

11. Did you have access to your child at all times except when not in the interests of yourself or your child or the privacy and confidentiality of other patients & their families?

Yes No

12a. Were you happy that the environment on Critical Care was suitable for you /your child/young adult?

Yes No

12b. Have you any suggestions on how to improve the environment on Critical Care for you /your child/young adult?

13. Please use this space to add any further comments you would like to make about your experience as a patient on Critical Care.

Thank you for taking part in this survey.

Please place your completed form in the box provided at CCC Reception.



**Norfolk and Norwich
University Hospitals**
NHS Foundation Trust



Critical Care Complex

Your experience

We would like to invite you to take part in this questionnaire about your experience of our service. This questionnaire is about the journey that you /your child / young adult have taken from their admission to the Critical Care Complex to their transfer to the Paediatric Department for ongoing care.

You do not have to take part, but it is important for us to receive feedback to help us improve and change the services that we offer all our patients.

If you choose not to take part this will not affect your care in any way.

This questionnaire is completely anonymous and none of the questions asked will identify you or your child. The questionnaires will be collated and analysed into a report by the Clinical Audit and Improvement Department.

Once completed please place the questionnaire in the returns box provided at Critical Care Complex Reception.

Thank you for taking the time to complete this questionnaire.

Kind regards
Carol McEwan- Senior Sister



Helena Boud - Sister Today's date:

Please circle as appropriate

1. When you arrived at the Norfolk and Norwich University Hospital, were you able to find the Critical Care Complex easily?

Yes No

2a. Did you receive the patient information leaflet “Welcome to the Critical Care Complex Information for Parents and Carers” before admission?

Yes No

2b. If received, did you find the information leaflet was helpful?

Yes No

3. If appropriate did you receive a pre-operative leaflet about your/your child's/young adults procedure?

Yes No

4a. Were you comfortable with what was expected of you while in Critical Care?

Yes No

4b. Was there any other information that would have been useful for you, please add to the box below.

5. Did you feel fully informed, with enough information about what was going to happen to you /your child/ young adult?

Yes No

6. When you arrived in Critical Care, were you told where you could wait and use the CCC waiting room?

Yes No

7. Whilst you were waiting, were you able to get refreshments or something to read?

Yes No

8. Were you provided with a bed/chair to stay with your child/young adult?

Yes No

Was this helpful? **Yes No**

9. Did you feel that the staff that you met with were polite and friendly?

Yes No

10. Did you feel supported to fully participate in decisions about your care, or in the care of your child /young adult whilst in Critical Care?

Yes No