

# CHILDREN AND YOUNG PEOPLE'S PATIENT EXPERIENCE SURVEY 2020

## SURVEY HANDBOOK

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## Did you know?

- Throughout this document there are hyperlinks to detailed information on the topics covered.
- If you are reading this on your computer, clicking on any of the blue underlined text will give you more information and/or take you directly to the document you need. You will need to press the 'Ctrl' button on your keyboard as you click on the link.
- Generic information and instructions that apply to all surveys in the programme can be found on our [NHS Surveys website](#).
- For detailed instructions and templates that are specific to the 2020 Children and Young People's Patient Experience Survey, please visit the [CYP20 survey homepage](#).

# 1. Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining [feedback from patients](#) and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking patients their views on the care they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme (NPSP) is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- Providing information to support local quality improvement initiatives
- Tracking changes in patient experience locally over time
- Providing information for active performance management
- Providing information to support public and parliamentary accountability
- Providing information for the Care Quality Commission's programme of reviews and inspections.

## 2. The Care Quality Commission (CQC)

The NHS Patient Survey Programme (NPSP) was established by the Department of Health and Social Care (DHSC) and has been operating since 2002. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC regulates care provided by the NHS, private companies and voluntary organisations, and aims to ensure that better care is provided for everyone.

The Survey Coordination Centre for Existing Methods (SCCEM) is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the 2020 Children and Young People's Patient Experience Survey<sup>1</sup>. Please note that the Survey Coordination Centre for Existing Methods is a completely separate division at Picker from the approved contractor. A [full list of CQC-approved contractors can be found on the NPSP website](#).

### CQC assessments

Information drawn from the questions in the 2020 Children and Young People's Patient Experience Survey will be used by CQC in its [assessment of services provided to children and young people](#) in England. Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of services provided to children and young people.

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<sup>1</sup> Please note that CQC now works with two different Survey Coordination Centres – Picker for existing methods, i.e. letter-only surveys (Survey Coordination Centre for Existing Methods) and Ipsos Mori for mixed methods surveys (Survey Coordination Centre for Mixed Methods). Trusts should refer to specific survey guidance for Survey Coordination contact information.

## Measuring performance over time

In addition to performance assessment, the CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data, while providing a detailed picture of patient's experiences in NHS trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and NHS Improvement and DHSC for performance assessment, improvement and regulatory purposes.

These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), DHSC overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

CQC intends to archive the survey data with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

## 3. Survey requirements

### Ethical issues, ethics committees and research governance

NHS organisations in England looking to undertake research follow a process of [seeking approval](#). Although the NPSP is considered a service evaluation and therefore does not require approval from the Health Research Authority (HRA), every survey within the programme applies for ethical approval via independent ethical review to comply with best practice.

All the changes made to the Children and Young People's Patient Experience Survey (questionnaire, covering letters and so on) will have received ethics approval.

### Research governance requirements

The [UK Policy Framework for Health and Social Care Research](#) sets out the principles of good research governance and aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. The CQC has produced [a table that sets out the responsibilities of organisations providing care](#) and the arrangements made by the CQC for patient surveys.

### Data protection and confidentiality

This survey has been awarded approval under Section 251 of the NHS Act 2006.

When carrying out your survey, you will need to ensure that you comply with the General Data Protection Regulation ([GDPR](#)) in providing survey respondent information and [ensure that all responses are kept confidential](#). If you have not already done so, please ensure that you add research as one of the purposes for processing personal data supplied by data subjects under your privacy notices and, to the extent applicable, any necessary consents are obtained to the sharing of this data.



### General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of patient data went into effect 25<sup>th</sup> May 2018 (known as the GDPR). The [Data Protection Act 2018](#) is the UK's implementation of the GDPR and outlines how personal data should be managed by organisations.

If your trust has implemented operational changes as a consequence of the GDPR and you think these changes will impact how you sample and how you share data, please contact the Survey Coordination Centre for Existing Methods: [cyp@surveycoordination.com](mailto:cyp@surveycoordination.com) or 01865 208 127

You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the [Caldicott principles](#). You should take particular care to ensure that your use of patient data in carrying out the survey complies with these six principles. In particular, you should be aware of the flows of patient data, and the issues which these present. **If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place**, we ask you that you get in touch with the Survey Coordination Centre for Existing Methods.



