

SURVEY HANDBOOK

2026 Children and Young People's Patient
Experience Survey

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Picker

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- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Section 1: About this handbook

This handbook details the processes involved in preparing and running the 2026 Children and Young People's Survey (CYP26). **The information contained in this handbook supersedes all previous versions of the handbook.**

The handbook is designed to be used by trusts delivering the survey in partnership with an approved contractor or for trusts delivering the survey in-house.

There are several documents that should be used in conjunction with this handbook. These are:

- [The Sampling Instructions](#), which contains detailed information about how the sample should be drawn.
- [The Sample Construction Spreadsheet](#), which is used by trusts to construct the sample of patients.
- [The Sample Declaration Form](#), which is used to confirm the sample has been drawn correctly before submission.
- [The Data Entry Spreadsheet](#), which is used to collate the final survey data.
- [The Data Entry Checklist](#), which is used to check final data before submission.

The most recent versions of these [documents can be downloaded from the NHS surveys website](#).

If you have any queries about the contents of the handbook, please contact your approved contractor in the first instance (where relevant), or the Survey Coordination Centre (SCC) at Picker cyp@surveycoordination.com.

Section 2: Introduction

2.1 The importance of patient feedback

Improving the experience of individual patients is at the centre of the NHS Constitution, which requires that services reflect the needs and preferences of patients, their families and their carers.

"You have the right to receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences."¹

Furthermore, taking account of patients' views and priorities can lead to the delivery of real service improvements. It is therefore important that all NHS trusts give patients the opportunity to feedback on their care and treatment. The NHS Patient Survey Programme (NPSP) provides an important mechanism for 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.

2.2 Overview of the Children and Young People's Survey

The NPSP was established by the Department of Health and Social Care (DHSC) and has been operating since 2002. It is now overseen by CQC, the independent regulator of health and 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 Children and Young People's (CYP) Survey is a national measure of the patient experience of children and young people aged 0-15 across NHS acute hospital settings. It collects responses from both parents and guardians, as well as children and young people directly. The CYP survey is conducted every two years as part of the NPSP.

Please note that the 2024 Children and Young People's Survey (CYP24) underwent a major redesign, transitioning from a fully paper-based approach to a digital-first methodology, aligning with the strategic direction of the broader programme. Thematic content was also updated to reflect national policy changes, following extensive consultation with stakeholders.

Due to these methodological changes implemented, the results for the 2026 survey will only be comparable to the survey results from 2024. Comparisons with previous iterations of the survey prior to 2024 will not be possible.

¹ The *NHS Constitution for England*. Department of Health and Social Care. Available at: <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>> [Accessed 11 June 2020].

The survey will remain a mixed mode methodology i.e. online survey and paper questionnaire as was conducted in 2024. The priority for CYP26 is to build trend data after undergoing this transition.

The Survey Coordination Centre is based at Picker and works under contract to the CQC to design, test, and coordinate the 2026 Children and Young People's Patient Experience Survey.

The Survey Coordination Centre is a completely separate division at Picker from the approved contractor. View the [full list of CQC Approved contractors](#) on the NHS Surveys website.

Three-questionnaire survey design

The 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. This version is completed by the parent / carer only.
- **Survey version 'B'**: The '8-11 questionnaire': sent to the parents of patients aged between 8 and 11 years old at the time of discharge. There is a section for the child / young person to complete, and a separate section for their parent / carer.
- **Survey version 'C'** The '12-15 questionnaire': sent to the parents of patients aged between 12 and 15 years old at the time of discharge. There is a section for the young person to complete, and a separate section for their parent / carer.

When the sample is drawn using the [sampling 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](#).

Sampling method

A disproportionate stratified sampling method will again be used for this year's survey. Stratified sampling is a sampling method where a population is divided into subpopulations, often based on key demographic criteria. The disproportionate element is intended to ensure that adequate data is received from younger patients by 'over-sampling' 0-7-year-olds, who have a historically lower response rate. Without this, children and young people aged 0-7 would account for a problematically small proportion of respondents.

The procedures for applying this sampling method are addressed in the [Sampling Instructions](#) and undertaken using the sampling workbooks. **It is important that these instructions are strictly adhered to and that the sampling workbooks provided by the Survey Coordination Centre 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.

For more information on fieldwork preparation and the materials included, [see Section 7](#).

2.3 Uses of the Children and Young People's Patient Experience Survey data

Asking each hospital trust to carry out the Children and Young People's Patient Experience Survey in a consistent way builds a detailed picture of patients' experiences across NHS hospital trusts. The data is used by a range of organisations for different purposes. For example:

- Information drawn from the questions in the survey is used by the CQC within its performance monitoring tools and inspections of acute services.
- Published data from the survey allows for reliable comparisons between NHS Trusts.
- Information collected nationally in a consistent way is also essential to support public and parliamentary accountability.
- The results are used by NHS England and the Department for Health and Social Care for performance assessment, improvement, and regulatory purposes.

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.

Section 3: Survey timetable

The following timetables detail the key dates for: approved contractors (Table 1); contractors hosting their own online survey (Table 2); trusts working with approved contractors to deliver the survey (Table 3); and trusts delivering the survey in-house (Table 4). Please ensure that you refer to the relevant timetable.

Table 1. Timetable for Approved Contractors

Task	Responsibility	Date
Contractor briefing 2	SCC	Thursday 14 May 2026
Final patient-facing materials available on the website (questionnaire and covering letters) (following ethical review)	SCC	Tuesday 19 May 2026
Multi language sheet available on the website	SCC	Tuesday 26 May 2026
Final sampling materials available on the website (survey handbook, sampling instructions, survey construction spreadsheets, sample declaration forms) (following S251 approval)	SCC	Wednesday 20 May 2026
Send PDF copies of the questionnaire, cover letter and SMS text to SCC	Approved Contractor	By Friday 12 June 2026
Send hard copies of the paper questionnaire, cover letter and SMS to SCC	Approved Contractor	Monday 29 June 2026
Submit sample data to SCC	Approved Contractor	By Tuesday 30 June 2026
SCC to contact all trusts with outstanding sample data	SCC	Wednesday 1 July 2026
CQC to contact all trusts with outstanding sample data	CQC	Friday 3 July 2026
Fieldwork starts	Approved Contractor	Monday 13 July 2026
Deadline to have 85% of trusts in field and 95% of samples signed off	Approved Contractor	Friday 7 August 2026 (4 weeks after fieldwork starts)
Submit interim data file to SCC	Approved Contractor	Friday 28 August 2026
Fieldwork ends	Approved Contractor	Friday 23 October 2026
Send final data to SCC	Approved Contractor	Friday 30 October 2026

Detailed timings for the development of the online survey are outlined below, if there are likely to be challenges with meeting these timings this should be flagged to the Survey Coordination Centre at least 10 days in advance of the deadline for that task.

Table 2. Timetable for contractors hosting their own online survey

Task	Responsibility	Start	Finish
Updated English online survey, QA documentation and change log shared with contractors	SCC	Friday 22 May 2026	Friday 22 May 2026
English online survey tool			
Contractors to script and QA check online survey tool	Approved contractors	Tuesday 26 May 2026	Tuesday 26 May 2026
Contractors to send online version to SCC for review	Approved contractors	Tuesday 02 June 2026	Tuesday 02 June 2026
SCC to review and feedback	SCC	Wednesday 03 June 2026	Thursday 04 June 2026
Amends made by contractors following SCC feedback	Approved contractors	Friday 05 June 2026	Wednesday 10 June 2026
English version signed off by SCC	SCC	Thursday 11 June 2026	Thursday 11 June 2026
CQC testing of contractor version of online survey tool	CQC	Friday 12 June 2026	Monday 15 June 2026
Contractor revisions following CQC feedback	Approved contractors	Tuesday 16 June 2026	Thursday 18 June 2026
English version signed off by CQC	CQC	Friday 19 June 2026	Monday 22 June 2026
Translated online survey tool			
Translations shared with contractors (including BSL)	SCC	Friday 12 June 2026	Friday 12 June 2026
Contractors to update English online tool with new translations	Approved contractors	Monday 15 June 2026	Tuesday 23 June 2026
SCC to review translated online tool from contractors	SCC	Wednesday 24 June 2026	Friday 26 June 2026
Contractors to update online tool translations with amends from SCC	Approved contractors	Monday 29 June 2026	Tuesday 30 June 2026
SCC to sign off translated online tool for contractors	SCC	Wednesday 01 July 2026	Wednesday 01 July 2026
CQC to review translated online tool from contractors	CQC	Thursday 02 July 2026	Monday 06 July 2026
Contractors to amend translated online tool with CQC feedback	Approved contractors	Tuesday 07 July 2026	Wednesday 08 July 2026

CQC to review and sign off translated online tool for contractors	CQC	Thursday 09 July 2026	Thursday 09 July 2026
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Table 3. Timetable for trusts working with an Approved Contractor

Task	Responsibility	Date
Dissent posters available on the website	SCC	Monday 19 January 2026
Specify whether survey is carried out in-house or using one of the contractors approved by CQC	Trust	March 2026
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	March 2026 - April 2026
Provide SCC with contact details of project team	Trust	March 2026 - April 2026
Trust Webinar 2 (developmental)	SCC	Thursday 05 February 2026
Trust Webinar 3 (survey practicalities and implementation)	SCC	Tuesday 19 May 2026
Display dissent posters within trust	Trust	Sunday 1 March – Sunday 31 May 2026
Sample to be drawn and checked	Trust	Monday 1 June 2026 – Monday 29 June 2026
Completed sample declaration form to be signed by Caldicott Guardian	Trust	To be confirmed by Approved Contractor
Submit sample declaration form to approved contractor	Trust	To be confirmed by Approved Contractor
Submit sample to approved contractor	Trust	To be confirmed by Approved Contractor
SCC to contact all trusts with outstanding sample data	SCC	Wednesday 01 July 2026
CQC to contact all trusts with outstanding sample data	CQC	Friday 03 July 2026
Fieldwork starts	Approved contractor	Monday 13 July 2026*
Deadline to have 85% of trust in field and 95% of samples signed off	Approved contractor	Friday 7 August 2026
Fieldwork ends	Approved contractor	Friday 23 October 2026
Send final data to SCC	Approved contractor	Friday 30 October 2026

*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the Survey Coordination Centre, the sample has been loaded into the online survey, and the DBS checks are in date.

