NHS Patient Survey Programme

2016 Children and young people's inpatient and day case survey

Statistical release

Published November 2017

Independent data analysis

Contents

Summary of findings

The 2016 Children and young people's inpatient and day case survey asked about the quality of care for young patients in hospital during November and December 2016.[a] In total, we received completed questionnaires about the experiences of 34,708 children and young people under the age of 16. This included responses from 11,116 young patients aged 8-15, who told us about their experiences through questionnaires designed especially for them. We also received feedback from parents and carers about their experiences.

We conducted a similar survey in 2014, but cannot compare the results of the two surveys as changes were made to the survey's methodology. Please refer to the survey development report for further information on these changes.

This report shows that children and young people's experiences of inpatient and day case care were mostly positive, with only some areas showing more negative results. We compare the experiences of patients who have protected characteristics under the Equality Act 2010 with those who do not. These highlight significant differences of experience – in particular for children with a mental health condition.

Experiences of children and young people

Positive results

Overall, 91% of children and young people said that they had been looked after 'very well' or 'quite well' while in hospital. Eighty-seven per cent felt that the people looking after them were 'always' friendly.

The majority of children and young people were also positive about the ways in which hospital staff had communicated with them. For example, 86% reported that staff talked with them about how they would be cared for, and 92% of those who asked questions received an answer from staff. Among those who had an operation or procedure while in hospital, 93% said they received an explanation beforehand about what would happen.

Most young people aged 12-15 (90%) were able to talk to a doctor or nurse without their parent or carer being there if they wanted to. Furthermore, only 3% of children and young people aged 8-15 said that they did not have enough privacy when receiving care and treatment.

Eighty per cent of children and young people who experienced pain felt that staff did everything they could to help them.

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[a] Five trusts included patients who were discharged in October 2016 in their sample as they had smaller numbers of patient admissions than other trusts. Responses from these patients accounted for 0.7% of total responses.

Areas for improvement

Over a third of children aged 8-11 (38%) said staff did not play or do any activities with them while they were in hospital. When asked whether there were enough things to do in hospital, just over half of all children and young people felt there were.

Although most aspects of communication with staff were positive, 32% of children and young people said they did not always understand what staff said when they spoke to them. Children aged 8-11 reported significantly worse experiences in this area. Fifty-seven per cent of children and young people felt they were either not involved in making decisions about their care or treatment, or were involved ‘a little’. Again, children aged 8-11 reported significantly worse experiences of being involved in decisions.

Sixteen per cent of children and young people left hospital without being told who to talk to if they were worried about anything once they were home. In addition, 11% of children and young people said they did not know what was going to happen next with their care.

Experiences of parents and carers

Positive results

When asked about their child’s overall experience in hospital, 81% of all parents and carers rated it ‘eight or above’ out of 10. Among parents and carers of children aged 0-7, 83% felt their child had ‘always’ been well looked after by hospital staff and that staff were ‘always’ friendly. Furthermore, 85% of parents and carers of children aged 0-7 felt that, as parents and carers, they were ‘always’ treated with respect and dignity.

Almost all parents and carers of children aged 0-15 (97%) said that the hospital room or ward where their child was treated was ‘very clean’ or ‘quite clean’. Only 5% of parents and carers of children aged 0-15 felt that staff did not do everything they could to relieve their child’s pain.

Nine in 10 parents and carers (92%) said they were given enough information about new medication prescribed to their child in hospital, for example, when to take it, or whether it should be taken with food. Ninety-one per cent of parents and carers of children aged 0-15 said that staff agreed a plan for their child’s care with them.

Areas for improvement

A small proportion (1%) of children and young people spent most of their hospital stay on an adult ward. This rose to 3% when considering only young people aged 12-15, with 10% of this age group being cared for on a teenage or adolescent ward. Over one in 10 (11%) of 12-15 year olds who stayed on an adult ward did not feel the ward was suitable for someone of their age.

Over a third (36%) of parents and carers did not feel that staff were ‘always’ available when their child needed attention. More than a quarter (28%) felt that staff did not ‘definitely’ know how to care for their child’s individual or special needs. Eight per cent of all parents and carers thought staff were unaware of their child’s medical history, though 59% thought they were ‘definitely’ aware.

Parents and carers were asked if staff did anything to distract their child while they were having a procedure or operation. Eleven per cent felt this did not happen, though results for children aged 0-7 were significantly more positive than for 8-15 year-olds.

Over a third of all parents and carers (38%) who wanted to prepare food while in hospital said they were unable to do so.

How experience varies for different patient groups

A subgroup analysis showed that significantly poorer experiences of care are most common where a child or young person has a self-reported mental health condition. Parents, carers, children and young people reported significantly worse than average experience for the following areas (when the child or young person had a mental health condition):

- information and communication
- transition and continuity
- respect for patient-centred values, preferences and expressed needs
- welcoming the involvement of family and friends
- respect for their child’s individual needs and preferences
- awareness of medical history
- children’s overall experience.

A poorer experience for patients with a self-reported mental health condition is consistent with the findings in other NHS patient surveys, including the 2016 Adult Inpatient Survey and 2016 Emergency Department Survey.[1,2]

Results also showed that parents reported lower average results for the theme on respecting their child’s individual needs and preferences if their child had a long-term physical condition, learning disability, long-standing illness, or if they stayed on an adult ward. This included results for the questions asking whether their child had access to the right equipment or adaptations for their needs and whether staff knew how to care for their child’s individual or special needs.

Parents and carers felt that when their child stayed on an adult ward, they had a poorer overall experience.

Introduction

Importance of patient experience

The importance of a positive patient experience is increasingly recognised both within the NHS and in government health policy. Wider research demonstrates some of the benefits of good quality patient experience for clinical outcomes and reducing the costs of care.[3,4]

Understanding the quality of hospital experiences for children and young people is no less important than it is for adults. As detailed in the report Getting it right for children and young people, there has been a longstanding lack of information about patient experience for children and young people's services, compared with adult services.[5] Secondary analysis of the data from the 2014 Children's survey found that the feedback from children and young people directly adds to that from parents or carers.[6]

The importance of good patient experience while in hospital is recognised in the NHS Constitution, which committed to actively encouraging feedback from patients to improve services. The NHS Outcomes Framework sets out high-level national outcomes that the NHS should be aiming to improve and the NHS Mandate 2016 to 2017 also states that patient experience is an integral part of the quality of services.[7,8,9] The emphasis on good quality patient experience continues in The Five Year Forward View (2014), which made a commitment to enable people to have greater control of their own care.[10]

Many different aspects of a patient's care contribute to their experience in hospital. The NHS National Quality Board published the NHS Patient Experience Framework in 2012 to highlight the important elements of a patient's experience.[11] These aspects include among others: respect and involvement, coordinated and integrated care, information and communication, physical comfort and emotional support. This survey covers all these areas of experience.

This survey

The Children and young people's inpatient and day case survey is part of a wider programme of NHS patient surveys, which covers a range of topics including maternity, adult inpatient services, emergency departments and community mental health. The survey programme is coordinated by Picker. To find out more about the survey programme, please see the web links in the further information section.

The 2014 survey was the first national survey to focus on this population group in 10 years. We conducted an extensive evaluation of the methodology with internal and external stakeholders to identify key areas of improvement to build into the 2016 survey.

Because of the changes to the sample period and the approach, we cannot compare the results of 2014 with 2016. The changes in results for 2014 and 2016 may be due to changes in methodology rather than reflecting real changes in experience.

These changes include moving the sample period from July to September in 2014 to October to December in 2016. This was to take advantage of peak periods in hospital admissions for younger patients. The 2016 survey also implemented a disproportionate stratified sampling method, after a successful pilot exercise with NHS trusts, to over-sample eligible patients aged 8-11 and 12-15. Doing so increases the likelihood of generating usable data from these smaller (compared with 0-7 year olds) population sub-groups within a trust's overall eligible population.[12]

Background to the survey

Participants in the survey

The 2016 Children and young people's inpatient and day case survey involved 132 NHS acute trusts in England, who sent questionnaires to 136,619 patients. We received a total of 34,708 completed questionnaires from children, young people and their parents or carers, which is an adjusted response rate of 26%.[b]

Trusts selected a sample of up to 1,250 admitted patients aged 15 days to 15 years at the time of discharge, who received care in hospital during November or December 2016.[c] By sub-group, the target for a trust's sample size was set at 450 for patients aged 0-7 and 400 each for those aged 8-11 and 12-15. This decision reflects the lower response rate in 2014 for the 0-7 age group. Where a trust was unable to achieve these targets, they were permitted to include eligible patients from any other age group where available up to the 1,250 total.

The survey used three separate questionnaires, with each developed to meet the needs of the target age group. Questionnaires sent to those aged 8-11 and 12-15 had a short section for the child or young person to complete themselves, and a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between February and June 2017.

Eligible patients included those who were admitted as an inpatient either on a planned basis through a waiting list, or as an unscheduled emergency admission. Day case patients were also included; these patients attended hospital as a planned admission and were discharged on the same day.

Certain groups of patients were excluded from the survey before trusts drew their samples, including:

- patients who were not admitted to hospital (for example, those who attended a ward or who attended an outpatient appointment, but were not admitted).
- patients who had died
- patients aged 16 years or older at the time of their discharge
- babies aged between 0 and 14 days at the time of their discharge

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b. We call it the adjusted response rate as certain patients are removed from the original patient base either because the patient had died or because the questionnaire was undeliverable. The adjusted response rate is therefore the total number of returned usable questionnaires divided by the adjusted patient base.

c. Five trusts included patients who were discharged in October 2016 in their sample because they had a smaller number of patient admissions than other trusts. Responses from these patients accounted for 0.7% of total responses.

- newborn babies whose mother was the primary patient (well babies, treatment function code 424)
- patients who were only admitted to a neonatal intensive care unit (NICU) or a special care baby unit (SCBU) (treatment function code 422)
- obstetrics/maternity patients, including spontaneous miscarriages
- patients admitted for planned termination of pregnancy
- psychiatry patients, including those receiving care from CAMHS
- private patients (non-NHS)
- NHS patients treated at private hospitals
- any patients who were known to be current inpatients
- patients without a UK postal address
- any patient, parents or carers who had requested that their details were not used for any purpose other than their clinical care.

The survey also collected basic demographic information for all patients who took part, which is available in the ‘About the respondents’ section in the Quality and Methodology report (see link in Appendix C).

Policy context

It is important to consider the landscape of hospital care for children and young people in England at the time the survey was carried out. This section therefore summarises the main policies, and wider contextual issues for this area of health care.

The foundations for child health policy in England come from the Department of Health’s National service framework: children, young people and maternity services.[13] Getting the right start: National Service Framework for Children (2003), remains the most comprehensive policy guidance available.[14] Building on this, You're Welcome - Quality criteria for young people friendly health services (2011) lays out the key principles that health services need to adhere to in order to ‘get it right’ for becoming young person-friendly.[15]

The Care Quality Commission’s State of care in NHS acute hospitals: 2014 to 2016 found that services for children and young people are generally good.[16] The report also found that at a trust-level, the quality of children and young people’s services was often higher than other hospital core services.[17] For example, some trusts rated as inadequate overall, achieved a rating of good or outstanding for their children and young people’s services. Issues with the care of children and young people were often related to other areas, such as surgery or outpatients.

Increased demand for services

In line with demand from other patient groups, more children and young people have continued to access services over time. Hospital Episode Statistics (HES) published by NHS Digital show an increase of 308,000 accident and emergency (A&E) department attendances among those aged 0-15 between 2014-15 and 2015-16. In 2015-16, the 4.36 million attendances for those aged 0-15 accounted for 21% of total A&E attendances nationally.[18]

HES data also shows a gradual sustained increase in finished consultant episodes (FCE), which is a continuous period of care under one consultant, among those aged 0-14 between 2005-06 and 2015-16.[19]

Mental health and long-term conditions

A recent report by the Children's Commissioner estimated that 1.5 million children aged 0-17 in the UK have a long-term physical condition.[20] Public Health England's report The mental health of children and young people in England states that 10% of children and young people aged between five and 16 suffer from a clinically significant mental health condition.[21] Furthermore, 50% of people with a lifetime mental health condition will be experiencing symptoms by the age of 14.

As found in the 2014 Children's Survey, 2016 Emergency Department Survey and 2016 Adult Inpatient Survey, patients with a mental health condition or long-term physical condition consistently report having poorer patient experiences across numerous areas of care.[22]

The NHS mandate 2017-18 sets out the need for NHS England to provide better quality of care at all times to people with a mental health condition.[23] NHS England is expected to reduce the health gap between people who have a mental health condition, a learning disability or autism and the population as a whole. The NHS mandate emphasises the need for a system-wide transformation in children and young people's mental health. The need to do more for those with mental health conditions is also recognised in The NHS belongs to the people: a call to action.[24]

Staffing levels

Ensuring that NHS providers are sufficiently staffed with the appropriate number and mix of clinical professions is an essential element of delivering high-quality care and protecting patients from avoidable harm.[25]

Research has shown that the experience of healthcare staff is linked to the quality of care that patients receive. Qualitative interviews with patients concluded that "work experiences of staff impacted directly on patient care experience".[26] Some studies have also found a strong relationship between patient experience and the wellbeing of staff.[27]

The Royal College of Nursing provides guidance and standards to be applied in all services providing health care for children and young people. The guidance states that there should be a minimum of two registered children's nurses and one play specialist at all times in all inpatient and day case areas. Furthermore, wherever services are provided to children, they should have 24-hour access to a senior children's nurse to enable them to seek advice.[28]

Integrated care

As set out in the NHS Five Year Forward View, there is an ambition to increase support for families, carers and communities to manage their own health. This will be achieved by providing better services outside of a hospital setting, such as "education for people with specific conditions and self-management educational courses", which in turn will reduce the number of unnecessary admissions.[29]

The Better Care Fund (BCF) is a programme that seeks to join up health services in line with the vision set out in the NHS Five Year Forward View, "so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible".[30]

You're Welcome - Quality criteria for young people friendly health services requires information to be shared to facilitate joined-up working. This means that all staff need to be familiar with local service provision and arrangements for referral. The Department of Health's standard for hospital services Getting the right start: National Service Framework for Children states that a coordinated care package should be in place where children and young people require more than the "simplest of hospital care". This involves agreeing a plan between primary care services, all relevant hospital departments and other agencies to provide a joined-up package that allows children, young people and their families to access different services easily once discharged.

Planning for discharge is also recognised as helping to prevent unnecessary re-admission. The framework identifies that a perceived lack of integration between different elements of service is one of the biggest causes of frustration for parents and carers. Integration with other health services, such as mental health services, should be considered of equal importance to integration across different departments.

Guidelines from the National Institute for Health and Care Excellence (NICE) for Transitioning from children's to adults' services state that young people with a long-term condition or mental health condition should begin the process from the age of 13 to 14 years (school year nine).[31] Starting the process early allows the young person time to be involved in decision-making and prepare for future changes to their care.

Results from the survey

This section presents the results for the 2016 Children and young people's inpatient and day case survey. It also highlights statistical differences between age groups, comparing results for those aged 0-7, 8-11 and 12-15 where possible. We use an asterisk (*) to indicate significant differences within the results tables.

To understand how patient experience differs by subgroups, we include additional analysis in this section. The Equality Act 2010 legally protects people from discrimination when using public services and extends to the family and friends of anyone who has a protected characteristic. The protected characteristics we were able to assess in the survey results include: age, sex, disability and race. Differences between people's experiences have also been assessed by: proxy response (whether the parent or carer completed the children's questionnaire on behalf of their child), whether a patient received medical or surgical care while in hospital, length of stay (whether the patient was an inpatient or day case), type of ward stayed on and the number of times they stayed in hospital in the past six months.

There is a full summary of results in section 10.

Survey results are organised under the following key themes:

1. Admission to hospital
2. Hospital and ward
3. Doctors and nurses
4. Facilities for parents and carers
5. Pain management
6. Operations and procedures
7. Medicines
8. Leaving hospital
9. Overall.

Please note, responses to questions such as "don't know / can't remember" are not shown or included in percentage calculations. The wording for these responses is designed for when a respondent cannot remember, or does not have an opinion.

1. Admission to hospital

The first questions for parents and carers focus on their child's admission to hospital, allowing us to understand how their hospital journey began.

The results indicate that the majority of respondents were admitted to hospital as an emergency. This is driven by the high proportion of children aged 0-7 being admitted as emergencies (69%), whereas for children and young people aged 8-15, there was an almost equal split between emergency and planned admissions.

X1: Was your child's visit to hospital planned or an emergency?

	Age group			
	0-7	8-11	12-15	**0-15**
Emergency (went to A&E / Casualty / came by ambulance etc)	69%	49%	48%	**63%**
Planned visit / was on the waiting list	31%	51%	52%	**37%**

Number of respondents: 0-7 (24,696), 8-11 (4,372), 12-15 (5,006), 0-15 (34,073)

The NHS mandate 2015-16 highlighted that timely access to services is recognised as a critical part of patient experience of care.[32] As detailed in the NHS mandate 2016-17, NHS England is excepted to support the NHS to maintain and, where possible, improve access to timely, quality services for all patients.[33] As such, there are strict waiting time targets for trusts, applying to both emergency care and planned admissions.

Parents and carers of children aged 0-7 were asked about their experience of attending hospital as a planned admission, and just over a third (36%) were offered a choice of admission dates. For a small proportion (4%) the child's admission date changed a few times, but the majority (83%) did not have the date changed at any point.

2. Hospital and ward

Play and activities

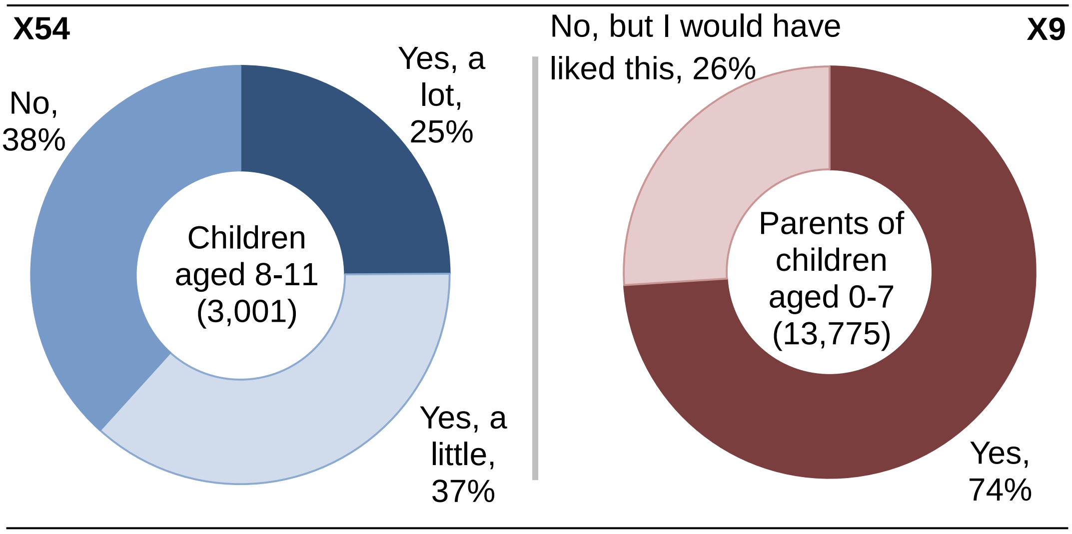
The importance of play to children's health and wellbeing is recognised by the Royal College of Nursing's standards Defining staffing levels for children and young people's services, which require at least one play specialist per inpatient ward. The National Association of Health Play Specialists also advocates the inclusion of play within the daily care plan of children.[34]

The Department of Health's standard for hospital services Getting the right start: National Service Framework for Children states that play techniques should be encouraged across multidisciplinary teams, which offer a variety of interventions at each stage of a child's journey through the hospital system, as there is evidence that play can improve recovery time. Furthermore, the benefits of play also include helping a child to process new information and adapt to a new environment.

