

2020 Children and Young People's Patient Experience Survey

Parent or Carer's Questionnaire

WHAT IS THE SURVEY ABOUT?

This survey is about your child's **most recent** admission to the hospital named in the letter enclosed with this questionnaire. Your child may have only been in hospital for a few hours or have stayed at least one night in hospital. Their admission may also have been planned or an emergency.

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The questions should be answered by you as the parent or carer of the child named on the front of the covering letter. If you need help to complete the questionnaire, the answers should be given from your point of view – not the point of view of the person who is helping you.

COMPLETING THE QUESTIONNAIRE

For each question, please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Please do not write your name or address anywhere on the questionnaire.

QUESTIONS OR HELP?

For help completing the questionnaire, please call the survey helpline or use the email address given in the letter enclosed with this questionnaire.

**Taking part in this survey is voluntary.
Your answers will be treated in confidence.**

Before you start, please remember:

These questions are about your child's **most recent visit** to hospital.

1. Did your child stay overnight during their most recent visit to hospital?

- 1 Yes
2 No

GOING TO HOSPITAL

2. Was your child's visit to hospital planned or an emergency?

- 1 Emergency (went to A&E / Casualty / came by ambulance etc.) → **Go to Question 5**
2 Planned visit / was on the waiting list → **Go to Question 3**

3. Did the hospital give you a choice of admission dates?

- 1 Yes
2 No
3 Don't know / can't remember

4. Did the hospital change your child's admission date at all?

- 1 No
2 Yes, once
3 Yes, a few times
4 Don't know / can't remember

THE HOSPITAL WARD

5. For most of their stay in hospital, what type of ward did your child stay on?

- 1 A children's ward
2 An adult ward
3 A teenage / adolescent ward

6. Did the ward where your child stayed have appropriate equipment or adaptations for your child's physical or medical needs?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 Don't know / can't remember
5 They did not need equipment or adaptations

7. How clean do you think the hospital room or ward was that your child was in?

- 1 Very clean
2 Quite clean
3 Not very clean
4 Not at all clean

8. Was your child given enough privacy when receiving care and treatment?

- 1 Yes, always
2 Yes, sometimes
3 No

9. Were there enough things for your child to do in the hospital?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 Can't remember / I did not notice

10. Did staff play with your child at all while they were in hospital?

- 1 Yes
2 No, but I would have liked this
3 No, but I didn't want / need them to do this
4 Don't know / can't remember

11. If your child used the hospital Wi-Fi to entertain themselves, was it good enough to do what they wanted?

- 1 Yes, always
2 Yes, sometimes
3 No
4 Don't know / not applicable

12. Were you able to be with your child as much as you needed to?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / not applicable

HOSPITAL STAFF

13. Did new members of staff treating your child introduce themselves?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

14. Did **members of staff** treating your child give **you** information about their care and treatment in a way that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

15. Did members of staff treating your child communicate with them in a way that your child could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

16. Did a member of staff agree a plan for your child's care **with you**?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

17. Did you have confidence and trust in the **members of staff** treating your child?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

18. Did staff **involve you** in decisions about your child's care and treatment?

- 1 Yes, definitely →Go to Question 19
- 2 Yes, to some extent →Go to Question 19
- 3 No →Go to Question 19
- 4 I did not want to be involved
→Go to Question 20

19. Were you given enough information to be involved in decisions about your child's care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

20. Did hospital staff keep you informed about what was happening whilst your child was in hospital?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / can't remember

21. Were you able to ask staff any questions you had about your child's care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want / need to ask any questions
- 5 Don't know / can't remember

22. Did different staff give you conflicting information?

- 1 Yes, a lot
- 2 Yes, sometimes
- 3 No, never

23. Were the different members of staff caring for and treating your child aware of their medical history?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / not applicable

24. Did you feel that staff looking after your child knew how to care for their needs?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / not applicable

25. Were members of staff available when your child needed attention?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / not applicable

26. Did the members of staff caring for your child work well together?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / can't remember

27. If you had been unhappy with your child's care and treatment, do you feel that you could have told hospital staff?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

HOSPITAL FOOD

28. Did your child like the hospital food provided?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 My child did not have hospital food

