dependency patients and balancing complex case-loads.

Staffing

A number of comments were made in relation to a shortage of staff, and a shortage of appropriately trained staff or specialist staff. Some staff commented that there was

inadequate staff employed. Training was identified as an issue – either through people having training needs which are not being addressed, or not being able to find the time to attend training. Some staff were asked to work-up beyond their skills or role, and some staff felt they were asked to do jobs below their current role. There was also comments made about the use of agency staff and locums, particularly in the final question (any other thoughts or comments). For example, one member of staff commented how they needed a consistent consultant instead of locums to help support the team and ease pressure. Another member of staff commented on the expenditure of outsourcing staff (locums) in Radiology.

Working conditions

This theme identified issues such as overtime, flexi-time, sickness, low pay, and lone-worker policy. Some people identified bullying and harassment, unfair dismissal, or working with obstructive staff. This theme also covers comments made about management, decision making and financial issues. A number of staff mentioned low morale, and feeling undervalued. This includes low job satisfaction and people looking for other jobs. People commented how they are unable to find a work-life balance, and were asked to work beyond their hours without pay. Staff commented on feeling mentally exhausted. Alongside job insecurity, staff felt there was no career pathway or progression for them. They also felt their roles had too many admin tasks associated with them. A lack of communication was also mentioned, both internally with staff, perhaps through bulletins, and externally to the public.

Physical capacity

Staff frequently mentioned a shortage or limitation of bed space for patients. Comments were received in relation to not having capacity to accommodate referrals from other services. Staff felt pressured to discharge patients to free up bed space and capacity. Comments about waiting lists also fell into this theme. In addition, comments about a lack of storage space fell into this theme.

Equipment and facilities

A number of comments were made in relation to out of date equipment. This included IT equipment, but also medical facilities. Staff identified a high demand for certain rooms and facilities (such as theatre space and x-ray equipment) as a challenge. They also identified improved IT systems and electronic access to medical records as an area for improvement. Staff also commented on inappropriate facilities for patients (for example – a ward not being suitable for neuro or stroke rehabilitation). Finally, this theme covered a lack of stock (staff predominantly did not elaborate further than 'not enough equipment' or 'low stock',   however one member of staff identified low film for x-ray rooms).

Patient handover

Staff felt frustrated with the process of transferring patients and patient flow. This was connected to both the paperwork, documents, and information for the patient, and also transfer of the patient themselves. Staff mentioned how they needed to wait for or chase up patients information, and that this information was missing, delayed, or incorrect, with a lack of patient history taken. There was also comments about a lack of porters to transfer patients or services not proactively taking patients. Staff commented on a lack of continuity of care for patients, and problems with discharging patients.

Patient focus

A number of staff were concerned about patients and provided comments in relation to their health and wellbeing. This theme also sometimes overlapped with 'Physical Capacity' and 'Patient Handover'. This theme focussed on patients care and wellbeing, commenting on how patients needed more time with medical staff. There was also discussion around the need for specialist input with some medical cases, and ability for more staff to administer prescriptions and medicine.

Department / service related

Some staff identified specific departmental or service related areas in their responses. This theme was identified for the two questions on improvements to service delivery, and if patients should have been seen by other services and departments. In terms of improvements to service delivery, staff felt that there should be improved or more joined-up working with the community, ambulatory care, and primary care. In relation to whether patients should have been seen by other services, staff identified 'boarders', ITU patients, and cardiac patients. Unfortunately, due to the diverse and individual nature of responses for this question (whether specialities see patients which should be seen elsewhere), it is not possible to identify a clear pattern of particular patients being seen by inappropriate specialities.

Seen elsewhere

Staff were asked to describe situations where they have seen patients who should have been seen elsewhere. For this question only, a number of diverse and unique comments were coded to this theme. It includes a number of individual comments made about how services had seen patients which should have been seen by a different service or department.

Referrals and admissions

Staff were asked to describe situations where they have seen patients who should have been seen elsewhere. For this question only, a number of diverse and unique comments were coded to this theme. Unfortunately, due to the diverse and individual nature of responses for this question, it is not possible to identify a clear pattern of particular patients being seen by inappropriate specialities. However, responses include a wide number of diverse and individual comments made about how patients were referred to services or departments. For example, staff identified that patients are sent from A&E, that ED are left to chase referrals and arrange transfers, how patients make inappropriate self-referrals, or that patients should have been directed to their GPs

Proposals

A very small number of comments (26 comments) were made in the final (any other thoughts or comments) question about the proposed changes (during Phase 1 of the programme) to South Tyneside and Sunderland hospital. These included a concern for patients travelling between hospitals and services, and the proposed changes to services. Staff and management felt they should be included in the decision making process.

Other

Finally, comments which did not fit into other themes were coded into the 'other' theme. This includes comments made about car parking.

Introduction

A survey was designed to capture views from frontline staff in South Tyneside and Sunderland on the challenges and difficulties they currently face in everyday service delivery and to seek their ideas on how to further improve the quality of patient care.

These insights will be used to help inform discussions on how service improvement plans may be developed for phase two of the Path to Excellence programme which involves the following key work streams:

- Medicine and emergency care
- Surgery, theatres and critical care
- Elective (planned) care and specialist services
- Clinical support services

We wanted to find out what issues are important to staff in order to make improvements. All responses were confidential, and analysed independently from both Trusts.

Response rate

The survey was open between 20 December 2017 4PM and 5 February 2018 9AM. In total 798 people completed the survey. From this, 88 surveys were removed as there were no responses to any questions. This gave a final number of 710 completed surveys giving an overall response rate of 16.7%. However, 130 respondents did not complete the questionnaire beyond the questions asking them to identify their job-role and department.

It should also be noted that the timeframe for staff to complete the survey was during the height of significant operational pressures during the winter period and this therefore may be reflected in the responses given.

The below table summarises responses received by hospital foundation trust. Almost a fifth (17.8%) of staff invited to complete the survey at South Tyneside NHS Foundation Trust did so. This equalled six per cent of the total workforce. For City Hospitals Sunderland NHS Foundation Trust, sixteen per cent (16.3%) of staff invited to complete the survey did so. This equalled ten percent of the workforce.

Table 2: Response rate by Trust

	South Tyneside		Sunderland		Total	
	No.	%	No.	%	No.	%
No. of responses	215		494		710*	
No. invited to take part	1207	17.8%	3039	16.3%	4246	16.7%
Total No. of employees	3600	6%	4961	10%	8561	8.3%

* Includes one person who did not identify which hospital foundation trust they were from

Report

The following report will summarise the key findings from the questionnaire. The number of people answering each question has been identified for each question ('n='). All open-ended comments have been coded up into the most popular responses and themes. For questions where respondents can select more than one answer, the percentages will exceed 100% or the number of responses will exceed the number of people who answered the question. In addition, all responses have been rounded up to the nearest whole number; therefore, some proportions may not add up to 100%.

The survey has been analysed as a whole, and also by the two foundation trusts. Graphs or tables have been included for each question, showing the number or responses as a whole and for individual foundation trust. To simplify tables, 'City Hospitals Sunderland NHS Foundation Trust' is referred to as 'Sunderland', and 'South Tyneside NHS Foundation Trust' is referred to as 'South Tyneside'.

Efforts have been made to amalgamate responses to some questions to ensure individuals are not identifiable.

Key findings

Q1. Which hospital trust is your employer? (n=709)

Seven out of ten (70%) responses came from City Hospitals Sunderland NHS Foundation Trust, with three out of ten (30%) coming from South Tyneside NHS Foundation Trust. No-one responded to the survey from another employer. One person did not tell us which hospital trust was their employer.

Figure 1: Employer hospital trust
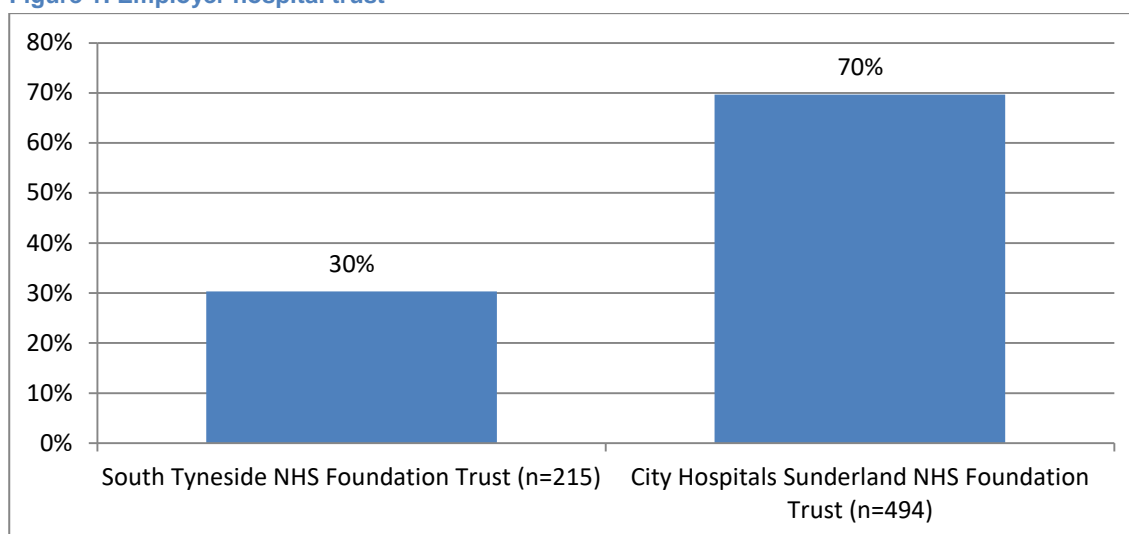
Q2. Where is your usual work-base? (n=701)

The majority of responses came from Sunderland Royal Hospital (n=462) and South Tyneside District Hospital (n=198). Seventeen people told us they work at a Sunderland community base, with five respondents working at a South Tyneside community base.

Table 3: Usual work-base– by hospital trust

	Sunderland	South Tyneside	Total
Sunderland Royal Hospital	461	2	463
South Tyneside District Hospital		198	198
Community – Sunderland	15	2	17
Community – South Tyneside		5	5
Sunderland Eye Infirmary	4		4
Palmer Community Hospital		4	4
Clarendon		3	3
Other (detailed in below table)	13	1	14
Total	493	215	708

Fourteen people described an alternative work-base ('other'); eight people from City Hospitals Sunderland reported working at the Children's Centre in Sunderland. The following table includes more information on the numbers of staff at each work-base, for both Sunderland and South Tyneside Foundation Trust.