This is further supported by Aspiration 8 of the Charter for Children's Health Services[35] and Article 31 of the The United Nations Convention on the Rights of the Child, which state that all children should be able to engage in age-appropriate activities.[36]

Because of the importance of play, children aged 8-11 were asked whether staff played with them or did activities while they were in hospital. Thirty-eight per cent stated that this did not happen and a further 37% of children aged 8-11 stated that staff played with them a 'little' in hospital. For children aged 0-7, 26% of parents and carers reported that staff did not play with their child, but they would have liked them to do so.

X54: Did hospital staff play with you or do any activities with you while you were in hospital? and X9: Did staff play with your child at all while they were in hospital?

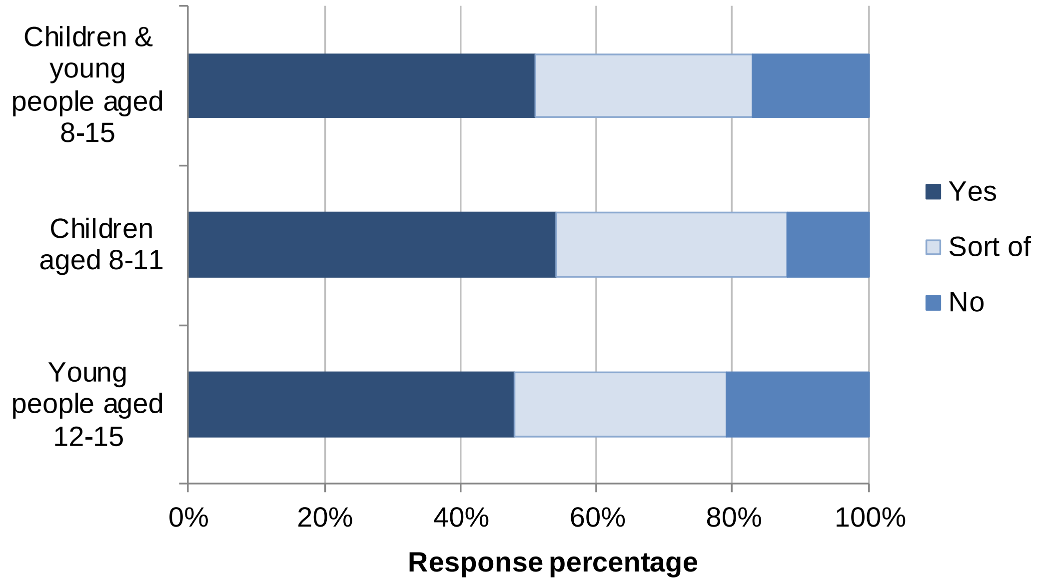


Note: figures exclude respondents who stated 'I did not want or need them to' for X54, 'No, but I didn't want/need them to do this' or 'Don't know/can't remember' for X9.

The Department of Health's standards for children's hospital services also call for a range of age-appropriate equipment to be provided, including: a bedside TV with headphones, telephone, and radio. The You're Welcome - Quality criteria for young people friendly health services reiterates the importance of recreational activities being available, refreshed regularly and maintained in working order in accordance with health and safety regulations.

Comparing age groups, there were significant differences between children aged 8-11 and young people aged 12-15 for feeling that there were enough things to do in hospital. Young people aged 12-15 reported the worst experiences, with a fifth (21%) stating there were not enough things to do. Parents and carers of children aged 0-7 seemed more positive with 63% stating there were 'definitely' enough things to do and 8% stating there were not.

X56: Were there enough things for you to do in the hospital?



Number of respondents: 8-11 (4,850), 12-15 (5,595), 8-15 (10,445)

Note: significant differences were found for 'yes' and 'no' when comparing responses for those aged 8-11 and 12-15.

In addition to the variation in experience across age groups, we assessed other variables alongside age. This showed that where children and young people were treated on an adult ward, they were more likely to report not having enough to do than their peers staying on a children's or adolescent ward.

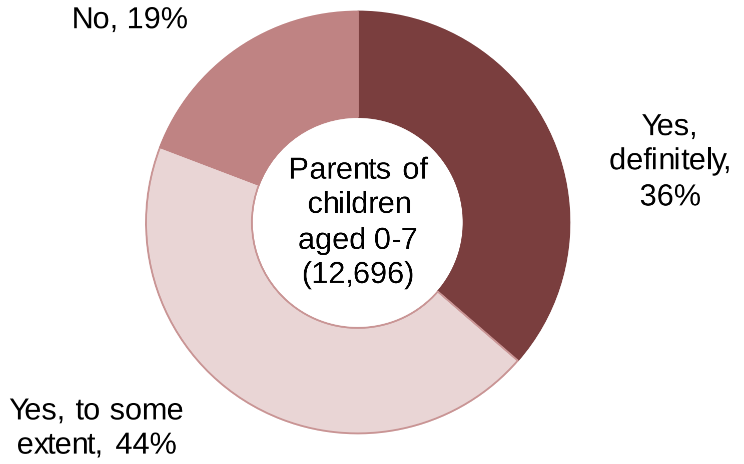
Food

The Department of Health's standard for hospital services, Getting the right start: National Service Framework for Children, states that ensuring children and young people eat sufficient food to meet their nutritional requirements while in hospital should be a priority. To achieve this, children need to have familiar options, which tempt them to eat and respect cultural needs. Furthermore, hospitals should promote good eating habits by making healthy snacks available on menus.

NHS England has published guidance for Commissioning Excellent Nutrition and Hydration to improve the delivery of these services within hospitals.[37] NHS England's toolkit to help NHS commissioners to minimise poor experiences of inpatient care also recognised food as an area of recurring criticism. Examples of good practice in this toolkit include preparing meals 'from scratch' and having dedicated staff available at meal times.[38]

Over a third (36%) of parents and carers of children aged 0-7 felt their child had 'definitely' liked the food provided while in hospital. Almost two in 10 (19%) said their child did not like the food.

X24: Did your child like the hospital food provided?



Note: figures exclude respondents who stated 'My child did not have hospital food'.

Children aged 8-15 seemed slightly more positive when asked directly if they liked the food, with 52% stating ‘yes’. Almost a fifth (17%) said they did not like the hospital food.

Environment

The 2012 report of the Children and Young People’s Health Outcomes Forum found that one of the top priorities among children and young people is the need for care to be delivered within environments appropriate for their age and needs.[39] The Department of Health’s You're Welcome - Quality criteria for young people friendly health services states that treatment areas must be friendly, comfortable and welcoming to children and young people. Getting the right start: National Service Framework for Children states that children should not be treated on adult wards. Instead they should be treated on wards appropriate for their age and stage of development, with the needs of adolescents in particular requiring careful consideration.

Young people aged 12-15 were asked how suitable their ward was for someone of their age; 68% felt it was suitable, 24% answered ‘sort of’, while 8% felt it was not suitable for someone of their age. Among this age group, 10% spent their time in hospital on a teenage/adolescent ward, 3% were on an adult ward and 88% on a children’s ward. The table below shows that those who stayed on a teenage/adolescent ward were more likely to consider the accommodation right for their age. Over one in 10 of those who stayed on an adult ward did not agree that the ward was right for someone of their age.

X55: Was the ward suitable for someone of your age? by X4: For most of their stay in hospital what type of ward did your child stay on?

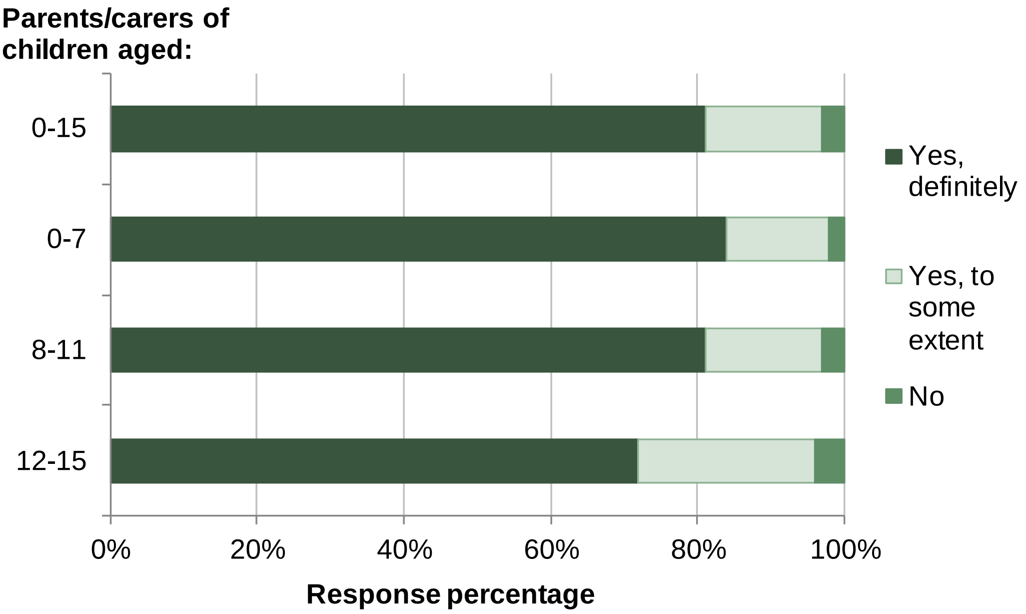
		X4: For most of their stay in hospital what type of ward did your child stay on?		
		A children's ward	An adult ward	A teenage / adolescent ward
X55: Was the ward suitable for someone of your age? (12-15)	Yes	68%	62%	78%
	Sort of	24%	27%	18%
	No	8%	11%	4%

Number of respondents: children's ward (4,486), adult ward (134), teenage / adolescent ward (472)

The Department of Health's standard for hospital services Getting the right start: National Service Framework for Children states that all clinical equipment must be the correct size and tailored to different needs at different ages and stages of development. The hospital environment must also be spacious enough to accommodate the equipment required to meet the needs of a disabled child.

All parents and carers were asked whether the ward where their child stayed had appropriate equipment and adaptions for their physical or medical needs. Parents and carers of those aged 12-15 reported significantly less positive experiences in this area, with 72% answering 'yes definitely' compared with 84% and 81% for 0-7 and 8-11 respectively.

X5: Did the ward where your child stayed have appropriate equipment or adaptations for your child's physical or medical needs?



Number of respondents: 0-15 (27,889), 0-7 (20,800), 8-11 (3,433), 12-15 (3,657)

Note: significant differences were found for 'yes definitely' when comparing responses from parents/carers of children aged 0-7, 8-11 and 12-15.

We analysed results for questions for parents and carers under the theme 'respect for their child's individual needs and preferences', which included results for the question asking whether their child had access to the right equipment and adaptions for their needs. Results were significantly lower than average for parents and carers of children and young people with: a long-term physical condition, learning disability, mental health condition or long-standing illness, and for those whose child stayed on an adult ward.

The British Medical Association report The Psychological and Social Needs of Patients highlights the detrimental effect on a child's health of lack of sleep caused by excessive noise.[40] The NHS England toolkit for reducing poor experiences of inpatient care also identified noise at night as an area for improvement. It includes several case studies to demonstrate how trusts have managed to successfully reduce noise at night from hospital staff. Initiatives such as Operation TLC, which has been implemented by numerous trusts across England, recognise the positive impact of reducing noise at night on patient experience.[41] Only two-fifths (40%) of children and young people aged 8-15 stated that it was 'always' quiet enough for them to sleep when needed in hospital. Of the remaining respondents who slept while in hospital, 45% stated it was 'sometimes' quiet enough and the remaining 15% reported it was never quiet enough. When comparing by age group, there was almost no difference in responses between those aged 8-11 and 12-15.

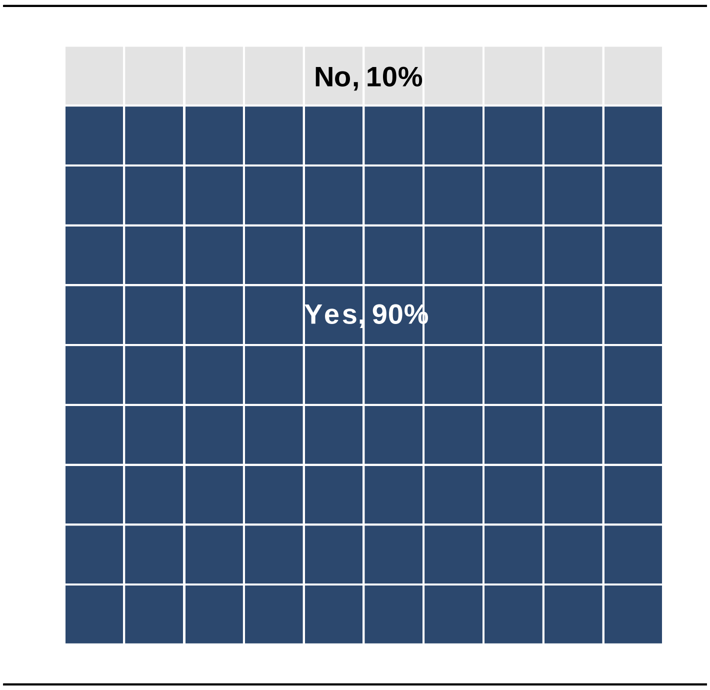
Privacy

The NHS Constitution states that patients have the right to privacy and confidentiality. This need is recognised in Getting the Right Start: National Service Framework for Children, which calls for the NHS to respect a child's need for privacy, and acknowledges that increasing independence and privacy will be needed as children grow up.

When children and young people aged 8-15 were asked if they were given enough privacy when receiving treatment and care, 82% answered 'yes'. Parents and carers of children aged 0-7 seemed equally positive, with 84% stating their child was 'always' given enough privacy.

The 2012 Annual Report of the Chief Medical Officer, Our Children Deserve Better: Prevention Pays, highlighted the difficulties children and young people face in being able to discuss medical care independently.[42] Before the age of 18, young people are able to make medical decisions independently of their parents if they are considered 'Gillick competent'.[43] This means the young person is mature enough to sufficiently understand what the proposed treatment involves "including its purpose, nature, likely effects and risks, chances of success and the availability of other options". When young people aged 12-15 were asked if they had been able to speak with a doctor or nurse alone if they wanted to, the majority (90%) stated that they were.

X66: If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?



Answered by young people aged 12 to 15 (2,055)
Note: figures exclude respondents who stated 'I did not want to talk to them alone'.

Cleanliness

The Code of Practice on the prevention and control of infections, under the Health and Social Care Act 2008, states that good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care.[44]

Patient-Led Assessments of the Care Environment (PLACE), introduced in 2013, assesses the quality of the patient environment, including cleanliness. Results show how hospitals are performing nationally and locally, to encourage improvement.[45]

Parents and carers of all age groups were asked how clean the hospital room or ward was where their child stayed. Overall, 97% of respondents answered with ‘very clean’ or ‘quite clean’.

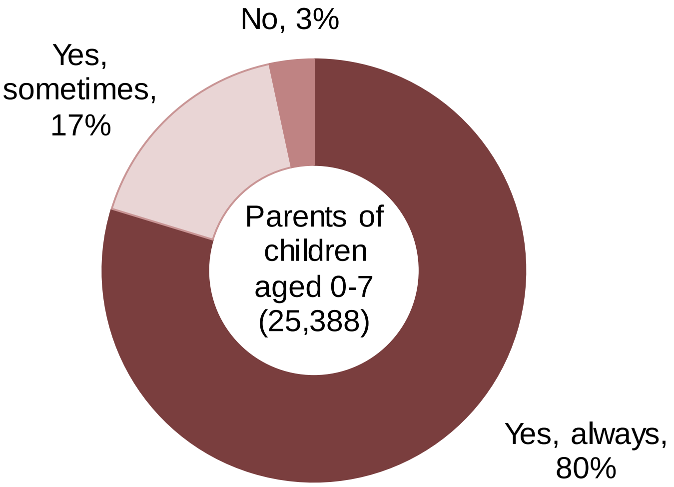
3. Doctors and nurses

The 2012 report of the Children and Young People’s Health Outcomes Forum states that children and young people expect health professionals to communicate well with them when delivering care. Furthermore, there is an expectation that they will be given the necessary information, in an understandable way, to allow them to be involved in decision-making and make informed choices. Communication should be matched to the child's stage of development and comprehension capabilities ('Getting the Right Start').The NHS Patient Experience Framework outlines the elements that are critical to patient experience. It states that "information, communication and education" are necessary in relation to "clinical status, progress, prognosis, and processes of care". Recognising the importance of this element of patient experience, the survey included a number of questions asking about interactions and communication with staff.

Communication

At present, NICE quality standards apply only to adult patient experience, but many of the overarching principles are also appropriate for children and young people.[46] NICE quality statement 3 states that patients should be introduced to all healthcare professionals involved in their care. As part of this introduction, patients need to be made aware of the roles and responsibilities of each member of staff.[47] You're Welcome - Quality criteria for young people friendly health services requires staff to explain who they are and the services they are able to provide to children and young people. Parents and carers of children aged 0-7 were asked if new staff introduced themselves; the majority (80%) answered 'yes, always' and only 3% answered 'no'.

X10: Did new members of staff treating your child introduce themselves?



The NHS Patient Experience Framework includes 'information, communication and education' as one the critical elements of patient experience. NICE quality statement 2 covers the importance of patients being cared for by staff who have demonstrated competency in communicating effectively.[48] The Department of Health's You're Welcome - Quality criteria for young people friendly health services requires all staff likely to come into contact with young people to have been trained in understanding, engaging and communicating with them. The Standards for Children's Surgery require frequent communication with a patient's family during their hospital stay.[49]

When asked if staff spoke with them about how they were going to care for them, 86% of children and young people aged 8-15 answered 'yes'. A further 11% answered 'sort of' and 3% said 'no'. Respondents were also asked if they understood what staff said, with children aged 8-11 being significantly less positive than 12-15 year olds.

X60: When the hospital staff spoke with you, did you understand what they said?

	Age group			Significant difference between: 8-11 & 12-15
	8-11	12-15	**8-15**	
Yes, always	63%	73%	**68%**	*
Yes, sometimes	34%	26%	**30%**	*
No	2%	1%	**2%**	

Number of respondents: 8-11 (4,749), 12-15 (5,576), 8-15 (10,325)

Note: figures exclude respondents who stated 'Don't know / can't remember'.

Parents and carers of all age groups were also asked if staff gave them information in a way they could understand. Although the majority of experiences were positive, parents and carers of children aged 0-7 were significantly less likely to say they were definitely given understandable information. Instead, they were more likely to feel this information was conveyed in a way they could understand 'to some extent'.

X11: Did members of staff treating your child give you information about their care and treatment in a way that you could understand?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	80%	87%	87%	**82%**	*	*	
Yes, to some extent	18%	11%	12%	**16%**	*	*	
No	2%	2%	1%	**2%**		*	

Number of respondents: 0-7 (24,995), 8-11 (4,402), 12-15 (5,064), 0-15 (34,461)

The Royal College of Paediatrics and Child Health outlines the importance of communication in order to achieve meaningful involvement. It is essential that communication is a two-way process, which, when done effectively, reassures people that they are being heard and that their contribution is valuable.[50]

The survey asked all respondents about their experience of asking staff questions. Seventy-nine per cent of parents and carers said they were definitely able to ask staff questions about their child's care. Once again, when comparing by age group, parents and carers of children aged 0-7 were significantly less likely to answer positively. Children and young people aged 8-15 reported positive experiences, with 94% feeling able to ask questions and 92% of these questions being answered sufficiently.

