

Children and young people's inpatient and day case survey 2014

Key
findings



July 2015

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Summary

This is the first national children's survey conducted by CQC. It represents the experiences of nearly 19,000 children and young people who received inpatient or day case care in 137 NHS acute trusts during August 2014.¹

We rate children's services independently for every NHS trust that provides care for young people. Robust feedback also helps us to ensure that the needs of children are not 'drowned out' by the views of adults and the wider workings of acute hospitals.²

The voices of children, young people and their parents and carers about their experiences of medical services is crucial in helping CQC to highlight good care and identify potential risks to the quality of services.

In our *State of care* report for 2013/14, we demonstrated that, based on the findings from our inspections of NHS providers, children's services are generally of a high quality. This is widely reflected in this report. Overall, children and their parents or carers had good experiences of care, as 87% of children (8-15 year olds) and 88% of parents or carers scored children's overall experience as seven or above out of 10.

Findings of good care

- 91% of 8-15 year olds said that when they had an operation or procedure staff told them what to expect.
- 89% of 8-15 year olds said that they felt safe on the ward all the time.
- 82% of 8-15 year olds said that hospital staff talked to them about how they were going to care for them in a way that they could understand.
- 80% of 8-15 year olds said that when they experienced pain, staff did everything they could to help control it.

1. Where trusts had fewer than 330 patients during August, we asked them to include patients discharged during July or September also.

2. *Getting it right for children & young people* (including those transitioning into adult services): a report on CQC's new approach to inspection, 2014: <http://www.cqc.org.uk/content/getting-inspections-right-children-and-young-people>

Findings of poor care

The survey also highlights areas where the overall quality of care requires improvement.

It is of concern that 41% of parents and carers felt that staff were not always aware of their child's medical history before treating them, that they were not definitely encouraged to be involved in decisions about their child's care and treatment (35%), and that staff were not always available when their child needed attention (32%).

Parents and carers also raised concerns about the quality of their child's discharge from hospital. One in eight children were not told who to talk to or what to do if they were worried about anything when they got home. One in five parents or carers were not given any written information to take home about their child's condition or treatment, but they would have liked some. Trusts must review how they support patients and their parents and carers during and after discharge.

We have also found that hospitals are not consistently involving older children in making decisions about their own care, particularly as those with longer term conditions may be preparing to move into adult inpatient services. Forty three per cent of 12-15 year olds told us that they were not fully involved in decisions about their care, and 38% said that a member of staff did not 'completely' tell them what would happen after they left hospital.

Children with a physical and/or learning disability or mental health condition

All trusts must also do more to ensure that children with physical disabilities,³ a mental health condition or those with a learning disability are receiving care that meets their specific needs. We found:

- 64% of parents and carers of children with a physical disability, and 68% of those with children with a mental health condition or learning disability, said that the ward their child stayed on definitely had the appropriate equipment and adaptations that their child needed. This compared with 81% of parents and carers whose children did not have these needs.
- 45% of parents and carers of children with a physical disability, and 49% of those with children with a mental health condition or learning disability, said that staff were definitely aware of their child's medical history. This compared with 59% of parents and carers whose children did not have these needs.
- 49% of parents and carers of children with a physical disability, and 48% of those with children with a mental health condition or learning disability, felt that staff definitely knew how to care for their child's individual or special needs. This compared with 72% of parents and carers whose children did not have these special needs.

3. For the purpose of this report we did not include sensory impairment within the definition of physical disabilities.

Reports of patient experience were poorer for children with physical disabilities, a learning disability or a mental health condition across all the survey questions analysed. Children with these long term conditions were more likely to be negative about the information provided by staff and the quality of their communications with staff. This included questions about whether staff talked with them when they were worried and whether staff always listened to them.

It is also of concern that not all trusts are performing well across the survey, indicating some variation in the quality of care for children. While some trusts performed 'better than expected' across many of the questions in the survey, some were consistently 'worse than expected'. Those trusts must review their results from this survey to ensure that the quality of their services improves.

We will use the results of this survey in our [Intelligent Monitoring](#), which uses data from a range of sources, to help us to decide when, where, and what to inspect. The results will also form a key source of evidence to support the judgements and ratings that we publish for NHS acute trusts.

Introduction

CQC has signed up to a system-wide commitment to improve the care that children and young people receive, and reduce avoidable deaths.⁴ One way of supporting this aim was by addressing a recommendation made by the Children and Young People's Health Outcomes Forum, which asked for the views of children and young people to be incorporated into all national patient surveys by 2013-14.⁵

This is the first national children's inpatient and day case survey to be conducted by CQC, and builds on a voluntary survey run annually by The Picker Institute Europe.

We asked children and young people who were discharged from hospital during August 2014⁶ to tell us about their experiences of care.

Questionnaires were sent to children aged eight to 15 years. Each questionnaire included a section asking for children's views, with a supplementary section for parents and carers to complete.⁷ Where a child was under eight years old, a questionnaire was sent to their parent or carer only.

In total, 137 NHS acute trusts took part. Completed questionnaires gave us insight into the care of almost 19,000 young patients (a response rate of 27%).

This report presents an overview of our findings from this survey. A full presentation of all the results of the survey can be found on our website.⁸

Who responded?

Questionnaires were sent to 850 children and young people, or their parents and carers in each of the trusts that took part in the survey.

Just over half of the patients we heard from (54%) were admitted to hospital as an emergency. Nearly three quarters (73%) had experienced their first stay on a ward in the past six months, though 7% had been admitted four or more times during this period. Twenty eight per cent of the children had a long term condition, such as a mental health condition, a learning disability or a physical disability.

4.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf

5. <http://healthandcare.dh.gov.uk/forum-recommendations/>

6. Where trusts had fewer than 330 patients during August, we also asked them to include patients discharged during July or September also.

7. Children aged 8-11 were invited to submit pictures telling us about their care as part of their feedback.

8. See full statistical results at: www.cqc.org.uk/childrensurvey

Data explained

Statistical differences

Statistical tests were carried out on the data to determine whether there were any 'significant' differences in the results between the age groups (0-7, 8-11 and 12-15 years) and also between patients with and without certain long-term conditions. A statistically significant difference means that the difference in results between age groups or patient groups is very unlikely to have occurred by chance. The final columns of the tables displaying results by age use a tick to indicate whether there is a 'statistically significant' difference between age groups. Where comparisons are made between groups of patients with or without certain long-term conditions, significant differences are indicated by a * in the column with the highest value.

In some tables, the tick indicates that there is a significant difference between age groups but the results look the same. This is because results presented in the tables have been rounded up or down to a whole number. If the results were presented to a number of decimal places, a small observable difference would be shown. Some of the differences in the results are very small, but because of the large number of respondents, they are statistically significant.

Rounding

The tables present percentage figures rounded to the nearest whole number for each response. However, where response options have been combined and referred to within the text, these are re-calculated for accuracy. Sometimes this means a percentage quoted in the text may not exactly match the figure you would get if you added percentages for two responses together.

Key findings

CQC regulates all acute trusts to ensure that the services they provide are safe, effective, caring, responsive and well-led. Patient experience surveys focus on those aspects of care that patients have experienced directly. We therefore report on four aspects of quality that CQC looks at in our inspections alongside people's overall experiences of care: safe, effective, caring and responsive.

In this report we focus on those responses that tell us most about the quality of care and variation in quality, including across different care providers.

What did children think about their hospital experiences overall?

CQC's view

Overall, children told us that they received good quality care. Children and their parents and carers rated their overall experiences of inpatient and day case services positively. The results show that 87% of children rated their experience at seven or above out of 10 (where 0 is a very poor experience and 10 a very good experience).

However, children with a mental health condition or learning disability reported poorer patient experience scores overall.

Trusts need to review their own results of this survey and consider how they can improve services to ensure that all children receive good quality care regardless of their individual needs.

What the survey tells us

Children, young people and their parents felt their overall experiences of care were good. On a scale of 0 to 10, 87% of children and young people rated their experience as seven or above (88% of parents and carers agreed).⁹

However, children with a mental health condition or learning disability awarded lower scores, with 5% awarding overall experience scores between 0 and 2. In comparison, no children who did not have these conditions gave such low scores (see table 1).

9. In the 2014 adult inpatient survey, 84% of patients aged 16 or over gave their overall experience a score of seven or more.

Table 1: Overall experience for children with a mental health condition and/or learning disability

	Presence of mental health condition and/or learning disability				Significant difference
	Children with a mental health condition and/or learning disability		Children without a mental health condition and/or learning disability		
0 (very poor experience)	10	2%*	18	0%	✓
1	13	2%*	15	0%	✓
2	6	1%*	16	0%	✓
3	14	2%*	50	1%	✓
4	9	2%	57	1%	
5	36	6%	202	4%	
6	44	8%*	194	4%	✓
7	55	9%	477	10%	
8	111	19%	964	21%*	✓
9	107	18%	1,083	24%	
10 (very good experience)	178	31%	1,522	33%	
Number of respondents	584	100%	4,599	100%	

Answered by all children and young people.

What patient experience tells us: are services for children and young people safe?

CQC's view

It is encouraging that most children and young people feel safe while in hospital (89% of 8-15 year olds) and that parents and carers found that inpatient and day case environments were clean. However, it is not acceptable that some children have received care and treatment in environments that are not age-appropriate. One per cent of children stayed on an adult ward for most of their stay while in hospital (a total of 244 children), while only 10% of 12-15 year olds stayed on an adolescent ward. Children's wards are usually designed to meet the needs of toddlers and children.