Table 4. Timetable for trusts delivering the survey in-house

Task	Responsibility	Date
Dissent posters available on the website	SCC	Monday 19 January 2026
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	March 2026 - April 2026
Provide SCC with contact details of project team	Trust	March 2026 – April 2026
Trust Webinar 2	SCC	Thursday 05 February 2026
Trust Webinar 3	SCC	Tuesday 19 May 2026
Send completed statement of compliance to SCC	Trust	Monday 18 May 2026
Display dissent posters within trust	Trust	Sunday 1 March – Sunday 31 May 2026
Final patient facing materials available on the website (questionnaire and covering letters)	SCC	Tuesday 19 May 2026
Multi language sheet available on the website	SCC	Tuesday 26 May 2026
Final sampling materials available on the website (survey handbook, sampling instructions, survey construction spreadsheets, sample declaration forms) (following S251 approval)	SCC	Wednesday 20 May 2026
Send PDF copies of the questionnaire, cover letter and SMS text to SCC	Trust	By Friday 12 June 2026
Send hard copies of the questionnaire, cover letter and SMS to SCC	Trust	Monday 29 June 2026
Sample to be drawn and checked	Trust	Monday 1 June 2026 – Monday 29 June 2026
Completed sample declaration form to be signed by Caldicott Guardian	Trust	By Monday 29 June 2026
Submit sample declaration form to SCC	Trust	By Tuesday 30 June 2026
Submit sample data to SCC	Trust	Tuesday 30 June 2026
SCC to contact all trusts with outstanding sample data	SCC	Wednesday 1 July 2026
CQC to contact all trusts with outstanding sample data	CQC	Friday 3 July 2026
Fieldwork starts	Trust	Monday 13 July 2026*
Submit interim data file to SCC	Trust	Friday 28 August 2026
Fieldwork ends	Trust	Friday 23 October 2026
Send final data to SCC	Trust	Friday 30 October 2026

*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the Survey Coordination Centre, the sample has been loaded into the online survey, and the DBS checks are in date.

Section 4: Survey requirements

4.1 Data protection and confidentiality

This survey has been awarded [approval under Section 251 of the NHS Act 2006](#).

Any suspected breach of Section 251 approval by your trust should be raised with your approved contractor, or the Survey Coordination Centre, immediately. Breaches will need to be reviewed, and your trust will need to decide whether the breach is to be reported through the Data Security and Protection Toolkit. CQC are obligated to inform the Confidentiality Advisory Group at the Health Research Authority of any breaches and the outcomes of incident reviews.

When carrying out your survey, you will need to ensure that you comply with the General Data Protection Regulation ([GDPR](#)). You must display dissent posters (as described in this handbook) throughout the complete sampling period to ensure individuals are provided sufficient information about the survey. It is also essential you [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 25th 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: cyp@surveycoordination.com or call us at 01865 208 127.

If you are conducting the survey in-house, that is, you are undertaking the survey yourself and have not employed the services of an Approved contractor, you must ensure that a Declaration of Compliance with the General Data Protection Regulation is completed for all staff working with the data which must be signed off by your trust's Caldicott Guardian. Only trust staff who have completed this declaration will be authorised to view this restricted data. If the trust's Caldicott Guardian does not authorise this, the trust must carry out the survey using an Approved contractor. The statement of compliance should be submitted to the Survey Coordination Centre no later than **18th May 2026**. This is to confirm that data shall only be displayed, reported, or disseminated in compliance with guidelines outlined in the Survey Handbook.

If you are conducting the survey in-house, you will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the 8 [Caldicott principles](#). You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 8 principles. 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.



National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not apply to the surveys running under the NPSP and you must not exclude people on this basis. The 2026 Children and Young People's Patient Experience 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 2026 survey, their wishes should be respected. [Dissent posters](#) will need to be displayed in the trust during the sampling period, to ensure potential participants are made aware of the survey and have an opportunity to opt-out in advance if they would like to do so.

4.2 Data Security and Protection Toolkit

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit to measure their performance against the National Data Guardian's 10 data security standards. This is to provide assurance that they are practicing good data security and that personal information is handled correctly. To find out more about the toolkit and create your account, please visit the [data security and protection toolkit web page](#).

4.3 Ethics

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

Following the redevelopment of the 2024 Children and Young People's Patient Experience Survey, changes made to all elements (sampling eligibility, survey materials, dissent and opt-out mechanisms) received ethical approval. As the 2026 survey will largely replicate the 2024 version, with only minimal changes to the questionnaire and no changes to methodology or analytical outputs, an application will not be submitted to the NREC for ethical approval. This is also unnecessary as the Health Research Authority (HRA) has confirmed it no longer provides ethical

approval for service evaluation studies. The survey will have undergone ethical review through an independent review process.

4.4 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 outlines the standards and responsibilities of various parties involved in the research. CQC has produced [a table that sets out the responsibilities of organisations providing care](#) and the arrangements made by CQC for patient surveys.

Section 5: Changes to the survey for 2026

The questionnaire, materials and sample variables have been reviewed for 2026 to ensure they reflect any new policies or changes in the way children and young people's services are delivered, to identify any areas that are no longer relevant, and to incorporate feedback and learnings from the 2024 survey. The table below details changes made to the 2026 survey.

Table 5. Changes to the 2026 Children and Young People's Patient Experience Survey

Change	Rationale
Demographic Batch Service (DBS) and local checks	The DBS process has been reviewed for 2026 to provide additional clarity of requirements. Trusts need to conduct both DBS and a local check ahead of the first, second and third mailings. DBS checks can be conducted by your contractor if they have the capability. However, trusts will still be required to perform local checks if contractors perform DBS checks centrally.
Languages	<p>The current language options in the CYP online survey do not align with the most commonly spoken languages identified in the latest 2021 census data by the Office for National Statistics. This gap may reduce accessibility and inclusivity for some population groups. For this reason, the following changes were implemented:</p> <ul style="list-style-type: none"> ○ Romanian has been introduced as a translation for the online survey. ○ French has been moved from being available on the online survey to the multi-language sheet ○ Thai has been removed from the multi-language sheet. <p>The total number of languages will remain the same, at nine non-English languages for the online survey and 19 non-English languages on the multi-language sheet.</p>

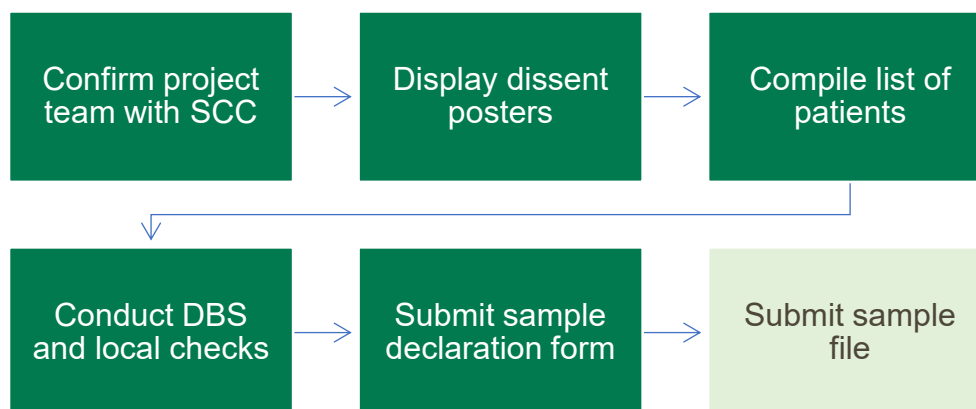
Contact approach	The contact approach was reviewed but still comprises 5 contact attempts as per CYP24 using a blend of postal letters supplemented by SMS text message reminders. The only amends being an increase from 5 working days to 7 working days between contact 1 and contact 1.1		
		Mode of contact	Working days from first mailing
	Contact 1	Invitation letter with URL and login details (including QR code) for online survey. Multi-language sheet with QR codes.	0
	Contact 1.1	SMS sent to complete the online survey (if mobile number is available).	7 (7 working days after contact 1)
	Contact 2	Invitation letter with URL and login details (including QR code) for online survey. Multi-language sheet with QR codes.	12 (5 working days after contact 1.1)
	Contact 2.1	SMS sent to complete the online survey (if mobile number is available).	17 (5 working days after contact 2)
	Contact 3	Invitation letter with URL and login details (including QR code) for online survey. Paper questionnaire sent with freepost return envelope. Multi-language sheet with QR codes.	22 (5 working days after contact 2.1)

Section 6: Managing the survey

This section outlines the key stages involved in managing the survey, including drawing and submitting trust sample. Detailed explanations of each of these stages are provided within the Sampling Instructions (available on the [NHS Survey Website](#)).