X18: Were you able to ask staff any questions you had about your child's care?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	78%	82%	83%	**79%**	*	*	
Yes, to some extent	20%	17%	16%	**19%**	*	*	
No	2%	2%	1%	**2%**			

Number of respondents: 0-7 (24,661), 8-11 (4,338), 12-15 (4,960), 0-15 (33,959)

Note: figures exclude respondents who stated 'I did not want / need to ask any questions' or 'Don't know / can't remember'.

As part of the subgroup analysis, a theme of 'information and communication' was developed. This was to look at the experiences of children and young people aged 8-15 around whether staff communicated in an understandable way and if they answered questions. Respondents with a mental health condition or learning disability were found to have poorer experiences when communicating with staff than other children and young people.

Furthermore, parents and carers of children aged 0-7 were significantly less positive when asked whether staff kept them informed while in hospital.

X17: Did hospital staff keep you informed about what was happening whilst your child was in hospital?

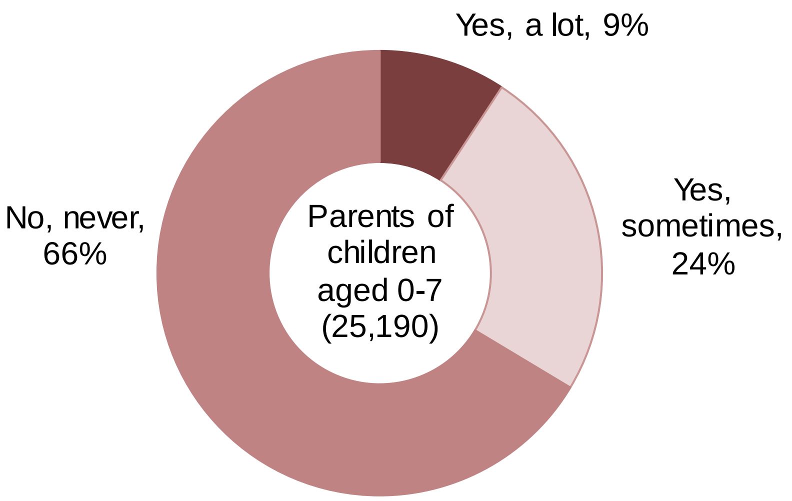
	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	68%	75%	76%	**70%**	*	*	
Yes, to some extent	26%	22%	21%	**25%**	*	*	
No	5%	3%	4%	**5%**	*	*	

Number of respondents: 0-7 (24,711), 8-11 (4,364), 12-15 (4,996), 0-15 (34,070)

Note: figures exclude respondents who stated 'Don't know / can't remember'.

A third (34%) of parents and carers of children aged 0-7 said that staff gave them conflicting information on at least one occasion. Twenty-five per cent of parents and carers for this age group also felt that staff didn't 'always' listen to them.

X19: Did different staff give you conflicting information?



Involvement

In the 2012 report Liberating the NHS: No decision about me, without me, the Department of Health acknowledged that involving young patients is of equal importance to involving adults.[51] Recognising that in order to be fully involved, children and young people may need additional support, Leading Change, Adding Value commits to delivering on this by ensuring that all individuals are given the necessary support to make their own healthcare decisions.[52]

The NHS Constitution states that "patients, with their family and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment". Standard 3 of the National Service Framework for Children, Young People and Maternity Services states that a marker of good practice for involvement would be that "every child, young person and parent is actively involved in decisions about the child's health and well-being, based on appropriate information". The framework emphasises the importance of parents, and ensuring that their views are sought and concerns responded to.[53]

The importance of involvement in care to patient experience is recognised in NICE quality statement 6.[54] This states that patients and healthcare professionals should share decision-making. The Kings Fund paper People in control of their own health and care also states that involving patients in decisions improves health outcomes.[55]

The Care Quality Commission's report Better care in my hands found that younger age groups were least likely to report being involved in their care.[56] Survey results show that 43% of children and young people aged 8-15 felt they were involved 'a lot' in decisions about their care and treatment. However, children aged 8-11 were significantly more likely than young people aged 12-15 to say they weren't involved at all.

X63: Were you involved in decisions about your care and treatment?

	Age group			Significant difference between: 8-11 & 12-15
	8-11	12-15	**8-15**	
Yes, a lot	39%	46%	**43%**	*
Yes, a little	40%	41%	**41%**	
No	20%	13%	**16%**	*

Number of respondents: 8-11 (4,442), 12-15 (5,298), 8-15 (9,740)

Note: figures exclude respondents who stated 'I did not want to be involved'.

Overall, parents and carers of all age groups were positive in their feedback, with 69% feeling they were definitely involved in decision-making about their child’s care. Seventy-six per cent of the parents and carers who wanted to be involved said they were definitely given sufficient information to allow this. However, parents and carers of children aged 0-7 reported significantly poorer experiences than parents and carers of 8-11 and 12-15 year-olds for these questions.

X15: Did staff involve you in decisions about your child’s care and treatment?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	67%	74%	74%	**69%**	*	*	
Yes, to some extent	27%	23%	22%	**26%**	*	*	
No	6%	4%	4%	**5%**	*	*	

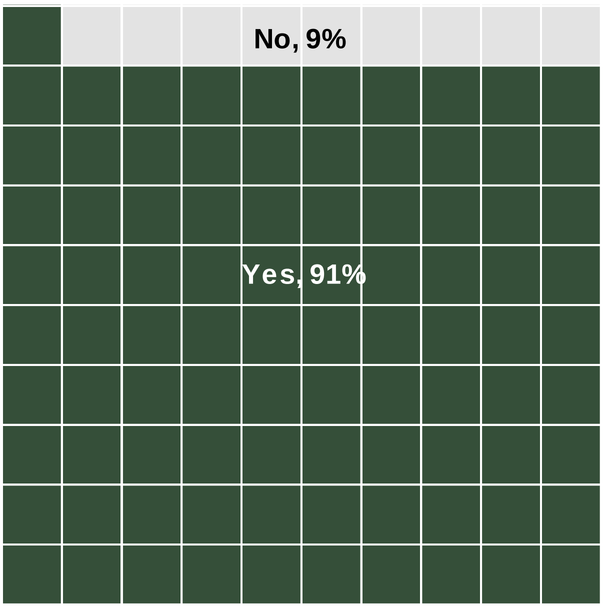
Number of respondents: 0-7 (24,675), 8-11 (4,372), 12-15 (5,035), 0-15 (34,082)

Note: figures exclude respondents who stated 'I did not want to be involved'.

Involvement in care is one part of the ‘respect for patient centred values, preferences and expressed needs’ theme in the Patient Experience Framework. As such, children and young people’s experiences of shared decision-making (X63) and also privacy (X65) were analysed together as part of the subgroup analysis. Children and young people aged 8-15 with a mental health condition were found to have a poorer than average experience in this area.

Ninety-one per cent of parents and carers of children and young people aged 0-15 were involved in the process of agreeing a plan for their child’s care with staff.

X13: Did a member of staff agree a plan for your child's care with you?



Answered by parents/carers of children and young people aged 0-15 (32,200)
Note: figures exclude respondents who stated 'Don't know / can't remember'.

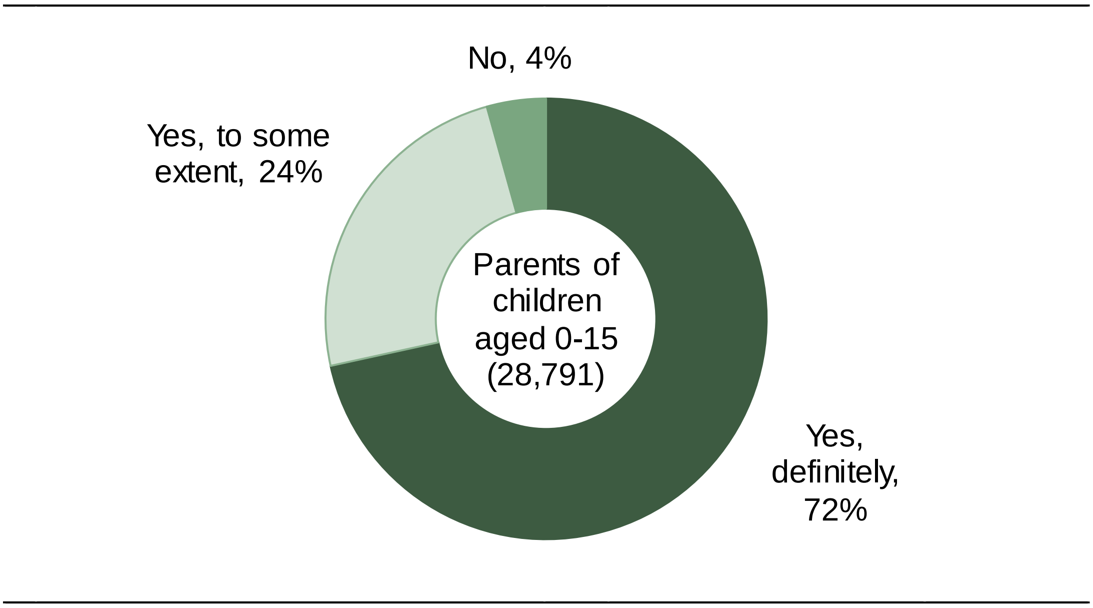
We compared subgroup experience for the theme 'welcoming the involvement of family and friends' (X13, X15, and X18). Results show that parents and carers of children aged 0-15 with a mental health condition reported poorer experiences on average.

Knowledge

NICE quality statement 9 requires services to take into account patients' co-existing conditions, individual circumstances and ability to access services when tailoring their care.[57]

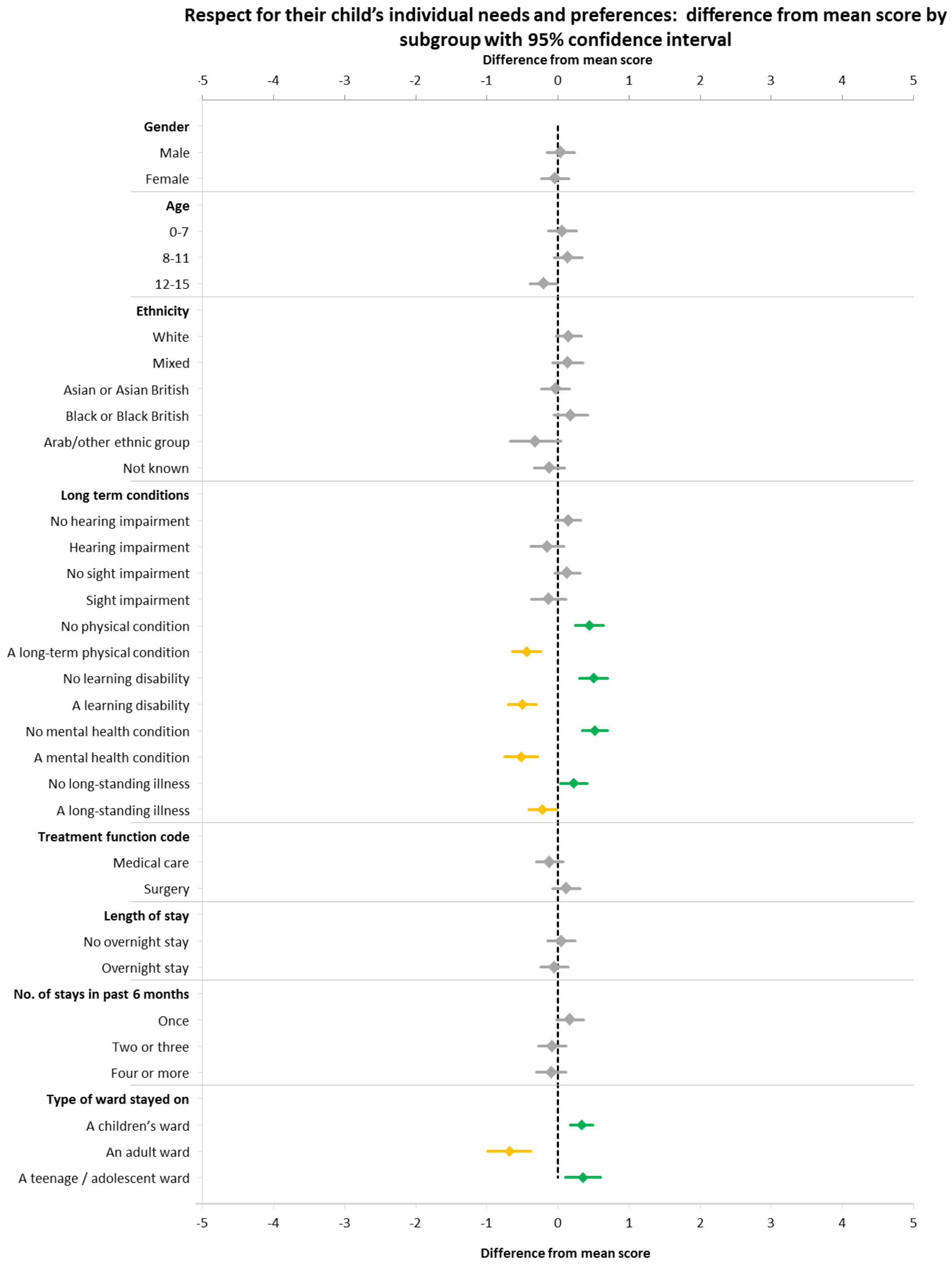
Parents and carers of children of all ages were asked whether staff knew how to care for their individual or special needs. Seventy-two per cent of respondents said staff 'definitely' did, 24% felt they did 'to some extent' and 4% felt they did not know at all.

X21: Did you feel that staff looking after your child knew how to care for their individual or special needs?



Note: figures exclude respondents who stated 'Don't know / not applicable'.

A theme for the subgroup analysis was ‘respect for the child’s individual needs and preferences’. One part of this was whether staff knew how to care for a child’s individual needs, the other part was whether wards had appropriate equipment and adaptions (X5). As noted previously, when comparing subgroup experience for this theme, parents and carers of children aged 0-15 with a long-standing physical condition, mental health condition, learning disability or long-standing illness all had poorer experiences. More negative results for this theme were also reported where children were treated on an adult ward.



Key:

- Grey – No significant deviation from the average
- Orange – significantly below average
- Green – significantly above average

When asked about staff awareness of their child’s medical history, there were significant differences in results between age groups. Two-thirds (66%) of parents and carers of children and young people aged 8-15 said different staff ‘definitely’ knew their child’s medical history, compared with only 56% for parents and carers of children aged 0-7.

X20: Were the different members of staff caring for and treating your child aware of their medical history?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	56%	66%	66%	**59%**	*	*	
Yes, to some extent	35%	28%	28%	**33%**	*	*	
No	9%	6%	6%	**8%**	*	*	

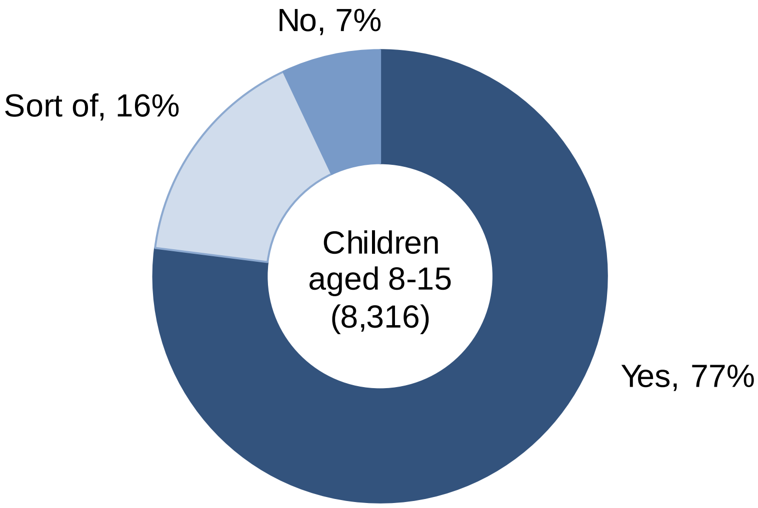
Number of respondents: 0-7 (21,596), 8-11 (3,979), 12-15 (4,498), 0-15 (30,073)
Note: figures exclude respondents who stated 'Don't know / not applicable'.

In addition to significant differences between age groups, the subgroup analysis revealed that parents and carers of children aged 0-15 with a mental health condition had poorer experiences in this area.

Support

The British Medical Association’s report The Psychological and Social Needs of Patients lists providing emotional support and relieving fear and anxiety as one of the six dimensions to patient-centred care, “Psychological and social needs of patients also need to be considered and addressed as a part of holistic healthcare delivery”. The importance of assessing the psychological needs of patients is also referenced in NICE quality statement 10.[58] The majority (77%) of children and young people aged 8-15 said that members of staff talked to them if they had any worries, but 7% said this did not happen.

X64: If you had any worries, did a member of staff talk with you about them?



Note: figures exclude respondents who stated 'I did not want to talk to staff about any worries'.

Availability and teamwork

Commitment 9 of the framework Leading Change, Adding Value states that NHS England will “have the right staff in the right places and at the right time”, by ensuring there is sufficient capacity to deliver safe, effective and compassionate care. The Royal College of Nursing standards Defining staffing levels for children and young people’s services set out the numbers of nurses expected for each patient for both general and specialist children’s wards.

Among all parents and carers, 64% said that members of staff were ‘always’ available when their child needed attention. Seventy-six per cent of parents and carers felt that staff definitely worked well together.

X22: Were members of staff available when your child needed attention?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, always	62%	68%	68%	**64%**	*	*	
Yes, sometimes	33%	28%	28%	**31%**	*	*	
No	5%	4%	4%	**5%**		*	

Number of respondents: 0-7 (23,808), 8-11 (4,270), 12-15 (4,842), 0-15 (32,920)

Note: figures exclude respondents who stated 'Don't know / not applicable'.

Confidence

The majority of parents and carers (79%) said they ‘always’ had confidence and trust in the staff treating their child. As with other areas, parents and carers of the youngest children (0-7) were least positive.

X14: Did you have confidence and trust in the members of staff treating your child?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, always	77%	83%	83%	**79%**	*	*	
Yes, sometimes	19%	15%	15%	**18%**	*	*	
No	3%	2%	2%	**3%**			

Number of respondents: 0-7 (24,966), 8-11 (4,397), 12-15 (5,066), 0-15 (34,428)

4. Facilities for parents and carers

As set out in the National Service Framework for Children, there is an expectation that hospital facilities should cater for parents and siblings of patients. This includes providing overnight facilities, access to meals and respect for privacy.

All parents and carers were asked whether they were able to access hot drinks facilities while in hospital. Fifteen per cent of parents or carers said they did not have access to facilities. When comparing with the 8-15 age group, parents and carers of children aged 0-7 were significantly less likely to have used a hospital café or vending machine (35%), although parents and carers of this age group were significantly more likely to say that members of staff had offered them drinks (24%).