Children must also be treated using appropriate equipment or adaptations that are suitable for their individual or special needs, and their age. Trusts need to review the results of this survey carefully and consider how they can improve the facilities to ensure that patients with special and individual needs are cared for in an environment that is appropriate for them. Children with certain long-term conditions, namely those with physical disabilities, mental health conditions or a learning disability reported poorer results for questions asking about safety and this is not acceptable (see figure 2).

All trusts must review their practices to ensure services are safe and, in particular, that they are safe for all children including those with long-term mental and physical conditions.

Why do we look at safety?

The Department of Health's [Quality criteria for young people friendly health services](#) (2011) outlines a set of criteria across 10 topic areas that are based on examples of effective local practice working with people under the age of 20. These criteria include that care should be delivered in a safe, suitable and young people friendly environment.

The National Service Framework ([Getting the right start: National Service Framework for Children](#)) stated that care should be provided in an environment that is appropriate to the age of the child or young person.¹⁰ It also states that equipment should be the correct size for children and that its design must be tailored to different needs at different ages and stages of development.

10. See also the Report of the Children and Young People's Health Outcomes Forum (2012) on age appropriate health care:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

What the survey tells us

This survey found that 89% of children, and 91% of parents and carers of younger children, experienced children's services that felt safe (tables 2 and 3 respectively). Similarly, the majority of parents or carers stated that the hospital room or ward that their child was in was 'very clean' (67%) or 'quite clean' (30%) (table 4).

Table 2: Did you feel safe on the hospital ward?

	Age group		Total	Significant difference between 8-11/12-15
	8-11	12-15		
Yes, all of the time	86%	91%	89%	✓
Yes, some of the time	13%	8%	10%	✓
No	1%	1%	1%	
Number of respondents	3,066	3,273	6,339	

Answered by all children and young people.

Table 3: Did you feel that your child was safe on the hospital ward?

	Parents of age group 0-7
Yes, all of the time	91%
Yes, some of the time	8%
No	1%
Number of respondents	12,158

Answered by parents/ carers with children aged 0-7 only.

Table 4: How clean do you think the hospital room or ward was that your child was in?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Very clean	66%	69%	70%	67%	✓	✓	
Quite clean	31%	29%	28%	30%	✓	✓	
Not very clean	2%	2%	2%	2%	✓		
Not at all clean	1%	0%	0%	0%			
Number of respondents	12,239	3,040	3,278	18,557			

Answered by all parents/carers.

Most parents or carers found that children were on wards that definitely had appropriate equipment or adaptations that their child needed. However, significantly fewer parents and carers of children aged 12-15 experienced this (table 5).

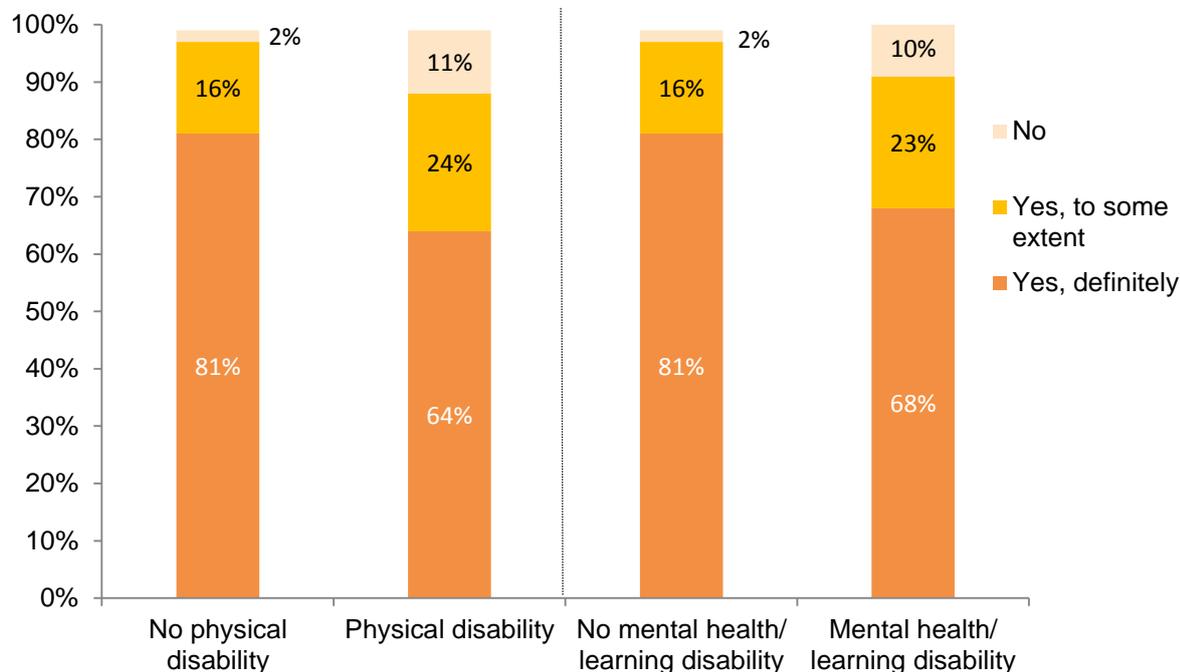
Table 5: Did the ward where your child stayed have appropriate equipment or adaptations for your child?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	83%	82%	69%	80%		✓	✓
Yes, to some extent	15%	16%	26%	17%		✓	✓
No	2%	2%	5%	3%		✓	✓
Number of respondents	11,086	2,689	2,751	16,525			

Answered by all parents/carers. **Note:** Respondents answering “Don’t know/Can’t remember” or “They did not need equipment or adaptations” have been excluded.

Children with long-term physical disabilities, or those with a mental health condition or learning disability, did not always have access to necessary equipment (figure 1).

Figure 1: Did the ward where your child stayed have appropriate equipment or adaptations for your child?



Answered by all parents/ carers. Number of respondents: 14,266. **Note:** respondents answering “Don’t know / Can’t remember” or “They did not need equipment or adaptations” have been excluded.

Most young patients stayed on wards designed for children (97%). However, 1% of children stayed on an adult ward for most of their stay (table 6). Just 10% of patients aged 12-15 were able to stay on a ward designed for adolescents – most stayed on wards that are designed for younger children.

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

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
A children’s ward	99%	98%	88%	97%	✓	✓	
An adult’s ward	1%	1%	2%	1%		✓	✓
A teenage / adolescent ward	0%	1%	10%	2%	✓	✓	✓
Number of respondents	11,928	2,980	3,155	18,063			

Answered by all parents/carers.

What patient experience tells us: are services for children and young people effective?

CQC's view

It is good that the majority of children (80%) and their parents and carers (75%) thought staff were doing all they could to help children when they were in pain.

However, it is concerning that 41% of parents and carers did not feel that staff were 'definitely' aware of their child's medical history when treating them. It is particularly worrying that this is worse for the parents and carers of children with physical disabilities (55%), and a mental health condition or learning disability (51%).

Many parents and carers (29%) also thought that staff did not 'definitely' know how to care for their child's individual or special needs. Again, this position was worse where a child had physical disabilities (51%), and a mental health condition or learning disability (52%).

It is not acceptable that staff are not aware of children's medical history or their individual requirements before they begin providing care. All staff should have an appropriate handover before they treat patients, which must include these details.

Trusts should review how they ensure that care is effective for groups of children with physical disabilities, learning disabilities or mental health needs.

Why do we look at effectiveness?

The Department of Health's *Quality criteria for young people friendly health services* outlines standards about the quality of the environment that children should expect. These include:

- A standard that pain relief is an explicit part of young people's care and staff are trained in pain management (including use of pain management tools). Children should be provided with information and options to enable them to make informed choices regarding pain relief management and the range of pain relief options should be effectively communicated to young people so that their views are central to pain relief decisions.

- A standard that young people have access to food and snacks at times that meet their individual needs, as well as any cultural and religious requirements. The food and snacks provided must have the appropriate nutritional value, suit individual taste and be presented in a way that is young people orientated.

The *Quality criteria for young people friendly health services* also has a theme on:

- Joined up care that addresses how to ensure the delivery of integrated services. While not explicitly stated as part of the criteria, CQC believes that all staff treating a child should be aware of their medical history to ensure that care is joined up.
- Staff training that addresses the skills, attitudes and values to ensure that staff deliver services that meet the needs of all young people.

What the survey tells us

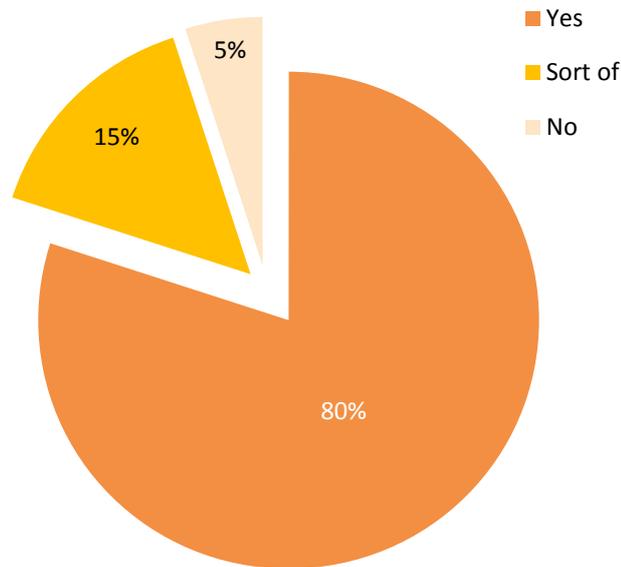
Almost two thirds of children (64%) said their condition caused them pain while in hospital (table 7). Of these children, 80% felt staff had done ‘everything they could’ to help alleviate their pain (figure 2). This broadly corresponded with parents’ views, with 75% stating that everything that was possible was done to help their child’s pain (table 8).