The process of drawing and submitting the sample has remained consistent with the 2024 survey.

Figure 1. Key stages to draw and submit the sample.



6.1 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 sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process.

If there are any changes to the project team from previous years, please inform the Survey Coordination Centre at cyp@surveycoordination.com and your approved contractor.

As timing is crucial in implementing the survey, we recommend mapping 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.

Once your project team is assembled, please provide the Survey Coordination Centre and your approved contractor with the name, email address, and phone number of the team members with the following roles:

1. Survey Lead
2. Person who is drawing the sample
3. Caldicott Guardian

6.2 Displaying dissent posters

It is a requirement of [Section 251 approval](#) that your trust advertises the upcoming survey during the entirety of the sampling period. This is done by putting up [dissent posters](#) in all the relevant places. It is recommended that the dissent posters are displayed in all hospital sites, displayed in waiting rooms and in the wards. Sharing the posters on the Trust website, social media platforms, can also help to increase the opportunity to share information about the upcoming survey to patients who have visited as either an inpatient or day case admission in their hospitals.

The poster allows patients to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they do not want to take part. The poster is available in English and the 14 commonly spoken languages in England. Trusts should display the posters most relevant to their own patient populations.

Posters must be displayed throughout the entire sampling period. At minimum, this must be from 1 March until 31 May 2026.

If for any reason your Trust has not displayed dissent posters during the sampling period, please display these immediately and contact the Survey Coordination Centre. You will need to inform your Caldicott Guardian and gain their approval to use the sample.

6.3 Compiling a list of patients

You are required to follow the [Sampling Instructions](#) published for this survey. The samples from trusts will be selected from all patients aged 15 days to 15 years who were admitted and discharged between 1 March and 31 May 2026 (inclusive).

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 and could impact on the success of the survey. A shorter fieldwork period could impact on response rates as previous research has shown that any delay entering fieldwork can have an impact on demographic groups (such as younger service users and those from non-white ethnic categories) who tend to take longer to respond to surveys.

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 in plenty of time before drawing your sample and / or the deadline for submitting the sample.

Please review the sampling instructions in detail to ensure your sample is drawn correctly and that data for all required variables is included. Please ensure you provide patients' mobile numbers, as this allows us to send SMS reminders. The mobile number must be taken from the patient's record and could be either for the child / young person or the parent / carer. The Section 251 approval grants the legal basis to allow access to the specified confidential patient information without consent. This allows for trusts to provide details like patients' postal addresses and applies to mobile numbers too.

For the 2026 survey, the sample declaration form has been updated to include a requirement to record mobile phone number availability (the percentage of mobile numbers available in the

sample), along with confirmation of data accuracy and an explanation for any low mobile number availability.

Two members of staff from the Survey Coordination Centre will be included in the sample for each in-house trust and contractor. This will enable the Survey Coordination Centre to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

6.4 Conducting DBS checks

Once you draw your sample of eligible patients, this list must be locally checked for deceased patients **and** 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. Trusts are also expected to run both local and DBS checks ahead of mailings two and three. Please ensure you read the [Sampling Instructions](#) carefully on how to submit your file to DBS and how to remove deceased persons.

Once a sample has been approved for fieldwork, if it has been more than 2 weeks since the trust's initial checks were conducted, a further DBS check and a local check must be completed before the first mailing.

After the trust has completed checks on the initial sample, upon agreement with the trust, the approved contractor can conduct DBS checks on their behalf – this includes DBS checks prior to the first mailing and between mailings. Local checks are also mandatory prior to the first mailing and between mailings.

In-house trusts (trusts who choose to run the survey in-house without appointing an approved contractor) will continue to run DBS checks and local checks as usual.

Contractors running DBS checks on behalf of trusts

Some contractors have the capability of running DBS checks during fieldwork on the trust's behalf. This removes the requirement for trusts to run DBS checks ahead of mailing two and mailing three. Trusts can still choose to run DBS checks and this should be agreed with your approved contractor. Please note that trusts will be required to run local checks during fieldwork, even if your contractor is undertaking DBS checks on your behalf.

Trusts are still expected to run the initial DBS and local checks when drawing the initial sample.

Please contact your contractor to discuss this further.

Table 6. DBS and local checks requirements

DBS & local checks requirements	
Before mailing 1	<p>Local checks and DBS checks at the time of drawing your sample (this must be conducted by the trust).</p> <p>Further DBS checks and local checks are required if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1. DBS checks can be conducted by your contractor if they have the capability.</p>
Before SMS 1	No checks required.
Before mailing 2	<p>Local and DBS checks</p> <p>DBS checks can be conducted by your contractor if they have the capability. Trusts are still required to run local checks.</p>
Before SMS 2	No checks required.
Before mailing 3	<p>Local and DBS checks.</p> <p>DBS checks can be conducted by your contractor if they have the capability. Trusts are still required to run local checks.</p>

Your sample should only be used for the purposes of distributing the described protocol of invitation, reminder letters and reminder SMS for the Children and Young People's Patient Experience Survey. This is because the sample collated for the survey only has Section 251 approval for these specific uses. Any additional use of the sample (for example, sending out additional reminders, contacting the sample in advance or reusing the sample for a local survey) would therefore be in breach of Section 251 approval.

6.5 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. The trust's Caldicott Guardian is required to sign off on the Sample Declaration Form. Please provide your Caldicott Guardian with advanced notice of this requirement to avoid delays in the sign-off process.

The completed Sample Declaration Form should be submitted (copying in the Caldicott Guardian) and approved prior to sending your sample data to the approved contractor or the Survey Coordination Centre. Failure to follow this protocol would constitute a breach of Section 251 and must be reported to the Survey Coordination Centre and CQC.

Your sample file must be transferred over a secure encrypted link, meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected (unless your contractor uses a file transfer site with inbuilt encryption).

DATA SHOULD NEVER BE SENT VIA EMAIL DUE TO SECURITY RISK, THIS WOULD CONSTITUTE A BREACH OF SECTION 251 APPROVAL.

If you are a trust using an approved contractor: your approved contractor will be in touch with details on how to submit your sample securely, once the declaration form has been approved. Your sample data and mailing data should be submitted all in one file to your approved contractor **via their secure transfer site.**

Please note that unless you are conducting the survey in-house, trusts should not submit any data files to the Survey Coordination Centre.

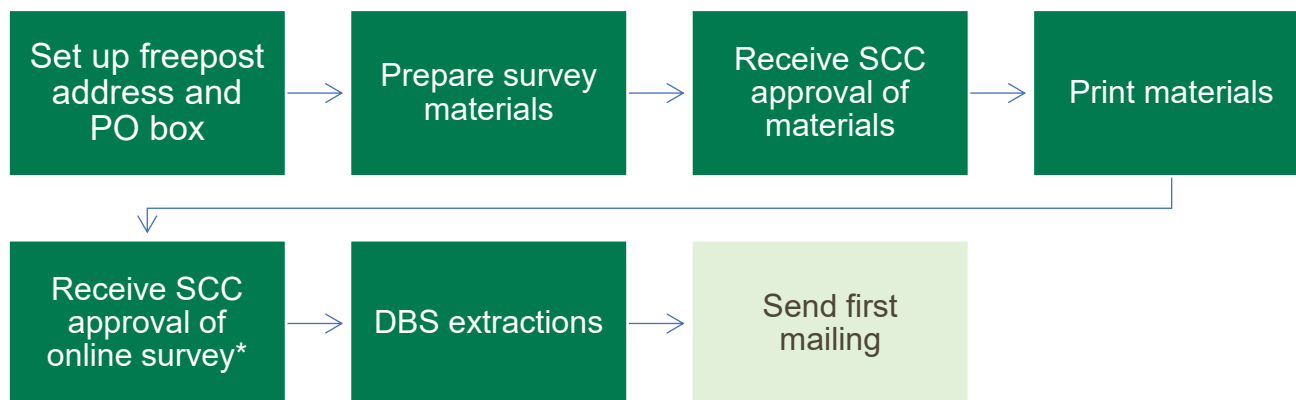
Following receipt of the sample from trusts, contractors will conduct additional checks and separate out the sample data from the mailing information.

If you are delivering the survey in-house or are an approved contractor: samples will be submitted to the Survey Coordination Centre using a secure online sample checking website. Access to the online sample checking website for submission of a sample will be granted on an ongoing basis following the approval of the Sample Declaration forms. A series of checks will be conducted on the sample as you submit it. Log-in details and instructions of how to submit the sample will be provided prior to the sampling period.