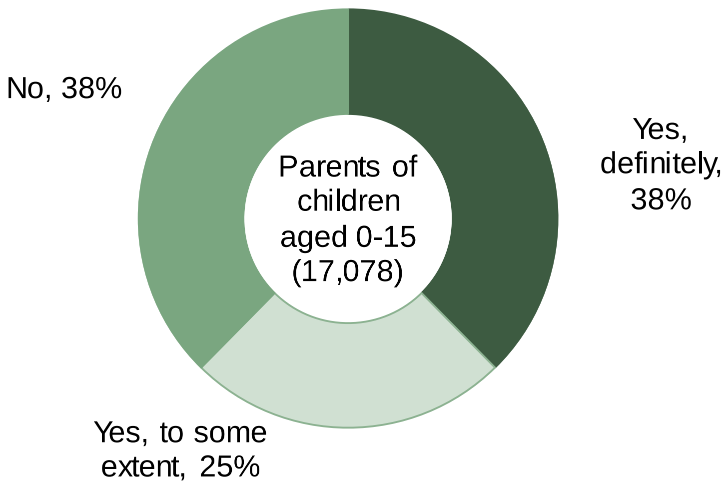
X25: Did you have access to hot drinks facilities in the hospital?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
I used a kitchen area / parents room attached to the ward	54%	55%	54%	**54%**			
I used a hospital café / vending machine	35%	43%	45%	**38%**	*	*	
I was allowed to use the staff room	2%	2%	2%	**2%**			
I was offered drinks by members of staff	24%	18%	19%	**23%**	*	*	
I did not have access to hot drinks facilities in the hospital	16%	13%	14%	**15%**	*		

Number of respondents: 0-7 (24,484), 8-11 (4,331), 12-15 (4,994), 0-15 (33,808)

Just under two-fifths (38%) of all parents and carers were 'definitely' able to prepare food in hospital if they wanted to, and a further 25% were able to 'to some extent'.

X26: Were you able to prepare food in the hospital if you wanted to?



Note: figures exclude respondents who stated 'I did not want to prepare food'.

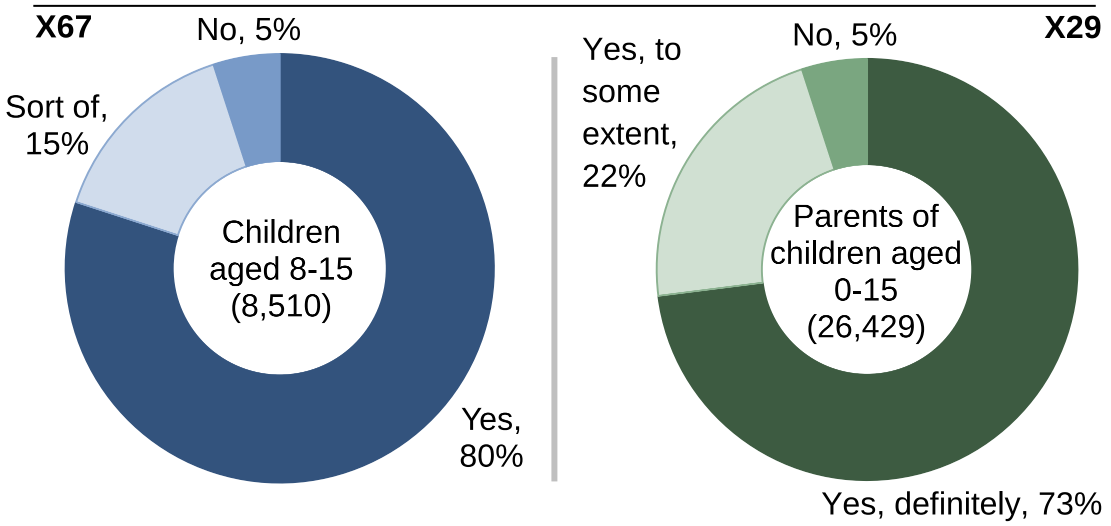
Parents and carers of children aged 0-7 were more likely to have stayed with their child in hospital overnight. There were no significant differences between age groups for how parents and carers rated overnight facilities. Overall, 66% of parents and carers who stayed overnight rated the facilities as either ‘very good’ or ‘good’. A further 25% rated the facilities as ‘fair’.

5. Pain management

The College of Emergency Medicine has set out best practice guidelines for the management of pain in children. This states that the “recognition and alleviation of pain should be a priority when treating ill and injured children”.[59] These guidelines recognise the management of pain as an ongoing requirement from admission to post-discharge. You're Welcome - Quality criteria for young people friendly health services also require pain relief to be an explicit part of care for children and young people.

All children and young people, and their parents and carers, were asked whether they felt staff did everything they could to alleviate pain. Responses were mostly positive for both respondent groups, with 80% of children and young people and 73% of parents and carers choosing the most positive answer option of ‘yes’ and ‘yes, definitely’ respectively.

X67: If you felt pain while you were at the hospital, do you think staff did everything they could to help you? and X29: If your child felt pain while they were at the hospital, do you think staff did everything they could to help them?



Note: figures exclude respondents who stated 'I did not feel any pain' for X67 and 'My child did not feel any pain' for X29.

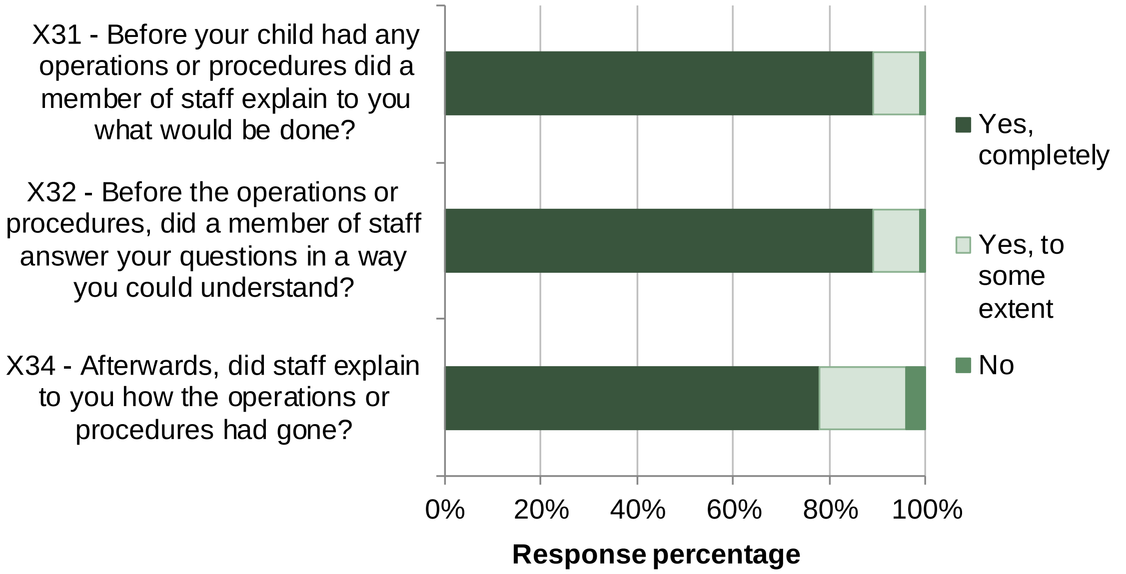
6. Operations and procedures

Consistent with the higher percentage of children and young people aged 8-15 being planned admissions to hospital, this group were also more likely to have had an operation or procedure.

The Standards for Children's Surgery published by The Royal College of Surgeons of England set out what patients and families can expect in relation to operations and procedures. The summary of Standard 9 states that "Children and their families receive appropriate information about their treatment and are involved as appropriate in decisions about their care", and that they should also be involved in the decision to operate and the consent process. Recognising the importance of communication, Standard 9.1 outlines a requirement for a dedicated member of staff being available at all times to discuss treatment with children and their families. Finally, standard 9.11 states that a member of the medical or nursing team should update parents and carers on how surgery has gone.

Parents and carers of children aged 0-15 who had an operation or procedure while in hospital were asked about their experience - specifically in relation to communication with staff. For 'receiving an explanation of what would be done' and 'answering questions' before the operation or procedure, 90% of respondents stated that staff did this 'completely'. In addition, 78% answered 'yes completely' when asked if they received an explanation of how the operation or procedure had gone.

Parents and carers of children aged 0-15 who had an operation or procedure: experience of communications

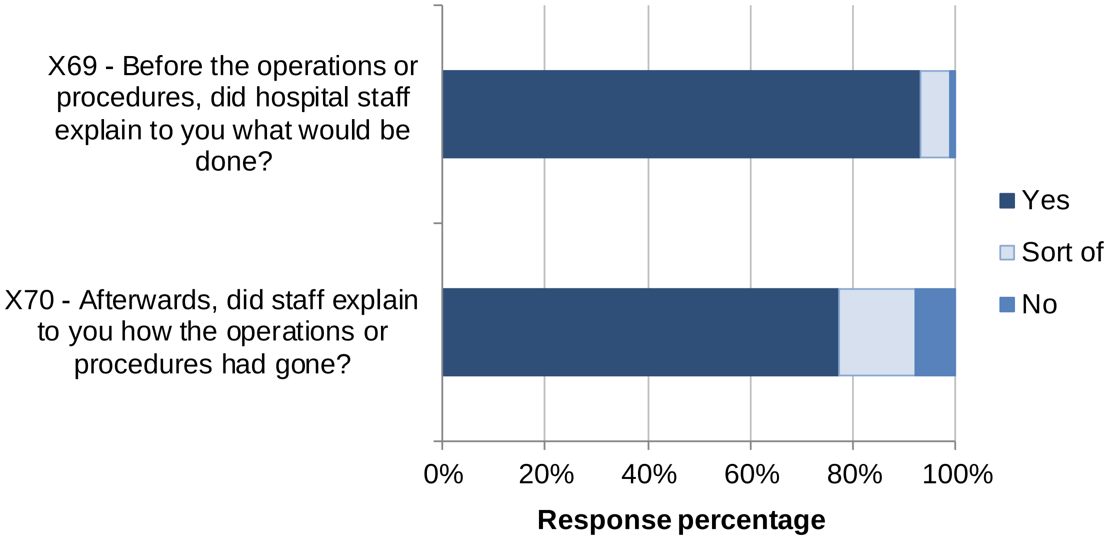


Number of respondents: X31 (16,102), X32 (15,716), X34 (15,986)

Note: figures exclude respondents who stated 'I did not want an explanation' for X31, 'I did not have any questions' for X32 or 'I did not want an explanation' for X34.

Children and young people aged 8-15 responded positively, with 93% answering that 'yes' staff explained what would be done before the operation or procedure. Almost eight in 10 (78%) respondents answered 'yes' for receiving an explanation of how the operation or procedure had gone. When comparing results by age group, those aged 12-15 were significantly more likely to have received an explanation after the operation or procedure (81% for 12-15, compared with 73% for 8-11).

Children and young people aged 8-15 who had an operation or procedure: experience of communications

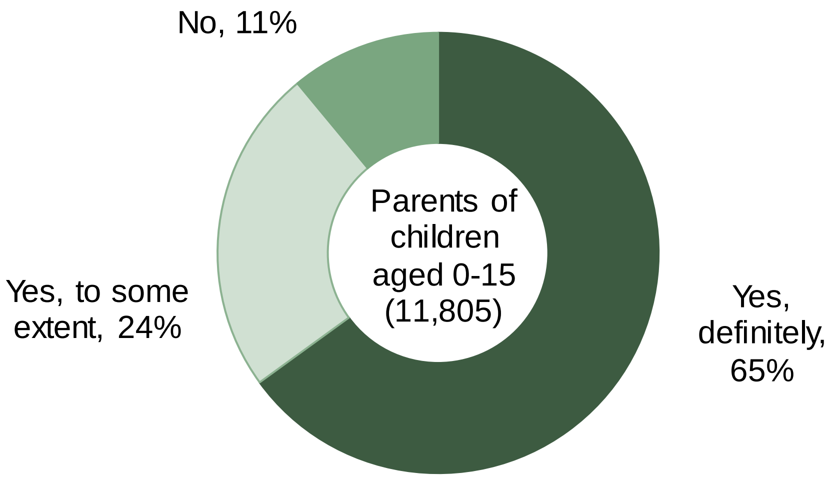


Number of respondents: X69 (6,510), X70 (6,484)

The Royal College of Nursing's Defining staffing levels for children and young people's services states that play specialists should have a key role in the provision of day surgery. As stated in the National Service Framework for Children, play can help children and young people to cope with procedures.

Just under two-thirds (65%) of parents and carers whose children had an operation or procedure stated that staff 'definitely' played with their child or did something to distract them. When comparing by age groups, the percentage of parents and carers answering 'yes definitely' was significantly higher for 0-7 year-olds.

X33: During any operations or procedures, did staff play with your child or do anything to distract them?

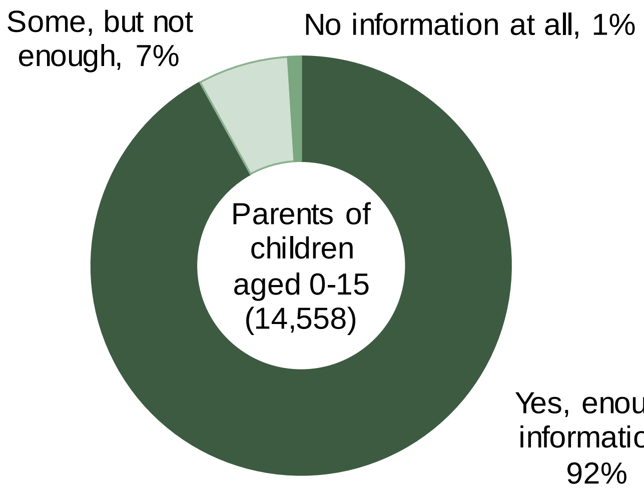


Note: figures exclude respondents who stated 'It was not necessary'.

7. Medicines

The accessible information standard requires all NHS trusts to take steps to ensure that patients receive information in a way they can understand and provide communication support as necessary.[60] Only 1% of parents and carers of children and young people aged 0-15 who were given new medication said they received 'no information at all' to accompany it. The majority (92%) received enough information.

X36: Were you given enough information about how your child should use the medicine(s) (e.g. when to take it, or whether it should be taken with food)?



Answered by parents/carers of all age groups who were given new medicines.

8. Leaving hospital

As outlined in Getting the right start: National Service Framework for Children, when children and young people require ongoing care, there should be a plan in place to ensure that other hospitals, primary care providers and other agencies provide a coordinated and joined-up care package that can be accessed easily.

Even when a child has experienced a ‘simple hospital episode’, as a minimum the National Service Framework requires them be briefed on “likely after effects, any follow-on treatment needed, any continuing drug therapy, and the implications for school attendance, together with a contact point in case of difficulty or confusion”. Standard 9.13 of the Royal College of Surgeon’s Standards for Children’s Surgery requires patients and their families to be given clear information (written and verbal) when being discharged.

When asked about their experience of leaving hospital, less than one in 10 parents or carers (7%) felt that they did not know what was going to happen next with their child’s care. Parents and carers of children aged 0-7 were significantly less likely to say they ‘definitely’ knew what would happen next.

X39: When you left hospital, did you know what was going to happen next with your child's care?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, definitely	68%	74%	72%	**69%**	*	*	
Yes, to some extent	25%	20%	21%	**23%**	*	*	
No	8%	7%	7%	**7%**			

Number of respondents: 0-7 (22,269), 8-11 (4,172), 12-15 (4,779), 0-15 (31,220)

Note: figures exclude respondents who stated 'It was not necessary'.

When asked directly, a significantly smaller percentage of children aged 8-11 knew what would happen next with their care, compared with young people aged 12-15.

X72: When you left hospital, did you know what was going to happen next with your care?

	Age group			Significant difference between: 8-11 & 12-15
	8-11	12-15	**8-15**	
Yes	67%	71%	**69%**	*
Sort of	20%	19%	**20%**	
No	13%	10%	**11%**	*

Number of respondents: 8-11 (4,855), 12-15 (5,638), 8-15 (10,493)

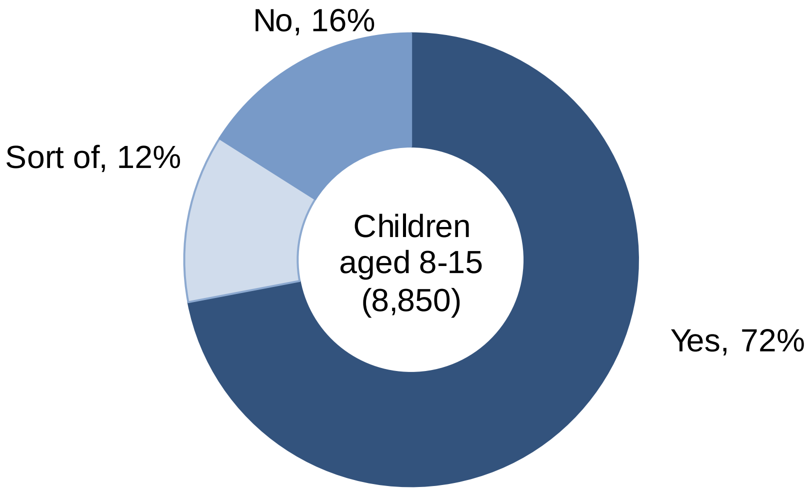
The Department of Health's guidance for planning discharge from hospital states that patients and their carers should be involved in decisions regarding discharge. Furthermore it is important to remember that patients and carers are experts in how they feel and what it's like to live or care for someone with a long term condition.[61]

All parents and carers were asked whether they were given advice on caring for their child at home. Overall, 76% answered 'yes, definitely' and only 5% answered 'no'. Children and young people aged 8-15 were also asked directly if they were told how to look after themselves; 79% answered 'yes' and 7% answered 'no'.

The 'transition and continuity' theme in the Patient Experience Framework encompasses patients being given the necessary information to care for themselves away from a clinical setting, and having a plan in place to facilitate this. We conducted a subgroup analysis on this theme using questions on being told 'what would happen with your care after leaving hospital and advice on how to look after yourself'. For this combination of questions, children and young people with a mental health condition were found to have a poorer than average experience.

Most children and young people said they were told who to talk to if they were worried after leaving hospital (72%), though 16% said this did not happen.

X71: Did a member of staff tell you who to talk to if you were worried about anything when you got home?

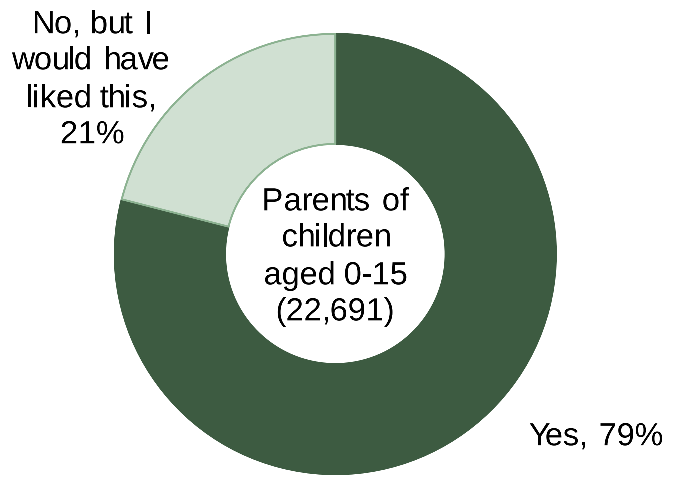


Note: figures exclude respondents who stated 'Don't know / can't remember'.

Over three quarters of parents and carers of children aged 0-7 said they had this information (78%), and only 7% said they did not.