Table 4: 'Other' usual work-base - by hospital trust

	Sunderland	South Tyneside	Total
Children Centre, Durham Road, Sunderland	8		8
Durham and Washington satellite unit	1		1
Health centres South Tyneside and Sunderland		1	1
Monkwearmouth	1		1
Queen Elizabeth Hospital	1		1
School based	1		1
Between CHs and community based clinics, UHND, Washington PCC and Cleadon PCC	1		1
Total	13	1	14

Q3. What is your general job role? (n=698)

Next, staff were asked to identify their general job role. Hospital nurses (n=100), consultants (n=83), and specialist nurses (n=71) were more likely to respond to the survey. Respondents were able to tell us their job role if it wasn't listed in the question. In total, 117 people provided an alternative role.

Table 5: General job role by hospital trust

	Sunderland	South Tyneside	No Trust identified	Total
Hospital Nurse	63	37		100
Consultant	65	18		83
Specialist Nurse	39	32		71
Healthcare Assistant	36	11		47
Physiotherapist	34	8		42
Support staff	25	4		29
Speech and Language Therapist	28			28
Dietitian	20	5		25
Occupational Therapist	11	13		24
Management	17	6		23
Ward Manager	19	4		23
Radiographer	15	7		22
Pharmacist	13	4		17
Cardiac technician	8	5		13
Matron	9	1		10
SAS Doctor	3	6		9
Podiatrist	7			7
Junior Doctor	4	2		6
Ultrasonographer	3	3		6
Respiratory technician		3		3
Community Nurse		1		1
Other (detailed in below table)	72	44	1	117
Total	491	214	1	706

If respondent's general job role was not listed in this question, they were able to tell us what their general job role was. In total, 72 people provided an alternative job role. These are detailed in the following table. Please note, in-order to ensure individuals were not identified, some job-roles have been grouped.

The largest group identified through the 'other' category was administration and clerical support, and medical secretaries (n=44).

Table 6: 'Other' general job role by hospital trust is detailed in Appendix 2.

Q4. Which general area of speciality do you work in? (n=709)

Staff were asked to tell us what speciality they work in. Again, a broad range of responses were received, as detailed in the following table. The majority of specialities came from 'Therapies' (n=92), 'Acute Medicine' (n=85), 'Trauma and orthopaedics' (n=80), and 'Care of the Elderly' (n=78).

Table 6: General area of speciality – by hospital trust

	Sunderland	South Tyneside	No Trust identified	Total
Therapies	74	18		92
Acute Medicine	58	27		85
Trauma and orthopaedics	53	26	1	80
Care of the elderly	53	25		78
Intensive care / critical care	46	27		73
Theatres	46	25		71
Radiology and Other diagnostics	36	22		58
Cardiology	37	16		53
General surgery	37	13		50
Accident and Emergency	36	9		45
General internal medicine	33	4		37
Respiratory	22	14		36
Gastroenterology	20	16		36
Diabetes / Metabolic	20	12		32
Neurology	27	3		30
Pharmacy	17	10		27
Urology	16	2		18
Rheumatology	12	0		12
ENT	10	1		11
Medical ambulatory care	7	4		11
Palliative care	4	7		11
Vascular surgery	8	1		9
Endoscopy	3	6		9
Ophthalmology	4	3		7
OFMS	4	1		5
Dental	2	2		4
Other (please specify)	70	26		96
Total no. of responses	755	320	1	1076
Total no. respondents	494	215	1	709

If respondent's general area of speciality was not listed in this question, they were able to tell us what their general area of speciality was. In total, 96 people provided an alternative general area of speciality. These are detailed in the following table. Please note, in-order to ensure individuals were not identified, some areas of speciality have been grouped.

Table 7: 'Other' General area of speciality – by hospital trust is detailed in Appendix 3.

Q5. Which ward / specific department do you work in? (n=656)

People were asked to detail which ward or specific department they worked in. In total, 656 staff answered this question. Some staff told us multiple areas they worked in, resulting in 867 responses. These responses were originally coded up into 154 different areas.

In order to make the information more manageable, this information has been broken up into physical location (e.g. wards, levels, or buildings), and departments.

Physical location

A number of staff detailed the Ward (for South Tyneside) or Level (for Sunderland) where they worked. Six participants also detailed the building they worked at. These are detailed in Table 8: Physical location where staff work by hospital trust in Appendix 4.

Departments

Attempts have been made to group the departments into sensible groupings to make the information more manageable, and also to ensure individuals were not identifiable.

Staff were more likely to tell us they were from a medical or surgery field (n=79), or working in a cardiology department (n=75).

Please note – Table 9: Department where staff work by hospital trust is detailed in Appendix 5 due to its size.

Q6. What are the biggest challenges you face on a daily basis? (N=532)

Staff were asked to share what the biggest challenges are that they face on a daily basis. In total 539 members of staff (377 from Sunderland, 155 from South Tyneside) made 1069 comments; seven people told is that there were no challenges and so these were removed from the analysis. These comments were coded into 84 different challenges. In order to make sense of the data, these challenges were grouped into seven themes. These themes are detailed in the following graph, and will be discussed individually.

Figure 2: Biggest challenges by hospital trust
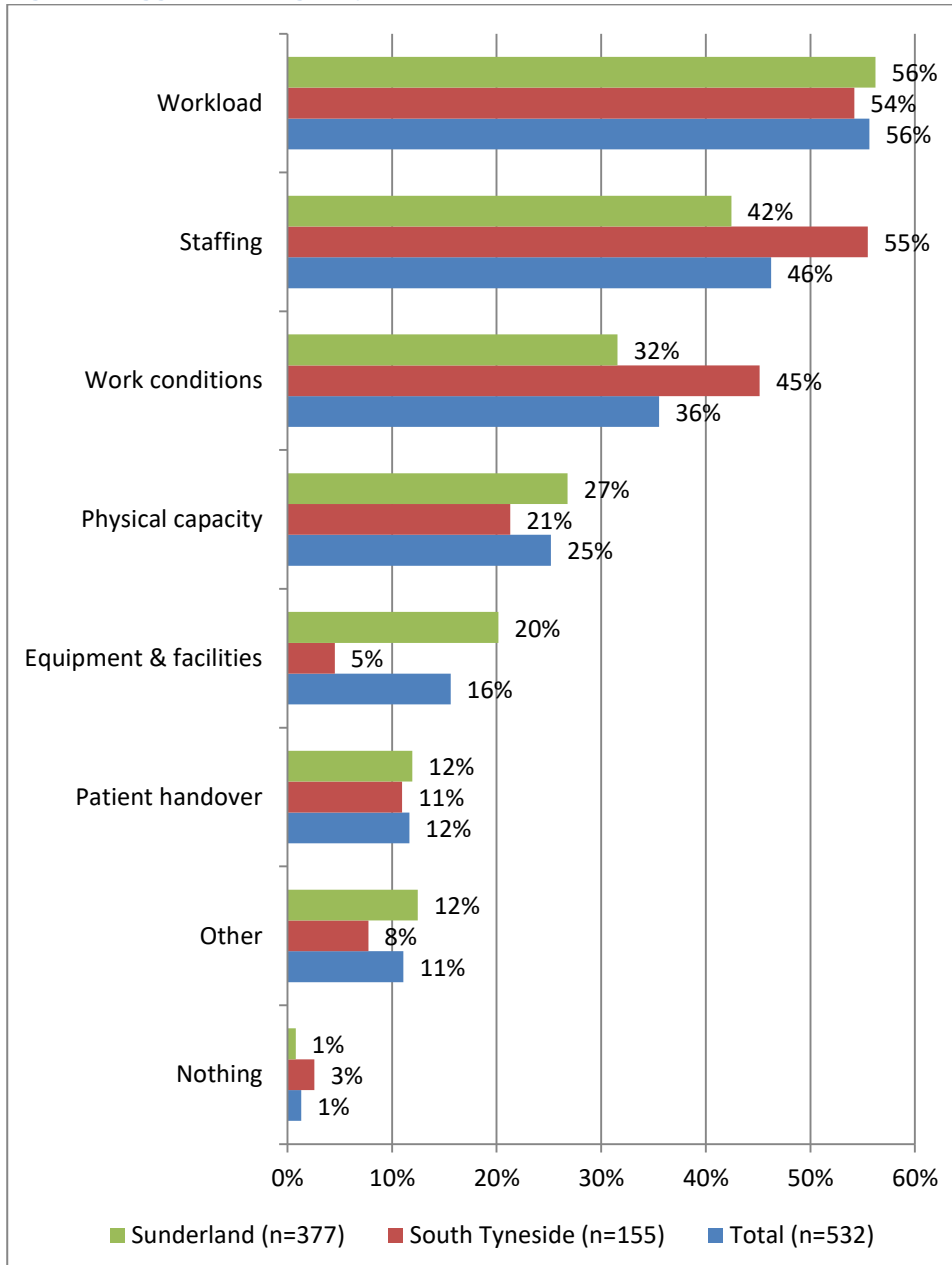
Workload

The largest challenge mentioned by staff was an increase in workload, both in terms of numbers and complexity. Staff mentioned having large caseloads or increased workloads, and having to cover several areas or wards. They also mentioned a lack of capacity to meet individual patient needs. Staff also commented on patients attending hospital when they couldn't get a GP appointment.

Table 10: Workload challenges by hospital trust

	Sunderland	South Tyneside	Total
Large caseload / increased workload / covering different areas (wards) - time available	96	37	133
Managing workload / caseload / maintaining care	43	14	57
Lack of capacity (ward) / impact on care	26	14	40
High dependency patients taking time / Caring for patients in a timely manner / no time	21	11	32
Balancing reactive pressures with proactive work	8	4	12
Full diaries weeks in advance making review appointments difficult / timely medical review	6	3	9
Demand to maintain / increase face to face contacts whilst taking on more and more tasks	3		3
Severity of illness / unwell patients	3		3
Increased complexity of caseload	1	1	2
Competing time pressures from ward work and elective (outpatient) work	2		2
Increasing numbers of self-presenting because they can't get a GP appointment	2		2
Missed or late assessments due to understaffing	1		1
Total number of comments	212	84	296

Staffing

Staff identified staffing issues as a main challenge. Staff predominantly mentioned inadequate staffing levels, but there was also frustration at not being able to perform their job properly or not having recognition for what they can do. People felt there was a lack of training opportunities, or staff having to perform roles they were not qualified or trained to do. Staff also identified particular staff groups who were in short supply, for example: doctors on Wards, junior doctors, radiographers, and out of hour's specialists. There was also frustration with staff shortage due to annual leave or home working.