Table 7: Did your condition ever cause you pain while you were in hospital?

	Age group		Total	Significant difference between 8-11/12-15
	8-11	12-15		
Yes	64%	63%	64%	
No	36%	37%	36%	
Number of respondents	3,064	3,244	6,308	

Answered by all children and young people.

Fig 2. Do you think the hospital staff did everything they could to help your pain?



Answered by all respondents aged 8-15 whose condition caused them pain while in hospital.
Number of respondents: 3,559

Table 8: Do you think the hospital staff did everything they could to help ease your child’s pain?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, completely	73%	78%	78%	75%	✓	✓	
Yes, to some extent	21%	18%	17%	19%	✓	✓	
No	6%	4%	5%	6%	✓		
Number of respondents	6,178	2,062	2,130	10,370			

Answered by all parents/carers whose child was in pain while in hospital.

Four in 10 (41%) parents and carers did not feel that the staff treating their child were ‘definitely’ aware of their child’s medical history. Parents of children aged 0-7 highlighted the biggest concern when asked this question, with 45% saying staff did not always seem aware of such information (table 9).

However, the parents and carers of children with a mental health condition or learning disability, and those with physical disabilities, had the lowest confidence that staff ‘always’ knew medical histories (figure 3).

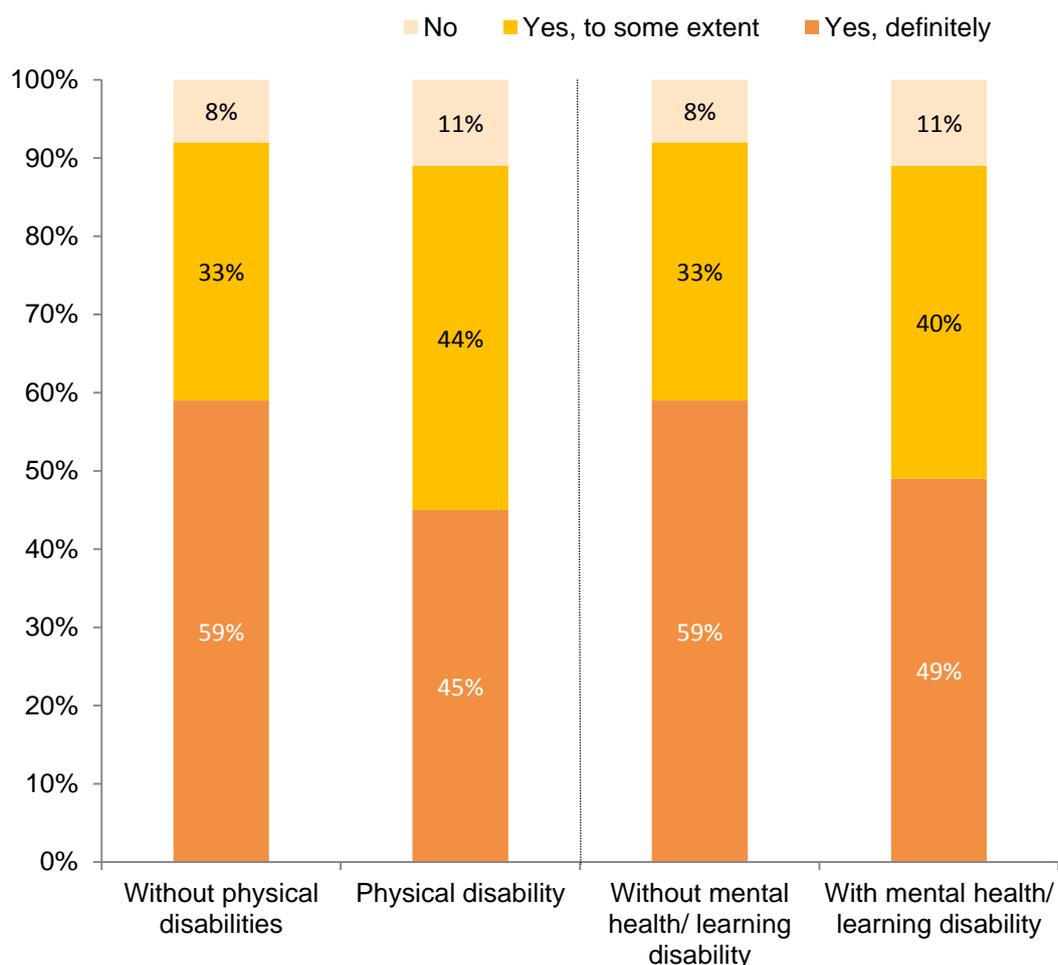
Table 9: Were the different members of staff caring for, and treating your child, aware of their medical history?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	55%	66%	66%	59%	✓	✓	
Yes, to some extent	36%	28%	28%	33%	✓	✓	
No	9%	6%	6%	8%	✓	✓	
Number of respondents	10,903	2,845	3,065	16,814			

Answered by all parents/carers.

Note: respondents answering “Don’t know” have been excluded.

Figure 3: Were the different members of staff caring for, and treating your child, aware of their medical history?



Answered by all parents/ carers. Note: respondents answering “Don’t know” have been excluded. Number of respondents: 14,581

Twenty nine per cent¹¹ of all parents and carers said they did not feel staff ‘definitely’ knew how to care for their child’s individual or special needs (table 10). Parents and carers whose children have a mental health condition, learning disability or physical disability were even less likely than other parents and carers to say staff definitely knew how to care for their individual requirements. Just under half said staff definitely knew how to care for these needs, compared with 72% of those with no special needs (figure 4).

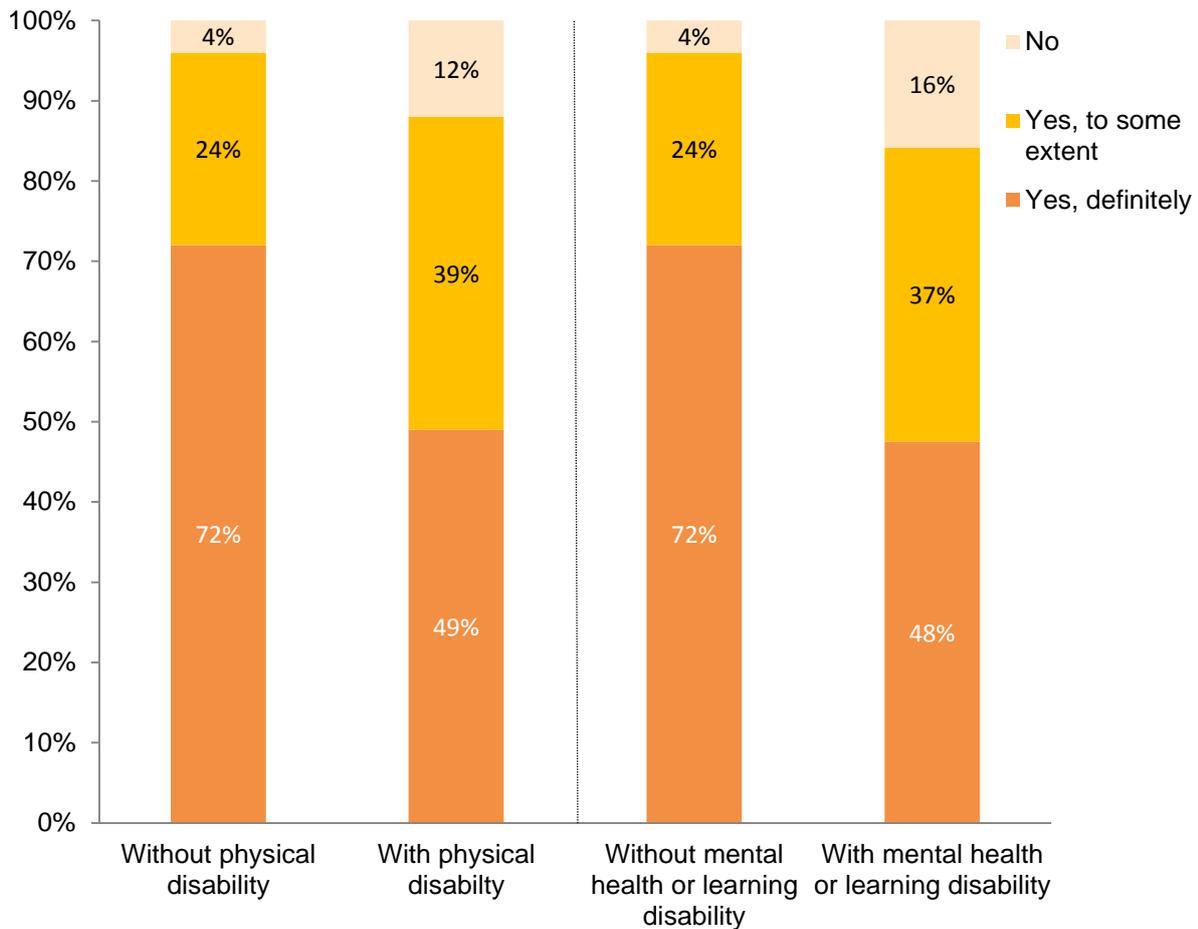
Table 10: Did you feel that staff looking after your child knew how to care for their individual or special needs?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	69%	75%	73%	71%	✓	✓	
Yes, to some extent	26%	21%	23%	25%	✓	✓	
No	5%	4%	4%	5%		✓	
Number of respondents	11,657	2,962	3,207	17,826			

Answered by all parents/ carers. **Notes:** respondents answering “Don’t know/Can’t remember” have been excluded.