### National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not apply to the surveys running under the NPSP in 2020/21 and **you must not exclude people on this basis**. The 2020 CYP survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that **patients do not have to actively consent to their data being used for the purpose of these surveys**. However, if patients choose to specifically opt-out of the 2020 survey, their wishes should be respected.

## Publicising the survey

The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. We recommend that you keep everyone in your trust informed and that you publicise the survey externally.

In addition, it is a requirement as per Section 251 approval that your trust advertise the upcoming survey during the sampling period. This is done by putting up dissent posters in all the relevant places. The posters are available in the twelve most commonly spoken languages in England, this year we have added Kurdish-Sorani and Romanian, and trusts should display the posters most relevant to their own patient populations. These posters allow patients to be aware of the survey and provide an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

## Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the people who use the trust, so it is paramount that groups with limited understanding of English are not excluded. There are a number of strategies that you can use to ensure you collect the views of [people with a limited understanding of the English language](#).

In addition to the translated dissent posters mentioned above, a [multi-language](#) sheet is available on the website and should be included in the first and third mailing packs.

## 4. Important survey-specific information

### Three-questionnaire survey design

The 2020 Children and Young People's Patient Experience Survey uses three different questionnaires, each one appropriate for a different age group of patients sampled:

- **Survey version 'A'**: The '0-7 questionnaire': sent to the parents of patients aged between 15 days and 7 years old at the time of discharge.
- **Survey version 'B'**: The '8-11 questionnaire': sent to patients aged between 8 and 11 years old at the time of discharge.
- **Survey version 'C'**: The '12-15 questionnaire': sent to patients aged between 12 and 15 years old at the time of discharge.

Survey version 'B' and 'C' questionnaires have a short section for the child or young person to complete, followed by a separate section for their parent/carer to complete. The survey version 'A' questionnaire is completed entirely by the sample patient's parent/carer.

- When the sample is drawn using the [sample construction workbooks](#), patients sampled for the survey will automatically be assigned to receive one of these questionnaires.
- It is vitally important the correct survey is sent. Data collected via an incorrect questionnaire will likely be excluded. If you are in any doubt, please contact the [Survey Coordination Centre for Existing Methods](#).

### Disproportionate systematic, stratified sampling method

As introduced in 2016, a disproportionate systematic, stratified sampling method will again be used for the 2020 Children and Young People's Patient Experience Survey. This more complex sampling method is intended to ensure that adequate data is received from older patients by 'over-sampling' 8-11 and 12-15 year olds. Without this sampling method, children and young people aged 8-15 would account for a problematically small proportion of respondents.

The procedures for applying this sampling method are addressed in the [Sampling Instructions](#) and done using the [sample construction workbooks](#). **It is important these instructions are strictly adhered to and that the sample construction workbooks provided by the Survey Coordination Centre for Existing Methods are used to draw your sample. They will ensure you sample correctly. Incorrect sampling will delay a trust entering fieldwork as they will have to resample.**

## Additional mailing materials

As well as the materials stated for inclusion in mailing packs in the [implementing the survey](#) document, an information sheet for children and young people will also need to be included in the **first and third mailing packs**. There are two versions of this information sheet, one designed for 8-11s for use with the survey version 'B' questionnaire and one designed for 12-15s for use with the survey version 'C' questionnaire. Both of these information sheets should be available by January 2021 and will be found on the NHS surveys web pages for the [Children and Young People's Patient Experience Survey](#).

## 5. What's new for 2020?

### Changes to sampling

Overall, the sampling procedure for the Children and Young People's Patient Experience Survey 2020 has remained similar to the 2018 Survey. However, this year we are asking trusts to sample patients from **January 2021, as well as December and November 2020**. In addition, there are some additional sampling variables required and an attribution file to be submitted to SCCEM during fieldwork.