Table 11: Staffing challenges by hospital trust

	Sunderland	South Tyneside	Total
Inadequate staffing / shortages / skills mix	127	67	194
Frustration at not being able to perform job professionally	11	7	18
Lack of training / development - difficulty to fit it in	8	1	9
Asked to do additional tasks I do not feel should be my role / incorrect job role / down banding	4	3	7
Lack of doctor involvement on the wards	3	3	6
Lack of junior support / juniors	3	2	5
Lack of recognition as a pharmacist	1	1	2
Lack of radiographers	1		1
Too many consultants on leave at the same time or working from home	1		1
Lack of out of hours specialist on call services	1		1
Non clinical staff making decisions about clinical services who have no knowledge or experience of the clinical service.		1	1
Agency staff lack of knowledge, motivation and general inability to do the job.		1	1
Total	160	86	246

Working conditions

A number of challenges were made in relation to working conditions. People felt there wasn't enough time to do all the admin tasks associated with their role. Staff mentioned low morale, feeling undervalued, with a lack of work / life balance. Staff also mentioned staff policies such as flexible working, and lone worker procedures, and also identified issues such as bullying and discrimination. A number of people mentioned a concern about job insecurity, career development, and uncertainty over future services delivery.

Table 12: Working condition challenges by hospital trust

	Sunderland	South Tyneside	Total
Time to do admin tasks / lack of admin support / admin processes or issues	25	7	32
Low morale / feeling undervalued / job dissatisfaction / lack of motivation / Work life balance - expectation to work longer than paid hours	15	12	27
Communications between teams / management / other trusts	12	7	19
Balancing priorities / financial pressure / funding / limited resources / Inadequate investment / finance	13	6	19
Lack of / pressure / decision making / leadership / management / communication / information	6	9	15
Bullying / Unfairness / discrimination / Attitude / obstructive staff /	6	3	11
Problems created trying to take leave - short staffed / people on sickness / retiring impacting staff	7	3	10
Management indifferences	5	5	10
Lack of support	6	4	10
Staff sickness	4	5	9
Following trust policy / policies / guidelines & procedures agreed at too high a level	7	1	8
Lone worker / work in isolation with little consultant support	4	2	6
Concern over job insecurities / Career pathway / uncertainty of what services will remain	2	3	5
Worry about making a mistake / Physical / mental exhaustion	3		3
Overtime ban / keeping staff	1	1	2
Unfair / no flexible working policy	2		2
Ensuring staff safety	1	1	2
Working in a team that is employed by two organisations		1	1
Total	119	70	189

Physical capacity

Physical capacity was identified as a challenge by staff, both in terms of patient capacity, and also relating to a lack of room and storage space. A shortage of beds was the main area mentioned in this theme, alongside the increase in referrals. People mentioned how there was a pressure to discharge patients quickly to free up bed-space, and also how the social-work department delayed discharges, Waiting lists for appointments was also mentioned.

Table 13: Physical capacity challenges by hospital trust

	Sunderland	South Tyneside	Total
Lack of beds / bed shuffling	23	9	32
Number & quality of referrals / Timeliness / fluctuation of referrals	14	8	22
Cancelled appointments / appointment availability / missed apps / patient flow	16	4	20
Space for patients / limited resources / equipment	11	1	12
Lack of workspace / consulting room	8	1	9
Hospital full to capacity /high patient turnover	9		9
Pressure to quickly discharge / move patients to release beds	4	5	9
Waiting list issues	8	1	9
Social work department or social issues delaying discharges.	2	3	5
Lack of space / Storage space	3	1	4
Maintaining acceptable waiting times	3		3
Total	101	33	134

Equipment & facilities

Staff mentioned problems with equipment and facilities, particularly out of date equipment and IT facilities which cannot cope with demand. People also mentioned a high demand for certain rooms and facilities, such as theatre space and x-ray equipment. Staff also commented on inappropriate facilities for patients (for example – a ward not being suitable for neuro or stroke rehabilitation). Finally, this theme covered a lack of stock (staff predominantly did not elaborate further than 'not enough equipment' or 'low stock', however one member of staff identified low film for x-ray rooms).

Table 14: Equipment and facility challenges by hospital trust

	Sunderland	South Tyneside	Total
Out of date equipment / equipment can't cope with workload / inequality of equipment - computer access	45	2	47
Lack of availability of theatre space and staff - efficiency / timing / schedules / delays	7	4	11
Lack of / poor IT support	7		7
Waste of materials / low stock on basic items resulting in borrowing from other departments	6		6
Ensuring equipment / lack of equipment for surgery	5		5
Scanner / X Ray - high demand / empty slots / delays / missing notes	4		4
Inappropriate facilities	1	1	2
The department does not have enough plain film x-ray rooms to deal with the demand adequately	1		1
Total	76	7	83

Patient handover

A number of staff mentioned challenges when transferring patients and / or their information between different medical specialities. Staff mentioned incorrect or missing documents, or incorrect information being provided by management or staff; this included ambulance handovers. Staff also mentioned how a shortage of staff impacted the physical transfer of patients.

Table 15: Patient handover challenges by hospital trust

	Sunderland	South Tyneside	Total
Incorrect documentation / missing documentation / unpredictable workload - managing resources / Incorrect information being submitted by managers / staff	22	5	27
Problems discharging patients / discharge in timely manner	9	5	14
Continuity of care	4	2	6
Lack of patient history / medication- in timely manner impact on patient flow and finances	3	2	5
Lack of staff from other departments leading to lack of escorts / porter issues		2	2
Lack of inter departmental communication and consideration when booking theatre lists and clinics	2		2
Ambulances arriving in close proximity / ambulance handovers	1		1
Clinics making sure notes are available	1		1
Keeping track of patients across a variety of areas	1		1
Patient flow - wards and critical care theatre efficiency / performance / endoscopy efficiency / performance		1	1
Lack of input into decisions regarding potential for benefit from rehabilitation prior to admission onto the ward	1		1
Lack of exit from the ward other than discharge meaning that beds cannot be offered to patients who would benefit more for the services	1		1
Total	45	17	62

Other

Finally, staff identified other challenges which did not fit into any of the previous themes. The main challenge identified by staff from Sunderland was parking, including parking costs. Staff also felt that meeting patient expectations, and prioritising patient and visitor safety was a challenge.

Some staff also identified that 'meeting patient expectations' was a challenge, although staff did not elaborate further beyond this, other than to say they were limited by the amount of time they could provide to patients. They also commented how prioritising patient and visitor safety was a challenge. For example, one member of staff commented how managing an overcrowded emergency department to keep it safe for patients and staff was a challenge. Another member of staff elaborated that they found it a challenge to ensure a high quality, safe service to all patients within their speciality, given the increased levels of demand on their service. These comments have been grouped under 'Patient expectations / ensuring patient safety'.

Table 16: Other challenges by hospital trust

	Sunderland	South Tyneside	Total
Parking / transport issues - visiting costs	19		19
Patient expectations / ensuring patient safety	12	6	18
Prescriptions / prescribing / lack of medicine	2	2	4
Urgent emergency work / crisis management	1	2	3
Poor / unfamiliar environment	2	1	3
Working with children of all ages	3		3
Dealing with difficult people	2	1	3
Late changes to lists	2		2
Support to palliative care / cancer patients & family	2		2
Signing death certs & cremation forms	1		1
Lack of community services	1		1
Total	47	12	59

Q7. Are there any areas of service delivery in your view that could be improved? (N=433)

Staff were asked to tell us if there was any areas of service delivery which they felt could be improved. In total, 433 members of staff (305 from Sunderland, 128 from South Tyneside) made 615 comments.

Eighty-four of comments (59 from Sunderland, 25 from South Tyneside) were received such as 'yes', 'no', 'unsure', 'all areas', 'many areas', 'always improvements', and some comments relating to car parking. These comments have been removed from the below. The remaining comments were coded into 65 different areas for improvement. In order to make sense of the data, these areas of improvement were grouped into eight themes. These themes are detailed in the following graph, and will be discussed individually.

Figure 3:Improvements to service delivery by hospital trust
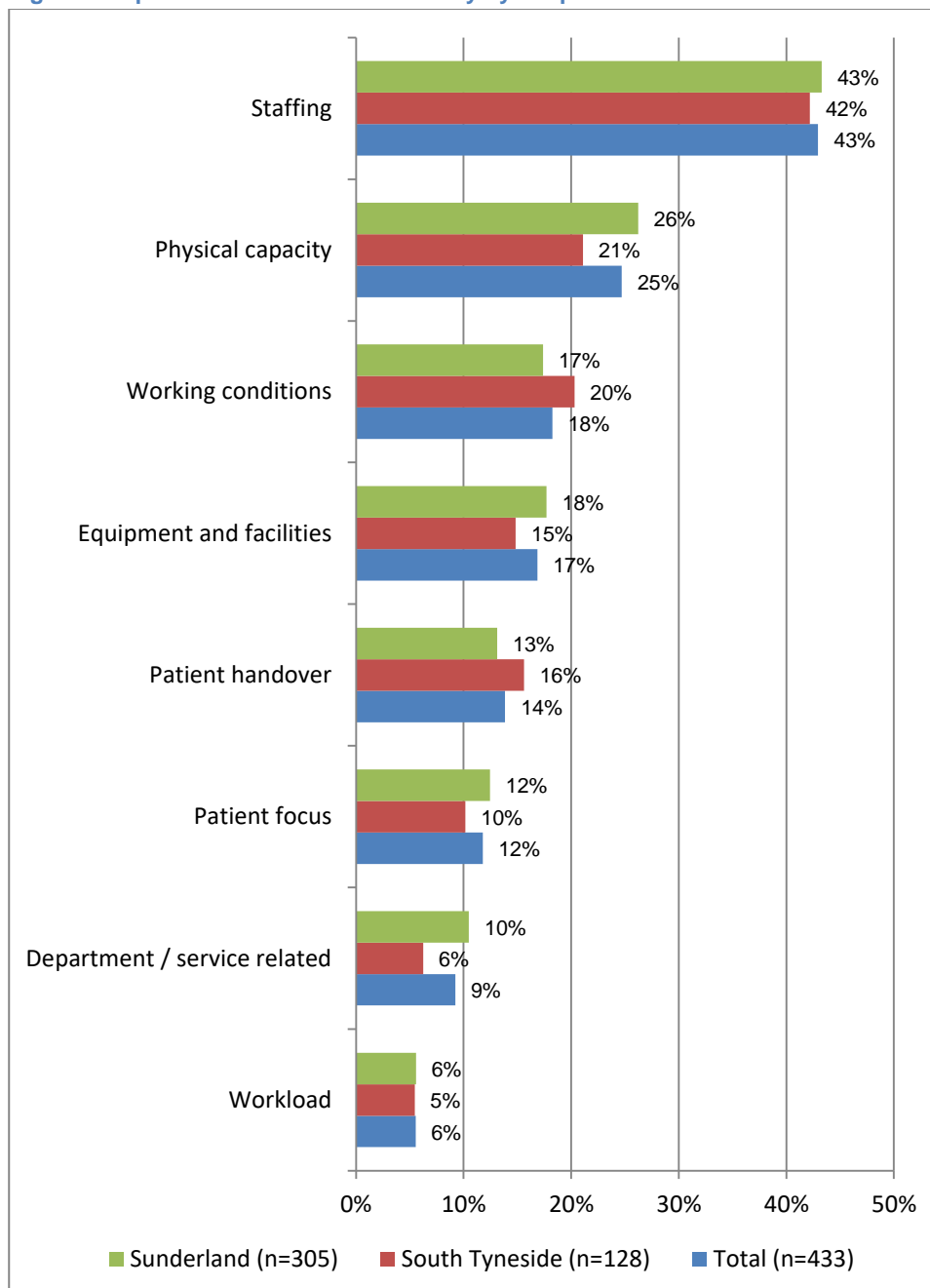
Staffing