¹¹ Figures in the table are rounded.

Figure 4: Did you feel that staff looking after your child knew how to care for their individual or special needs?



Answered by all parents/ carers. **Note:** respondents answering “Don’t know” have been excluded. Number of respondents: 15,438

Less than half of the children said they liked the food in hospital (45%). A further 36% ‘sort of’ liked it. Around one in five parents and carers of children, and children and young people themselves, said that they didn’t like the food (tables 11 and 12).

Table 11: Did your child like the hospital food provided?

	Parents of age group 0-7
Yes, definitely	36%
Yes, to some extent	44%
No	20%
Number of respondents	6,800

Answered by parents/carers with children aged 0-7 only. **Note:** Respondents answering “My child did not have hospital food” have been excluded.

Table 12: Did you like the hospital food?

	Age group		Total	Significant difference between 8-11 and 12-15 age groups
	8-11	12-15		
Yes	48%	41%	45%	✓
Sort of	35%	37%	36%	
No	17%	21%	19%	✓
Number of respondents	2,313	2,312	4,625	

Answered by all children and young people. **Note:** respondents answering "I did not have hospital food" have been excluded.

What patient experience tells us: are services for children and young people caring?

CQC's view

Patient experience surveys focus largely on how well services care for their patients. Hospitals should provide patients with kind, compassionate care, and treat patients with dignity and respect.

The survey shows that most children felt staff cared for them very well. Most 8-15 year olds told us that staff always listened to them (78%), were always friendly (88%) and spoke to them in a way they could understand (82%). Eighty one per cent also told us that staff always helped to protect their privacy. However, it is less positive that 32% of children could not always get attention from staff when it was needed.

We expect older children to be involved in decisions about their care, particularly as children of this age group with long-term conditions will be preparing to make the transitions into adult services. Thirteen per cent of 12-15 year olds said they had no involvement in decisions. More must be done to ensure that young people are involved in decisions about their care and are given the right information about what will happen once they leave hospital and how they should look after themselves at home (tables 18 and 19).

We would also expect more young children to benefit from having time to play with staff while in hospital, given the positive impact this can have on emotional well-being. Nearly six in 10 (58%) children aged 8-11 said that staff were able to play with them while in hospital.

Dr Sheila Shribman's report, [Getting it right for children & young people](#), sets out a view of what 'good' looks like for caring children's services. It also recommends that child inpatients should have access to play specialists and services seven days a week.

All children's inpatient wards must have, as a minimum, one hospital play specialist to meet the staffing levels outlined in the Royal College of Nursing's [Defining staffing levels for children and young people's services](#). These standards should be applied in services providing health care for children and young people and set out the minimum essential requirements to ensure safe staffing levels and skills mix for all providers of services for babies, children and young people.

The *Quality criteria for young people friendly health services* outlines the quality standards of the environment that children should expect. They state that:

- Young people should have access to an age-appropriate environment and, where possible, be separate from younger children.
- Privacy and dignity of young people must be maintained during discussion, examination, treatment and care. This includes ensuring that potentially sensitive questions cannot be overheard.

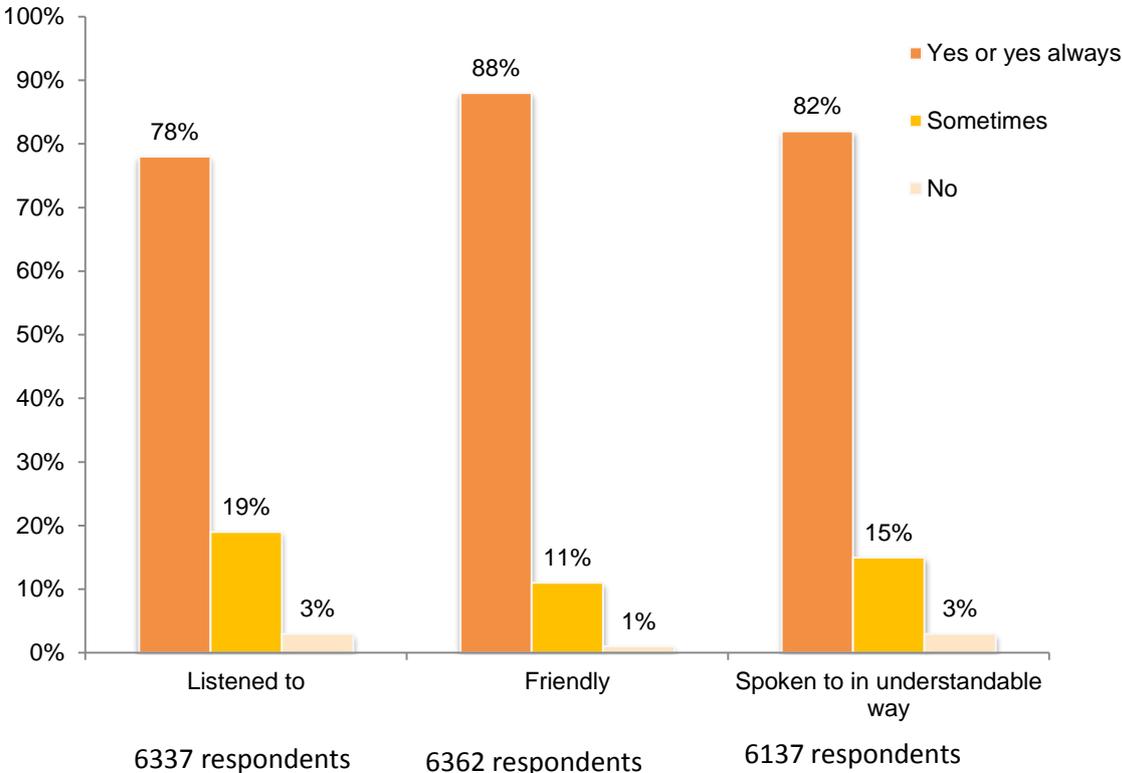
The quality criteria also addresses staff training, attitudes and values to ensure that staff are able to discuss health issues with children and support young people in making their own informed choices. This is reflected in the *Report of the Children and Young People's Health Outcomes Forum* (2012). It recommends that the views of children and young people should be included in surveys to ensure that there is a better understanding of whether they are provided with information about their care and whether they are involved in decisions about it.

Ensuring that there are sufficient staff with the right skills mix should also support patients to get care and treatment in the appropriate timescale.

What the survey tells us: communication with children and young people

Most young patients aged 8-15 said staff listened to them, were friendly, and their care was discussed with them in a way they could understand (figure 5).

Figure 5: ‘Do you feel that the people looking after you listened to you?’, Do you think the people looking after you were friendly?’ and ‘Did hospital staff talk to you about how they were going to care for you, in a way that you could understand?’



Answered by all children and young people. Respondents who answered ‘Don’t know/ can’t remember’ have been excluded.

Of the children who told us they were worried when in hospital, the majority (75%) said a member of staff talked with them about their concerns. Younger children were slightly less positive than 12-15 year olds in this regard (table 13).

Table 13: If you had any worries, did someone at the hospital talk with you about them?

	Age group			Significant difference between 8-11/12-15
	8-11	12-15	Total	
Yes	73%	77%	75%	✓
Sort of	20%	17%	18%	✓
No	7%	6%	7%	
Number of respondents	2,292	2,370	4,662	

Answered by all children and young people. Note: respondents answering “I did not have any worries” have been excluded.

The results were less positive for questions about ‘caring’ where children had a mental health condition or learning disability, or physical disabilities (table 14). Children with a mental health condition or learning disability were less likely to say staff spoke with them in a way they could understand, that staff always listened to them and they were always able to speak to staff about their worries.

Table 14: The quality of conversations between children and hospital staff

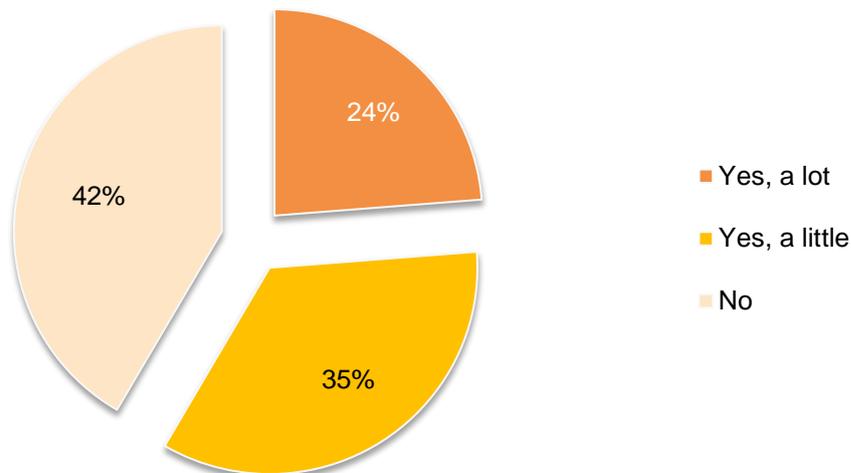
	Children with a mental health condition or learning disability	Children without a mental health condition or learning disability		Children with a physical disability	Children without a physical disability
Did hospital staff talk to you about how they were going to care for you, in a way that you could understand?					
Yes	68%	83%*		71%	82%*
Sometimes	23%*	15%		22%*	15%
No	9%*	3%		7%*	3%
Number of respondents	574	4,541		365	4,751
Do you feel that the people looking after you listened to you?					
Yes, always	65%	80%*		71%	79%*
Yes, sometimes	26%*	18%		24%*	19%
No	9%*	2%		6%*	3%
Number of respondents	592	4,704		375	4,922
If you had any worries, did someone at the hospital talk with you about them?					
Yes, always	61%	76%*		68%	75%*
Yes, sometimes	23%*	18%		22%	18%
No	15%*	6%		10%*	6%
Number of respondents	480	3,379		296	3,563

Answered by all children and young people. ‘Did hospital staff talk to you about how they were going to care for you...’ excludes responses from those that answered ‘Don’t know/ can’t remember’. ‘If you had any worries’ excludes responses from those who responded ‘I did not have any worries’.