FACILITIES

29. Did you have access to hot drinks facilities in the hospital? (**Cross ALL that apply**)

- 1 Yes, I used a kitchen area / parents room attached to the ward
- 2 Yes, I used a hospital café / vending machine
- 3 I was allowed to use the staff room
- 4 I was offered drinks by members of staff
- 5 No

30. Were you able to prepare food in the hospital if you wanted to?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want to prepare food

31. Did **you** stay overnight in hospital with your child during their most recent visit to hospital?

- 1 Yes → [Go to Question 32](#)
- 2 No → [Go to Question 33](#)
- 3 My child did not stay overnight → [Go to Question 33](#)

32. How would you rate the facilities for parents or carers staying overnight?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

PAIN

33. If your child felt pain while they were at the hospital, do you think staff did **everything they could** to help them?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 My child did not feel any pain

OPERATIONS AND PROCEDURES

34. During their stay in hospital, did your child have any **operations or procedures**?

Please do not include blood tests, scans or x-rays.

- 1 Yes → [Go to Question 35](#)
- 2 No → [Go to Question 39](#)

35. **Before** your child had any operations or procedures did a member of staff explain to you **what would be done**?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation

36. **Before** the operations or procedures, did a member of staff **answer your questions** in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any questions

37. **During** any operations or procedures, did staff play with your child or do anything to distract them?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

38. **Afterwards**, did staff explain to you how the operations or procedures **had gone**?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation

LEAVING HOSPITAL

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

40. Did a member of staff **tell you** who to talk to if you were worried about your child when you got home?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

41. When you left hospital, did you know what was going to happen next with your child's care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

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

- 1 Yes
- 2 No, but I would have liked it
- 3 No, but I did not need it

OVERALL

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

- 1 Yes, always
2 Yes, sometimes
3 No

44. Do you feel that the people looking after your child were friendly?

- 1 Yes, always
2 Yes, sometimes
3 No

45. Do you feel that **your child** was well looked after by the hospital staff?

- 1 Yes, always
2 Yes, sometimes
3 No

46. Do you feel that **you** (the parent/carer) were well looked after by hospital staff?

- 1 Yes, always
2 Yes, sometimes
3 No

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

- 1 Yes, always
2 Yes, sometimes
3 No

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

0 1 2 3 4 5 6 7 8 9 10

I felt that my child had a very poor experience

I felt that my child had a very good experience

ABOUT YOUR CHILD

The following questions will help us to understand how experiences vary between different groups of the population.

49. What best describes your child's gender?

- 1 Female
2 Male
3 A gender not listed here

- 4 Prefer not to say

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

(Please write in) e.g.

2	0	1	5
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2	0		
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51. **Including this visit**, how many times has your child been to hospital in the past six months?

- 1 Once
2 Two or three times
3 Four times or more

52. Does your child have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

- 1 Yes → [Go to Question 53](#)
2 No → [Go to Question 55](#)

53. Does your child have any of the following?
(Select ALL conditions that have lasted or are expected to last for 12 months or more)

- 1 Blood disorder
- 2 Bowel condition, such as Crohn's disease
- 3 Breathing problem, such as asthma
- 4 Blindness or partial sight
- 5 Cancer in the last 5 years
- 6 Chromosomal condition, such as Down's syndrome
- 7 Deafness or hearing loss
- 8 Developmental disability, such as Autism Spectrum Disorder (ASD)
- 9 Diabetes
- 10 Heart problem
- 11 Joint problem
- 12 Kidney or liver disease
- 13 Learning disability
- 14 Mental health condition
- 15 Neurological condition, such as epilepsy
- 16 Another long-term condition

54. Do any of these reduce your child's ability to carry out day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 No, not at all

55. Which of these best describes your child's ethnic background? (Cross ONE only)

A. WHITE

- 1 English / Welsh / Scottish / Northern Irish/ British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other White background, write in...

B. MIXED / MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed/multiple ethnic background, write in...

C. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, write in...

D. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, write in...

E. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, write in...

ANYTHING ELSE TO SAY?

If there is anything else you would like to tell us about your child's time in hospital (anything particularly good, anything that could have been improved), please do so here:

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.

**If you have concerns about the care you or others have received
please contact CQC on 03000 61 61 61**

Thanks very much for your help!

Please post this questionnaire back in the **FREEPOST**
envelope provided – no stamp is needed