A number of suggested improvements were made in relation to staffing. This included recruiting more staff, having an improved staff mix, and more training and developmental opportunities.

Table 17: Staffing improvements by hospital trust

	Sunderland	South Tyneside	Total
More staff (recruitment)	53	22	75
Staff - levels / skills mix / improve / working hours / flexibility	25	15	40
More training / education / development	10	1	11
More or better management/Consultant support	7	4	11
Increase / recruit more nursing staff	9	2	11
More admin support / non clinical support	7	3	10
Improve review system - where appropriate nurses to review / nurses present	6	2	8
Reduce staff movement - between wards	6		6
Services provided by adequately trained staff / appropriate staff		3	3
Nutritional Training	2	1	3
Reception – manned / privacy	2	1	3
Junior Support / continuity	2		2
Increase junior doctors / when necessary	2		2
Staff flow - replace	1		1
Total	132	54	186

Physical capacity

Staff made a number of suggestions for improvements to physical capacity. This included improved bed management, including a discharge area to free up bed space, improved referral system, and improved scheduling for the theatre.

Table 18: Physical capacity improvements by hospital trust

	Sunderland	South Tyneside	Total
Bed management - lack of	10	9	19
Referrals system - Accuracy / time	14	4	18
Waiting list / time	11	3	14
Theatre (operating) scheduling / access / usage / lists / admissions / assessments / patient flow	11	2	13
Lack of capacity	8	3	11
More space / rooms / consultant rooms / clinics / waiting areas	8	3	11
See patients quicker / regular	8	1	9
Appointments - management / number / attendance / access	6		6
Timeliness / timekeeping	2	2	4
There should be a discharge area on wards to free up beds	2		2
Total	80	27	107

Working conditions

Staff made a number of suggested improvements in relation to working conditions. This included making services more efficient, improved communication, and improved team working. Overtime and flexitime were also mentioned, as was staff morale and frustration.

Table 19: Working conditions improvements by hospital trust

	Sunderland	South Tyneside	Total
Improve service / equity - streamlining / efficiency / commissioned properly	17	5	22
More communication including between management/specialties/departments/teams	15	6	21
Team work / Working together / support across teams and team members	3	10	13
Funding/investment	6	3	9
Holiday / sickness / medical cover	5		5
Staff equality / morale / frustration	2	1	3
Adhere to policies / guidelines	1	1	2
Acknowledgment - workload / what we do right	2		2
Staff remuneration / overtime	2		2
Total	53	26	79

Equipment and facilities

Staff identified equipment and facilities as an area for improvement. This included improved access to resources, IT systems, and electronic notes.

Table 20: Equipment and facilities improvements by hospital trust

	Sunderland	South Tyneside	Total
Lack of or improved / prepared / access to equipment / resources	15	6	21
More computers/access - improve IT system/joined up IT / hand held	16		16
Access to notes / info - improve system / electronic recording	8	3	11
Environment	5	5	10
Wasting paper / go paper free	3	1	4
Pharmacy - more staff / availability / building	3	1	4
Introduce telephone assessments / clinics where appropriate	1	2	3
Admin system	3		3
Separate procedure room for Manometry rather than having to share an office / procedure area.		1	1
Total	54	19	73

Patient handover

Some staff identified areas of patient handover which could be improved. This included the transfer of patients between wards and to discharge, providing continuity of care up to discharge, and providing a porter service.

Table 21: Patient handover improvements by hospital trust

	Sunderland	South Tyneside	Total
Patient Flow - Transfer / ward moves / handover process / discharge	26	14	40
Continuity of care (patient care/journey) - improve/lack staff/skill/delayed discharge	8	2	10
Reporting improved - radiology / examinations / time	6		6
Porter service		4	4
Total	40	20	60

Patient focus

A number of patient focussed improvements or suggestions were made by staff. This included patient safety, allowing more time for patient care, and improvements in working relations with social care services.

Table 22: Patient focus improvements by hospital trust

	Sunderland	South Tyneside	Total
Patient safety	5	4	9
More time for patient (care)	7	2	9
Social care - improve/relations	7	1	8
Patient emotional / holistic care / support-reassurance / education	6	1	7
Improve care after discharge	5		5
Take ownership / responsibility for patients	4	1	5
Patient experience		3	3
Improve care flow for heart failure patients	2	1	3
Medicine – access / waste	2		2
Total	38	13	51

Department / service related

Some staff identified specific departments or services which could be improved. These included working with the community, ambulatory care, and primary care.

Table 23: Department / service related improvements by hospital trust

	Sunderland	South Tyneside	Total
Community - more joined up working / funding & investment / support / more services / accurate referrals / discharge	12	3	15
Ambulatory care - better resources / more pathways / senior decision makers on until close / located with admissions unit / opening	6	1	7
More services to be managed in/relationship with primary care	5	1	6
Medical boarding - not reviewed / inappropriate	4	2	6
Additional dietetic input on ICCU	3		3
Psychology services	2		2
Develop new services for local care		1	1
Total	32	8	40

Workload

Some staff identified areas relating to workload which could be improved.

Table 24: Workload improvements by hospital trust

	Sunderland	South Tyneside	Total
Emergency Department - misuse / better clinical reasoning / workload	6	5	11
Increased workload	7	1	8
Pre-assessment - carried out/make own appointments	4	1	5
Total	17	7	24

Q8. Does your ward or department see patients who should be admitted or seen by another speciality? (n=566)

Staff were asked to tell us if their ward or department saw patients who should be admitted or seen by another speciality. Responses were consistent across the two Trusts. A third of respondents told us they often (30%) or sometimes (32%) saw patients who should be seen or admitted to another speciality.

Figure 4: Whether ward sees patients who should be seen elsewhere by hospital trust
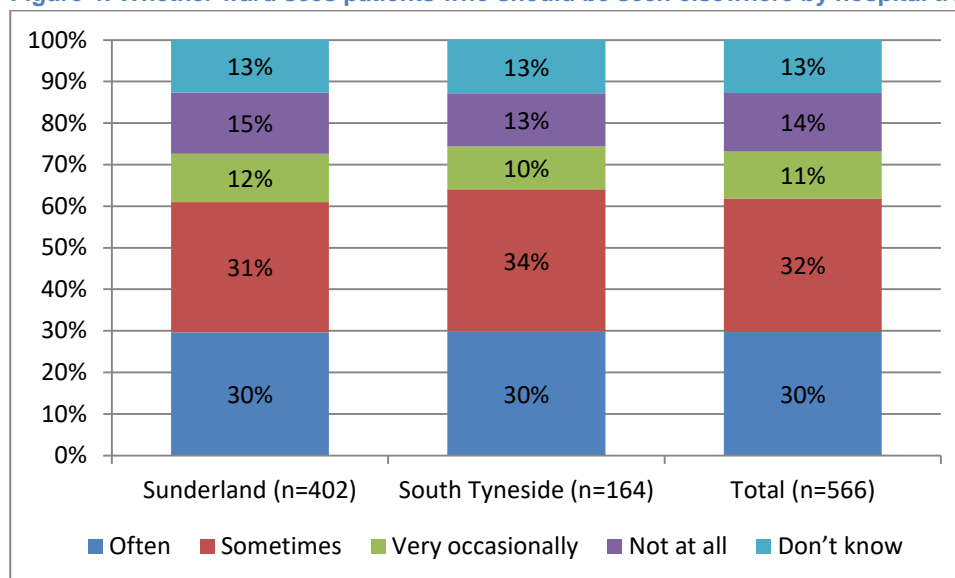
Q9. If your ward or department sometimes or often sees patients who should be admitted or seen by another speciality, can you tell us more about this is the space below: (n=285)

Staff were asked to tell us more about when their ward or department saw patients who should have been seen by another speciality. In total, 285 members of staff (211 from Sunderland, 98 from South Tyneside) made 309 comments. Fifteen people answered no or told us that this question was not applicable to them; a further two people responded that it rarely happens. These seventeen people have been removed from the sample.

The comments received were coded into 112 different areas. In order to make sense of the data, these areas of improvement were grouped into six themes. These themes are detailed in the following graph, and will be discussed individually.

Unfortunately, due to the diverse and individual nature of responses for this question, it is not possible to identify a clear pattern of particular patients being seen by inappropriate specialities.