Section 7: Fieldwork Preparation

This section outlines the steps to be taken by **approved contractors and in-house trusts** prior to the start of fieldwork. The key steps to be undertaken are outlined in the diagram below and detailed throughout this section.

Figure 2. Key stages to prepare for fieldwork



*Only relevant to **approved contractors** producing their own online 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 advice sheet](#).

7.1 Setting up freepost address and PO Box

Approved contractors and in-house trusts must set up both a freepost address and a PO box.

Setting up a freepost address - The freepost address will allow participants to return completed questionnaires at no cost to themselves. After the licence is paid, organisations will pay only for the responses received. The freepost address must be printed on the envelopes sent with the questionnaires. Printed envelopes must comply with Royal Mail guidelines.

Setting up a PO Box - The mail-out envelope(s) must not include any indication of the sender address, and a PO Box should be set up for undelivered mail. Approved contractors and trusts conducting the survey in-house must set up a freepost address, as well as a PO address. This will be printed on the envelope and be used to return post to sender if undelivered.

7.2 Length of fieldwork

The fieldwork period is 15 weeks. It is important that your trust enters fieldwork on time by **Monday 13th July 2026** to maximise the response rate overall and responses from younger people and people from ethnic minority background. Previous research shows that these groups take longer to respond¹.

¹ Sheldon. H, Graham. C, Potheary. N, Rasul. F. (2007) *Increasing response rates: a literature review*. Retrieved from https://www.nhssurveys.org/Filestore/documents/Increasing_response_rates_literature_review.pdf

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

1. 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 fieldwork.
2. To inform the Survey Coordination Centre or your contractor immediately of any changes to the survey lead.
3. To ensure that you generate your sample promptly - within the recommended sample checking period.
4. Please note that you might need to resubmit the sample following queries from your approved contractor or the Survey Coordination Centre. This should be considered when planning your sampling.
5. Respond to queries as quickly as possible to avoid unnecessary delays.
6. Adhere to the [key dates](#) listed above.

7.3 Preparing the survey materials

The Survey Coordination Centre will provide electronic versions of all survey materials on the [NHS surveys website](#). These materials have been designed to meet best-practice guidelines and have been extensively cognitively tested with patients to ensure maximum engagement and comprehension. Furthermore, they have been approved by Section 251.

No changes to the wording of invitation letters, reminder letters or SMS messages, multi-language sheet, or questionnaire are permissible (due to ethics and Section 251 requirements). We advise that amendments made to other materials, including dissent posters are minimised.

Specific considerations for preparing the questionnaire and letters are detailed below.

Paper questionnaire

The paper questionnaire templates for all versions of the survey (0-7, 8-11 and 12-15) will be provided by the Survey Coordination Centre. The template for the 0-7's version will be provided in a Word document, while the template for the 8-11's and 12-15's versions will be provided in PDF format. If you intend to copy the questionnaire into your own format you must be careful to replicate it exactly. This includes:

- The wording of questions and response options
- The numbering and order of questions and response options
- Routing instructions
- Any other instructions to respondents
- Visual design of questionnaire including any header text, smiley faces and illustrations throughout the questionnaire

Questions should be formatted as two columns and set out across the page as per the questionnaire provided by the Survey Coordination Centre. All design and formatting elements of the questionnaire should also be replicated. Questionnaires must be printed in an A4 booklet and centre stapled.

Online Questionnaire graphics

Any design elements produced for the survey (such as images, colour palettes and logos) will be shared with contractors and in-house trusts. These must be implemented into the survey matching those of the original questionnaire template.

Invitation and reminder letters

Invitation and reminder letters should be printed on each trust's letterhead paper. There is a different letter for each mailing.

Do not make any modifications to the wording of invitation or reminder letters other than to populate the letters with trust-specific information where required. This is because the letters have been submitted for ethics and Section 251 approval. Once approval has been granted, changes to the wording of invitation and reminder letters are not permissible.

At this point, approval of PDF and hard copies of all materials must be sought from Survey Coordination Centre and CQC (see section 7.4 for more information).

Multi-language sheet

The online survey will be translated into nine non-English languages that are frequently spoken in the UK. The multi-language sheet, which should be included in all mailings, includes a link and a QR code to the online survey in these languages:

1. Arabic
2. Bengali
3. Romanian
4. Gujarati
5. Polish
6. Portuguese
7. Punjabi
8. Spanish
9. Urdu

The multi-language sheet continues to include the languages listed below, directing the participant to a helpline number. Although a translated online survey is not available in these languages, a telephone assisted survey using Language Line is offered.

1. Cantonese (Traditional Chinese)
2. Mandarin (Simplified Chinese)
3. Turkish
4. Italian
5. Russian
6. Kurdish
7. Tamil
8. French
9. Farsi
10. Somali

7.4 Printing the survey materials

After approval of the digital proofs from Survey Coordination Centre has been received, materials should be printed to the following specifications. The instructions are the same for all survey versions unless otherwise specified.

Table 7. Print specification

Material	Specification	Personalisation details
Letters	<ul style="list-style-type: none"> ○ A4 ○ 1 page ○ 2 sided ○ Colour ○ Personalisation to front and back 	Letters are personalised according to trust, contractor and respondent level information. The letter must be personalised with the patient online survey log-in details and QR code.
Multi-language sheet	<ul style="list-style-type: none"> ○ A4 ○ 1 page ○ 2 sided ○ Black and white ○ No personalisation 	If a contractor is using their own online survey tool, the multi-language sheet will need to be updated to show the links to the translated survey and QR codes (for the associated languages). No patient level personalisation is required.

Information Sheet	<ul style="list-style-type: none"> ○ A4 ○ 1 page ○ 2 sided ○ Colour ○ No personalisation 	An information sheet is provided for 8-11 and 12-15 year-olds (surveys B and C). There is one information sheet for both age groups.
Paper questionnaire (all survey versions)	<ul style="list-style-type: none"> ○ A4 ○ 4-page booklet ○ 2 sided ○ Colour ○ Personalisation to front and back covers 	Each questionnaire needs to be personalised with an identifier to identify the respondent, using either a serial number or a barcode. Details of the Freepost/PO box should be printed on the back.
Freepost return envelope	<ul style="list-style-type: none"> ○ Black and white ○ No personalisation 	Freepost envelopes will be personalised for each contractor and in-house trust to reflect the address that completed questionnaires should be sent to. No patient level personalisation is required.
Outer envelope	<ul style="list-style-type: none"> ○ Black and white ○ No personalisation 	The PO box on the back of the letter should be personalised for each contractor and in-house trust with their PO box address for undelivered mail.

7.5 Implementing the online survey

This section is for approved contractors and in-house trusts only.

Patients can now choose whether they would like to complete the survey online or using the paper questionnaire. There are two options available for the provision of the online survey to patients:

1. Using a central online survey tool provided by the Survey Coordination Centre.
2. Contractors may provide their own online survey tool if preferred. To help reduce development time the expectation is that their version does not need to exactly replicate the SCC centralised tool, but it should adhere to the SCC guidance issued for the survey.

The following guidance is for those using option 1. For more details on option 2, please see the appendix of this document.

Guidance for those using the Survey Coordination Centre's central online survey tool

There are four routes into the online survey:

- **Using the URL provided in the letters:** the URL and log-in details are provided on the survey invitation letters. These log-in details are personalised for each respondent, to allow identification of which patients have taken part and their removal from future mailings. The link will follow this format: nhscypsurvey.co.uk/login.
- **QR codes:** QR codes should be included within the survey invitation letters (all mailings). Each respondent has the option to scan the QR code which will take them directly to the online survey, without needing their log-in details. The QR code should be linked to the patient's unique survey link.
- **SMS reminder:** there is a shortened URL included in the SMS reminder that is unique to each patient. This will allow patients to access the survey directly without needing their log-in details.
- **Using the URL provided on the multi-language sheet:** there are separate links for some languages provided on the multi-language sheet which will take patients to a translated log-in page in their chosen language. QR codes will also be included next to 9 languages offered online which will take patients to a translated log-in page in their chosen language.

The online log-in details will be generated by the [Sampling Workbook](#) once populated. The long URLs will also be generated at this point. They will need to be shortened for the SMS reminder, see section 8.2 for more information on this.

Please ensure that the login details embedded within all online survey links (including SMS links and QR codes) exactly match the survey number and password generated by the Sampling Workbook. Incorrect survey numbers in links were previously identified as an issue and resulted in respondents being directed to the general login page rather than directly into the survey. Checking that the survey number and password are correct will help prevent this problem recurring.

Once the sample is signed off, log-in details will need to be uploaded to the online survey to allow the patient access.

Do not send a mailing unless you have confirmation from the Survey Coordination Centre that your sample has been loaded into the online survey as patients will not be able to access it.

The online survey will be made live on Friday 10 July 2026 to allow trusts whose samples have been signed off to begin fieldwork as early as possible.

Once fieldwork has begun, you will receive daily updates with the survey identification numbers (record numbers) of those who have completed the online survey, to allow removal of respondents from future reminders.

Each contractor and in-house trust will also be sent an export of the data from the online survey weekly to allow for data processing to begin.

