

Questionnaire number:
NHS Board:



Paediatric Neurosurgery – National Inpatient Experience Survey

Parent or Carer Questions

What is the survey about?

We would like to know what you think about **your child's most recent stay in hospital**. This will help us assess the aspects of care in **paediatric neurosurgery** that we do well, and the areas we can improve on.

Taking part in this survey is voluntary and your answers will be treated in confidence. Whether you decide to participate or not, your decision will **not** impact on the future care of your child in any way. Please try and complete as much of the survey as possible. Thank you.

Filling out the questionnaire

For each question, put a tick in the box next to the answer that is right for you. For example, if your answer is yes, write in a tick as below:

Yes

No

Don't worry if you make a mistake. Cross it out and tick the correct box.

If you like you can answer these questions online at:

 <http://www.msn-neuro.scot.nhs.uk/survey>

Questions or help?

Neurosurgery Managed Service Network office on **0131 5372069** from Monday to Friday 9am-5pm.

We need to know which hospital and ward your child stayed in

Please tick **ONE** box only.

City	Hospital Name	Ward Name	Ward Number	
Glasgow	Royal Hospital for Children Glasgow	Neurosurgery	3A	<input type="checkbox"/>
	Queen Elizabeth University Hospital Glasgow	Neurosurgery	63	<input type="checkbox"/>
			64	<input type="checkbox"/>
			65	<input type="checkbox"/>
Edinburgh	Royal Hospital for Sick Children Edinburgh	Medical ward	7	<input type="checkbox"/>
	Western General Hospital Edinburgh	Neurosurgery	31	<input type="checkbox"/>
			32	<input type="checkbox"/>
			33	<input type="checkbox"/>
Aberdeen	Royal Aberdeen Children's Hospital	Surgical ward	-	<input type="checkbox"/>
		Medical ward	-	<input type="checkbox"/>
		High Dependency Unit	-	<input type="checkbox"/>
Dundee	Ninewells Hospital	Medical ward	29	<input type="checkbox"/>
		Neurosurgery	23B	<input type="checkbox"/>

Before you start, please remember:

These questions are about your child's **most recent stay in the hospital** under care of the **paediatric neurosurgery** team (doctors and nurses).

Going to hospital

1. Was **your child's most recent admission** to hospital planned or an emergency?

Emergency (went to ED/came by ambulance etc) *Go to Question 3*

Planned (was on the waiting list) *Go to Question 2*

2. Did hospital staff tell **you** what was going to happen to your child while they were in hospital?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't remember

Tell us about the ward

3. When you **first** arrived on the ward, did people working on the ward tell you what was going to happen to your child while they were there?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't remember

4. Did you feel that your child was **safe** on the ward?

- Yes, all of the time
- Yes, some of the time
- No

5. Did you think there were appropriate things **for your child to play with** on the ward (electronic games, DVDs, computers, books and magazines, televisions etc)?

- Yes, definitely
- Yes, to some extent
- No
- Can't remember / didn't notice

6. Did your child like the hospital **food** provided?

- Yes, definitely
- Yes, to some extent
- No
- My child did not have hospital food

Tell us about how your child was looked after

7. Did new members of staff in the ward treating your child introduce themselves?

- Yes, always
- Yes, sometimes
- No

8. Did you know **members of the neurosurgery team** who were in charge of your child's care and treatment?

- Yes, always
- Yes, sometimes
- No, but I would have liked to know
- No, but it didn't bother me

9. Did **members of the neurosurgery team** treating your child give **you** information about their care and treatment in a way that you could understand?