Figure 5: Patients who should have been seen elsewhere by hospital trust
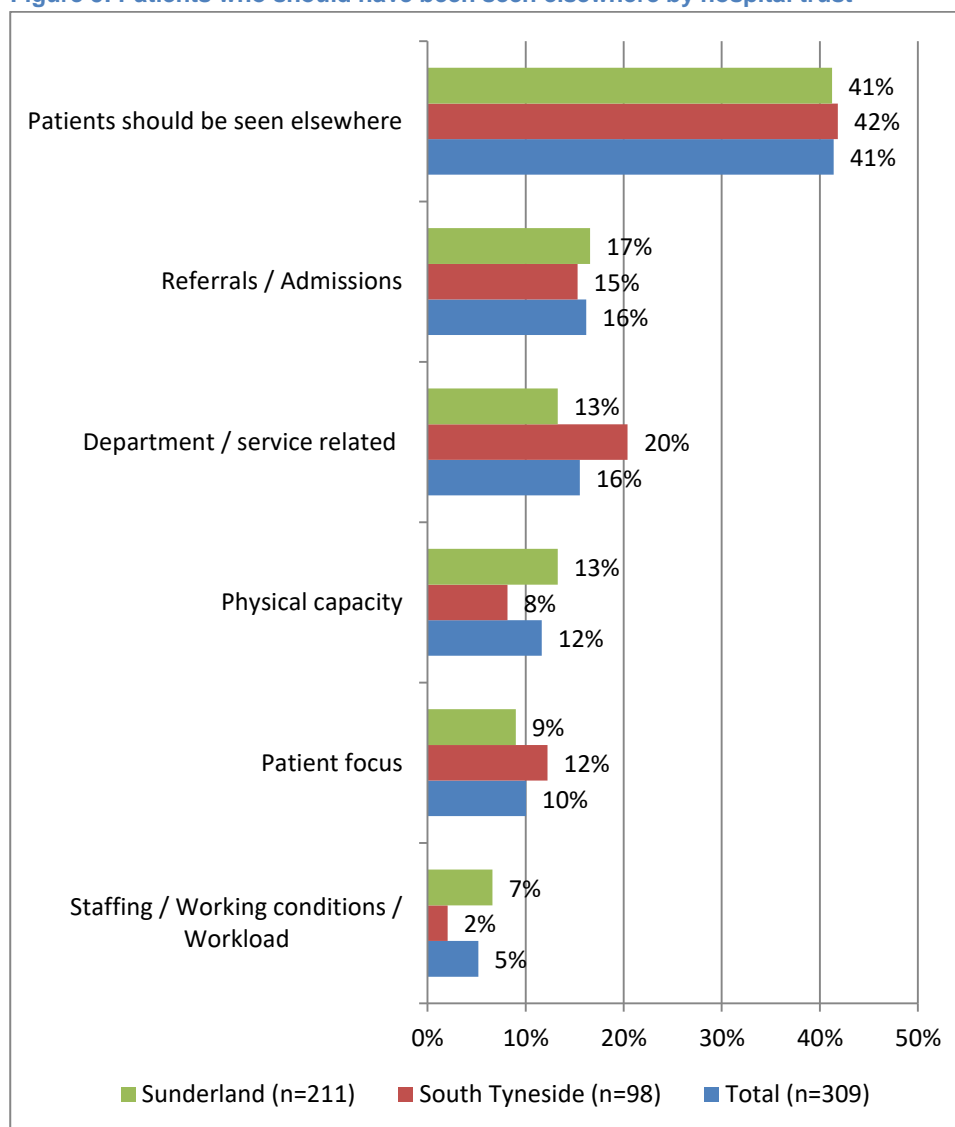
Patients should be seen elsewhere

Staff were most likely to comment that patients should have been seen elsewhere. A number of staff commented how patients require a different specialist unit, or were not correctly reviewed or admitted. People also commented how they see patients from a number of specialities. Some staff mentioned how patients needed to be referred to A&E rather than have a direct referral. However, other comments were made about specialities incorrectly referring patients to ED. There was also mention how it is hard to refer a patient to a speciality, as they won't take them. These comments have been included in the below table.

Please note – due to the size of this table, it stretches onto two pages.

Table 25: Patients should have been seen elsewhere comments by hospital foundation trust

	Sunderland	South Tyneside	Total
Some patients require other specialist input	19	10	29
Patients not correctly reviewed / admitted	21	6	27
We see patients from multiple specialities	19	11	27
Refer patients to A&E for management / rather than directly admitted / Unable to directly refer any more, must send patients via A&E		6	6
Beds are used for none strokes / Stroke patients replaced with non-stroke patients	5		5
Respiratory patients admitted to our ward	3		3
Unwell patients require input from ENT / We see patients who should be seen by ENT	2		2
Patients in recovery area as ITU full		2	2
Accept any admission when empty	2		2
Phoenix unit patients could be seen elsewhere	2		2
Receive calls for patients who should be under other services	2		2
We see patients when other services are not available	1	1	2
Specialities think everything can and should be seen in ED	1		1
CPAU and Stroke divert to ED when short staffed	1		1
Inappropriate children referrals due to cuts to health visitors	1		1
Difficult gaining support from other specialities	1		1
Patients require offsite specialities		1	1
25% of patients from other specialities	1		1
Majority of patients under different speciality	1		1
Difficult to get other speciality to take patient from General Surgery	1		1
Patients have been transferred to the ward to accommodate CPAP patient	1		1
Patients from AMU block beds for renal patients	1		1
Recovery has to care for any patient from all wards and A&E that needs treatment		1	1
Non urgent stroke referrals should be sent to local hospitals	1		1
CPAU admits patients with chest paint that	1		1

	Sunderland	South Tyneside	Total
are not cardiac			
Patients not needing surgery		1	1
District nurses see patients who are not housebound		1	1
People refer to multiple services to see who is quickest		1	1
Total	87	41	128

Referrals / admissions

Staff made a number of comments about referrals or admissions, in relation to a number of different service areas. This includes from A&E or surgery, and readmissions. There was mention about inappropriate self-referrals, or people who should have been directed to their GP. A lot of diverse comments were made, which are included in the below table. Unfortunately, due to the diverse and individual nature of responses for this question, it is not possible to identify a clear pattern of particular patients being seen by inappropriate specialities.

Please note – due to the size of this table it stretches onto two pages.

Table 26: Referrals / Admission related comments by hospital foundation trust

	Sunderland	South Tyneside	Total
Patients sent from A&E	2	4	6
ED left to chase referrals and arrange transfers	5		5
Inappropriate self-referral	4		4
Should have been directed to their GP	3		3
Acute admissions via IAU	2		2
Many COTE patients admitted to the ward	2		2
Orthopaedic patients admitted		2	2
Patients being readmitted	1	1	2
Urgent appointment slot available to prevent admission to hospital	1		1
Out-patient Anticoagulant Clinics refer back to clinician		1	1
Patients attending for bloods		1	1
Cath Lab patients have to be admitted if nurse feels necessary	1		1
Admitted by consultants for further treatment		1	1
Direct referrals to specialities	1		1
Patients admitted to medicine if speciality declines patient	1		1

Patients may have to be admitted by the consultant	1		1
No specific referral route for possible cord compressions	1		1
Patient criteria for Ward 20 ignored		1	1
Patients referred to Sunderland eye Infirmary where applicable		1	1
ICCU patients should all be seen by their parent team	1		1
Seen by an MDT	1		1
Minor Injury patients may need referred quickly	1		1
Patients referred for oxygen		1	1
We assess patients	1		1
Physio out patients referred from CHS	1		1
Outpatients may end up admitted due to medical problems		1	1
Easy onward referral process	1		1
Rheumatology patients are often seen	1		1
Referred from GP		1	1
All patients admitted under surgical speciality	1		1
Post-surgery patients are sent to day case	1		1
Patient may need surgery	1		1
Total	35	15	50

Department / service related

In response to question 9, staff made a number of comments which were department, service, or speciality related. A number of specialities were mentioned, including heart patients, psychology, trauma patients, patients with dementia or Alzheimer's. These are detailed in the below table.

Table 27: Department / service related comments by hospital trust

	Sunderland	South Tyneside	Total
Boarders	9	6	15
ITU patients	1	4	5
Cardiac patients require cardiology input	2	1	3
Unable to carry out elective work	1	1	2
Medical outliers		2	2
Psychology patients as no other service exists / Psychology holds on to patient as nowhere else to send them	2		2
Renal do not have allocated medical staff to see patients	1	1	2
Trauma patients for surgery	2		2
Only in emergency cases	1		1
Well documented issue for all emergency department	1		1
Patients with Dementia and Alzheimer's		1	1
Dietitians see patients from all wards	1		1
Eating disorder patients referred locally		1	1
Cardio patients		1	1
Nephrology often and end stage result for cardiology and diabetes	1		1
Pregnant patients require maternity	1		1
Mental health / addiction issues		1	1
No specific pathway for patients with possible cauda Equina syndrome	1		1
Come from Radiology services	1		1
Peri / post-surgery patients many have underlying conditions		1	1
Phone triage	1		1
Vascular team	1		1
Interdepartmental support is vital	1		1
Total	28	20	48

Physical capacity

Staff commented how there was a shortage of beds within their speciality, and how patients need to go to wherever there is a bed available. There was also comments made about how discharges are delayed because the patients were waiting from a review from a particular speciality.

Table 28:   Physical capacity related comments by hospital foundation trust

	Sunderland	South Tyneside	Total
Shortage of beds within speciality	16	6	22
Patients go where there is a bed available	3	1	4
Discharges delayed pending review from different speciality	1	1	2
Lack of intensive care beds	2		2
Patients who should go to B20 but no beds available	1		1
45% of heart failure patients are on cardiology ward	1		1
Patients stranded in IAU	1		1
Empty beds filled with acute elderly or neurology patients	1		1
No oncology inpatient beds at CHS	1		1
X-Rays being carried out in theatre	1		1
Total	28	8	36

Patient focus

Staff made a number of comments with a patient focus. This included identifying patients with comorbidities, patients who are too unwell to be discharged, and how all wards take general medicine.

Table 29: Patient focus related comments by hospital trust

	Sunderland	South Tyneside	Total
Patients who have multiple problems / comorbidities	11	5	16
Patients unwell so cannot be discharged	1	2	3
All wards have speciality but also take general medical	1	1	2
Difficult to obtain input from COTE	2		2
Patients attend multiple appointments over the hospital site		1	1
Patients could benefit from community services	1		1
Deliver care to all specialities	1		1
Patients are reviewed by specialist nurses		1	1
Certain procedures require to be an inpatient	1		1
Critically ill patients seen by team prior to parent team		1	1
No urology, neurology, oncology wards at South Tyneside		1	1
Patients known to both SALT and Dietetics	1		1
Total	19	12	31

Staffing / Working conditions / workload

A small number of staff commented about issues relating to short-staffing, inappropriate or follow-up appointments, or poor communication regarding pathways.