7.6 Quality assurance of survey materials

In-house trusts and approved contractors are required to submit PDF and hard copies of the survey materials (final questionnaires, cover letters and multi-language sheet) to the Survey Coordination Centre and CQC before any mailings take place. In-house trusts and approved

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contractors will also be required to conduct a test of the SMS text message by sending it to the mobile devices of two designated colleagues from the Survey Coordination Centre. This step is required to verify the accuracy of the SMS content, including its wording and any embedded links for the online survey tool. The deadline for providing these is included in the timetable section (see Section 3). Approval of each of these is a requirement before the first mailing can be sent.

All proofs created ahead of printing must match the style, format and content of the materials provided on the NHS Surveys website.

Two members of staff from Survey Coordination Centre will be included in the sample for each in-house trust and contractor. This will enable the Survey Coordination Centre to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

7.7 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](#).

Complementary documents will be shared with your trust before, during and after fieldwork to help you raise awareness of the survey and boost response rates. These are:

- o **Press release template**, which explains the purpose, value of participation, how to participate and what happens to the feedback. We welcome your trust to add to this template to explain how your trust will use the data or what actions have previously been taken as a result of the survey.
- o **Social media cards** are targeted towards parents / carers to increase awareness. These can be shared on your social media platform, such as Facebook, X (formerly Twitter) and LinkedIn. Alternatively, they could be used as handouts or uploaded onto other trust platforms. These are four social media cards available for CYP26, which can be utilised at different stages of the survey:
 - **Social media card 1** will be used before fieldwork launch, to announce that the survey will be launching in July 2026 to build awareness amongst patients.
 - **Social media card 2** will be utilised during the second week of survey launch when patients should have received their initial letter invitation. This social media card will announce the official launch of the survey and act as a call to action.
 - **Social media card 3** will be used in the fourth - sixth week of fieldwork when final reminders are due to go out to patients. This card will act as a reminder to encourage response from people who are yet to complete the survey.
 - **Social media card 4** will act as a final reminder three weeks prior to fieldwork closing outlining the closing date, as a last attempt to encourage participation.

- **The website banner** can be placed on trusts' websites or social media channels. The banner contains a short, condensed version of the messaging on the accompanying media cards and will be another way of increasing awareness of the survey.
- **The infographic** is available for use by NHS Trusts to share their results with patients and help close the feedback loop for those who participated. Similar to the infographic produced for CYP24 survey, an editable template in PowerPoint will be used so trusts can amend to suit their results and add their own logo. The infographic will be provided to trusts to coincide with the publication of the results.

In addition, it is a requirement of [Section 251 approval](#) that your trust advertises the upcoming survey during the sampling period. This is done by putting up [dissent posters](#) in all the relevant places. The poster is available in the 15 most commonly spoken languages in England. Trusts should display the posters most relevant to their own patient populations. The table below outlines how these materials should be used throughout the survey lifecycle.

Table 8. Timetable for promotional materials

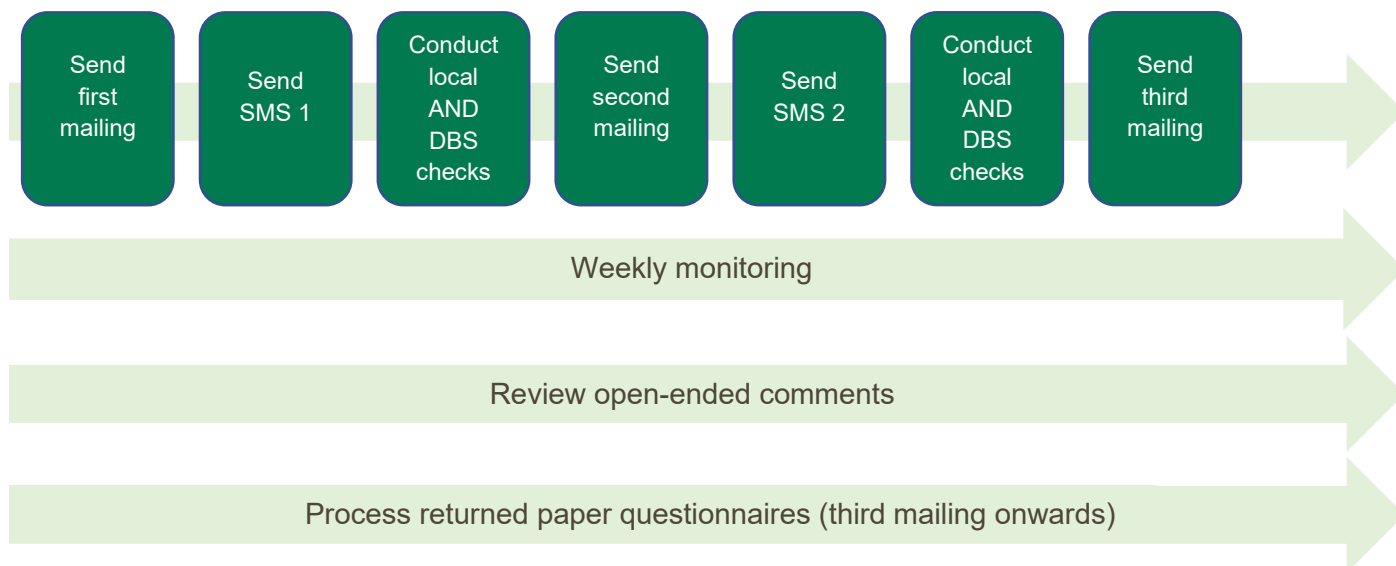
Pre fieldwork May – June 2026	Fieldwork July - September 2026	Close of fieldwork October 2026 onwards
Press release	Website banner	Social media card 4
Social media card 1	Social media card 2	Infographic
Dissent poster (published)	Social media card 3	

Section 8: Conducting fieldwork

This section outlines the steps to be taken by approved contractors and in-house trusts from the first mailing onwards.

The key steps to be undertaken are outlined in the diagram below and detailed within the section.

Figure 3. Key stages to conduct fieldwork



8.1 Mailing protocol

The following table outlines the mailing protocol to be followed. This approach has been developed to maximise the proportion of patients who complete the survey online.

The contact strategy includes three letters, all of which will contain a URL and login details for the online survey (contact 1, 2 and contact 3), and two text message (SMS) reminders with a unique link to the online survey. If a trust has less than 50% of their sample with a mobile phone number, the paper questionnaire will be included in both contact 2 and contact 3. For trusts who have 50% or more of their sample with a mobile phone number, the paper questionnaire will be included in contact 3 only. Paper questionnaires are mailed out in plain, window envelopes, along with a cover letter on trust headed paper.

The intervals between each contact must be adhered to once the first mailing has been sent. This is to maximise response rates. Where the timing of an SMS reminder falls on a weekend or bank holiday, it should be sent on the next working day.

Please ensure DBS and local checks are provided in plenty of time to send the mailings on time. Contractors and trusts should work together to agree dates for these in advance of fieldwork start.

After the initial full DBS check, trusts may have the option of allowing their contractor to conduct the DBS checks on their behalf, this depends on contractor access to the DBS. However, local checks will still be required even if your contractor is running the DBS check. Please liaise with your contractor.

Table 9a. Mailing protocol for group A (< 50% mobile numbers)

Contact	Type	Content of contact	Days from first mailing	Example of mailing days (from 13 July)
1.0	Mailing 1	<p>All ages:</p> <p>Invitation letter with URL and QR code (note there are two versions of the letter, one for survey A and one for survey B and C)</p> <p>Multi-language sheet</p> <p>8-15 year olds:</p> <p>Information sheet (for surveys B and C)</p>	0 (Week 1)	Monday 13 th July
1.1	SMS 1	SMS reminder (if phone number available)	7 (7 working days after contact 1.0)	Wednesday 22 nd July
2.0	Mailing 2	<p>All ages:</p> <p>Reminder letter with URL and QR code (note there are two versions of the reminder letter, one for survey A and one for survey B and C)</p> <p>Paper Questionnaire</p> <p>Freepost return envelope</p> <p>Multi-language sheet</p>	12 (5 working days after contact 1.1)	Wednesday 29 th July
2.1	SMS 2	SMS reminder (if phone number available)	17 (5 working days after contact 2.0)	Wednesday 5 th of August
3.0	Mailing 3	<p>All ages:</p> <p>Reminder letter with URL and QR code (note there are two versions of the reminder letter, one for survey A and one for survey B and C)</p> <p>Paper Questionnaire</p> <p>Freepost return envelope</p>	22 (5 working days after contact 2.1)	Wednesday 12 th August

		Multi-language sheet		
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Table 9b. Mailing protocol for group B (> 50% mobile numbers)

Contact	Type	Content of contact	Days from first mailing	Example of mailing days (from 13 th July)
1.0	Mailing 1	<p>All ages:</p> <p>Invitation letter with URL and QR code (note there are two versions of the letter, one for survey A and one for survey B and C)</p> <p>Multi-language sheet</p> <p>8-15 year olds:</p> <p>Information sheet (for surveys B and C)</p>	0 (Week 1)	Monday 13 th July
1.1	SMS 1	SMS reminder (if phone number available)	7 (7 working days after contact 1.0)	Wednesday 22 nd July
2.0	Mailing 2	<p>All ages:</p> <p>Reminder letter with URL and QR code (note there are two versions of the reminder letter, one for survey A and one for survey B and C)</p> <p>Multi-language sheet</p>	12 (5 working days after contact 1.1)	Wednesday 29 th July
2.1	SMS 2	SMS reminder (if phone number available)	17 (5 working days after contact 2.0)	Wednesday 5 th August
3.0	Mailing 3	<p>All ages:</p> <p>Reminder letter with URL and QR code (note there are two versions of the reminder letter, one for survey A and one for survey B and C)</p> <p>Paper Questionnaire</p>	22 (5 working days after contact 2.1)	Wednesday 12 th August

		Freepost return envelope		
		Multi-language sheet		

8.2 SMS reminders

To encourage a higher proportion of online respondents, we will be sending SMS reminders to those for whom we have mobile numbers in the sample. The SMS reminders will include a personalised URL taking the participant directly into the survey (without the need to input login details).