The NHS Constitution pledges to ensure that patients are offered information that is easily accessible, reliable, relevant and in a form that can be understood. Among all parents and carers, results showed that the majority (79%) were given written information about their child's condition to take home with them.

X40: Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you?



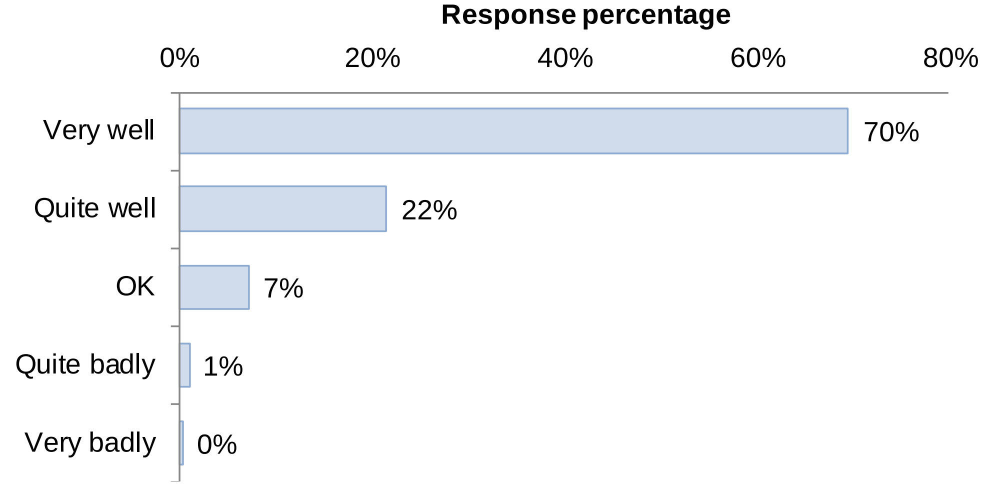
Note: figures exclude respondents who stated 'No, but I did not need it'.

9. Overall

Children and young people aged 8-15, as well as parents and carers of children aged 0-7, were asked how friendly they found the staff. Feedback from both groups was mainly positive, with 87% of 8-15 year-olds and 83% of parents and carers (of 0-7 year olds) stating that staff were 'always' friendly. Furthermore, only 1% of each group reported that staff were not friendly.

The majority (83%) of parents and carers of children aged 0-7 felt their child was 'always' well looked after by staff. Ninety-one per cent of all children and young people aged 8-15 said they were looked after 'very well' or 'quite well'. Overall, 1% felt they were looked after 'quite badly'.

X75: Overall, how well do you think you were looked after in hospital?



Answered by children and young people aged 8-15 (10,527)

Two-thirds (67%) of parents and carers said they were ‘always’ well looked after themselves. When comparing by age group, parents and carers of children aged 0-7 reported significantly worse experiences.

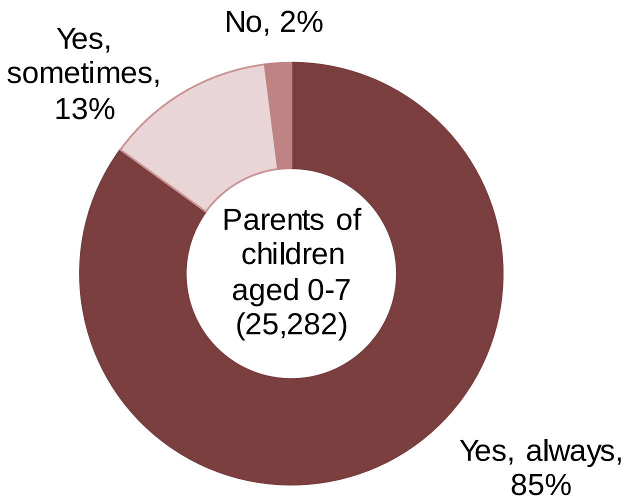
X44: Do you feel that you (the parent/carer) were well looked after by hospital staff?

	Age group				Significant difference between:		
	0-7	8-11	12-15	**0-15**	0-7 & 8-11	0-7 & 12-15	8-11 & 12-15
Yes, always	65%	72%	73%	**67%**	*	*	
Yes, sometimes	28%	24%	23%	**27%**	*	*	
No	7%	4%	4%	**6%**	*	*	

Number of respondents: 0-7 (24,831), 8-11 (4,380), 12-15 (5,022), 0-15 (34,232)

The NHS Constitution states that every individual should be treated with respect and dignity. When asked, 85% of parents and carers of children aged 0-7 stated they were ‘always’ treated with respect and dignity.

X45: Were you treated with dignity and respect by the people looking after your child?

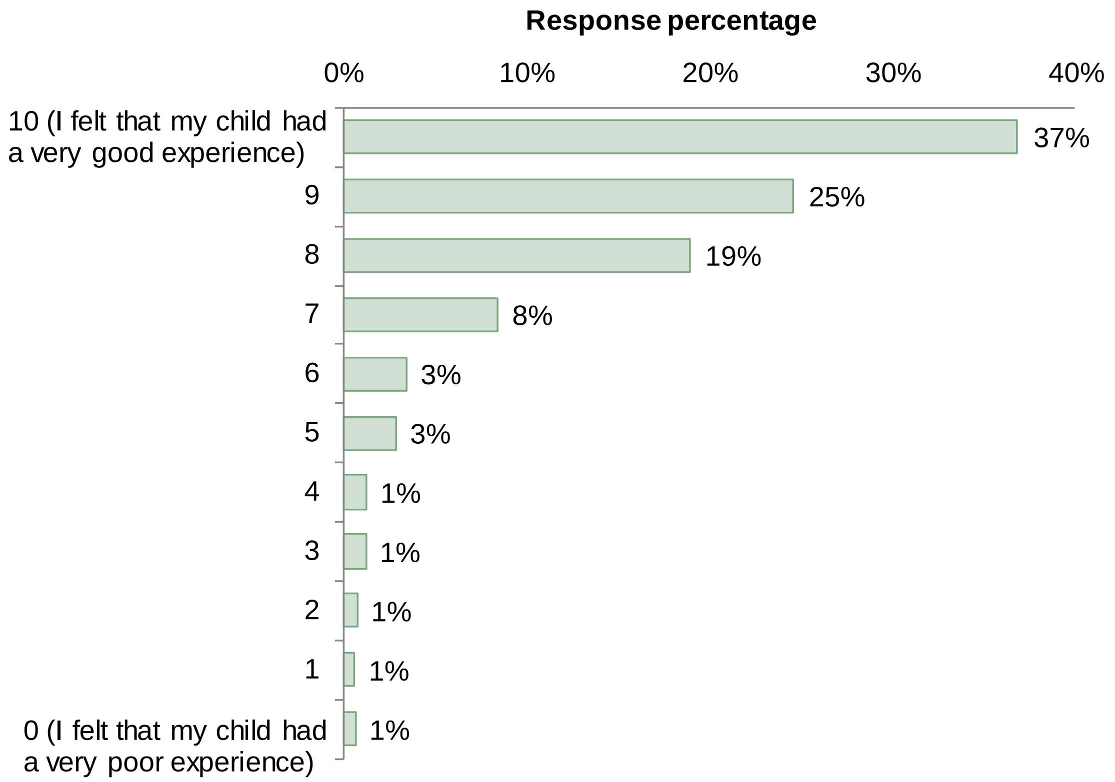


Parents and carers were asked to rate the overall experience of their child on a scale of 0 to 10 (where 0 is ‘I felt that my child had a very poor experience’ and 10 is ‘I felt that my child had a very good experience’).

Eighty-one per cent of all parents and carers rated their child’s hospital experience as eight or above out of 10.

Parents and carers of children and young people aged 0-15 who had a mental health condition felt that their child had a worse than average overall experience while in hospital. Those whose child was cared for on an adult ward reported a similarly poorer experience.

X46: Overall…



Answered by parents/carers of children aged between 0 and 15 (33,647)

10. How experience varies for different patient groups: subgroup analysis summary

We have included additional analysis to compare how different subgroups of patients rated their hospital experience. Using a multi-level model analysis, we have compared the mean scores for a subset of questions by different groups, which takes account of interdependencies between variables.

There is separate subgroup analysis for children and young people aged 8-15 and for parents and carers of children and young people aged 0-15. The following themes were assessed, with most themes based on the Patient Experience Framework (2012).

Children and young people aged 8-15:

- information and communication (X59, X60, X62)
- transition and continuity (X72, X73)

- respect for patient centred values, preferences and expressed needs (X63, X65)
- food (X57)
- enough things to do (X56)
- emotional support (X64)
- children feeling well looked after (X75).

Parents and carers of children and young people aged 0-15:

- welcoming the involvement of family and friends (X13, X15, X18)
- respect for their child's individual needs and preferences (X21, X5)
- confidence and trust (X14)
- availability of staff (X22)
- awareness of medical history (X20)
- parents feeling well looked after (X44)
- children's overall experience (X46).

See the detailed charts for subgroup analysis in Appendix F.

For more information about the subgroup analysis or methodology see the Survey methodology section.

Age

Parents and carers of children aged 0-7 reported poorer average experiences for staff being aware of their child's medical history.

Gender

There were no significant differences between genders for any theme or survey question analysed.

Ethnicity

Parents and carers of young patients who were White had a more positive overall experience. Parents and carers of young patients who were Black reported significantly better experiences for questions around 'welcoming the involvement of family and friends' and 'availability of staff'.

Long-term conditions

Where a child or young person had a mental health condition, survey results tended to be more negative. Subgroup analysis showed below average scores from children and young people (8-15) for: 'information and communication', 'transition and continuity' and 'respect for patient centred values, preferences and expressed needs'. Parent and carer scores (for young patients of all ages) were below average for: ‘welcoming the involvement of family and friends’; ‘respect for their child’s individual needs and preferences’, ‘awareness of medical history’ and ‘children’s overall experience’.

Scores were poorer than average for young patients who had a learning disability for the theme of ‘information and communication’ (questions for young patients aged 8-15) and ‘respect for their child’s individual needs and preferences’ (questions for parents and carers of all patients).

For parents or carers of children with a long-term physical condition or long-term illness, experiences were significantly poorer than average for questions asking about ‘respect for their child’s individual needs and preferences’.

Proxy response

There were no significant deviations from the average when comparing whether questionnaires for young patients aged 8-15 were completed entirely by them, by their parent/carer or by both jointly.

Medical care vs surgical treatment

There were no significant differences between experiences of medical and surgical care and treatment.

Day case vs inpatient admission

There were no significant deviations from the average score according to whether patients were admitted as day case or an inpatient.

Number of hospital stays in past six months

Subgroup analysis of the feedback from parents and carers and from children and young people did not find any significant deviations from the average when comparing experience by the number of times the child or young person had been in hospital within the previous six months.

Type of ward stayed on

Where a child or young person had stayed on an adult ward, experiences were more negative across a number of themes. Parents or carers reported significantly poorer than average experiences for: ‘respect for their child’s individual needs and preferences’, ‘parents feeling well looked after’ and ‘children’s overall experience’. In addition, children and young people reported worse than average experiences for there being ‘enough things to do’ when treated on an adult ward.

Survey methodology

As with other surveys across the NHS patient survey programme, the 2016 Children and young people's inpatient and day case survey used a postal methodology. Each patient in the sample received a maximum of three mailings, depending on when they responded. A paper questionnaire was sent in the initial mailing and second reminder mailing.

Patients aged 15 days to 15 years at the time of discharge were eligible to participate in the survey. The survey sample did not include babies aged 0 to 14 days to reduce the likelihood of including 'well babies' who were born in an NHS trust and whose mothers were the patient.

Trusts were required to draw a stratified sample of up to 1,250 eligible patients from their records who attended hospital as an inpatient or day case during October to December 2016.[d] Sample size targets were set at 450 for patients aged 0-7 and 400 each for those aged 8-11 and 12-15. The slightly higher target for those aged 0-7 reflects a lower average response rate for this group in the 2014 survey. The target for the 8-11 and 12-15 age groups was to oversample these age groups to allow analysis at a trust level. Any trust unable to meet the sampling targets was permitted to 'top-up' with eligible patients from any other age group, where possible. The possible over-representation of those aged 8-15 in the national results has been accounted for within the weighting method applied.

Full details of the sampling are available in the instruction manual for the survey (see the links in Appendix E).

All trusts were eligible to take part in the survey if they provided acute hospital care to sufficient numbers of children and young people to draw a sample. No trusts were excluded from the survey and one trust participated voluntarily.

Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2017.

Analysis methodology

Weighting

We used a two-stage weighting approach to:

- account for the over-sampling of children and young people aged 8-15
- to aggregate trust-level data to national level.

The first element is referred to as the 'population weight', where trust responses were weighted to reproduce the population age structure for that trust. This ensures

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[d] Only five trusts included patients discharged in October 2016 in their sample. Responses from these patients accounted for 0.7% of total responses.

that the responses from those aged 0-7, 8-11 and 8-15 have the appropriate influence on national results to reflect the numbers of children within each age group admitted to hospital.

The second element of the weighting is referred to as the ‘trust weight’ and has been calculated to give each participating trust an equal influence within national results, regardless of differences in response rates between trusts.

Both sets of weights are then multiplied together to produce a single combined weight for the data tables that underpin the analysis.

Rounding

The tables present percentage figures rounded to the nearest whole number, so the values given for any question will not always add up to 100%.

Statistical significance

Statistical tests were carried out on the data to determine whether there were any statistically significant differences between ages, where a question was asked across multiple questionnaires.

We used a ‘z-test’ to compare data for different age groups at the 99.996% confidence level. An alpha value of 0.0000386829346 was used for these tests, as opposed to the 0.05 value used as standard across the programme, to account for the design effect incurred when applying population weights.

A statistically significant difference means it is very unlikely that we would have obtained this result by chance alone if there was no real difference.

Subgroup analysis

Results for each demographic subgroup were generated as adjusted means (also known as estimated marginal means or population marginal means) using a linear mixed effects model. These means were compared on composites of questions, illustrated in the charts. Each question was centred by subtracting its overall mean score from the results before the questions were combined into composites. This was to remove any differences in composite scores that might potentially be caused by different patterns of response between questions and is a development of the method used in the 2016 Adult inpatient and 2016 Emergency department surveys.

This model takes into account trust clustering, as trusts are likely to have a big impact on reported patient experience at a national level. To assess whether experience differs by demographic factors, we used statistical significance tests. We performed F tests on each factor (fixed effect) as a predictor of the target variable. P-values were also generated, which showed the likelihood that the differences between groups observed in the results could have arisen from a population where there were no actual differences. They relate to the demographic factor as a whole rather than to compare between specific categories within the factor. Variables were also checked for multicollinearity to ensure co-efficient estimates were not being influenced by ‘additional factors’ (these would be chance associations in the sample that wouldn’t be reproduced in another sample).

Differences that are equivalent to at least 0.1 standard deviations from the overall mean of the target variable are treated as being noteworthy in this report, provided that the confidence interval does not overlap the mean line. The charts are in Appendix F, please note that the x-axis scale shows the average score-point difference associated with each demographic subgroup.

Design and interpretation of the questionnaire

An external advisory group ensured that a wide range of stakeholders had the opportunity to contribute to the development of this survey. Members included representatives from CQC, the Department of Health, NHS England, NHS Youth Forum, specialist and non-specialist NHS acute trusts, and charities. Members of CQC’s Children and Young People’s Advisory Group also helped to identify priorities in the questionnaire.

The questionnaires went through extensive redevelopment since 2014, and a large number of questions were amended, added or removed. For full details, please see the survey development report on the NHS Surveys website, http://www.nhssurveys.org/survey/1889.

Appendix A: Comparisons with other data

Currently there are no other national surveys of children and young people's hospital experiences to compare with. The Royal College of Paediatrics and Child Health has recommended that the existing inpatient survey conducted in Scotland should be extended to cover the views of children and young people.[62] The Bureau of Health Information in Australia conducts an Admitted Children and Young Patients Survey every three years, with the next in 2017. The scope of this survey is more limited than CQC's children and young people's inpatient and day case survey, as it is restricted to the experiences of only three specialist children's hospitals.[63]

Comparison with the 2016 Adult inpatient survey

We have compared the results of the 2016 children and young people's inpatient and day case survey with the 2016 Adult Inpatient Survey, to see where patient experience is similar or different.

The questions 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). There are also differences in the sampling period and question wording. However, it is possible to look at the key findings of each survey and compare them.

Cleanliness

Results for cleanliness were similar across the two surveys, with 98% of adult inpatients saying wards or rooms were 'very' or 'fairly clean', compared with 97% of parents and carers saying they were 'very' or 'quite clean'.

Privacy

Adult inpatients were more positive in their experiences of being given enough privacy when being treated. Ninety-one per cent of adult inpatients stated they were 'always' given enough privacy, compared with 82% of children and young people aged 8-15.

Doctors and nurses

Confidence and trust in doctors and nurses was high across both surveys. In the children's survey, 79% of all parents and carers said they 'always' had confidence and trust in the staff caring for their child. In the adult inpatient survey, 80% of respondents 'always' had confidence and trust in nurses (and 83% in doctors). Perceptions of how well staff worked well together were also positive across both surveys.

Children and young people aged 8-15 reported less positive experiences for being involved in their care, compared with adult inpatients. Only 43% of children and young people felt they were involved ‘a lot’ in decision-making, whereas 56% of adult inpatients said they were ‘definitely’ involved.

When discussing worries or fears with staff, children and young people were more positive in their feedback. Seventy-seven per cent of children and young people aged 8-15 said ‘yes’ a member of staff spoke with them about their worries, whereas only 38% of adult inpatients said they could ‘definitely’ find someone to discuss their worries with.

Pain management

Perceptions of pain management among adult inpatients and parents or carers of all age groups were similar across both surveys, with 71% and 73% respectively feeling staff ‘definitely’ did everything they could to help. Children and young people aged 8-15 were more positive in their feedback, with 80% feeling staff did everything they could.

Operations and procedures

Both surveys asked about experience of communicating with staff specifically in relation to operations and procedures. Parents and carers of children of all ages reported more positive experiences than adult inpatients for being given an explanation beforehand of what would happen, staff answering questions and also receiving an explanation afterwards of how it had gone.

Leaving hospital

Adult inpatients were less positive when asked if they knew what would happen next with their care once discharged, with only 53% stating they ‘definitely’ knew. This compares with 69% of parents and carers of children of all ages, who ‘definitely’ knew what would happen next with their child’s care.

Overall experience

For both surveys, the majority of respondents reported a positive overall experience for their time in hospital: 81% of parents and carers of children aged 0-15 rated their child’s experience as an eight or more out of 10, compared with 75% of adult inpatients.

Rating	Children's Survey	Adult Inpatient Survey
0 – very poor experience	1%	1%
1	1%	1%
2	1%	1%
3	1%	2%
4	1%	2%
5	3%	5%
6	3%	5%
7	8%	11%
8	19%	24%
9	25%	23%
10 - very good experience	37%	28%

Number of respondents: Parents/carers of children aged 0-15 (33,647), Adult Inpatients aged 16 or over (71,861)

Appendix B: Main users of the survey data

This appendix lists known users of data from the Children and young people's inpatient and day case survey and how they use the data. We have been reviewing the use of all survey data to identify who uses it. We would like to hear from anyone interested in, or already using, the data to contact us with feedback or recommendations at: patient.survey@cqc.org.uk.

NHS trusts and commissioners

Trusts, and those who commission services, use the results to identify and make the improvements they need to improve the experience of people who use their services.