Table 30: Staffing / working conditions / workload related comments by hospital trust

	Sunderland	South Tyneside	Total
Not enough staff / staff overstretched	5	1	6
Patients turn up with other issues due to GP appointment waiting times	2	1	3
Patients with follow up appointments	2		2
Pathways not clearly communicated	2		2
When there is stress on hospital - Winter pressure	2		2
Confusion over which speciality	1		1
Total	14	2	16

Q10. Do you feel you have the right skills to deal with patients in your ward / department? (n=548)

Despite around 40% of staff feeling patients should have been seen by another speciality (question 9), nearly all (93%) of respondents felt they had the right skills to deal with patients in their ward or department. In total, only fourteen people felt they did not have the right skills, and twenty-two people did not know if they had the right skills to deal with patients in their ward or department.

Figure 6: Whether staff feel they have the right skills by hospital trust
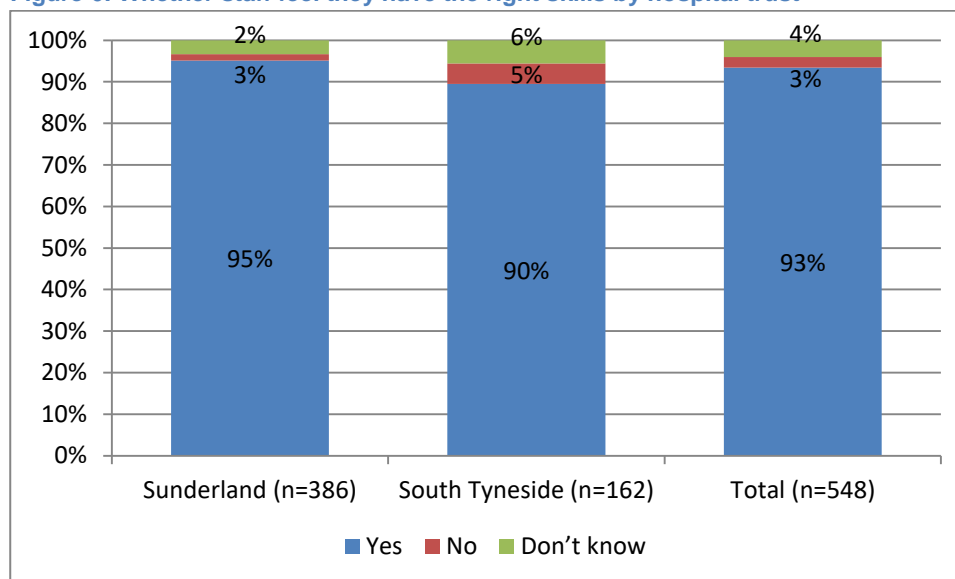
Q11. If no, please tell us what training or skills you would need? (n=10)

The fourteen people who told us they did not feel they had the right skills to deal with patients on their ward or department were asked to tell us what skills or training they would need. In total, ten people responded and made fifteen responses, which are detailed in the below table.

Table 31: Training or skill needs by hospital trust

	Sunderland	South Tyneside	Total
Anything medical	1	1	2
Clinical skills	1	1	2
Clinical supervision / supervised practice	1	1	2
Staff pressures / no time to attend	1	1	2
Have skills / deskilling		2	2
Communication from senior staff		1	1
Rotation of staff		1	1
CPD related training		1	1
Acutely ill patients	1		1
ALS training	1		1
Total no. of responses	6	9	15

Q12. Do you think there are enough staff and capacity on the ward/ in your department to treat patients safely and effectively… (n=543)

Almost four out of ten staff felt there was enough staff and capacity on their ward or department to treat patients safely and effectively most of the time (38%) or some of the time (37%). Responses were fairly consistent between the two hospital trusts.

Figure 7: Enough staff by hospital trust

39
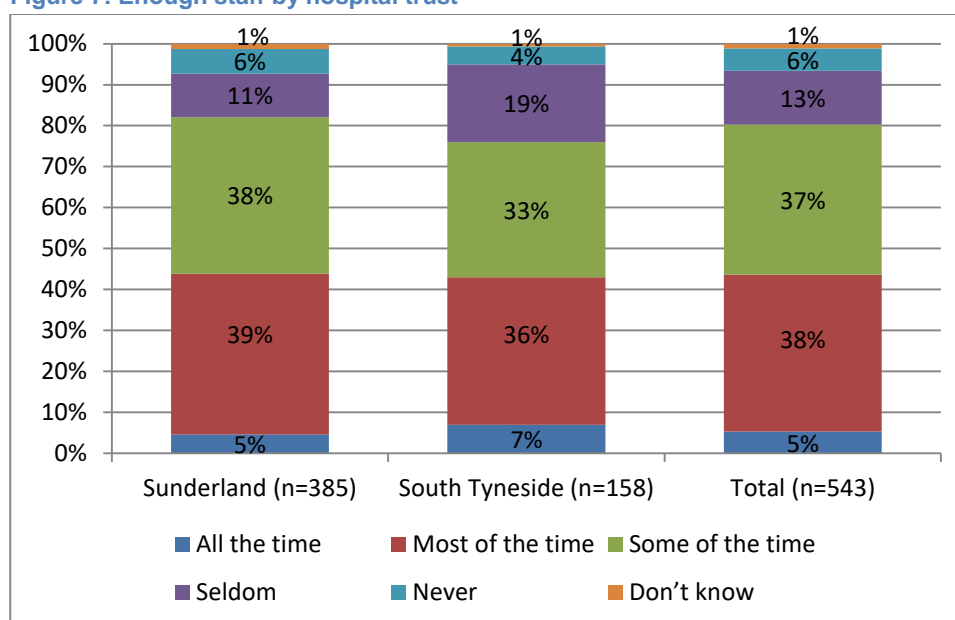
Q13. Do you have easy / quick access to specialist advice about your patients' care and treatment... (n=543)

Only 24% of staff reported having easy and quick access to specialist advice about their patients care and treatment all of the time, with 53% stating this was available most of the time (53%). Only three percent (16 respondents) told us they seldom or never have this access.
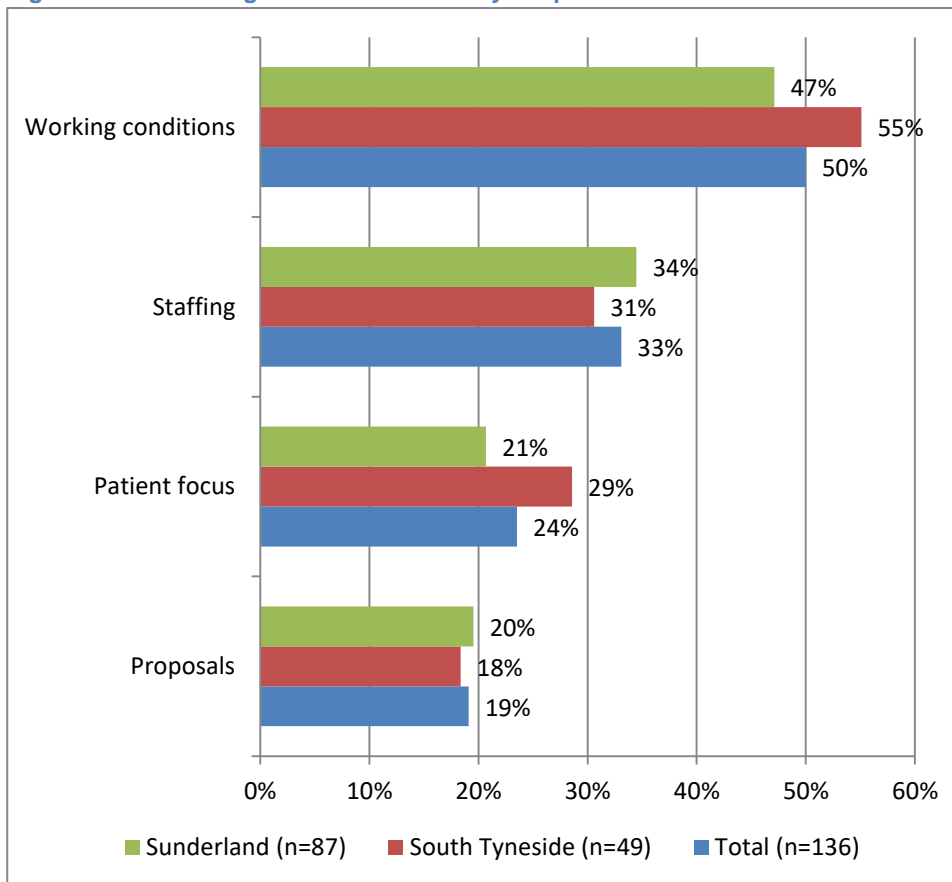
Figure 8: Access to specialist advice by hospital trust
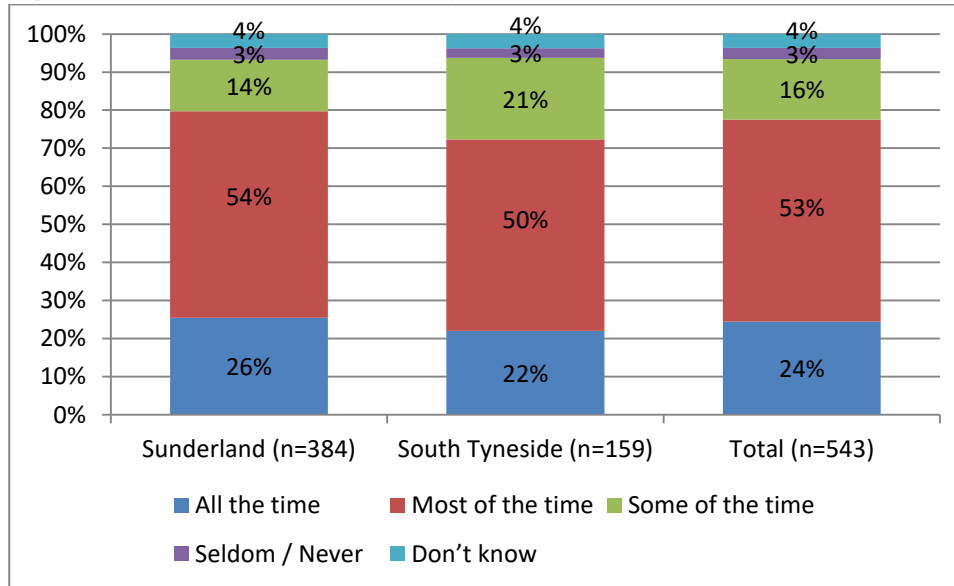
Q14. Do you have easy/quick access to diagnostics tests, scans and the results to enable timely treatment for your patients… (n=540)

Only 17% of staff reported having easy and quick access to diagnostic tests, scans, and results all of the time, with 52% stating this was available most of the time. Only four percent (20 respondents) told us they seldom or never have this access.