- Yes, definitely
- Yes, to some extent
- No

10. Did members of staff treating your child communicate with them in a way that your child could understand?
- Yes, definitely
 - Yes, to some extent
 - No
11. Did a **member of the neurosurgery team** agree a plan for your child's care with you?
- Yes
 - No
 - Don't know / can't remember
12. Were you encouraged to be involved in decisions about your child's care and treatment?
- Yes, definitely
 - Yes, to some extent
 - No
13. Did staff keep you informed about what was happening whilst your child was in the ward?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
14. Did staff ask if you had any questions about your child's care?
- Yes, definitely
 - Yes, to some extent
 - No
 - I didn't want / need to ask any questions
 - Don't know / can't remember

15. When you spoke to different members of staff did they all give similar information about the care of your child?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
16. Were the different members of staff caring for and treating your child aware of their medical history?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
17. Did you feel that staff looking after your child knew how to care for their individual or special needs?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
18. Were members of staff available when your child needed attention?
- Yes, always
 - Yes, sometimes
 - No
19. Did the members of staff caring for your child work well together?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember

Tell us about your child's operations / procedures

20. During their stay in hospital, did your child have an **operation or procedure** in the theatre (such as having drain inserted or taken out)?

Yes *Go to Question 21*

No *Go to Question 24*

21. **Before** the operation or procedure, did a member of staff explain to you **what would be done** during the operation or procedure?

Yes, completely

Yes, to some extent

No

I didn't want an explanation

22. **Before** the operation or procedure, did a member of staff **answer your questions** about the operation or procedure in a way you could understand?

Yes, completely

Yes, to some extent

No

I didn't have any questions

23. **After** the operation or procedure, did someone explain to you **how the operation or procedure had gone** in a way you could understand?

Yes, completely

Yes, to some extent

No

Leaving the ward

24. Did a member of staff give you advice about caring for your child after you went home?

Yes, definitely

Yes, to some extent

No

It was not necessary

Don't know / can't remember

25. Did a member of staff tell you what to do or who to talk to if you were worried about your child when you got home?

- Yes, definitely
- Yes, to some extent
- No
- It was not necessary
- Don't know / can't remember

26. Did a member of staff tell you what would happen after your child left hospital?

- Yes, definitely
- Yes, to some extent
- No
- It was not necessary
- Don't know / can't remember

27. Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you?

- Yes, definitely
- No, but I would have liked it
- No, but I did not need it

Tell us how you would sum things up

28. Do you feel that the people looking after your child **listened** to you?

- Yes, always
- Yes, sometimes
- No

29. Do you feel that people looking after you were friendly?

- Yes, always
- Yes, sometimes
- No

30. Do you feel that your child was well looked after by the ward staff?

- Yes, always
- Yes, sometimes
- No

31. Were you treated with dignity and respect by the people looking after your child?

- Yes, always
- Yes, sometimes
- No

32. Overall.....(please circle a number)

0 1 2 3 4 5 6 7 8 9 10

I felt that my child had had a very poor experience

I felt that my child had a very good experience

Tell us about your child

33. What is your child's **year** of birth?

(Please write in) e.g.

34. Is your child female (girl) or male (boy)?

- Female (girl)
- Male (boy)

35. Does your child have any of the following long-standing conditions?

(TICK ALL THAT APPLY)

- Deafness or severe hearing impairment *Go to Question 36*
- Blindness or partially sighted *Go to Question 36*
- Any other long-standing physical disability *Go to Question 36*
- A learning disability *Go to Question 36*
- A mental health condition *Go to Question 36*
- Another long-standing condition (diabetes, epilepsy, cancer etc) *Go to Question 36*

PLEASE WRITE BELOW

- No long-standing conditions *Go to Question 38*

36. Does this condition(s) cause your child difficulties with any of the following?

(TICK ALL THAT APPLY)

- Everyday activities that people his/her age can usually do
- In education or training
- Access to buildings, streets or vehicles
- Reading or writing
- People's attitude to your child because of his/her condition
- Communicating, mixing with others or socialising
- Any other activities
- No difficulty with any of these

37. Does your child have a key-worker (outreach nurse, nurse specialist, social worker etc) who provides support and advice for you and your child whilst you are in hospital or at home?

- Yes
- No, but I would have liked to have
- No, but it doesn't matter
- Don't know

Anything else to say?

38. Was there anything else you would like to tell us about your time in the hospital (anything particularly good, or anything that could have been better)?

PLEASE WRITE YOUR COMMENTS BELOW.

Thank you very much!

Please use envelope provided to return your completed questionnaire and put the envelop in the BOX at the

NURSING STATION/RECEPTION

Or you can return this survey FREEPOST in the envelope provided.