Patients, their supporters and representative groups

CQC publishes the survey results for each participating NHS trust. This appears on the trust's profile page on our website (www.cqc.org.uk). You can find this by searching for the name of the organisation using the search function. The data is presented in an accessible format alongside inspection results to enable the public to examine how services are performing.

Care Quality Commission (CQC)

CQC uses the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England. Survey data is used in our CQC Insight monitoring tool, which provides inspectors with an assessment of how trusts are performing. The survey data will also be included in the evidence appendices to inform our inspections and as a key source of evidence to support the judgements and ratings for trusts.

NHS England

NHS England will use the data to inform how it addresses the challenges currently facing the NHS across the country. To help drive improvement it will also conduct further analysis of the data, making comparisons (where possible) with the experiences of children and young people in other care settings.

NHS Improvement

NHS Improvement will use the results of this survey to inform quality and governance activities as part of its Oversight Model for NHS Trusts.

Appendix C: Quality and methodology

Quality and methodology document

All detail on data limitations can be found in the quality and methodology document, available at: http://www.cqc.org.uk/childrenssurvey

Revisions and corrections

CQC publishes a Revisions and Corrections Policy relating to these statistics.

NHS Patient Survey Programme data is not subject to any scheduled revision as they capture the views of patients about their experiences of care at a specific point in time. All new survey results are therefore published on CQC’s website and NHS Surveys, as appropriate, and previously published results for the same survey are not revised.

This policy sets out how CQC will respond if an error is identified within published data and if it becomes necessary to correct data and/or reports.

Appendix D: Other sources of information related to survey results

Why we ask the questions

The 2016 survey questions went through an extensive redevelopment process to ensure they covered the most important aspects of children and young people's experiences and align with good practice.

NHS Patient Experience Framework

In October 2011, the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. The NHS Patient Experience Framework outlines those elements that are of critical importance to patients' experiences of NHS Services. For further information on the NHS patient experience framework, please see:
https://www.gov.uk/government/publications/nhs-patient-experience-framework

Staffing

For further information on counts of staff please see NHS Digital's statistical release on NHS Workforce Statistics. Please note this data includes acute, community and mental health trusts:
http://content.digital.nhs.uk/workforce

Appendix E: Further information and feedback

Further information

The ‘technical document’ describes the methodology for analysing the trust level results and a ‘quality and methodology’ document provides information about the survey development and methodology: http://www.cqc.org.uk/childrenssurvey

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions on how to carry out the survey and the survey development report, are available at: http://www.nhssurveys.org/surveys/953

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at: http://www.cqc.org.uk/ surveys

Further questions

This summary has been produced by CQC’s Surveys Team and reflects the findings of the children and young people’s inpatient and day case survey 2016. The guidance above should help answer any questions about the programme. If you wish to contact the Team directly, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

Feedback

We welcome all feedback on the findings of the survey and the way we have reported the results – particularly from people using services, their representatives, and those providing services. If you have any views, comments or suggestions on how we could improve this publication, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

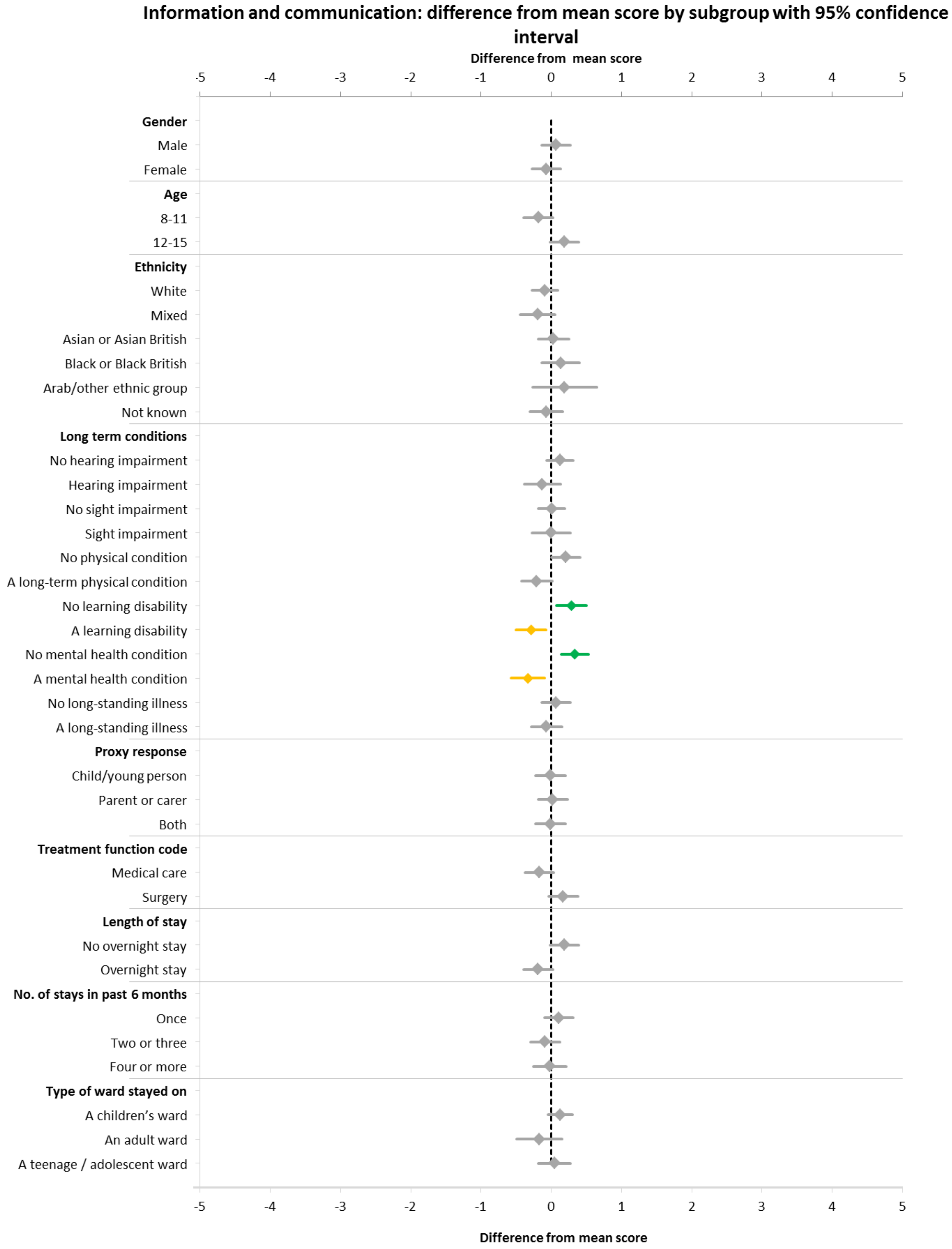
We will review your feedback and use it as appropriate to improve the statistics that we publish across the NHS Patient Survey Programme.

If you would like to be involved in consultations or receive updates on the NHS Patient Survey Programme, please subscribe here.

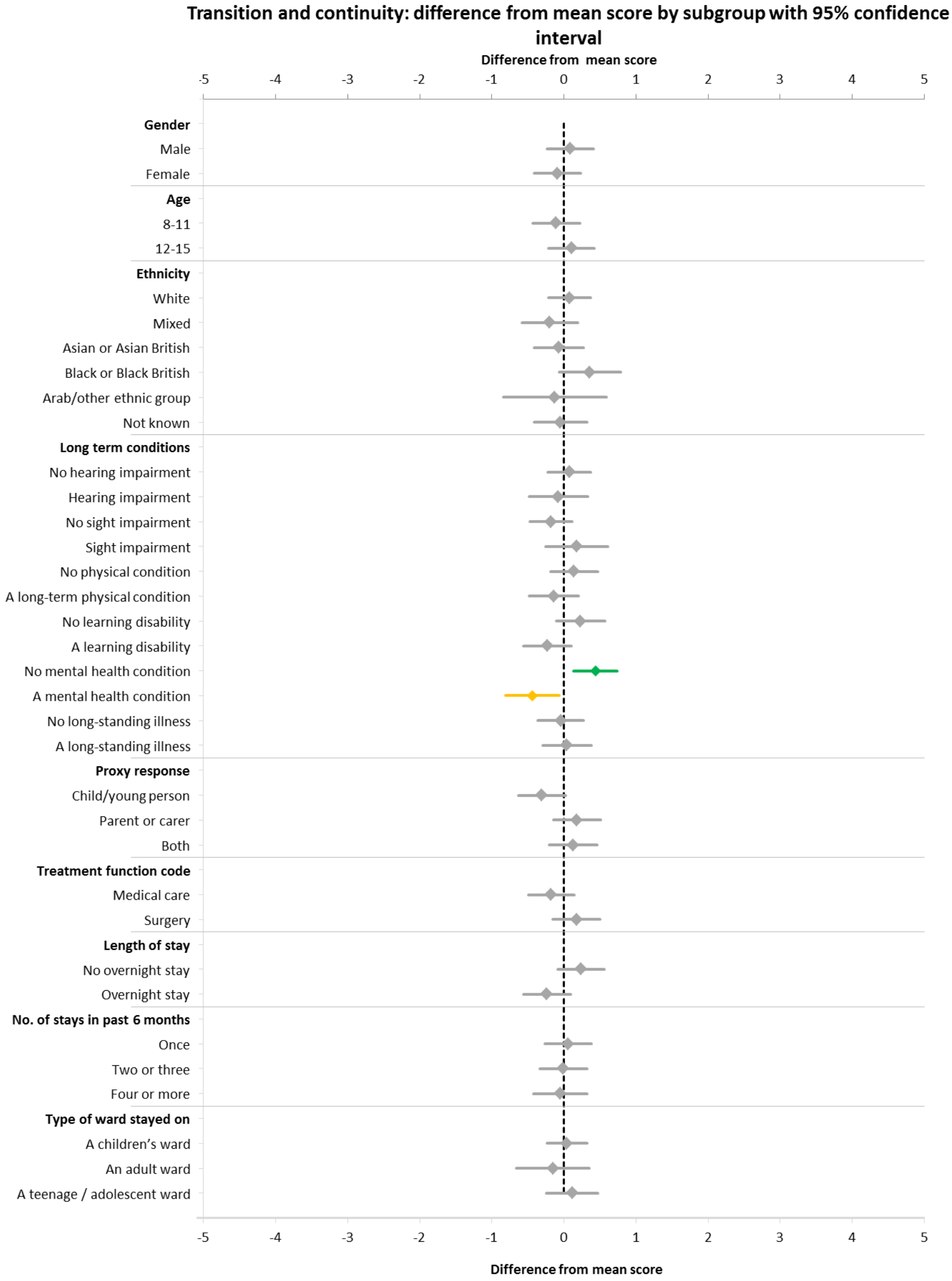
Appendix F: Subgroup analysis charts

Children and young people aged 8-15

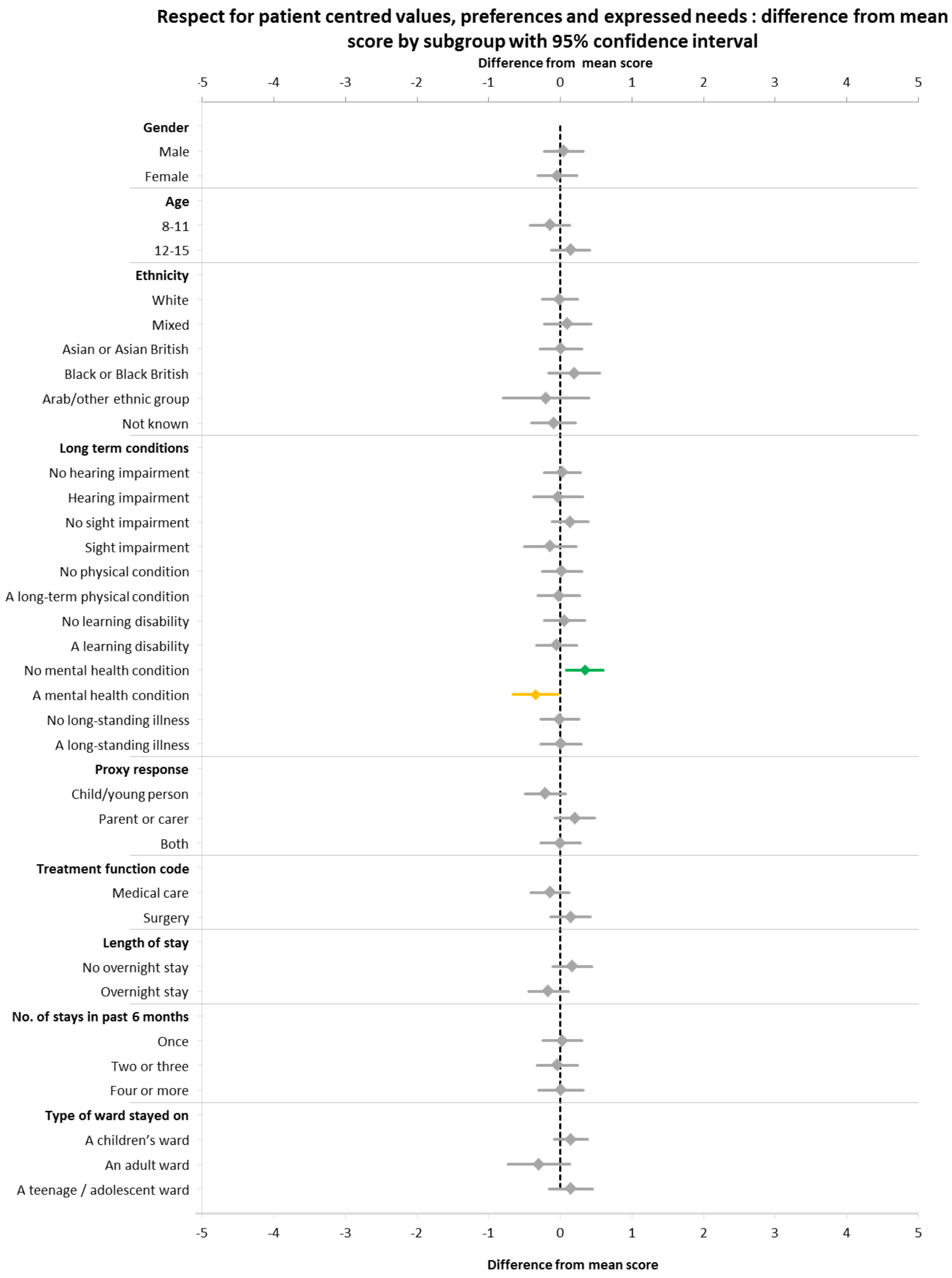
Information and communication



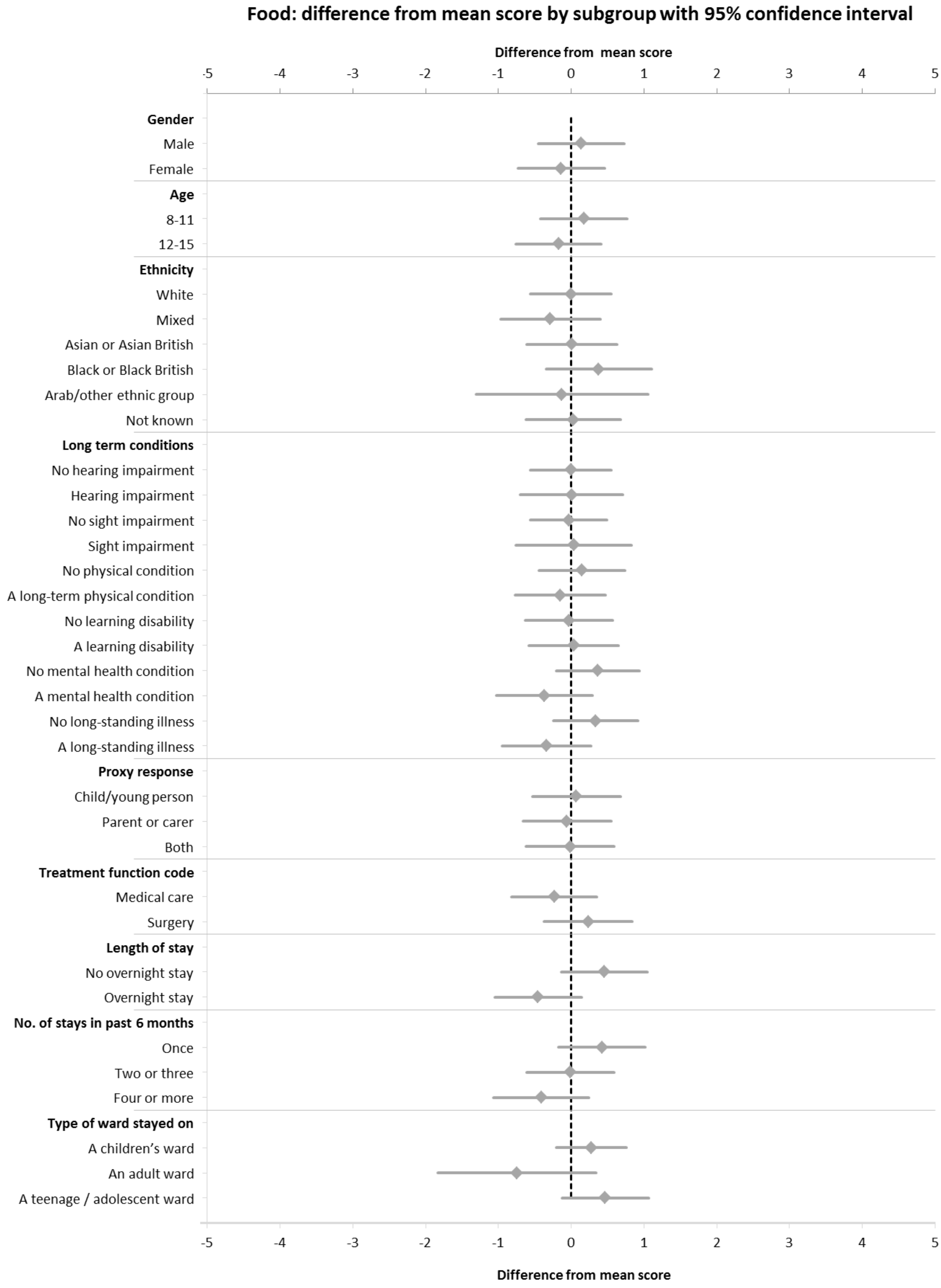
Transition and continuity



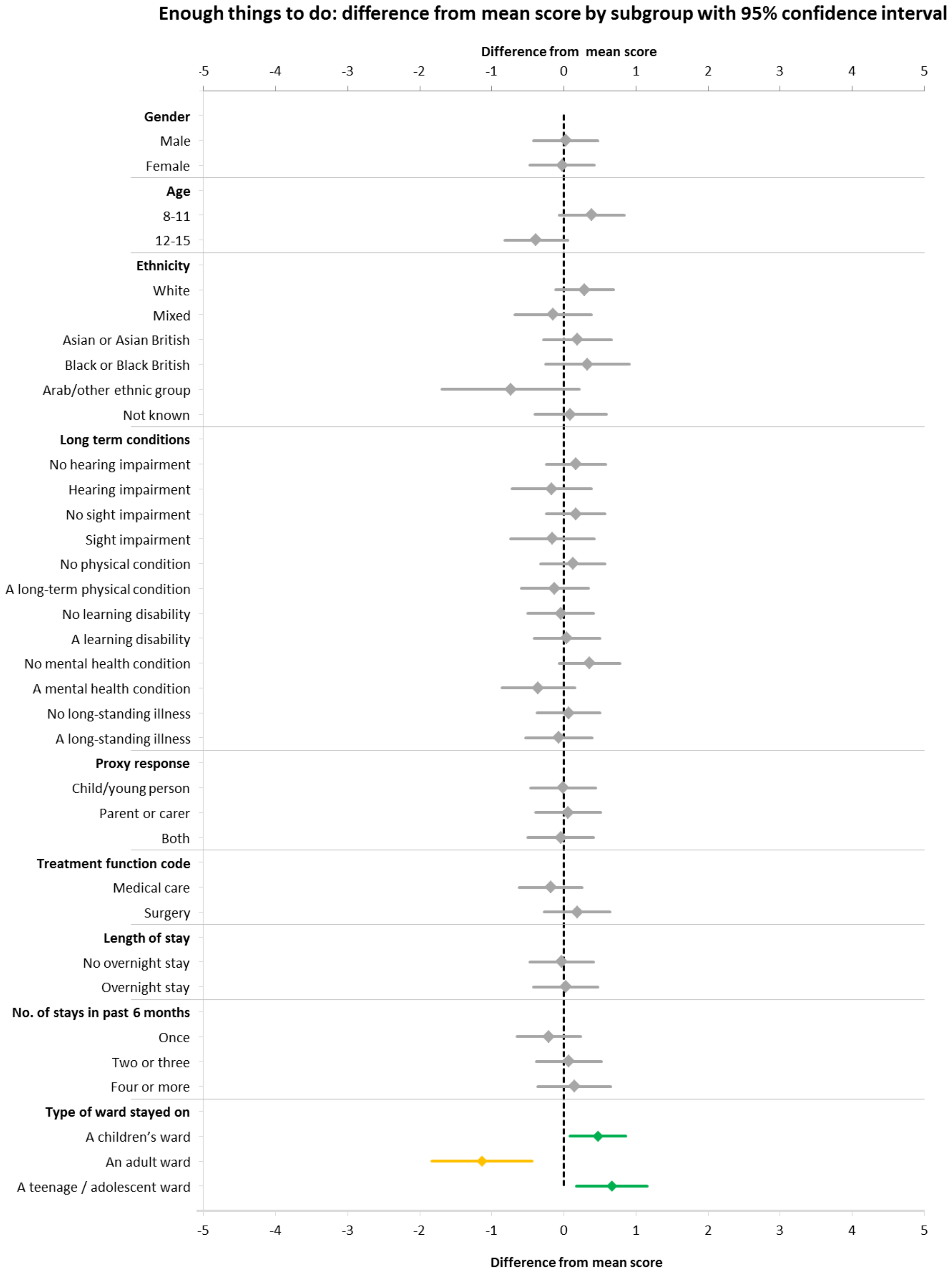
Respect for patient centred values, preferences and expressed needs