There will be two SMS reminders sent to patients who have mobile phone numbers – the first will be 7 working days after contact 1.0; the second will be 5 working days after contact 2.0 (see tables 9a and 9b above). **If the day the reminder is due to be sent is a weekend or bank holiday, it should be sent on the next working day.**

All SMS reminders will be sent between 5pm and 6pm. This is in line with recommendations from the scoping report from CYP24 suggesting we should contact respondents outside of school hours. This will help increase the opportunity for parents/carers and their child to complete the survey together.

The content and sender name will be provided by the Survey Coordination Centre and will be available on the [NHS Surveys website](#). **This guidance must be followed as any deviation would constitute a breach in section 251.**

Each SMS will be personalised for each patient, with the name of the hospital they attended, and a unique link which will allow them to enter the survey without their log in details. These unique links will need to be shortened before including in the SMS, to ensure they do not exceed 35 characters. Your SMS provider should be able to provide this service.

At the end of the SMS, there will be a contact phone number provided. This should be the phone number of the helpline provided for patients who will receive this survey. It will not be possible for patients to reply to the SMS reminder.

Note for approved contractors and in house trusts: if it will help with processing respondent communications, you may add the record number to the SMS which is sent. Please see the [SMS guidance](#) on the survey website for more information and exact text to include.

To monitor the quality of the phone numbers in the sample, it is a requirement to report on the number of messages which have not been delivered within 72 hours of the SMS being sent. This is part of the weekly monitoring report.

Any SMS provider can be used for this purpose, but the provider chosen must use technology which supports concatenation and should also confirm they are not using a "grey route" to send SMS reminders. Messages sent without these requirements in place will risk the message being split into two messages and being received in a different order. Text messages sent in this way can get delayed, lost or suddenly blocked.

8.3 DBS and local checks

Before each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS and local check on the full sample¹. If anyone has requested to be opted out of further reminders, they should also be removed.

On the day of the mailing, the DBS and/or local check should aim to be no more than 10 working days old (2 weeks). If the check expires before the mailing is sent, a DBS and local check should be undertaken before the mailing begins.

Table 10. Deceased checks

Contact	Content	Type of check to do on the sample before sending the mailing (DBS or local)	Should online responses be removed from the mailing?	Should anyone who has opted out be removed from the mailing?
1	Postal – Letter only	DBS and local checks	N/A – First mailing	Yes
1.1	SMS	No check required	Yes	Yes
2	Postal – Letter only / Letter + Questionnaire (see mailing protocol for further details)	Local check and DBS checks ²	Yes	Yes
2.2	SMS	No check required	Yes	Yes
3	Postal – Letter + Questionnaire	DBS check and local check	Yes	Yes

8.4 Weekly monitoring

Contractors and in-house trusts are required to submit a monitoring report to Survey Coordination Centre each week during fieldwork. This will allow the Survey Coordination Centre to monitor response rates, volume of patient communications and uptake of accessible options across the fieldwork period.

These reports should follow the template provided on the [NHS Surveys website](#) and be submitted each Thursday during fieldwork by 12 noon once fieldwork has started. First report due on **Thursday 16th July 2026**. Please send reports to cyp@surveycoordination.com, using the file naming format 'CYP26_Weekly monitoring report_DATE_CONTRACTOR'.

¹ You now have the option of asking your contractor to conduct DBS that are required after the initial first full DBS check. Please liaise with your contractor to arrange this.

² DBS checks can be conducted by your contractor if they have the capability. However, trusts are still required to run local checks. Please check and agree process with your contractor.

Please note that if the first mailing is sent in advance of the **Monday 13th July 2026** ((first day of fieldwork), weekly monitoring reports must be sent to the Survey Coordination Centre from the **first Thursday of fieldwork**. For example, if the first mailing is sent on **Monday 06th July 2026**, the first weekly monitoring report should be sent on **Thursday 09th July 2026**.

8.5 Reviewing open-ended comments

It is strongly recommended that all free text comments are reviewed by approved contractors and in-house trusts for possible reports of safeguarding issues and followed up with the appropriate authority at the earliest opportunity to allow further investigation.

Comments identified as a category 1 safeguarding issue indicate a serious safeguarding alert. These are defined as the most severe alerts and must be treated with urgency. The table below provides details on these types of safeguarding alerts. **This table is provided for reference only and should not be interpreted as a required framework for safeguarding. Contractors and in-house trusts should undertake safeguarding categorisation in line with their own policies.**

Table 11. Safeguarding coding.

Safeguarding Coding		
'Safeguarding Code' Value	Category	Description
1	Safeguarding alert	<p>Assigned to a comment if a patient was either the direct subject of abuse, or witnessed another patient being the target of abuse; and includes acts of abuse committed by both staff and other patients.</p> <p>This category represents highest level of safeguarding issue severity. Abuse might be physical, verbal, or sexual in nature and must be deliberate and intentional.</p> <p>It is important to differentiate between such malicious acts, which are raised as serious safeguarding alerts, and cases such as a patient stating that they did not like being physically examined by staff of the opposite sex, which does not qualify as abuse.</p> <p>Acts must have deliberately caused harm, with the patient stating they were left feeling traumatised and it led them to struggling with their mental health, as a result of the care they received. It may also refer to deliberate racial abuse. Patients will have had their safety seriously compromised and could have left the patient on the verge of death or with serious post trauma. Rude staff does not equate to a severe safeguarding alert.</p>

		Also includes any official complaints that have been submitted to the hospital by the service user.
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The following text has been included within all cover letters to inform respondents of the possible follow-up action which may be taken. *“If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.”*

8.6 Processing returned paper questionnaires

If using a contractor, your contractor will process the questionnaires received and any completions via the online survey tool.

If conducting the survey in-house, the Survey Coordination Centre will process any completions received via the centralised online survey tool. When paper questionnaires are received, match up the Record Number against the list of patients so that you can record (in the outcome column of your ‘sample file’) which patients have returned questionnaires and will not therefore need to be sent reminders.

Keep paper copies (or scanned pictures of all the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until further notice – but do not send these to the Survey Coordination Centre unless requested.

If a questionnaire is returned with the Record Number removed, please enter the response information in an additional row at the bottom of the data file when submitting it to the Survey Coordination Centre.

If a questionnaire is returned blank, this indicates the patient (or their parent / carer) would like to opt-out of the survey. In this case, please remove the patient from future mailings and code as outcome 4.

8.7 Data deletion following completion of fieldwork

Following the completion of fieldwork on Friday 16th October 2026, all patient identifiable data (PID) including mailing files containing names, addresses (including postcode), mobile numbers, date of birth and other personal details may be retained for a maximum of six months. For the 2026 Children and Young People’s Patient Experience Survey, all PID must be securely deleted from your systems no later than **Friday 16th April 2027**.

Please note that this deadline may be subject to change if the survey timelines, specifically relating to fieldwork end date, are adjusted. Prior to this date, the Survey Coordination Centre will contact Approved contractors to confirm awareness of the data deletion deadline. The Survey Coordination Centre will also send follow-up emails to confirm that this data has been removed in compliance with data protection regulations.

Section 9: Survey communications

Each approved contractor or in-house trust should have both a freephone line and an email address for patients to contact in the event of queries. Details of both the freephone number and email address should be provided in the invitation and reminder letters.

All staff who are likely to respond to patient communications should be properly briefed about the details of the survey and be aware of the questions or complaints they are likely to receive.

The freephone line and email inbox should be monitored between 9am and 5pm on weekdays as a minimum.

9.1 Managing and recording patient communications

Throughout fieldwork, all communication with patients should be logged and included in the weekly monitoring report. Wherever relevant, the following information should be logged for each contact with a patient:

- Patient Record Number (PRN).
- Date of contact.
- Reason for contact.
- Action to be taken.

A large volume of calls and emails are expected for this survey. You should expect peaks in calls 2-3 days after a mailing, and on the day of sending an SMS reminder.

Please ensure there are appropriate resources in place to respond to queries.

9.2 Notifying participants about results

To inform patients of the results, we plan to make use of the social media platforms they use and are most familiar with. This may include the use of an infographic to present the findings in an engaging way for children and young people.

Section 10: Survey Accessibility

The accessible options to be provided for the survey are mostly the same as for the 2024 survey, with minor updates made to languages offered. These options are outlined below, with guidance on how they should be administered, recorded and processed.

