

2024 CHILDREN AND YOUNG PEOPLE'S PATIENT EXPERIENCE SURVEY

What is the survey about?

This survey is about your child's most recent admission to the hospital named in the letter you received with this questionnaire. Your child may have been in hospital for just a few hours or may 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

If you agree to take part in the survey, please complete the questionnaire and send it back in the FREEPOST envelope provided.

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 select more than one box. Sometimes you will find that 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.

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

Questions or help?

If you have any queries about the questionnaire, please call our freephone helpline number <insert helpline number> or email <insert email address>.

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?

☐ Yes

☐ No

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

☐ Emergency (went to A&E / Casualty / came by ambulance etc.)

☐ Planned visit / was on the waiting list

THE WAITING AREA

3 If your child had to wait in a hospital waiting area, where was this?

Please select all that apply.

☐ In A&E / Casualty → Go to Q4

☐ On the ward → Go to Q4

☐ Anywhere else in hospital → Go to Q4

☐ My child did not have to wait → Go to Q6

4 Did any of the following bother your child while you were in the waiting area?

Please select all that apply.

☐ How long my child had to wait

☐ Noise from other patients

☐ Not having enough to do

☐ Not having enough to eat or drink

☐ Not knowing what was happening

☐ Something else

☐ Nothing bothered my child

5 When you were waiting, was your child able to get help from staff if they needed it?

☐ Yes, always

☐ Yes, sometimes

☐ No

☐ My child did not need help while waiting

THE HOSPITAL WARD

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

☐ A children's ward

☐ A teenage / adolescent ward

☐ An adult ward

☐ Don't know / can't remember

7 How suitable was the ward for someone your child's age?

☐ Very

☐ Sort of

☐ Not at all

☐ Don't know / can't remember

8 How clean was the hospital room or ward?

☐ Very clean

☐ Quite clean

☐ Not very clean

☐ Not at all clean

9 Were you able to be with your child as much as you wanted to?

☐ Yes, always

☐ Yes, sometimes

☐ No

☐ Don't know / can't remember

TALKING TO STAFF

10 Did staff caring for and treating your child introduce themselves?

☐ Yes, always

☐ Yes, sometimes

☐ No

11 Did staff caring for and treating your child communicate with them in a way that your child could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / can't remember

12 Did staff give you information about your child's care and treatment in a way that you could understand?

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

13 Did staff keep you informed about what was happening while your child was in hospital?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / can't remember

14 Were you able to ask staff any questions you had about your child's care and treatment?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not want / need to ask any questions
- ☐ Don't know / can't remember

15 Did you feel that staff caring for and treating your child listened to you?

- ☐ Yes, always
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No

16 Did different staff give you conflicting information?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No

LOOKING AFTER YOUR CHILD

17 Were staff available when your child needed attention?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / not applicable

18 Did staff take into account your child's existing individual needs?

This could include language support (such as translations, large print) or additional equipment / adaptations on the hospital ward.

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ My child did not need this
- ☐ Don't know / can't remember

19 Did staff caring for and treating your child seem aware of their medical history?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / can't remember

20 Did staff play with your child or do any activities with them while they were in hospital?

- ☐ Yes, as much as my child wanted
- ☐ Not as much as my child wanted
- ☐ No, not at all
- ☐ My child did not want or need them to

21 Did staff take the time to listen to your child's fears or worries?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ My child did not have any fears or worries

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

23 Were you involved in decisions about your child's care and treatment as much as you wanted to be?

- ☐ Yes
- ☐ No
- ☐ I did not want to be involved

24 Did staff agree a plan for your child's care and treatment with you?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

25 Did staff caring for and treating your child work well together?

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

26 Did you have confidence and trust in the staff caring for and treating your child?

- ☐ Yes, always
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No

27 If you raised any concerns about your child's care and treatment, were these taken seriously by staff?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I had concerns but did not raise them
- ☐ I did not have any concerns

HOSPITAL FOOD

28 Was there enough choice of hospital food for your child?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ My child did not have hospital food

29 Was hospital food available for your child outside of mealtimes?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ My child did not have hospital food

FACILITIES

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ My child did not use Wi-Fi

31 Overall, how would you rate your access to food in hospital?

This could include staff offering food, being able to prepare food, or using a café / canteen.

- 1 ☐ Very good
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor
- 5 ☐ Very poor
- 6 ☐ I did not want or need food

32 Overall, how would you rate your access to hot drinks in hospital?

This could include staff offering hot drinks, being able to prepare hot drinks, or using a café / canteen.