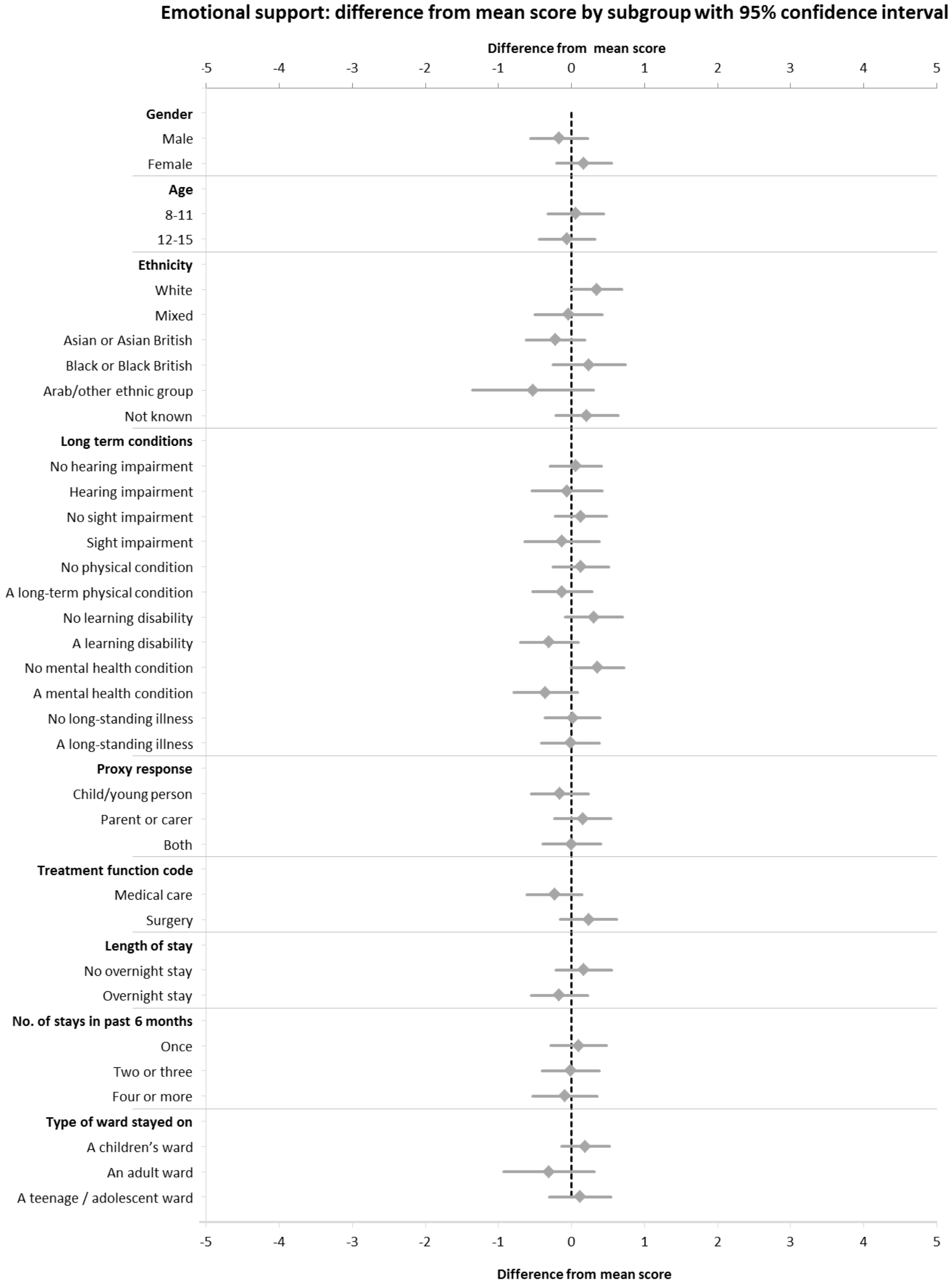
Food


Food: difference from mean score by subgroup with 95% confidence interval
Difference from mean score
-5
-4
-3
-2
-1
0
1
2
3
4
5
Gender
Male
Female
Age
8-11
12-15
Ethnicity
White
Mixed
Asian or Asian British
Black or Black British
Arab/other ethnic group
Not known
Long term conditions
No hearing impairment
Hearing impairment
No sight impairment
Sight impairment
No physical condition
A long-term physical condition
No learning disability
A learning disability
No mental health condition
A mental health condition
No long-standing illness
A long-standing illness
Proxy response
Child/young person
Parent or carer
Both
Treatment function code
Medical care
Surgery
Length of stay
No overnight stay
Overnight stay
No. of stays in past 6 months
Once
Two or three
Four or more
Type of ward stayed on
A children's ward
An adult ward
A teenage / adolescent ward
Difference from mean score