What the survey tells us: play

More than four in 10 (42%) children aged 8-11 said staff did not play or do any activities with them while in hospital (figure 6). Parents of 0-7 year olds were more positive with 73% saying staff spent time playing with their child. Over a quarter (27%) said it hadn't happened but they wished it had (table 15).

Figure 6: Did hospital staff play with you or do any activities with you while you were in hospital?



Answered by children aged 8-11. Number of responses: 1,556. **Note:** respondents answering “I did not want or need them to” have been excluded.

Table 15: Did staff play with your child at all while they were in hospital?

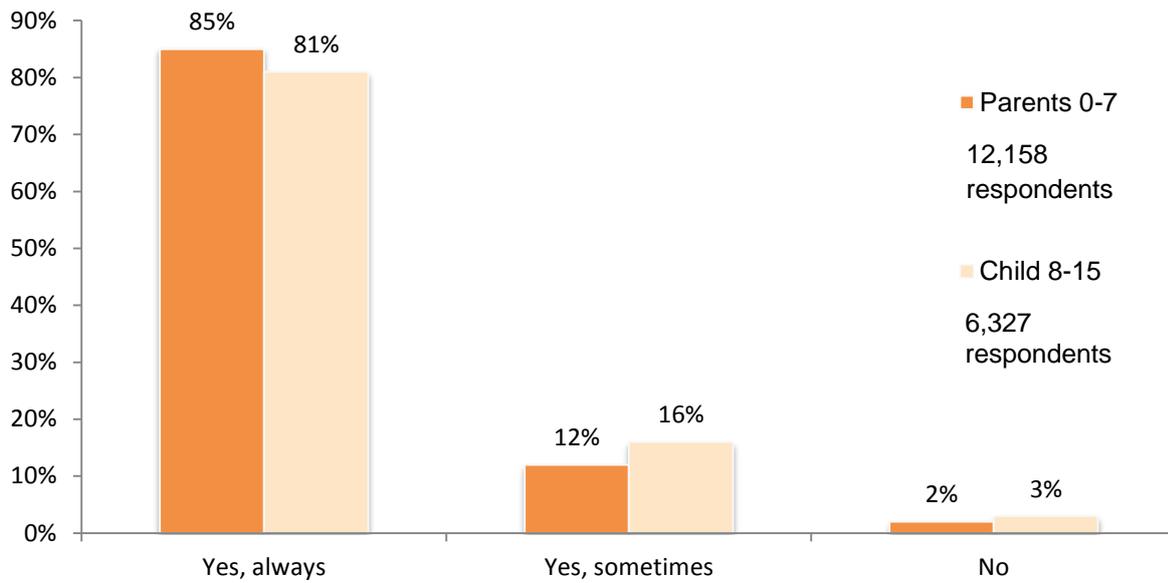
	Parents of age group 0-7
Yes	73%
Not, but I would have liked this	27%
Number of respondents	6,199

Answered by parents/ carers with children aged 0-7 only. **Note:** respondents answering “No, but I didn't want / need them to do this” or “Don't know / Can't remember” have been excluded.

What the survey tells us: privacy

Eight out of 10 (81%) 8-15 year olds felt they had been given enough privacy while being treated and cared for. The majority of parents and carers of children aged 0-7 (85%) agreed with this (figure 7).

Figure 7: Privacy during care and treatment – combined results for question asked of children aged 8-15, and parents/ carers of younger children

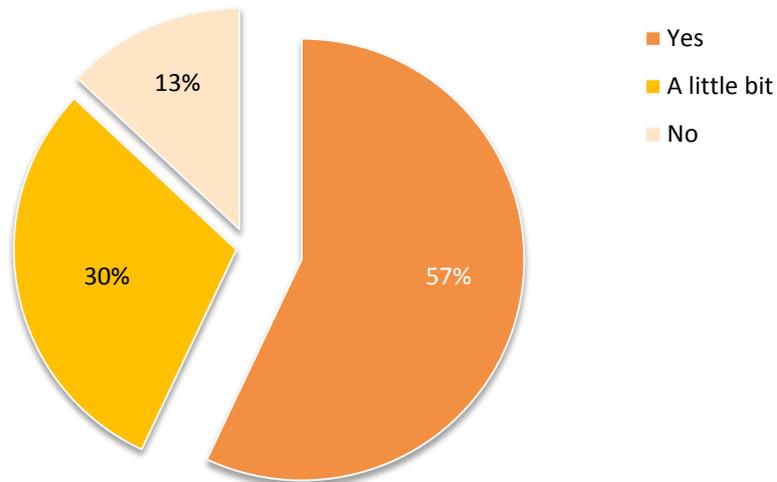


Answered by parents/carers with children aged 0-7 only and all children and young people aged 8-15.

What the survey tells us: Involving older children (12-15 year olds)

Thirteen per cent of 12-15 year olds were not involved in decisions about their own care while in hospital (figure 8). A further 30% were involved 'a little bit'.

Figure 8: ‘Were you involved in decisions about your care and treatment?’



Answered by children aged 12-15. Number of respondents: 2,541. **Note:** respondents answering “I did not want to be involved” have been excluded.

When getting ready to leave hospital, 12% of 12-15 year olds were not told what would happen once they left (table 16). Although almost three quarters (74%) said they were definitely advised how to look after themselves once at home, almost one in 10 (9%) were not given this advice (table 17).

Table 16

Did a member of staff tell you what would happen after you left hospital?	
Yes, completely	62%
Sort of	25%
No	12%
Number of respondents	2,569

Note: Answered by children aged 12-15.

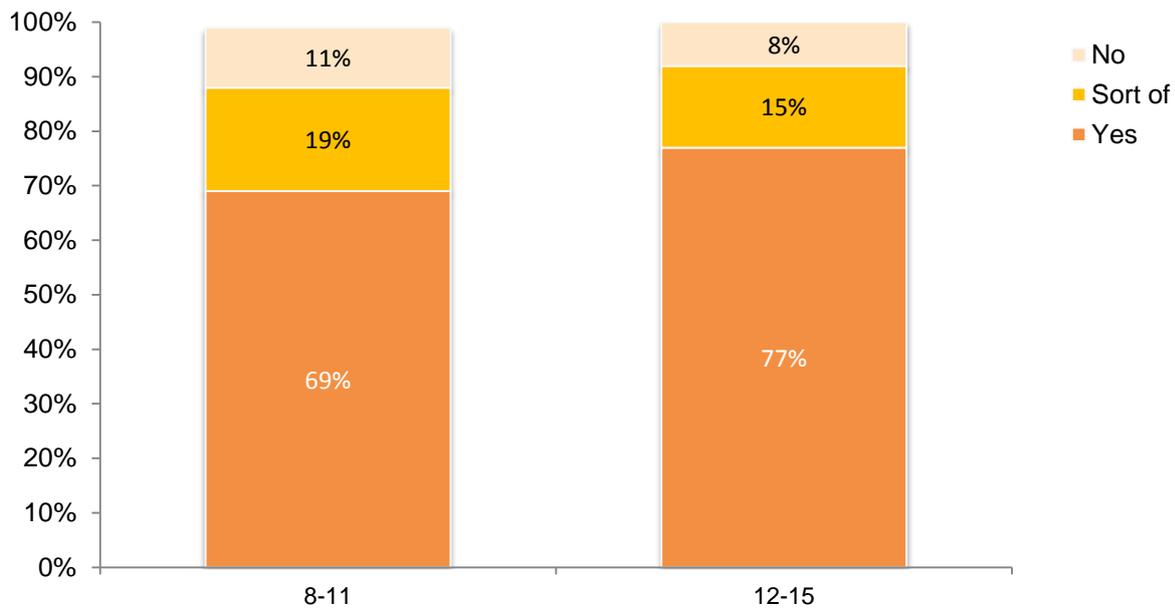
Table 17

Did a member of staff give you advice on how to look after yourself after you went home?	
Yes, definitely	74%
Sort of	17%
No	9%
Number of respondents	2,621

What the survey tells us: following an operation or procedure

After having an operation or procedure, most children received explanations about what had happened in a way that was easy for them to understand (73%). Younger children were slightly less positive than older children (figure 9).

Figure 9: ‘Afterwards, did someone from the hospital explain to you how the operation or procedure had gone in a way you could understand?’



Answered by all who had an operation and procedure. Number of respondents: 3,414.

What the survey tells us: the views of parents and carers

Parents and carers echoed children’s positive perceptions of caring. Confidence and trust in staff was high (79%) for most parents and carers (table 18). Those caring for the youngest children were less likely to say they ‘always’ had confidence and trust in staff.