Figure 9: Access to diagnostic tests by hospital trust
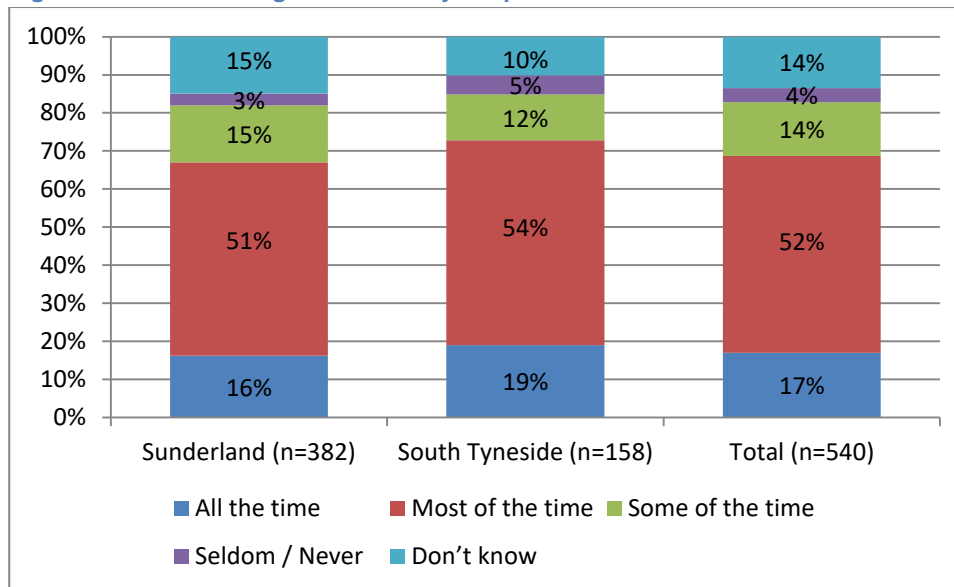
Q25. Do you have any other thoughts or comments you would like to make? (n=136)

Staff were invited to make any final comments on the survey. In total 136 members of staff (87 from Sunderland, 49 from South Tyneside) made 171 comments. Twenty-two people told us they had no other comments and 7 people told us they were against the survey or demographic questions; these 29 responses were removed from the below analysis. The comments were coded in 53 different categories. In order to make sense of the data, these themes were grouped into four main themes. These themes are detailed in the following graph, and will be discussed individually.

Figure 10: Final thoughts and comments by hospital trust

Legend: Sunderland (n=87), South Tyneside (n=49), Total (n=136)

Theme	Sunderland (n=87)	South Tyneside (n=49)	Total (n=136)
Working conditions	47%	55%	50%
Staffing	34%	31%	33%
Patient focus	21%	29%	24%
Proposals	20%	18%	19%

Working conditions

The majority of staff commented on working conditions in this final question. Staff mentioned how they were under increasing pressures and how staff morale had reduced. They felt there was a need for improved internal communication, perhaps through a regular bulletin; a number of staff commented how they felt left in the dark. Staff also commented on how upper management do not understand or listen to them.

Table 32: Working conditions final comments by hospital trust

	Sunderland	South Tyneside	Total
Need improved internal information and communication / bulletin / staff feel left in the dark	7	9	16
Reduced staff morale	6	3	9
Staff under increasing pressures	6	3	9
Upper management don't understand / listen / managers to visit wards	3	4	7
Help staff with pressure	5	1	6
Low pay	4		4
Change staff grading	2	1	3
Car parking difficulties - Make premium spaces free for staff who make visits frequently	1	1	2
Lack of organisation for staff / departments		2	2
Seeking alternative employment	1	1	2
Concerned about staff losing jobs	2		2
Need better spending of NHS money	1		1
Job uncertainty	1		1
Increase occupational therapy presence in management	1		1
No recognition for doing a good job	1		1
Need improved external information and communication		1	1
No unity in workforce		1	1
Total	41	27	68

Staffing

A number of comments were made about staffing, including the need to hire more staff, more appropriately trained staff, and to offer appropriate training to existing staff. There were also comments made about outsourcing staff or using locums. For example, one member of staff commented how they needed a consistent consultant instead of locums to help support the team and ease pressure. Another member of staff commented on the expenditure of outsourcing staff (locums) in Radiology.

Table 33:Staffing final comments by hospital trust

	Sunderland	South Tyneside	Total
Need more staff / higher staff to patients ratio	16	6	22
More staff training / training opportunities / efficient training	6	4	10
Need less managers	3		3
Need appropriately trained staff	2		2
More consistent team of consultants - less locums		2	2
Why outsource radiology / Consultants when have staff employed for roles	1	1	2
Ward clerks to complete patient valuations	1		1
More hand surgeons needed		1	1
Better career progression		1	1
Better utilise staff	1		1
	30	15	45

Patient focus

Staff commented on a number of areas related to patients and their care and wellbeing. This included comments from a patient focus, comments about the need for improved equipment and facilities, comments relating to physical capacity, and comments related to transfer of patients between services. Some people commented how critical care services at the trusts were good and how the care offered is patient centred. However, some staff felt that patient care was suffering and that they needed more time with patients.

Table 34: Patient focus final comments by hospital trust

	Sunderland	South Tyneside	Total
Critical care good	2	3	5
Need new equipment / medical machines	2	1	3
Patient care suffering	2	1	3
Better staff facilities	3		3
Need new IT equipment / Increase amount of laptops in line with digitisation	3		3
Care is patient centred	1	1	2
Difficulties getting patients from wards	1		1
Difficulty getting patients prepped	1		1
Patient escort challenges	1		1
No room availability	1		1
Fracture Clinic too busy	1		1
More time needed for patients		1	1
Simpler way for district nurses and nurse practitioners to prescribe drugs		1	1
Make sure patient care is given as fast and efficiently as possible		1	1
More patient consultation		1	1
Retain SALT as all age all locations service		1	1
Efficiently delivered		1	1
Increase bed capacity		1	1
Lower waiting times		1	1
	18	14	32

Proposals

Some staff made comments about the future proposals for health services. These included a concern for patients travelling between hospitals and services, and the proposed changes to services. Staff and management felt they should be included in the decision making process.

Table 35: Proposals final comments by hospital trust

	Sunderland	South Tyneside	Total
Concern about patients travelling between hospitals	3	1	4
Cancer services neglected in restructure		1	1
Concern with changes to hospital services / Closing services in South Tyneside / change for change sake	9	5	14
Involve staff in the development	1	2	3
Concerns about staff travelling between hospitals	2		2
Designate single acute site	1		1
Involve managers in decision making in specialist areas	1		1
	17	9	26

Demographics

Demographic information was collected on staff from both City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust. This information has been summarised in the following table. In order to ensure confidentiality and that no individual staff are identified, some responses have been grouped.

Figure 11: Demographics by hospital trust

	Sunderland	South Tyneside	Total
Gender (n=509)			
Male	73	28	101
Female	281	108	389
Prefer not to say	12	7	19
Age (n=510)			
18 - 24	9	1	10
25 – 34	62	20	82
35-44	87	25	112
45-54	131	50	181
55-64	58	36	94
65-74	7	3	10
Prefer not to say	12	9	21
Postcode (n=401)			
DH	55	4	59
NE	85	87	172
SR	141	17	158
DL / TS	6	1	7
Prefer not to say	1	4	5
Disabled (n=510)			
Yes	12	3	15
No	341	130	471
Prefer not to say	13	11	24
Sexual orientation (n=502)			
Heterosexual	311	122	433
Gay / Lesbian / Bisexual / Other	18	6	24
Prefer not to say	30	15	45
Maternity and children (n=503 – 505)			
Pregnant (n=505) / Expecting a child (n=503) / Child under 24 months (n=504)	17	2	19
Race / ethnicity (n=508)			
Asian / Asian British / Black / Black British / Mixed race / Gypsy or traveller	11	5	16
White (British, Irish, European)	322	123	445

Rather not say	21	13	34
Religion / belief (n=506)			
Christianity	217	89	306
Islam / Muslim / Buddhism	2	2	4
No religion	104	27	131
Other religion	11	6	17
Rather not say	30	18	48

Appendix 1: Survey

Path to Excellence - Phase two - seeking staff views

Thank you for taking the time to fill in this survey.

The objective is to capture views from frontline staff in South Tyneside and Sunderland on the challenges and difficulties they currently face in everyday service delivery.

These insights will be used to help inform discussions on how service improvement plans may be developed for phase two of the Path to Excellence programme which involves the following key work streams:

- Medicine and emergency care
- Surgery, theatres and critical care
- Elective (planned) care and specialist services
- Clinical support services

We wish to find out what issues are important to staff in order to make improvements. Please be reassured that all responses are confidential and will be analysed by an independent organisation who will provide a feedback report to the Trust. We will publish this report early in 2018 with an update on the Path to Excellence programme.

There are 25 questions and it should only take around 10 minutes to complete.