- 1 ☐ Very good
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor
- 5 ☐ Very poor
- 6 ☐ I did not want or need hot drinks

33 Did you stay overnight with your child during their most recent visit to hospital?

- 1 ☐ Yes → **Go to Q34**
- 2 ☐ No, but I would have liked to → **Go to Q35**
- 3 ☐ No, I did not want / need to → **Go to Q35**

34 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

35 If your child felt pain while at hospital, did staff do 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

Staff may have used the words operation or procedure to talk about your child's treatment. When answering the questions below, please remember that both words mean the same thing.

36 In hospital, did your child have any operations or procedures?

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

- 1 ☐ Yes → **Go to Q37**
- 2 ☐ No → **Go to Q40**

37 Before your child's operations or procedures, how well did staff explain what would be done?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not at all well
- 4 ☐ Staff did not explain this

38 During the operations or procedures, did staff try to distract your child?

This could have been through play or something else.

- 1 ☐ Yes, as much as was needed
- 2 ☐ Not as much as was needed
- 3 ☐ No, not at all
- 4 ☐ It was not necessary

39 Afterwards, how well did staff explain how the operations or procedures had gone?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not at all well
- 4 ☐ Staff did not explain this

LEAVING HOSPITAL

40 Did staff give you any written information about caring for your child to take home with you?

This includes information on paper or online.

- 1 ☐ Yes → **Go to Q41**
- 2 ☐ No → **Go to Q42**
- 3 ☐ Don't know / can't remember → **Go to Q42**

41 To what extent did you understand the information you were given about caring for your child after you left hospital?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not at all well
- 4 ☐ Don't know / can't remember

42 Did staff tell you who to contact if you were worried about your child when you got home?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ It was not necessary
- 4 ☐ Don't know / can't remember

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

- 1 ☐ Yes, definitely
- 2 ☐ Yes, sort of
- 3 ☐ No
- 4 ☐ It was not necessary

OVERALL

44 Overall, how well was your child looked after in hospital?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not at all well

45 Overall, do you feel you (the parent / carer) were well looked after by the staff?

- 1 ☐ Yes, always
- 2 ☐ Yes, most of the time
- 3 ☐ Yes, some of the time
- 4 ☐ No

46 Overall, do you feel you (the parent / carer) were treated with dignity and respect by the staff?

- 1 ☐ Yes, always
- 2 ☐ Yes, most of the time
- 3 ☐ Yes, some of the time
- 4 ☐ No

47 Overall, do you feel you (the parent / carer) were treated with kindness and compassion by the staff?

- 1 ☐ Yes, always
- 2 ☐ Yes, most of the time
- 3 ☐ Yes, some of the time
- 4 ☐ No

48 Overall...

Please select a number.

- 0 ☐ 0 – I felt that my child had a very poor healthcare experience
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10 – I felt that my child had a very good healthcare experience

ABOUT YOUR CHILD

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 the boxes, for example:

2	0	1	9
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

Select **ALL** conditions that have lasted or are expected to last for 12 months or more.

- 1 ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- 2 ☐ Autism or autism spectrum condition
- 3 ☐ Blindness or partial sight
- 4 ☐ Bowel condition, such as Crohn's disease
- 5 ☐ Breathing problem, such as asthma
- 6 ☐ Cancer in the last 5 years
- 7 ☐ Chromosomal condition, such as Down's syndrome or Prader-Willi
- 8 ☐ Deafness or hearing loss
- 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 ☐ Physical mobility condition
- 17 ☐ Another long-term condition
- 18 ☐ None of the above → [Go to Q54](#)
- 19 ☐ I would prefer not to say → [Go to Q54](#)

53 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

54 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 ☐ Roma
- 5 ☐ Any other White background, **please write in**

b. MIXED / MULTIPLE ETHNIC GROUPS

- 6 ☐ White and Black Caribbean
- 7 ☐ White and Black African
- 8 ☐ White and Asian
- 9 ☐ Any other Mixed / multiple ethnic background, **please write in**

c. ASIAN / ASIAN BRITISH

- 10 ☐ Indian
- 11 ☐ Pakistani
- 12 ☐ Bangladeshi
- 13 ☐ Chinese
- 14 ☐ Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 15 ☐ African
- 16 ☐ Caribbean
- 17 ☐ Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

- 18 ☐ Arab
- 19 ☐ Any other ethnic group, **please write in**

- 20 ☐ I would prefer not to say

ANYTHING ELSE TO SAY?

Is there anything else you want to share about your child's time in hospital? For example, anything really good or that could have been better.

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 contact 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.

THANK YOU VERY MUCH FOR YOUR HELP. Please check that you answered all the questions that apply to your child. Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed. If you do not have your **FREEPOST** envelope, please return the questionnaire to [INSERT FREEPOST ADDRESS HERE]. If you have concerns about the care your child or others have received, please contact CQC on **03000 61 61 61**.