- The 2020 Children and Young People's Patient Experience Survey sampling period has been extended to run from **November 2020 to January 2021**. This decision has been made to counteract the negative impact of drops in admissions due to COVID-19. When compiling your patient sample, **ALL TRUSTS** must include eligible patients from November, December and January. This means that dissent posters must stay up throughout January.
- An analysis conducted by CQC found that admissions in November 2020 were down by approximately 35% on average, compared to November 2019. Given the drop in admissions, if we only sampled from November and December, it is estimated that far fewer trusts would be able to draw full samples than in 2018 and nearly five times as many trusts would not be able to draw the minimum number of 400. Average sample sizes would be considerably lower.
- Extending the sampling period until the end of January will result in a sampling scenario for trusts very similar to the 2018 survey, with admissions in January making up for comparative shortfalls across November and December.
- We will also be asking trusts to provide us with some additional sample variables:
  - As in 2018, you will need to include the patient's full postcode within the sample file to be sent to the SCCEM. Receiving postcode information will enable the SCCEM to map respondents' postcodes to the Lower Layer Super Output Areas (LSOA). This mapping will in turn enable us to examine whether there is a link between level of deprivation and care.
  - We are asking trusts to provide a mobile phone indicator. This is a numeric indicator that will tell us whether a trust has a mobile number on record for the parent/carer of each sampled patient. This allows us to scope out whether we could use SMS reminders in the future. We are not asking you to provide us the actual mobile number for each record.

- To understand if experiences of children and young people with confirmed or suspected COVID-19 differs from other children and young people, a COVID-19 diagnosis variable is to be added to all sample files provided by NHS trusts (or as part of a separate attribution file if the trust is experiencing clinical coding delays).
- We will also be asking trusts to add a variable for those treated as suspected or confirmed COVID-19.

## Changes to the questionnaires

All three versions of the questionnaire have been revised for the 2020 survey. Amendments have been made on the basis of the following considerations:

- Consultation with stakeholders, including CQC and NHS England, as well as the 2020 Children and Young People's Patient Experience Survey Advisory Group, which comprises several NHS Trusts, CLIC Sargent (the cancer charity for children and young people) and patient representatives.
- Consultation with children and young people's patient forum.
- Analysis of the 2018 survey data to examine item non-response rates and floor / ceiling effects.
- Feedback obtained from children, young people and parents/carers with whom the questionnaires were cognitively tested to ensure that the question wording and response options are both suitable and understandable to respondents.
- The 2020 questionnaire also redeveloped the gender question, taking a number of additional research steps including; desk research, stakeholder workshops and cognitive interviews with a gender diverse group of young people including those who identify as cisgender, transgender, and non-binary.
- A survey development report will be published on the NHS Surveys website detailing all the changes that have been made and the specific reasons for these changes. This report will be published by February 2021 and will be available on the [CYP20 survey webpage](#).
- The following changes were made to the questionnaires:
  - 0-7 questionnaire changes: 1 new question, 2 amended questions, redeveloped gender question.
  - 8-11 questionnaire changes: 2 new questions, 3 amended questions, redeveloped gender questions.
  - 12-15 questionnaire changes: 3 new questions, 3 amended questions, redeveloped gender question.

## Changes to the covering letters

Covering letters are largely similar to 2018 with minor changes made to all three mailing letters in order to make them more user-friendly, with the aim of increasing response rates. The changes in the 2020 Children and Young People's Patient Experience Survey letters include:

- Adjusting the wording of the 8-11 and 12-15 years cover letters so that they reference the child and the parent i.e. on the 0-7 years cover letter it makes statements such as 'You are invited', where the 8-15 years cover letters now state 'You and your child are invited to'. Contractors/In-house trusts may insert 'you and your child' wording for the 8-11 and 12-15 years letter via mail merge.
- Due to the sampling period being extended into January, the cut-off date for the age range has shifted to 31st January. This has been updated underneath the 'Who should fill in the questionnaire?' section of the cover letters
- Highlighting that postcode data will be utilised for geographical analysis.
- Adjustment of the safeguarding information to make it clearer and more concise.
- Text on the reverse side of the first and third covering letters has been updated to inform patients how their data will be used and protected as per the requirements of the General Data Protection Regulation (GDPR).
- Additionally, an email address helpline has been added to all three mailings as an alternative to the telephone helpline number provided.

