



City Hospitals Sunderland
NHS Foundation Trust

CARE IN THE LAST DAYS OR HOURS OF LIFE

What is the survey about?

The survey is about the service City Hospitals Sunderland provides to patients, their family members or carers during the last days or hours of the patient's life.

Completing the questionnaire

If you feel able to complete the questionnaire, please place a (X) clearly inside one box using a black or blue pen. Don't worry if you make a mistake; simply shade out the box that has the mistake and put a cross in the correct box.

Questions or help

If you have any questions or would like help to complete the questionnaire, please call the telephone number given in the letter accompanying this questionnaire.

Your participation in this survey is voluntary.

Your information will be reported anonymously.

Section A
About where your relative or friend was cared for

Q1 On which ward did your relative or friend die?

Q2 Was this the only ward where they were cared for?

Yes ☐

No..... ☐

Not sure..... ☐

If no, please state which other ward(s) they spent time on.

Q3 Considering the ward your relative or friend spent the majority of their time on, were they nursed in:

A single room ☐

In a bay on the main ward..... ☐

Both..... ☐

Q4 On reflection was this the appropriate area?

Yes ☐

No..... ☐

Not sure..... ☐

Q4a Please comment

Section B
Your relative or friend prior to their death

Q5 Was your relative or friend aware they were dying?

Yes ☐

No..... ☐

Not sure..... ☐

Q5a Please comment

Q5b If yes and they were told by a doctor/nurse in City Hospitals Sunderland, in your opinion, did the person who told them do this in a sensitive and caring way?

Yes ☐

No..... ☐

Not present when they were told ☐

Q5c Please comment

Q6 Did they express any preference as to where they wished to die?

Yes ☐

No..... ☐

Not sure..... ☐

Q6a If yes, was this achieved?

Yes ☐

No..... ☐

Q6b If no, what was the reason for this?

Q7 On balance do you think where your relative or friend died was the most appropriate place?

Yes ☐

No ☐

Not sure..... ☐

Q7a Please comment

Q8 Were they offered spiritual and emotional support during their time on the ward?

Yes ☐
No..... ☐
Not sure..... ☐

Q8a Please comment

Q9 In your opinion, were their spiritual and emotional needs met?

Yes ☐
No..... ☐
Not sure..... ☐

Q9a Please comment

Q10 Were they free from pain and other symptoms?

Yes, completely ☐
Yes, to some extent..... ☐
No..... ☐

Q10a Please comment

Q11 Did all of the staff treat your relative or friend with dignity and respect?

Yes, completely ☐
Yes, to some extent..... ☐
No..... ☐

Q11a Please comment

Q12 Were their physical and hygiene needs met during their stay?

Yes, completely ☐
Yes, to some extent..... ☐
No..... ☐

Q12a Please comment

Q13 Was your relative or friend made as comfortable as possible in the time before they died?

Yes, completely ☐
Yes, to some extent..... ☐
No..... ☐

Q13a Please comment

Q14 If they were able, did your relative or friend have the opportunity to discuss aspects of their care with the nursing or medical staff?

Medical staff ☐
Nursing staff ☐
Both ☐
Neither..... ☐
Unable to communicate ☐

Section C

Relative or friend prior to the patient's death

Q15 Were you told by staff that your relative or friend was dying?

Yes ☐
No..... ☐

Q15a Please comment

Q16 Did you have the opportunity to discuss your worries/concerns with the nursing or medical staff?

- Medical staff..... ☐
- Nursing staff..... ☐
- Both..... ☐
- Neither..... ☐
- I didn't have any worries/concerns ☐

Q16a Please comment

Q17 Were you asked how and when you would like to be contacted if there was any change in your relative or friend's condition?

- Yes and this happened ☐
- Yes but this did not happen..... ☐
- No..... ☐

Q17a Please comment

Q18 Were you given the opportunity to be with your relative or friend at the time of their death?

- Yes and this happened ☐
- Yes but I did not want this ☐
- No but I would have liked the opportunity..... ☐

Q18a Please comment

Section D

Your relative or friend after death

Q19 Following their death, was your relative or friend treated according to their beliefs?

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

Q19a Please comment

Section E

Relative or friend after the patient's death

Q20 If you were not with your relative or friend when they died, were you told of their death in an appropriate place?

- Yes ☐
- No..... ☐

Q20a Please comment

Q21 Were you informed of their death in a sensitive manner?

- Yes ☐
- No..... ☐

Q21a Please comment

Q22 Were you offered the opportunity to sit with your relative or friend after they had died?

- Yes and this happened ☐
- Yes, but I did not want this ☐
- No..... ☐

Q23 Were you given written/verbal advice about what to do after their death regarding:
(Please tick all appropriate answers)

	Contacting funeral directors	Any involvement of the Coroner	Registering their death
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 If your relative or friend was not referred to the Coroner, did you or someone close to the patient agree a date and time with staff when the Medical Certificate of Cause of Death would be ready to collect?

Yes ☐

No..... ☐

Not applicable, referred to the Coroner ☐

Q24a If yes, was the Certificate ready at this time?

Yes ☐

No..... ☐

Q24b Please comment

Q25 When you received the Medical Certificate of Cause of Death, did anyone explain to you what it said?

Yes, definitely ☐

Yes, to some extent..... ☐

Someone else received the death certificate. ☐

No..... ☐

Q25a If no, do you feel this would have been helpful?

Yes, definitely ☐

Yes, to some extent..... ☐

No..... ☐

Q26 If you felt this was necessary, were you offered the opportunity to discuss the cause of death with the medical staff who cared for your relative or friend?

Yes ☐

No..... ☐

I didn't need to discuss this..... ☐

Q27 If you wanted to see your relative or friend in the Hospital Mortuary Visiting Room were you told how to do this?

Yes ☐

No..... ☐

Not applicable ☐

Q28 Were you offered support from the Hospital Chaplaincy Service?

Yes ☐

No..... ☐

Not required ☐

Q28a Please comment

Q29 Were you given the opportunity of discussing organ, tissue or body donation by the clinical staff?

Yes ☐

No..... ☐

Not applicable ☐

Q29a Please comment

Overall

Q30 Overall how would you rate the care received by your relative or friend during their last days/hours at City Hospitals Sunderland?

- Excellent..... ☐
- Very good..... ☐
- Good ☐
- Fair ☐
- Poor..... ☐

Further comments

We would welcome any further comments you may have about the care and support provided to your relative or friend, you or your family.

**THANK YOU FOR TAKING THE TIME TO
COMPLETE THE QUESTIONNAIRE.
YOUR HELP IS GREATLY APPRECIATED.**

**Please return the questionnaire in the
FREEPOST envelope provided.**

Useful contacts

**If you feel you may need further
bereavement advice and support please
contact:**

CRUSE Bereavement Care
National Helpline: Tel: 0808 808 1677
Email: helpline@cruse.org.uk
Website: <http://www.cruse.org.uk/>

City Hospitals Sunderland Chaplaincy
Service: Tel: 0191 5699180

**If you would like to discuss further any
issues you have raised in the
questionnaire about the care of your
relative or friend, you can contact the Help
and Advice Service on the freephone
number below.**

City Hospitals Sunderland
Help and Advice Service
Freephone: 0800 587 6513