Please note if a large print, easy-read or braille format is requested, you do not need to wait until the third mailing to provide this format to the participant.

Table 12. Guidance on providing accessible formats of the survey

Accessible format	Administering the format	Processing the return
<p>Online survey: Ability to change font size and background colour; screen reader compatible.</p>	<p>This will be provided by the SCC.</p> <p>If using a contractor-provided online survey tool, guidance on scripting the online survey to meet these accessibility standards is included in the appendix of this document.</p>	<p>Processed through the online survey.</p>
<p>Online survey: non-English language completes (9 languages).</p>	<p>This will be provided by the SCC.</p> <p>Excel templates with translations will be provided to contractors administering their own online tool. Guidance on scripting the online survey in 9 languages (excluding English) will be included in the online survey specification for contractor.</p> <p>Contractors administering their own online tool will need to update the multi-language sheet with online survey links, QR codes and helpline details.</p> <p>All contractors and in-house trusts using the SCC centralised online tool will need to update the multi-language sheet with helpline details. The SCC will add online survey links and QR codes.</p>	<p>Processed through the online survey or via Language Line.</p> <p>For non-English online survey completes, open-ended comments will be translated by the CQC.</p>
<p>Telephone assisted complete: In English or in a non-English language using a service such as Language Line (19 non-English languages).</p>	<p>Contractor or in-house trust helpline staff to complete survey over the phone with participant, entering their responses into the online survey (or on paper if that is preferable).</p>	<p>Processed through the online survey (or paper questionnaire) and noted as a telephone assisted complete in the weekly monitoring report and in the final dataset.</p>

<p>Large print: Signposted on the letters and administered at the request of the patient.</p>	<p>Large print invitation letter will be available on the NHS Surveys website. Contractor or in-house trust to print invitation letter on A4 paper (adding patient contact details and survey number) and standard PDF questionnaire on A3 paper (adding record number), and post these to patient alongside a return envelope.</p> <p>Further instructions can be found on the large print covering letter.</p>	<p>Large print return processed manually (e.g., responses entered into the Data Entry Spreadsheet for that patient).</p>
<p>Easy Read: Signposted on the letter and administered at the request of the patient.</p>	<p>Easy Read invitation letter and questionnaire will be available on the NHS Surveys website. Contractor or in-house trust to print both documents on A4 paper and post these to patient (adding patient log-in details to the questionnaire for processing) alongside a return envelope.</p> <p>Further instructions can be found on the Easy Read questionnaire.</p>	<p>Easy Read return processed manually into the separate data entry sheet. These returns will not be combined with the main dataset due to differences in question wording and answer codes.</p>
<p>Braille: Signposted on the letter and administered at the request of the participant.</p>	<p>Braille questionnaire and invitation letter to be set up centrally by SCC. Contractor or in-house trust to request both documents from external Braille supplier (personalising letter with patient log-in details). Supplier should not be provided with patient contact details but can post these to the contractor or in-house trust, who will then post documents to the patient.</p> <p>Further instructions can be found on the Braille covering letter.</p>	<p>Braille questionnaires cannot be completed in Braille, and the invitation letter would advise the participant to complete the survey online (using a screen reader or with the help of a friend/family member) or as a telephone assisted complete.</p>

Section 11: Submission of completed responses (for contractors and in-house trusts only)

The Survey Coordination Centre will require the scanned copies of two respondent paper completed questionnaires and two online survey completes per age group (i.e. 2 x 0-7 years, 2 x 8-11 years and 2 x 12-15 years). We require two scanned copies of the paper questionnaire 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 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 before the beginning of fieldwork. Please refer to the key dates table 1 section 3 to see when these are scheduled for.

Section 12: Submitting interim data (contractors and in-house trusts)

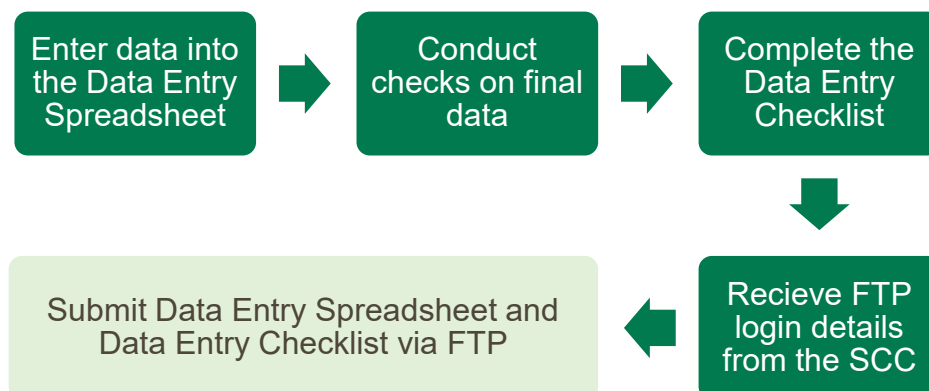
During fieldwork an interim data file will be required, to aid data management set up and allow early checks to be conducted. Interim data should be submitted in the Data Entry Spreadsheet, and should include raw, uncleaned data of both paper and online responses.

Your interim data file should be submitted to the Survey Coordination Centre on 28th August 2026.

Responses from all trusts should be included, as well as all outcome codes, not just those that have responded. The total number of records submitted should match the sample for each trust. The data file should not include free text comments.

Section 13: Submitting final data

Figure 4. Key stages to submit final data



Final data must be submitted to the Survey Coordination Centre uncleaned and checked using the final 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 guidance](#). This includes guidelines on how to code missing responses, free-text comments and multiple response questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted via our secure transfer site.

Free-text comments should be entered verbatim and in full. More details on how to code final data is detailed in the Data Entry Spreadsheet.

Survey responses received through online and paper methods must follow the same coding rules and be provided in a single spreadsheet. Nothing more should be done to amend or clean the data.

Information on how to prepare and clean the data is detailed in the [Data Cleaning Guidance](#).

13.1 Coding free text data

All free-text comments are required to be submitted to the Survey Coordination Centre. Any publication of these free text comments will be conducted in a way that would not allow individuals to be identified.

The free-text comments must be included in full, including any comments on additional sheets of paper. Comments should be recorded verbatim with sensitive information included. The only exception to the above is that names of individual staff members may be redacted at your discretion or on advice from a trust. Redacted characters should be replaced with 'X'. Comments that are submitted in a language other than English should be sent to the Survey Coordination Centre in the language they are submitted in at the end of fieldwork, alongside a flag which confirms which language this is (i.e. which online survey was used). CQC will be responsible for translating any non-English free-text data into English. Once translated, the comments will be shared and can be combined with the remainder of the dataset.

Contractors are required to share free-text comments with their trusts upon close of fieldwork.

13.2 Entering easy read responses

The easy read questions and answer codes are different to the main questionnaire and should be inputted into the [Easy Read Data Entry Spreadsheet](#).

For easy read completes, please also complete:

- Columns from the sample construction spreadsheet.
- Columns about mode of completion.

Use the outcome of “returned completed” for any easy read returns (outcome 1).

13.3 Checking final data

You are required to submit raw (“uncleaned”) data to the Survey Coordination Centre. Before submitting your data, you must carry out the checks outlined in the Final Data Checklist which is available on the [NHS Surveys website](#). Please refer to this checklist when preparing the data throughout fieldwork to ensure all the checks are included in your data processing processes.

The Survey Coordination Centre is not responsible for correcting any errors in the data. If errors are identified, the approved contractor or trust will be required to correct and resubmit the final data.

Having conducted the checks in the checklist, please ensure the relevant information is populated, including the contact details of two team members. The data entry checklist must be uploaded when submitting the data to the Survey Coordination Centre.

13.4 Submitting data

The completed Data Entry Spreadsheet must be submitted to the Survey Coordination Centre as a single file. It must include all anonymised sample information as well as the survey responses.

The Data Entry Spreadsheet should be submitted to the Survey Coordination Centre by secure transfer. Final data **must not** be sent via email.

Following the closure of fieldwork, the Survey Coordination Centre will provide you with a link to upload the data via secure transfer.

13.5 Making sense of the data

CQC will provide **full benchmark reports** based on each trust’s results from the survey. This report provides the score for each trust for each question and section – and whether the trust performs “much better”, ‘better’, ‘somewhat better’, ‘about the same’ ‘somewhat worse’, ‘worse’ or ‘much 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.

Approved contractors might provide trusts 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 trusts' survey data will depend on having a clear improvement programme in place. The fundamental steps of understanding and interpreting data usually involve:

1. Examining the number and percentage of patients and their parents/ carers giving each response to a question.
2. Analysing the data by different groups of patients (e.g. males/females, different ethnicities, different long-term conditions), aspects of care (length of stay, admission method), or other information (e.g. different services or teams in your trust). This analysis is not delivered by CQC as standard and may require additional data.
3. Reviewing the comments from the last question in the survey – 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](#).

Section 14: Appendix – online survey guidelines

14.1 Introduction to online survey guidelines

This guidance is for any contractor wishing to host their own online survey. While the guidance must be followed, contractors are not required to exactly replicate the central survey tool; this flexibility is intended to reduce development time. However, the use of any external online survey tool remains subject to approval from CQC, who must be satisfied that the tool sufficiently reflects the format of the Survey Coordination Centre tool and provides all required accessibility features.