Apart from the sections highlighted in yellow—which will contain different information for each trust—no other changes to the covering letters should be made. If you have any queries, please contact the [Survey Coordination Centre for Existing Methods](#).

## Accessible questionnaire versions

For the 2020 Children and Young People's Survey, the questionnaires have also been produced in Braille, Easy Read and Large print. On the multi-language sheet and covering letters, patients will be directed to contact either the contractor or in-house trust using the freephone helpline to request an accessible version of the questionnaire.

For an Easy Read or Large print version, the contractor or in-house trust will be provided with digital copies of the questionnaires so they can send a version to the patient directly.

For the Braille version of the questionnaire, the contractor or in-house trust will contact the specialist Braille printers for the survey. The specialist printer will then print a copy of the Braille questionnaire and a copy of a tailored covering letter in Braille, and send it directly to the contractor or in-house trusts. The contractor or in-house trust will then send the questionnaire, alongside the tailored covering letter in Braille, to the patient directly. This will prevent any respondent details being shared with third parties (who do not already have approval to receive this information). The patient will then call the Freephone questionnaire to complete the Braille survey over the phone.

The number of completed accessible questionnaires will be recorded, using the outcome codes below, as part of the fieldwork monitoring data submitted to the SCCEM by in-house trusts and contractors. Monitoring completion will allow contractors and in-house trusts to distinguish between the various accessible versions for final data submission. Both braille and large print completed questionnaires are comparable to response data from the standard questionnaire and should be included in the main final dataset. However Easy Read response data is not comparable to response data from the standard questionnaire and should be submitted in a separate dataset.

The coding will be as follows:

- 8= Easy Read completed questionnaire
- 9= Braille completed questionnaire
- 10= Large print completed questionnaire

## Faster postal reminders

For the Children and Young People's 2020 survey, the time between the initial contact (first mailing letter) and first reminder (second mailing letter) will be five to seven working days (depending on the COVID-19 and Royal Mail situation in 2021). Due to the coronavirus pandemic Royal Mail have been experiencing postal delays and therefore instead of the previous five working days, the first reminder may need to be sent out seven working days after the initial mailing, to allow service users time to opt out of the survey. The SCCEM will advise on the exact timelines in due course.

## Submission of respondent questionnaires (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods will require the scanned copies of two respondent-completed questionnaires per age group (i.e. 2 x 0-7 years, 2 x 8-11 years and 2 x 12-15 years). We require two copies that have been returned from the first mailing pack. Some contractors or in-house trusts may have an identifier on the first mailing pack that would help identify this. If you do not, please send any two scanned questionnaires via the Survey Coordination Centre for Existing Method's secure transfer site (instructions to upload these will be given in due course).

The check of the scans is a way of checking for discrepancies between the version submitted pre-fieldwork and the actual version sent to patients. Where discrepancies have been identified, this has led to data suppression in previous iterations of the survey.

**Please note** that this does not replace the submission of the pdf and hard copies of the questionnaire that are submitted to the Survey Coordination Centre for Existing Methods before the beginning of fieldwork. Please refer to the [key date's table](#) in the timetable section to see when these are scheduled for.

# 6. Managing the Survey

## Setting up a project team

We recommend you [set up a survey team](#) in your trust to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample and you're Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

If there are any changes to the project team from previous years, please inform the Survey Coordination Centre for Existing Methods. This includes if your trust recently underwent a merger with another trust.

As timing is crucial in implementing the survey, you might want to map planned leave of the members of the project team in order to ensure that deadlines are met. For example, you might want to consider who would be the person of contact to answer queries if the person who drew the sample is out of the office. This is particularly relevant during the sampling phase and when the questionnaires are being sent out.

## Optimising the fieldwork period

The survey fieldwork period for the CYP 2020 survey is 18 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority (BME) groups. [Previous research](#) shows that these groups take longer to respond.

The best way to optimise the length of available fieldwork is:

- o To map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.
- o To inform the Survey Coordination Centre for Existing Methods immediately of changes of survey lead.
- o To ensure that you generate your sample promptly - within the recommended three-week sample checking period - submitting this before 5<sup>th</sup> February 2021.
- o Please note that you might need to resubmit the sample following queries from your contractor and/or the Survey Coordination Centre for Existing Methods. This should be taken into account when planning your sampling.
- o Respond to queries as quickly as possible to avoid unnecessary delays.
- o Adhere to the [key dates](#) listed below.