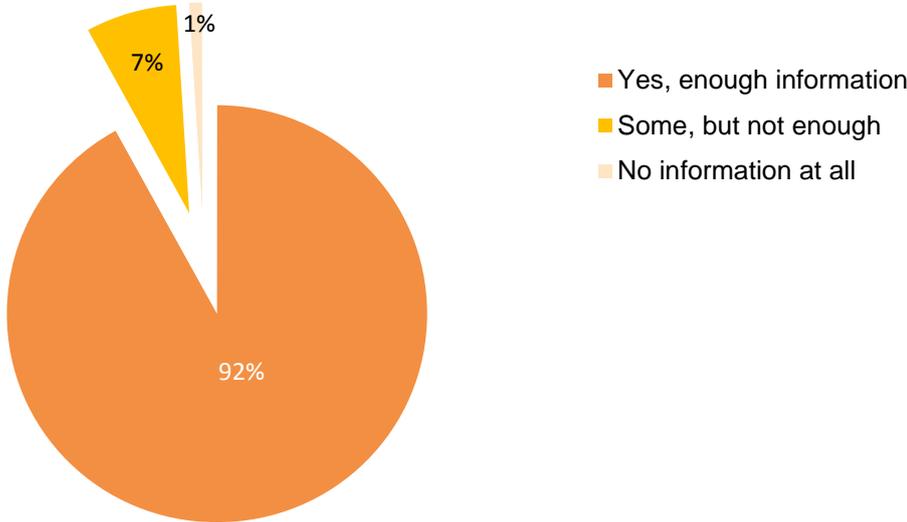
Table 18: ‘Did you have confidence and trust in the members of staff treating your child?’

	Parents of age group				Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15	Total			
Yes, always	77%	83%	82%	79%	✓	✓	
Yes, sometimes	19%	15%	16%	18%	✓	✓	
No	3%	2%	2%	3%	✓	✓	
Number of respondents	12,239	3,038	3,281	18,558			

Answered by all parents/carers.

Almost four out of 10 (39%) children were given new medicines to take home from hospital, and almost all parents and carers (92%) said they were given enough information about these (figure 10).

Figure: 10. ‘Were you given enough information about how your child should use the medicine(s)?



Answered by parents/carers whose child was given new medicines to take home with them. Number of respondents: 7,253

Seventy four per cent of parents and carers ‘definitely’ had advice about how to care for their child when they went home. Approximately seven out of 10 (69%) were ‘definitely’ told what was going to happen next (tables 19 and 20).

Table 19: ‘Did a member of staff give you advice about caring for your child after you went home?’

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	74%	77%	74%	74%	✓		
Yes, to some extent	21%	19%	19%	21%			
No	5%	4%	6%	5%	✓	✓	✓
Number of respondents	11,205	2,879	3,073	17,157			

Answered by all parents/carers. **Note:** respondents answering “It was not necessary” or “Don’t know/Can’t remember” have been excluded.

Table 20: ‘Did a member of staff tell you what would happen next after your child left hospital?’

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	67%	72%	71%	69%	✓	✓	
Yes, to some extent	23%	23%	22%	23%			
No	9%	5%	8%	8%	✓	✓	✓
Number of respondents	10,800	2,771	3,054	16,625			

Answered by all parents/carers. **Note:** respondents answering “Don’t know/Can’t remember” or “It was not necessary” have been excluded.

Overall, the majority of parents and carers (72%) felt staff ‘definitely’ told them what was going to happen to their child while they were in hospital table 21).

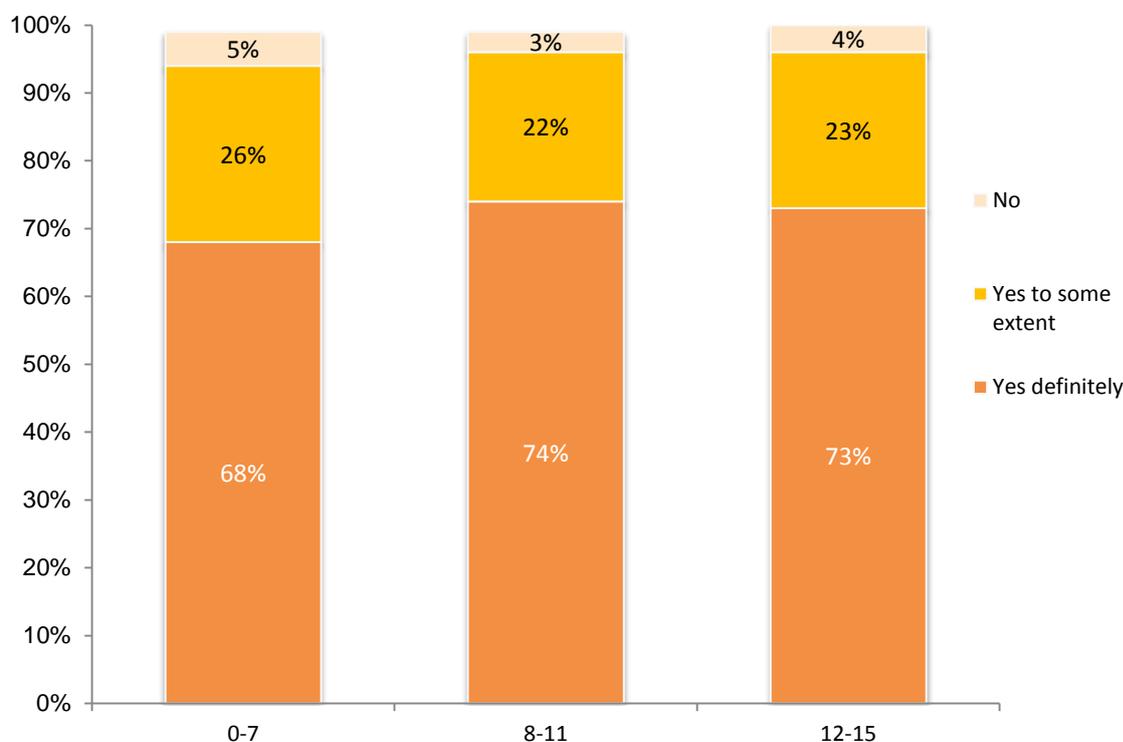
Table 21: ‘Did hospital staff tell you what was going to happen to your child while they were in hospital?’

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	69%	76%	76%	72%	✓	✓	
Yes, to some extent	27%	22%	22%	25%	✓	✓	
No	4%	2%	2%	3%	✓	✓	
Number of respondents	12,125	3,037	3,284	18,447			

Answered by all parents/ carers. **Note:** respondents answering “Don’t know/Can’t remember” have been excluded.

Seventy per cent of parents and carers said they were ‘definitely’ informed of what was happening with their child while in hospital. However, those caring for the younger children were less positive.

Fig 11. Did hospital staff keep you informed about what was happening while your child was in hospital?



Answered by all parents/ carers. Number of respondents: 18,472. **Note:** respondents answering “Don’t know / Can’t remember” have been excluded.

Less positively, over a third of parents and carers (35%) did not feel fully involved in decisions about their child’s care and treatment (table 22).

Table 22: Were you encouraged to be involved in decisions about your child’s care and treatment?

	Parents of age group			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, definitely	63%	68%	68%	65%	✓	✓	
Yes, to some extent	28%	26%	25%	27%	✓	✓	
No	9%	6%	7%	8%	✓	✓	
Number of respondents	12,171	3,032	3,275	18,478			

Answered by all parents/ carers.

Approximately a third of parents or carers (32%) said they couldn't always get attention from staff when their child needed it. Significantly, fewer parents and carers of 0-7 year olds were able to get this attention (table 23). Parents and carers of children with a long-term mental health condition or learning disability, and those with children with long term physical conditions were also less likely to say their child could always get attention from staff when it was needed (table 24).

Table 23: Were members of staff available when your child needed attention?

	Parents/carers of			Total	Significant difference 0-7/8-11	Significant difference 0-7/12-15	Significant difference 8-11/12-15
	0-7	8-11	12-15				
Yes, always	66%	71%	71%	68%	✓	✓	
Yes, sometimes	29%	26%	25%	28%	✓	✓	
No	4%	3%	4%	4%		✓	
Number of respondents	12,144	3,039	3,261	18,444			

Answered by all parents/carers.

Table 24: Were members of staff available when your child needed attention?

	Children with a mental health condition or a learning disability	Children without a mental health condition or a learning disability	Children with a physical disability	Children without a physical disability
	Yes, always	57%	69%*	56%
Yes, sometimes	36%*	27%	38%*	27%
No	6%*	4%	6%*	4%
Number of respondents	1,213	14,758	903	15,068

Answered by all parents/carers.

What patient experience tells us: are services for children and young people responsive?

CQC's view

All patients should be offered a choice of admission date where their admission is planned. Where treatment is not time critical, flexibility in appointments helps to facilitate regular, timely reviews for children. It is disappointing that 62% of parents and carers of the youngest children were not offered a choice.

We accept there are valid reasons sometimes for changing an admission date, although appointments for the youngest children were changed by the hospital for almost one in five patients. Where dates have to change, we expect parents and carers to receive as much notice as possible and that the likelihood of having more than one admission rearranged is minimised.

Why do we consider responsiveness?

The Department of Health's Quality criteria for young people friendly health services states that services should be accessible for young people and that, "Young people can use the service at times convenient to them where possible".

What the survey said

While most children and young people (54%) were admitted to hospital as an emergency, 46% had a planned admission (see table 25).