If you would like to use the central online survey tool provided by the Survey Coordination Centre, please refer to [section 7.5](#) of this document.

14.2 Requirements

The set-up process for the online survey timetable will start in March 2026. There will be two phases of development:

1. **Scripting the English survey** – this will be the full questionnaire in English and will include all accessibility, formatting and design elements of the survey, with examples of each type of question (single code, multi code, free text).
2. **Scripting the translated versions of the survey** – all languages will be scripted at this stage, including BSL videos.

Inputs from the Survey Coordination Centre

The contractor will be provided with the following documentation by the Survey Coordination Centre to support with set up of the online survey:

- Guidance on set up and requirements (this document).
- Online questionnaire with routing and scripting instructions included.
- Quality assurance declaration to be returned to the Survey Coordination Centre alongside links for sign off.
- Translations for all questions.
- NHS, CQC and survey logos
- British Sign Language video translations (embedded links).

Routes into the online survey

There are five routes into the online survey:

- **Using the URL link on the letters** – there is a URL link and online log-in details provided in the survey invitation letters. These details are personalised for each respondent, so you can be sure who has taken part and remove them from future mailings.

- **QR code on the letter** – this QR code should be unique to that respondent. When scanned, it will allow them to go straight into the survey without needing their log-in details.
- **SMS reminder** – there is a link included in the SMS reminder which will be unique to that respondent. This will allow them to go straight into the survey without needing their log-in details. The links for the SMS can be in any format but cannot exceed 35 characters and must be unique to that respondent. If respondents enter the survey through this route, they should be asked which language they would like to complete the survey in before proceeding to the main survey.
- **Links on the multi-language sheet** – there will be specific links for each of the nine languages included on the multi-language sheet. These will take the respondent to a version of the online survey that has been translated into their chosen language.
- **QR codes on multi-language sheet** – there will be specific QR links for each language included on the multi-language sheet. These will take the respondent to the login page of the online survey that has been translated into their chosen language. This link is not personalised for respondents.

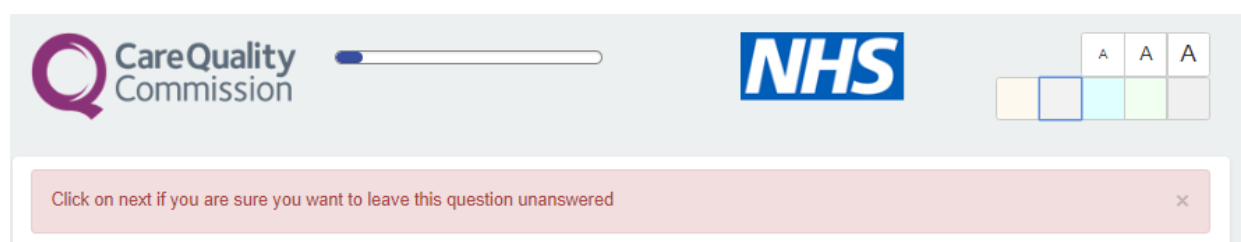
Log in details

The online log in details will be generated using the sample construction sheet when the sample is populated. The log-in details must be a combination of the Record Number and a five-letter and digits upper case password.

The Record Number will follow this structure: **CYP26XXX1111**. **CYP26** denotes the survey name, **XXX** denotes trust code and **1111** will be a unique number for that respondent.

Non-response and navigation

Any question can be left blank by the respondent. Respondents are able to go back to previous questions and change their responses if required using the back button. The message below should be shown, and the respondent will be allowed to move on if they click next.



Para data

There are several metrics which will need to be collected for everyone who has entered the online survey:

- Time and date of survey access.
- Mode of survey access (type of device used).
- Time and date of survey submissions.

- Access mode – short or unique link or QR Code.
- Operating system – iOS, android etc.
- Active participation in the survey – how long were they actively taking part in the survey, excluding breaks.
- Language the survey was completed in.

The para data will be included in the data entry sheet to be submitted to the Survey Coordination Centre at the end of fieldwork.

Free text questions

For free text questions, no character limit should be applied. Patients must be able to enter their full response without restrictions. A character count can be added to show how much has been typed.

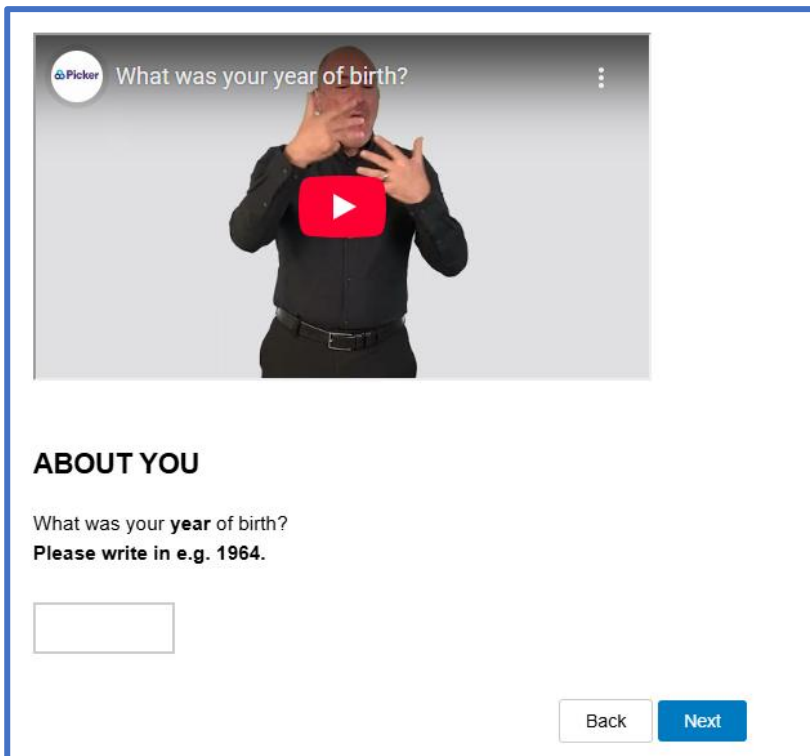
Translations

The online survey will be offered in 9 non-English languages and British Sign Language. The non-English languages are:

- Arabic
- Bengali
- Romanian
- Gujarati
- Polish
- Portuguese
- Punjabi
- Spanish
- Urdu

The translations for these languages will be provided in an Excel format, which will include all translations in one document for all questions, respondent instructions and supporting text.

British Sign Language translations will be provided in video format, and the videos will need to show above the question text as per the following example.



Functionality requirements

The English version of the online survey will need the full questionnaire content included, alongside accessibility and functionality requirements. At this stage all content, design, accessibility, para data, formatting and log in screens should be scripted. This includes the following:

- All questions and survey content as per the online questionnaire document.
- Set up of the log in page, including a drop-down menu for languages.
- Mobile optimisation – the content of the screen should automatically adapt to the size of the screen on the device the respondent is using.
- Progress bar at the top of the page (after the log in screen).
- Accessibility:
 - The ability to increase and decrease the font size. Exact sizes are included below to ensure consistency across all tools
 - Smallest size: Question and headers 15.4 pixels, answer options 14 pixels.
 - Medium size: Question and headers 19.8 pixels, answer options 18 pixels.
 - Largest size: Question and headers 24.2 pixels, answer options 22 pixels.
 - Screener reader functionality.
 - The ability to change the colour of the screen behind the question text. The HEX and RGB codes for the colours are included below to ensure a colour match across online survey tools.

	HEX codes	RGB codes
Cream	HEX: #FDF9EE	RGB: 253,249,238
Light grey	HEX: #F2F2F2	RGB: 242,242,242
Light blue	HEX: #E0FFFF	RGB: 224,255,255
Light green	HEX: #F0FFEF	RGB: 240,255,239
Gray	HEX: #F0F0F0	RGB: 240,240,240

- Set up of each route into the survey – via short link, language short links and unique links in SMS.
- Para data as outlined above.

14.3 English online survey

The full questionnaire along with routing instructions and scripting information will be provided to all contractors who wish to use their own online survey tool. Changes vs the 2024 survey will be highlighted and logged in a change log for quick reference.

14.4 Translated online survey


Survey translations will be provided to contractors in 9 non-English languages and BSL. The translations will be provided in Excel format with all languages in one document. BSL videos will be provided separately. Contractors will also be notified of any updates to translations, including instances where the original questions remain unchanged, but the translated text has been revised to enhance accuracy and clarity.

14.5 Quality Assurance

Quality assurance documentation will be provided to contractors. This will need to be submitted to the Survey Coordination Centre along with the survey links for testing.

There are several stages at which sign off by the Survey Coordination Centre and CQC is required:

- **The online survey tool:**
 - Full English version, including all functionality.
 - Full translated versions.
 - Live version loaded with sample.
- **The online survey data:**
 - First week of fieldwork – to check data is being captured correctly. This should be submitted to the Survey Coordination Centre no more than 1 week after the first mailing is sent.
 - Mid-point of fieldwork – This should be submitted to the Survey Coordination Centre no more than 1 week after the third mailing is sent.



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