## Compiling a list of patients

You are required to follow the [sampling instructions](#) published for this survey. If an error in sampling is detected, queries will be raised and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria or how to draw your sample, be sure to contact your approved contractor or the Survey Coordination Centre for Existing Methods in plenty of time before drawing your sample. Please see the [sampling errors report](#) from the 2018 survey to get an idea of the most common mistakes made in drawing samples.

Once you draw your sample of eligible patients, this list must be locally checked for deceased patients **and** it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any patients who may have died since they used services at your trust. If there is more than two weeks between the DBS check and the first mailing, additional local and DBS checks have to be conducted. Before mailing two, a local check **must** be done and we would recommend doing another DBS check. Before mailing three, you **must** do another local check and we would recommend doing another DBS check. Please ensure you read the sampling instructions carefully on how to submit your file to DBS and how to remove deceased patients.

## DBS & local checks requirements

Before mailing 1	Local checks AND DBS check at the time of drawing your sample (further deceased checks may be needed if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1)
Before mailing 2	Local checks (+ strongly recommended DBS check)
Before mailing 3	Local checks (+ strongly recommended DBS check)

Your sample should only be used for the purposes of distributing the Children and Young People's Patient Experience Survey 2020 and up to two reminder letters to non-respondents. This is because the precise use of the sample collated for the survey has been approved by the Confidentiality Advisory Group for Section 251 approval and received independent ethical approval.

### Submitting your sample file

Before [submitting your sample file](#), you must complete the [sample declaration form](#), confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is requested to sign off on the form.

**Your completed sample declaration form should be submitted and approved prior to sending your sample data.**

[Your sample file must be transferred over a secure file transfer system](#). If your approved contractor uses an encrypted file transfer site which meets standard NHS levels of encryption (i.e. AES256 or higher), you do not need to password protect your sample file. Data should never be sent via email as this would constitute a breach of section 251 approval. Please note that unless you are conducting the survey in-house, you should not be submitting any data files to the Survey Coordination Centre for Existing Methods. That is your sample data and mailing data should be submitted all in one file to your approved contractor via their secure transfer site.

### Practicalities of implementing the survey

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the [Implementing the survey: practicalities](#) advice sheet.

### Submitting PDF, hard copies and respondent-completed questionnaires (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods will carry out checks on questionnaires and covering letters at three stages:

- o Before you start printing your **questionnaires and covering letters**, you should email them as **PDF's** to the Survey Coordination Centre for Existing Methods for checking;
- o Following that, once you have your **questionnaires and covering letters** set up and ready for printing, you will need to post **two hard copies** of each document for checking. You

must not print your survey materials until you have received approval from the Survey Coordination Centre for Existing Methods. If errors are made in the questionnaires then it could render your data unusable.

- o In addition, it is a new requirement this year to send scans of **two respondent-completed questionnaires** to the Survey Coordination Centre for Existing Methods (please refer to section '[What's new for 2020?](#)').

The questionnaires and covering letters should be made publicly available by January 2021, subject to Section 251 and ethics approvals.

## Weekly monitoring (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods requires weekly submissions of data on response rates and usage of the helpline. A guide to the survey practicalities will advise on how to manage [helpline](#) calls. Using the weekly monitoring template (available to download in the [Instructions and Guidance section](#)), the first submission must be made on **the first Thursday after fieldwork has commenced, i.e. Thursday 11<sup>th</sup> March 2021**, regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of submission.

Please note that unless you are conducting your survey in-house, you are not required to submit a weekly monitoring sheet, this will be the responsibility of your approved contractor.

## Entering and submitting final data

Final data must be submitted to the Survey Coordination Centre uncleaned and checked using the [data checklist](#) and [data entry spreadsheet](#) provided in the [Instructions and Guidance section](#)

Response data must be entered following the coding rules described in the [entering and submitting final data](#) guidelines. This includes guidelines on how to code missing responses, free-text comments and multiple choice questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted [via our FTP](#).