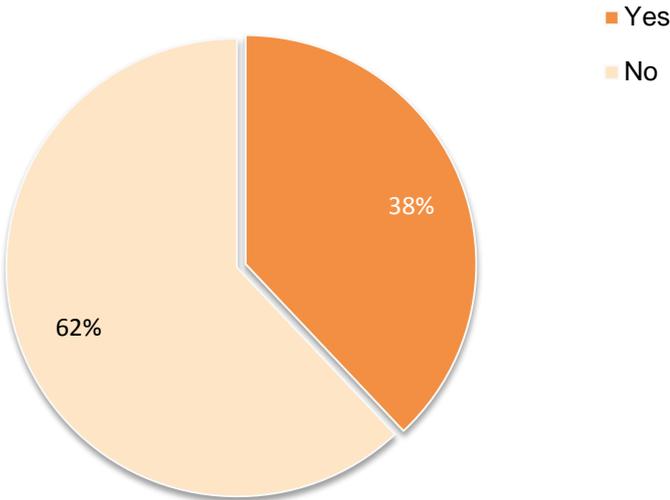
Table 25: Was your child's visit to hospital planned or an emergency?

	Parent/carer of age				Significant difference		
	0-7	8-11	12-15	All ages	0-7 to 8-11	0-7 to 12-15	8-11 to 12-15
Emergency (went to A&E/casualty/came by ambulance etc.)	57%	51%	47%	54%	✓	✓	✓
Planned visit/was on the waiting list	43%	49%	53%	46%	✓	✓	✓
Number of respondents	12,127	3,012	3,240	18,379			

Answered by all parents / carers.

Six in 10 (62%) parents and carers of children aged 0-7 were not offered a choice of admission date for their child where they were admitted as planned or from a waiting list (figure 12). Once admission dates were set, the admission date was changed at least once for almost one in five children (table 26).

Figure 12: Did the hospital give you a choice of admission dates? (0-7 years only)



Answered by parents/carers with children aged 0-7 only and whose visit was planned. Number of respondents: 4,771.

Note: respondents answering “Don’t know / Can’t remember” have been excluded.

Table 26: Did the hospital change your child’s admission date at all?

	Parents of age group 0-7
No	83%
Yes, once	15%
Yes, a few times	3%
Number of respondents	5,069

Answered by parents/ carers with children aged 0-7 only and whose visit was planned.

Note: respondents answering “Don’t know / Can’t remember” have been excluded.

Variation in trusts' results

Interpreting the tables

This section looks at variation in trusts' results by highlighting those trusts that performed better or worse than expected across a number of survey questions.

The 'better', 'about the same', and 'worse' categories are based on the expected range that is calculated for each question for each trust. This is the range within which we would expect a particular trust to score if it performed about the same as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are better or worse than the majority of other trusts.

In focusing on the experience of children who have been admitted to hospital, the survey asked a number of different questions relating to different aspects of care. Some aspects had more questions than others. For example, we ask more questions about availability of information and involvement in decisions than we do about pain management. This does not imply that managing pain is less important to the quality of care – but rather that we do not need to ask as many questions to understand experiences of pain management.

As such, the tables in this section should not be used as a definitive measure of the quality of care provided at the trust; rather, they should serve as an indication of what the survey results show about levels of performance across the questions asked.

In this section we focus on the data provided by parents and carers only as data was available for all 137 trusts that took part. This makes data coverage higher and therefore comparisons fairer across the survey as a whole.

Trusts achieving 'better than expected' results

Table 27 shows eight trusts that were classed as 'better than expected' for more than 25% of all scored questions within the survey. Queen Victoria Hospital NHS Foundation Trust performed 'better than expected' for over 88% of survey questions asked of parents and carers.

The trusts highlighted in table 27 have performed comparatively well across the survey, with none from this list being categorised as 'worse' than other trusts for any survey question. However, CQC would expect these trusts to examine their survey findings to ensure that they continue to maintain a high standard of care, and drive improvement where their performance was 'about the same' as at other trusts.

Table 27: Trusts with high proportions of questions where their performance is 'better than expected' compared with other trusts

Trust	Percentage of question scores where trusts 'better than expected'	Number of questions 'better'	Total number of questions with scores*
Queen Victoria Hospital NHS Foundation Trust	88%	21	24
Moorfields Eye Hospital NHS Foundation Trust	54%	13	24
Northern Devon Healthcare NHS Trust	44%	11	25
East Lancashire Hospitals NHS Trust	36%	9	25
Salisbury NHS Foundation Trust	36%	9	25
Mid Essex Hospital Services NHS Trust	32%	8	25
University Hospitals of Morecambe Bay NHS Foundation Trust	32%	8	25
City Hospitals Sunderland NHS Foundation Trust	28%	7	25

* Most trusts received scores for 25 questions. Some questions would be excluded from scoring where fewer than 30 responses were received for a question.

Table 28 shows the ratings from CQC inspections of the trusts listed in table 27. Inspections have not yet taken place at Moorfields Eye Hospital NHS Foundation Trust, Queen Victoria Hospital NHS Foundation Trust or Salisbury NHS Foundation Trust.

The data from this survey has been made available to the inspector for University Hospitals of Morecambe Bay NHS Foundation Trust so that it can be considered alongside other evidence of progress on the actions identified in the trust's last inspection report from June 2014. This inspection found that staff looking after children and young people at the trust were already caring and that effectiveness was good (areas where the trust has performed well in this survey).

Table 28: CQC inspection ratings for trusts with high proportions of ‘better’ children’s scores

Trust	Core service rating: Children’s services	Overall trust rating
City Hospitals Sunderland NHS Foundation Trust	Good	Good
East Lancashire Hospitals NHS Trust	Good	Requires improvement
Mid Essex Hospital Services NHS Trust	Good	Requires improvement
Northern Devon Healthcare NHS Trust	Good	Requires improvement
University Hospitals of Morecambe Bay NHS Foundation Trust	(2 sites: requires improvement)	Inadequate

Trusts achieving ‘worse than expected’ results

Table 29 highlights five trusts that were classed as ‘worse than expected’ for over a quarter of all questions that evaluated a trust’s performance.

On the basis of feedback from parents and carers, two trusts have worse scores than we would expect for between 44-50% of their questions. Both trusts were said to be consistently poorer for questions focusing on the information that staff gave to parents and carers of patients, knowing how to care for children’s individual and special needs, staff availability and agreeing plans for children’s care with parents and carers.

All trusts listed in table 29 must review their performance to ensure that they deliver good quality patient experience within children’s services. We also expect them to focus on the feedback provided by children alongside that from parents and carers.

Table 29: Trusts with high proportions of questions where their performance is 'worse than expected' compared with other trusts

Trust	Percentage of question scores where trusts 'worse than expected'	Number of questions 'worse'	Total number of questions with scores*
North Middlesex University Hospital NHS Trust	50%	11	25
Bradford Teaching Hospitals NHS Foundation Trust	44%	11	22
Luton and Dunstable University Hospital NHS Foundation Trust	40%	10	25
Milton Keynes University Hospital NHS Foundation Trust	29%	7	24
The Dudley Group NHS Foundation Trust	28%	7	25

Table 30 shows the ratings derived from CQC inspections of the trusts listed in table 29. Luton and Dunstable University Hospital NHS Foundation Trust have yet to be inspected using the new CQC model of inspection.

The results of the survey indicate that children's experiences of being cared for at these trusts was not as positive as the experiences of children who were inpatients or day case patients elsewhere. The results of the survey are comparative and, therefore, do not directly align to the judgement and ratings applied as a result of an inspection. However, the survey does provide additional evidence about risks to the quality of services which our inspectors would not have had at the time the inspections had taken place. To make sure that trusts have the opportunity to continuously improve services for children we will be raising the comparative findings of this survey with the trusts listed below and taking them into account in future inspections.

Table 30: CQC inspection ratings for trusts with high proportions of 'worse' children's scores

Trust	Core service rating: Children's services	Overall trust rating
Bradford Teaching Hospitals NHS Foundation Trust	Requires improvement	Requires improvement
Milton Keynes University Hospital NHS Foundation Trust	Good	Requires improvement
North Middlesex University Hospital NHS Trust	Good	Requires improvement
The Dudley Group NHS Foundation Trust	(2 sites: good)	Requires improvement

Focus on CQC’s key inspection questions

In this section, we highlight the trusts achieving generally better or worse results across the survey, looking at the responses from parents or carers of 0-15 year olds.

This section looks more closely at how trusts differ across four of the five ‘key questions’ that CQC focuses on during an inspection to assess quality: safety, effectiveness, caring and responsiveness. Each key question is illustrated by questions from the survey that exemplify that aspect of care.

Trusts featuring in the table will have achieved either ‘better’ or ‘worse’ results for all of the survey questions mapped to each CQC ‘key question’.

Where trusts are not performing in line with their peers for a key question, we suggest that those trusts aim to learn from the experience of trusts rated ‘better’ nationally.