1

Path to Excellence - Phase two - seeking staff views

1. Which hospital trust is your employer?

○ South Tyneside NHS Foundation Trust

○ City Hospitals Sunderland NHS Foundation Trust

○ Other (please specify)

2. Where is your usual work base? (Please tick one)

○ South Tyneside District Hospital

○ Palmer Community Hospital

○ Sunderland Royal Hospital

○ Sunderland Eye Infirmary

○ Other (please specify)

○ Community – South Tyneside

○ Community – Sunderland

○ Community – Gateshead

○ Clarendon

2

3. What is your general job role? (Please select one)

- ◯ Cardiac technician
- ◯ Community Nurse
- ◯ Consultant
- ◯ Dietitian
- ◯ Healthcare Assistant
- ◯ Hospital Nurse
- ◯ Junior Doctor
- ◯ Management
- ◯ Matron
- ◯ Occupational Therapist
- ◯ Pharmacist
- ◯ Other (please specify)

- ◯ Physiotherapist
- ◯ Podiatrist
- ◯ Radiographer
- ◯ Respiratory technician
- ◯ SAS Doctor
- ◯ Specialist Nurse
- ◯ Speech and Language Therapist
- ◯ Student nurse
- ◯ Support staff
- ◯ Ultrasonographer
- ◯ Ward Manager

3

4. Which general area of speciality do you work in? (Select all that apply)

☐ Accident and Emergency	☐ Neurology
☐ Acute Medicine	☐ OFMS
☐ Cardiology	☐ Ophthalmology
☐ Care of the elderly	☐ Palliative care
☐ Dental	☐ Pharmacy
☐ Diabetes / Metabolic	☐ Radiology and other diagnostics
☐ Endoscopy	☐ Respiratory
☐ ENT	☐ Rheumatology
☐ Gastroenterology	☐ Theatres
☐ General internal medicine	☐ Therapies
☐ General surgery	☐ Trauma and orthopaedics
☐ Intensive care / critical care	☐ Urology
☐ Medical ambulatory care	☐ Vascular surgery
☐ Other (please specify)	

5. Which ward / specific department do you work in?

4

6. What are the biggest challenges you face on a daily basis?

7. Are there any areas of service delivery in your view that could be improved?

8. Does your ward or department see patients who should be admitted or seen by another speciality? (Please select one box only)

◯ Often   ◯ Not at all

◯ Sometimes   ◯ Don't know

◯ Very occasionally

5

11. If no, please tell us what training or skills you would need?

12. Do you think there are enough staff and capacity on the ward/ in your department to treat patients safely and effectively…

○ All the time   ○ Seldom

○ Most of the time   ○ Never

○ Some of the time   ○ Don't know

13. Do you have easy / quick access to specialist advice about your patients' care and treatment…

○ All the time   ○ Seldom

○ Most of the time   ○ Never

○ Some of the time   ○ Don't know

14. Do you have easy/quick access to diagnostics tests, scans and the results to enable timely treatment for your patients…

○ All the time   ○ Seldom

○ Most of the time   ○ Never

○ Some of the time   ○ Don't know

7

Path to Excellence - Phase two - seeking staff views

About you

It would help us to understand your answers better if we knew a little bit about you. **These questions are completely optional,** but we hope you will complete them.

15. Are you…? (Please select only one)

○ Male

○ Female

○ Transgender

○ Prefer not to say

16. How old are you? (Please select only one)

○ 18 - 24   ○ 55 – 64

○ 25 – 34   ○ 65 – 74

○ 35 – 44   ○ 75 or older

○ 45 - 54   ○ Prefer not say

17. What is the first half of your postcode?
(For example – SR1 or NE38)

[   ]

18. Do you consider yourself to be disabled? (Please select only one)

○ Yes (please specify below)

○ No

○ Prefer not say

○ If you answered yes, please specify below:

[   ]

8

19. What is your sexual orientation? (Please select only one)

○ Heterosexual or straight
○ Gay
○ Lesbian
○ Other (please specify below)

○ Bisexual
○ Prefer not say

[   ]

20. Are you currently pregnant?

○ Yes
○ No
○ Rather nor say
○ N/A

21. Is your wife / partner / spouse currently pregnant or are you expecting a child?

○ Yes
○ No
○ Rather not say
○ N/A

22. Do you currently have a child less than 24 months old?

○ Yes
○ No
○ Rather not say
○ N/A

9

23. Which race or ethnicity best describes you? (Please select one box only)

- ○ Asian/British Asian: Bangladeshi
- ○ Asian/British Asian: Chinese
- ○ Asian/British Asian: Indian
- ○ Asian/British Asian: Pakistani
- ○ Black/British Black: African
- ○ Black/British Black: Caribbean
- ○ White: British
- ○ Another race or ethnicity (please specify(please specify)

- ○ White: Irish
- ○ White: European
- ○ Mixed Race: Black & White
- ○ Mixed race: Asian & White
- ○ Gypsy or traveller
- ○ Rather not say

24. What do you consider your religion to be? (Please select only one)

- ○ Buddhism
- ○ Christianity
- ○ Islam
- ○ Judaism
- ○ Another religion (please specify)

- ○ Sikhism
- ○ No religion
- ○ Rather not say

25. Do you have any other thoughts or comments you would like to make? If so, please use the space below to tell us about them:

10

Appendix 2:

Table 6 'Other' general job role by hospital trust

	Sunderland	South Tyneside	No Trust identified	Total
Admin / Clerical / Secretary / PACS administrator / Housekeeper / HR / IT / Ward clerk / Medical Secretary	27	17		44
Operating Department Practitioner / Theatre manager / nurse / practitioner	6	7		13
Pharmacy Assistant / Technician / Dispensing Assistant	6	5		11
Nurse Consultant / Practitioner / Staff nurse / Auxiliary nurse / Research nurse / Critical Care Outreach Sister / Head of Nursing Community Division	6	3		9
Higher grade technical instructor / Technical Instructor / Assistant Technical Officer / Medicine Management Technician / Clinical Lead Wheelchair Services / Associate Specialist	3	5	1	9
Dialysis Assistant / Retinal Screener / Support worker / TI3 / Radiology Assistant / Radiology Clerk / Dietetic Assistant / Dietetic Support Worker	6	3		9
Clinical psychologist / psychologist / Orthoptist / Clinical Physiologist / Physiotherapy Technical Instructor / Rehabilitation assistant	7	1		8
SALT Assistant / Assistant practitioner	5			5
Clinical Scientist / Clinical Technologist / Medical Physicist / Biomedical Engineer	3	1		4
Manager / Management / Education	3			3
Rather not say		2		2
Total	72	44	1	117

Appendix 3:

Table 8 Other' General area of speciality – by hospital trust

Other	Sunderland	South Tyneside	Total
Renal / renal anaemia / Nephrology / Dialysis	11	1	12
Haematology / Tissue Viability / pathology	11		11
Neuro Rehab / Stroke / Rehabilitation / MSK / OT / Physio	11		11
Anaesthetics / Surgery / Theatres / Elective / Bariatric surgery	6	2	8
Multiple specialities / wards / clinic / Division of medicine / Corporate role	7	1	8
Paediatrics	3	2	5
Cancer Services / oncology	1	3	4
Community division management team / Continuing Healthcare / Critical Care Outreach / Trust Education / Funded Care	1	3	4
Falls / Vestibular / Fracture Clinic	1	3	4
Medical secretaries / HR / IT / IG	3	1	4
Outpatients / Discharge Planning	1	3	4
Pain Management Services / Psychology / Infection control / ASD Pathway	4		4
Wheelchair Services / Winter Pressures / Rotational Band 5	1	3	4
Cardiac / respiratory / Heart Failure	3		3
Obstetrics / gynaecology	2	1	3
A&E / ED	2		2
Dietetics	1	1	2
Medical Physics	2		2
Rather not say		2	2
Total no. Respondents	70	26	96

Appendix 4:

Table 36: Physical location where staff work by hospital trust

	Sunderland	South Tyneside	Total
Ward 2		7	7
Ward 3		6	6
Ward 5		2	2
Ward 6		3	3
Ward 7		8	8
Ward 9		4	4
Ward 10		4	4
Ward 17		5	5
Ward 19		8	8
Ward 20		5	5
Ward 23		2	2
Moorland		3	3
Edythe Brown House		1	1
South Tyneside District Hospital (STDH)		1	1
B Level ward	20		20
C Level ward	18		18
D Level	28		28
E Level ward	39		39
F Level	10		10
Multiple sites	2		2
Children's centre / service	2		2
Phoenix unit	4		4
Pallion	2		2
Trust Headquarters (THQ)	1		1
Sunderland eye infirmary (SEI)	1		1
Total no. of responses	127	59	186

Appendix 5:

Table 37: Department where staff work by hospital trust

	Sunderland	South Tyneside	Total
Division of medicine / surgery / theatres / General surgery / Colorectal surgery / Anaesthetics	47	32	79
Cardiology / Heart failure / Cardiac Centre / Cardiac rehabilitation / Diagnostic Cardiology / imaging / CCU / CTC / ECG / ICCU / Cath lab	61	14	75
Radiology / MRI / Fracture / x-ray / Endoscopy	37	24	61
A&E / Emergency Department / Care / Assessment / CPAU / EAU / IAU / Pre-operative Assessment / Discharge lounge / nursing team / Interface team	35	14	49
Outpatients / O/P / OPD / inpatients	24	8	32
Orthopaedic / Trauma / T&O	23	9	32
Dietetics / Nutrition / Bariatric Unit / Diabetes	23	7	30
Hand therapy / Knee service / Podiatry / Head and neck / Thoracic / Gastroenterology / Upper GI / Dental / Eye screening / Oesophageal Manometry	15	11	26
SALT	24		24
Intensive care / ITU / High dependency unit / Critical care outreach	5	20	25
Pharmacy / Dispensary / Asepsis	11	7	18
Physiotherapy	15	3	18
Occupational therapy	9	8	17
Sexual health / SRH / Gynaecology / Early pregnancy unit and facility / Antenatal / Obstetric / Ultrasound / Urology	15	2	17
Stroke / CSRT	16		16
Respiratory Medicine / service / ARAS / Chest clinic	8	7	15
Ambulatory Care / EACU / Medical ambulatory care	13	1	14
Metabolic Medicine Unit / Biomechanics / Biomedical engineering / Medical physics / Endocrine	12	1	13

Geriatrics / Care of the elderly / COTE / Rheumatology	7	5	12
Haematology / GPAS / Pathology	11	1	12
Neurology / REM	12		12
Renal / Dialysis / Nephrology	12		12
Paediatric	9		9
Medical secretaries/ Medical records / management / IT / HR / Integrated administrations unit / Directorate / Quality and patient experience / Research and innovation	7	2	9
MSK service / SIMS	7	1	8
SCIP / Infection control	6	1	7
Cancer services / oncology	2	4	6
Manufacturing unit / Wheelchair services / Appliance department	3	3	6
Rehab / ICAR / Recovery / MRU	5	1	6
Falls service	1	4	5
Funded care team / Community / Home care services	1	4	5
Pain management / Palliative care team	2	2	4
Rather not say	1	2	3
CT / DOSA	3		3
Psychology	2		2
Special needs team / SPN	1	1	2
Total no. of responses	485	199	684