Free-text comments should be entered verbatim and in full.

## 7. Timetable

The survey fieldwork period for this year's survey is 18 weeks. The best way to optimise the length of available fieldwork is to:

- o Generate your sample promptly and within the recommended two week sample drawing period.
- o Respond to queries as quickly as possible to avoid unnecessary delays.
- o Mail out questionnaire packs promptly once permission has been received (contractors and in-house trusts only).

Details on what should be included in each of the mailings **in addition to the Children and Young People's Patient Experience survey-specific materials** (see 'Additional mailing materials'), and how to send them out, are available [on our website](#).

Key dates for the 2020 survey are shown below. Check in the left-hand column to see if a given date applies to you.

## Key Dates

Who	Deadline/Event	Date
Trusts	Deadline for informing the <a href="#">Survey Coordination Centre</a> of your chosen contractor (or if you will be running the survey in-house)	30 November 2020
Trusts	Trust webinar	11 January 2021
Contractors and In-house trusts	Deadline for emailing <b>PDF copies</b> of questionnaires and covering letters to the <a href="#">Survey Coordination Centre</a>	1 February 2021
Contractors and In-house trusts	Deadline for delivering <b>hard copies</b> of questionnaires and covering letters to the <a href="#">Survey Coordination Centre</a>	15 February 2021
Trusts	Trusts draw their sample	8 February – 19 February 2021
Trusts	Deadline for submitting sample to contractor	Set by contractor
Contractors and In-house trusts	Deadline for submitting samples the Survey Coordination Centre	8 March 2021
All	Start of fieldwork	8 March 2021 <sup>1</sup>
Contractors and In-house trusts	Start of weekly monitoring	11 March 2021
Contractors and In-house trusts	Final weekly monitoring report due	8 July 2021
All	Close of fieldwork	9 July 2021
Contractors and In-house trusts	Deadline for submitting final response data to Survey Coordination Centre	16 July 2021

## 8. Making sense of the data

CQC will provide you with two specific outputs based on your trust individual results from the survey:

- A benchmark report: this report provides the score for your trust for each question and section and whether it performs 'better', 'about the same' or 'worse' compared to other participating trusts. These results will also be made public on the NHS patient survey website and on CQC's website under the organisation's search tool.

<sup>1</sup> Please note that trusts who submit and have their samples approved by the Survey Coordination Centre prior to the start of fieldwork will be permitted to start mailing prior to the 8<sup>th</sup> March 2021.

- Trust tables: these tables display your trust's results for each question in percentage and number of respondents.

Your approved contractor might provide you with additional analysis of the data as part of their contractual agreement with the trust. Please note that CQC does not see these outputs and cannot comment on these.

The usefulness of your survey data will depend on having a clear improvement programme in place and on how well you are able to make use of the data. The fundamental steps of understanding and interpreting data usually involve:

- Examining the number of patients and or their parents/carers giving each response to a question.
- Analysing the data by particular groups of patients (e.g. males/females, different long-term conditions), different areas of care (e.g. hospital staff, operations and procedures), or other information (e.g. treatment function code). This type of analysis requires additional data not delivered by CQC as standard.
- Look at the comments from the last question – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

You can find further advice and suggestions tailored to the surveys within the NPSP in the [Making sense of the data](#) document.

## Raw Data

Raw data can be provided to trusts as long as it does not include sample and demographic variables as this would allow identification of respondents. We are able to share raw data that meets the below conditions:

1. Re-identification is prevented through one of the following approaches:
  - a. The trust destroys any sample/mailed data that they hold which contains patient URN and confirms this has been done.
  - b. URNs are removed from the dataset.
2. The dataset has all demographic variables removed from it.

## 9. Reporting results

Just as important as the analysis, development and the execution of the survey is the presentation of the data. How you focus, design and present a report will go on to facilitate the use of the data collected into real actionable outcomes. You may like to consider the suggestions proposed in [Reporting results](#) to help you decide which issues to focus on in your report.

## 10. Questions?

If you have any questions, please contact the Survey Coordination Centre for Existing Methods at: [cyp@surveycoordination.com](mailto:cyp@surveycoordination.com) / 0186520812