Table 31: Trusts with ‘better’ or ‘worse’ performance against CQC key questions (feedback from adults of children aged 0-15)

Safe	
Keeping people safe Qs: ‘Did the ward where your child stayed have appropriate equipment or adaptations for your child?’ and ‘How clean do you think the hospital room or ward was that your child was in?’	
Trusts better than expected	Trusts worse than expected
Queen Victoria Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust
Effective	
Assessing patient's needs Qs: ‘Did a member of staff agree a plan for your child’s care with you?’ and ‘Did you think the hospital staff did everything they could to help ease your child’s pain?’	
Trusts better than expected	Trusts worse than expected
Queen Victoria Hospital NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
University Hospitals of Morecambe Bay NHS Foundation Trust	

Staff knowledge and experience	
Q: 'Did you feel that staff looking after your child knew how to care for their individual or special needs?'	
Trusts better than expected	Trusts worse than expected
Chesterfield Royal Hospital NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
City Hospitals Sunderland NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust	North Middlesex University Hospital NHS Trust
James Paget University Hospitals NHS Foundation Trust	
Mid Essex Hospital Services NHS Trust	
Queen Victoria Hospital NHS Foundation Trust	
Salisbury NHS Foundation Trust	
University Hospitals of Morecambe Bay NHS Foundation Trust	
Working well together	
Q: 'Did the members of staff caring for your child work well together?'	
Trusts better than expected	Trusts worse than expected
City Hospitals Sunderland NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
Gateshead Health NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust
Kingston Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust
Moorfields eye hospital NHS Foundation Trust	University Hospitals of Leicester NHS Trust
Northern Devon Healthcare NHS Trust	West Middlesex University Hospital NHS Trust
Queen Victoria Hospital NHS Foundation Trust	
Salisbury NHS Foundation Trust	
University College London Hospitals NHS Foundation Trust	
Wirral University Teaching Hospital NHS Foundation Trust	
Worcestershire Acute Hospitals NHS	

Trust	
Staff being informed	
Q: 'Were the different members of staff caring for and treating your child aware of their medical history?'	
Trusts better than expected	Trusts worse than expected
Chesterfield Royal Hospital NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
City Hospitals Sunderland NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust
Dartford and Gravesham NHS Trust	Luton and Dunstable University Hospital NHS Foundation Trust
Gateshead Health NHS Foundation Trust	University Hospitals of Leicester NHS Trust
Hampshire Hospitals NHS Foundation Trust	
James Paget University Hospitals NHS Foundation Trust	
Oxford University Hospitals NHS Trust	
Queen Victoria Hospital NHS Foundation Trust	
The Royal Marsden NHS Foundation Trust	
Wirral University Teaching Hospital NHS Foundation Trust	
Worcestershire Acute Hospitals NHS Trust	
Caring	
Dignity, respect and compassion	
Q: 'Were members of staff available when your child needed attention?'	
Trusts better than expected	Trusts worse than expected
City Hospitals Sunderland NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
Derby Hospitals NHS Foundation Trust	Central Manchester University Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust	North Middlesex University Hospital NHS Trust

Isle of Wight NHS Trust	Southend University Hospital NHS Foundation Trust
Mid Staffordshire NHS Foundation Trust	The Dudley Group NHS Foundation Trust
Northern Devon Healthcare NHS Trust	The Pennine Acute Hospitals NHS Trust
Queen Victoria Hospital NHS Foundation Trust	The Rotherham NHS Foundation Trust
Royal Berkshire NHS Foundation Trust	West Middlesex University Hospital NHS Trust
Salisbury NHS Foundation Trust	
St Helens and Knowsley Teaching Hospitals NHS Trust	
University Hospitals of Morecambe Bay NHS Foundation Trust	
Worcestershire Acute Hospitals NHS Trust	
Involvement	
Qs: 'Did hospital staff keep you informed about what was happening whilst your child was in hospital' and 'Did you have confidence and trust in the members of staff treating your child?'	
Trusts better than expected	Trusts worse than expected
Northern Devon Healthcare NHS Trust	North Middlesex University Hospital NHS Trust
Moorfields Eye Hospital NHS Foundation Trust	
Queen Victoria Hospital NHS Foundation Trust	
East Lancashire Hospitals NHS Trust	
Responsive	
Meeting people's needs	
Qs: 'Did you have access to hot drinks facilities in the hospital?' and 'How would you rate the facilities for parents or carers staying overnight?'	
Trusts better than expected	Trusts worse than expected
The Royal Marsden NHS Foundation Trust	Northumbria Healthcare NHS Foundation Trust

Next steps

This report presents the results for England from the 2014 Children and Young People's Inpatient and Day Case survey. We would expect those involved in the provision of hospital care for children and young people to look particularly at those areas where experiences are poorer nationally and consider local actions to improve these areas. Each NHS trust that took part has received its own results and we would expect all trusts to use their results to identify and make the improvements they need in order to provide a better experience for every patient.

We will use these results to support our Intelligent Monitoring of data to help us to decide when, where and what to inspect. The results will also form a key source of evidence to support the judgements and ratings that we publish for NHS acute trusts.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The NHS Trust Development Authority will use the results to inform the quality and governance assessment as part of its oversight model for NHS trusts.

Further information

The full national results are on CQC's website, together with an A to Z list to view the results for each trust, and a link to the benchmark report for each trust:

www.cqc.org.uk/childrensurvey

Also available is a report of the national results for children: www.cqc.org.uk/yoursurvey

Full details of the methodology of the survey can be found at:

www.nhssurveys.org/surveys/769

More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information on CQC's hospital Intelligent Monitoring system is available on our website: www.cqc.org.uk/public/hospital-intelligent-monitoring

Appendix A: Data limitations

As with any survey, statistics based on results from the children's survey are potentially subject to different sources of error. These are carefully controlled through rigorous development work and extensive quality assurance at every stage. The results reported here are based on responses from over 18,000 young patients and their parents or carers, with a response rate of 27%. The response rate for individual trusts varied between 14% and 56%. Variability due to sampling is taken into account when assessing the significance of the findings.

Non-response bias is the risk that people who choose to respond to surveys have different characteristics and views from those who do not. It is difficult to assess non-response bias directly because of the lack of opportunity to measure the views of non-respondents. However, we have compared the demographic information available for respondents and non-respondents and found no evidence of systematic differences.

For a full explanation of data quality, please refer to our report of the National Results: www.cqc.org.uk/childrensurvey

Appendix B: Comparisons between the children's inpatient survey and the 2014 adult inpatient survey

This appendix considers the results of the 2014 Children and Young People's Inpatient and Day Case Survey and the 2014 Adult Inpatient Survey (published by CQC in May 2015) and considers similarities (or differences) in what these different patient groups have told us about their care. The questions asked in the surveys are not directly comparable as there are differences in the patient populations sampled (for example the adult inpatient survey does not include day case patients, and the children's survey has a combination of feedback from patients and their parents and carers), and differences in the sampling period and question wording. However, it is possible to look at the key findings of each survey and compare them.

Looking at the main trends across the two surveys, we notice a number of similarities in what patients told us. Generally, patients from both surveys reported positive experiences of care and particularly during their interactions with staff. Perceptions of the cleanliness of hospital rooms and wards were positive, as were how well staff respected their privacy during treatment and examinations.

Both patient groups felt more could have been done to provide them with advice and information at discharge from hospital. The experiences of older children and parents of younger children were similar to those of adult inpatients in thinking they were not as involved in making decisions about care as they could have been.

More children than adults said they were well supported when they had worries, and more believed staff had done everything possible to manage their pain while in hospital.

Overall patient experience

Both surveys showed that most patients reported positive overall experiences of their time in hospital. Eighty seven per cent of children and 88% of their parents and carers said overall experience scored seven or more out of 10 in the children's survey, compared with 84% of patients in the inpatient survey.

Care from staff

Across the two surveys, levels of positive feedback on care from staff were broadly similar. In the adult inpatient survey, 77% of respondents said they were always well looked after by staff. In the children's survey 78% of children said they were always listened to by staff, and 83% of parents and carers of children aged 0-7 said their children were always well looked after by staff.

Confidence and trust in staff was high across both surveys. Seventy nine per cent of parents and carers said they always had confidence and trust in those caring for their child while in hospital, compared with 78% of respondents saying they always had confidence and trust in nurses (or 80% in doctors) in the adult inpatient survey.

Across both surveys, involvement in decision-making could have been better. Ten per cent of adult inpatients said they were not as involved in decisions about their care as they wanted to be, while 13% of patients aged 12-15 said they had not been involved in decisions.

Ninety one per cent of respondents from the adult inpatient survey said their privacy was always ensured during examinations and treatments. This compared with 81% of children and young people.

One of the areas where children seemed more positive than adult inpatients concerned the extent to which staff pitched explanations at an appropriate level for them to understand. For example, 82% of children aged 8-15 told us that staff talked to them about how they were going to care for them in way they could understand; while broadly similar questions from the adult inpatient survey were less positive, with 68% of respondents saying that doctors (or 69% saying nurses) always answered their questions in a way they could understand.

More children were positive about the way staff helped to manage their pain. Eighty per cent of children said staff did everything they could to manage their pain, compared to 70% of adults. Young patients were also more likely than adult inpatients to say that they could speak to someone at the hospital when they had any worries (7% of children said they did not have anyone to speak to when they were worried, compared with 24% of adult patients).

Cleanliness

Perceptions of cleanliness were similar across the two surveys, with almost identical proportions of responses saying wards or rooms were very clean (67% of parents and carers in the children's survey compared with 69% in the adult inpatient survey).

Information and advice at discharge

Respondents across both surveys told us they wanted more information and advice before or when leaving hospital. For example, 20% of parents and carers responding to the children's survey said they did not receive written information about their child's condition or treatment to take home with them. This compares with 32% of adult inpatients who were not given any written information on what to do after leaving hospital. Twenty two per cent of adult inpatients said they were not told who to contact if they were worried about their condition when they returned home. Children aged 8-15 were generally more positive, in the children's survey 12% said they were not told what to do or who to talk to if they were worried when they got home.

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