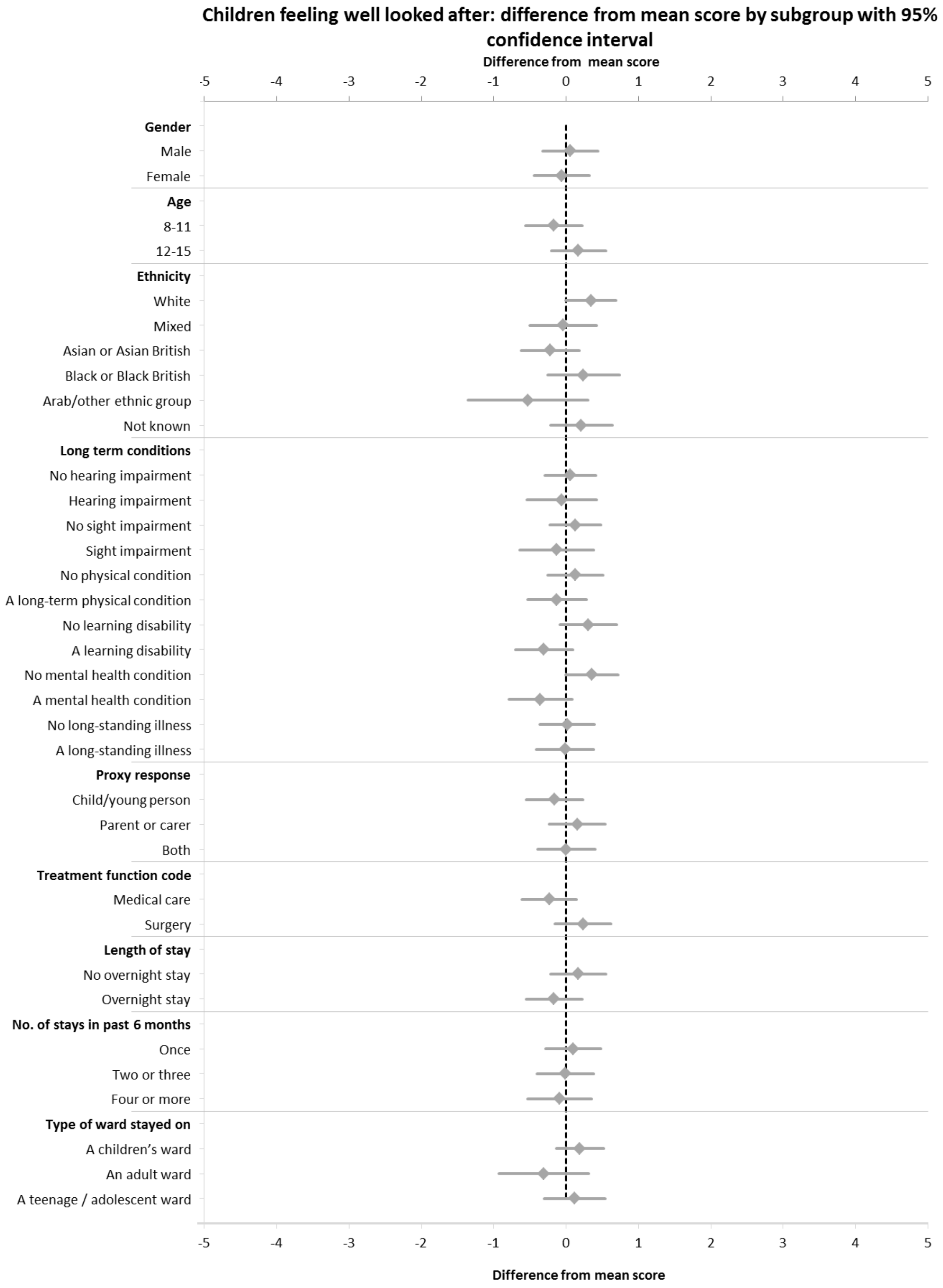
Enough things to do



Emotional support

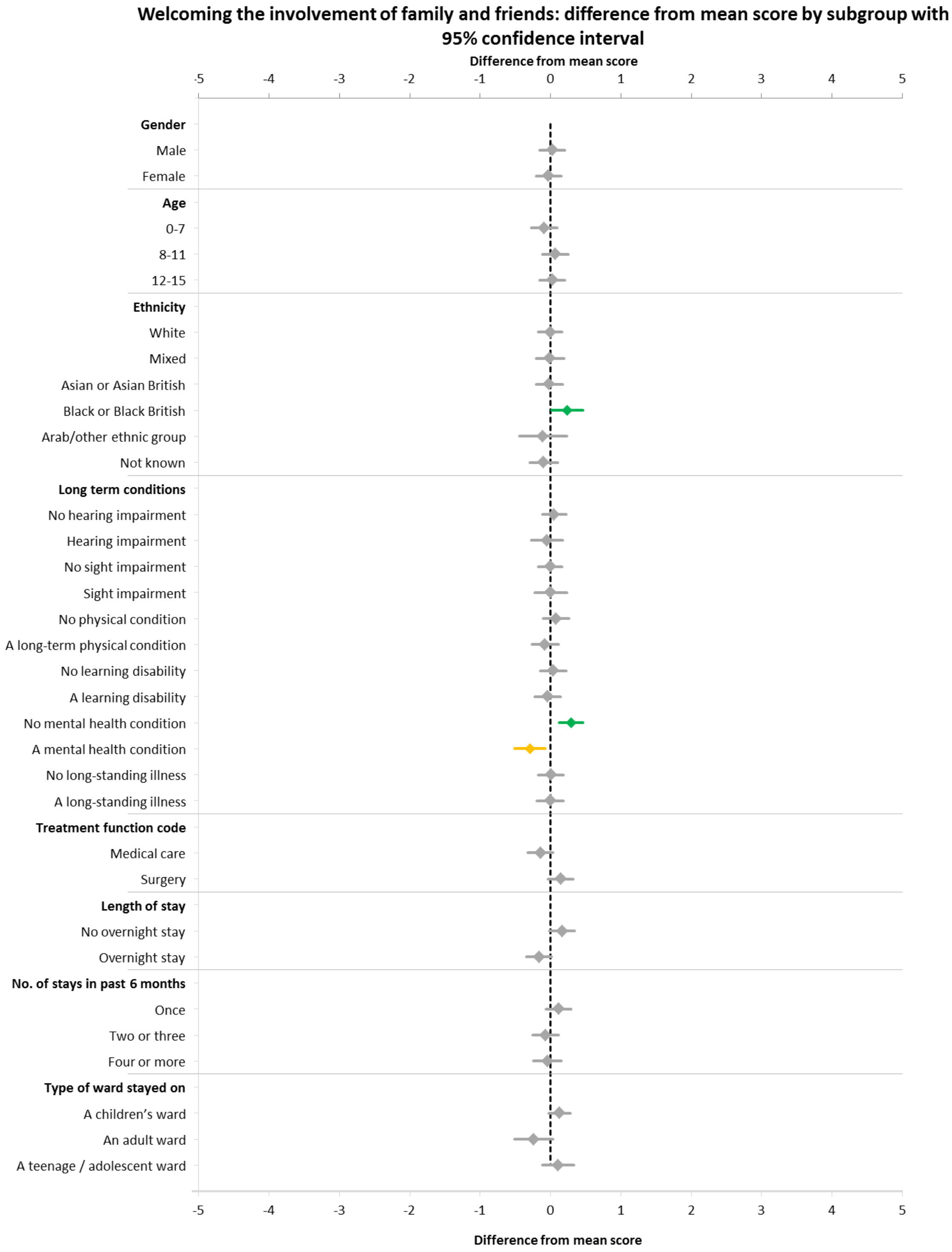


Children feeling well looked after

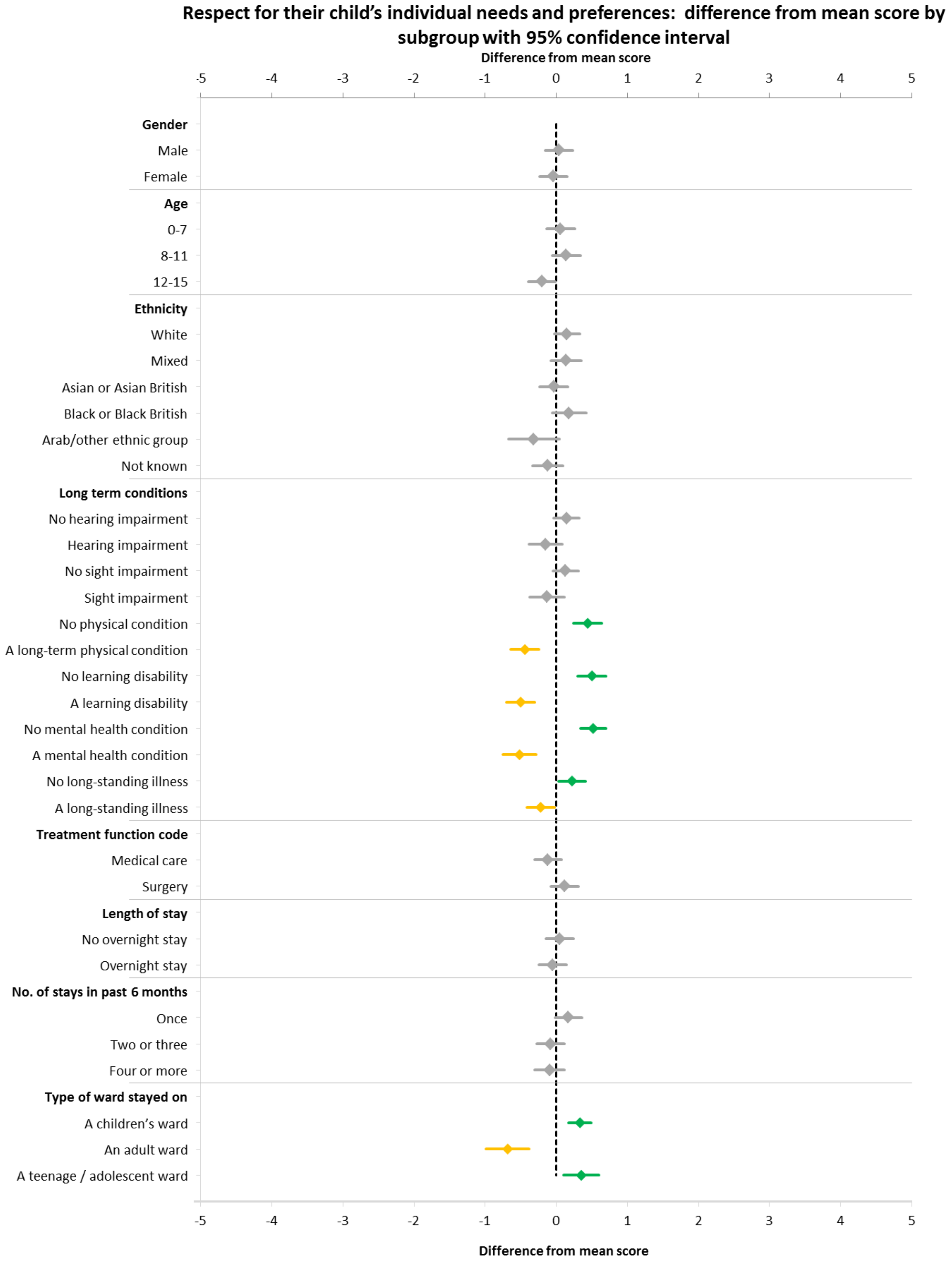


Parents and carers 0-15

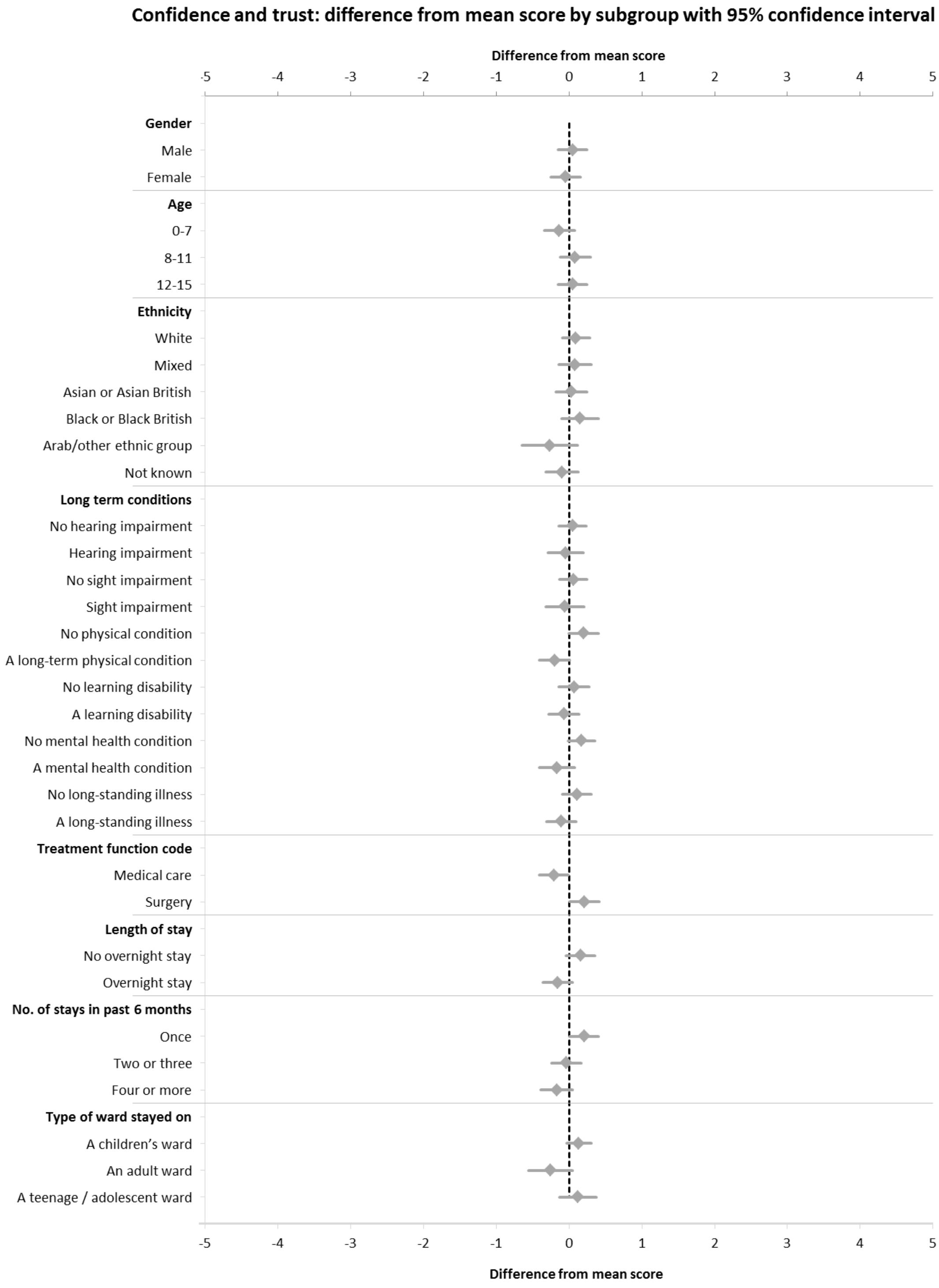
Welcoming the involvement of family and friends



Respect for their child’s individual needs and preferences

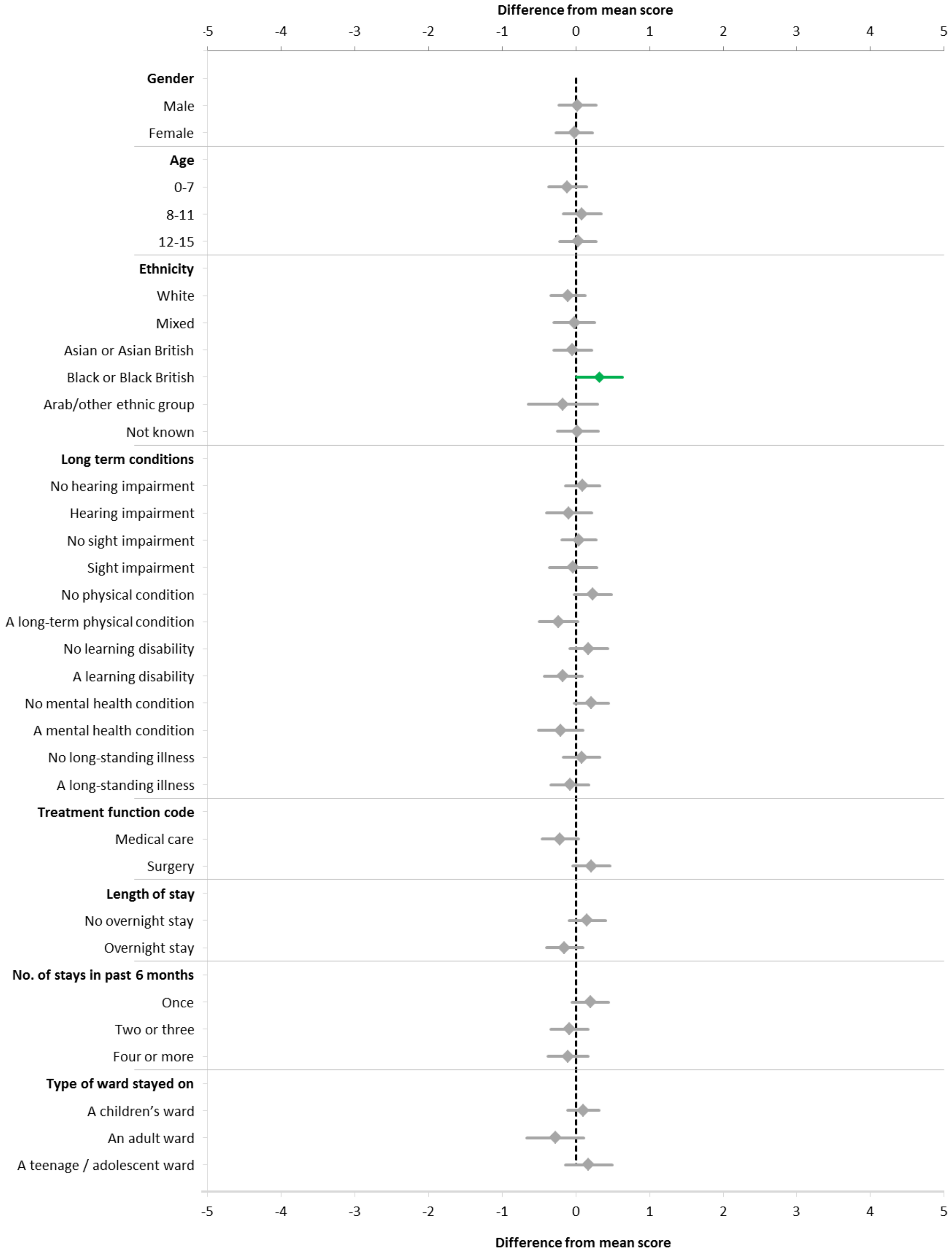


Confidence and trust

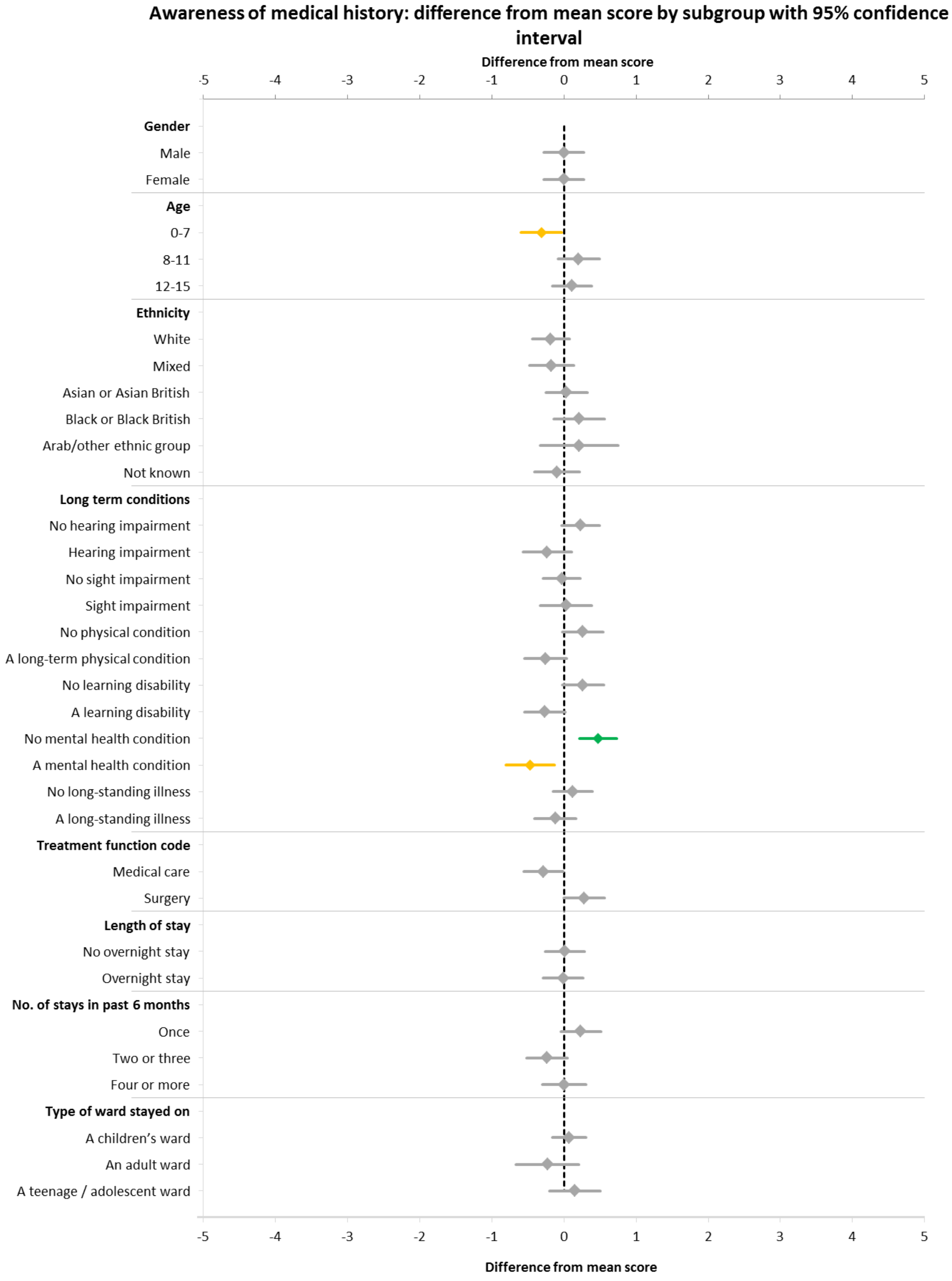


Availability of staff

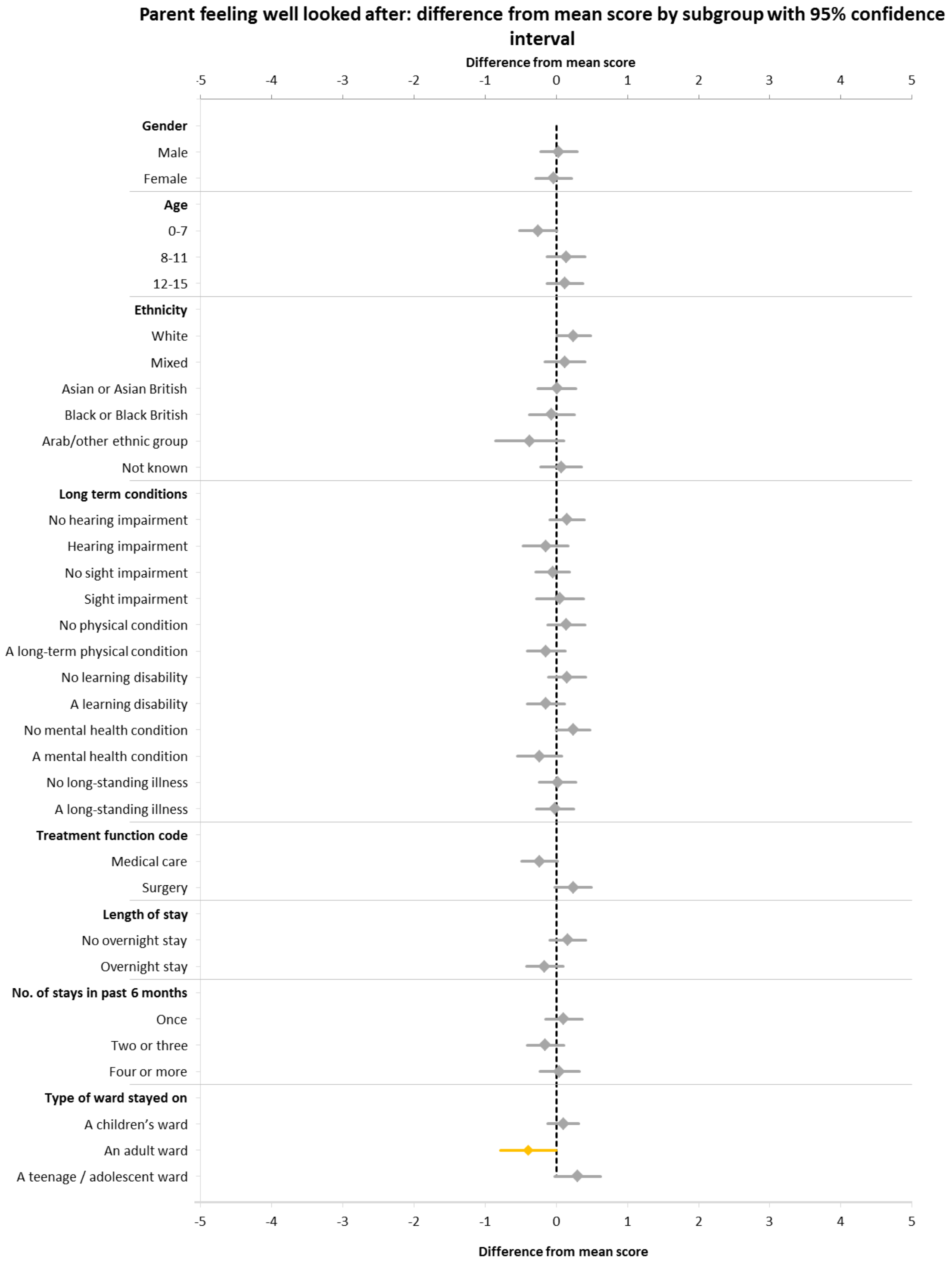
Availability of staff: difference from mean score by subgroup with 95% confidence interval



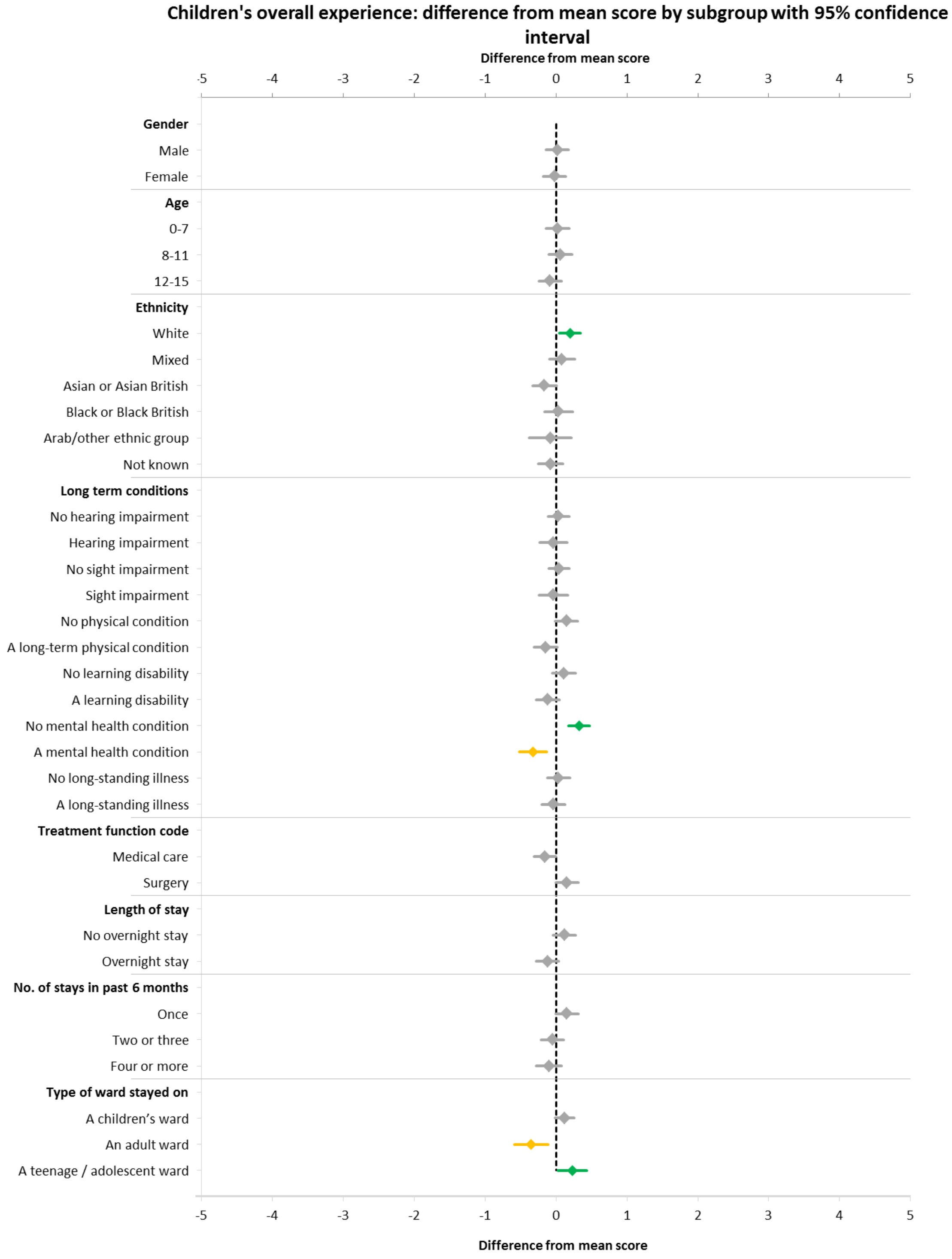
Awareness of medical history



Parents feeling well looked after



Children’s overall experience



Appendix G: Question mapping

Reference number	Questionnaire			Question text
	0-7	8-11	12-15	
X1	Q1	Q23	Q24	Was your child’s visit to hospital planned or an emergency?
X2	Q2	-	-	Did the hospital give you a choice of admission dates?
X3	Q3	-	-	Did the hospital change your child’s admission date at all?
X4	Q4	Q24	Q25	For most of their stay in hospital what type of ward did your child stay on?
X5	Q5	Q25	Q26	Did the ward where your child stayed have appropriate equipment or adaptations for your child's physical or medical needs?
X6	Q6	Q26	Q27	How clean do you think the hospital room or ward was that your child was in?
X7	Q7	-	-	Was your child given enough privacy when receiving care and treatment?
X8	Q8	-	-	Were there enough things for your child to do in the hospital?
X9	Q9	-	-	Did staff play with your child at all while they were in hospital?
X10	Q10	-	-	Did new members of staff treating your child introduce themselves?
X11	Q11	Q27	Q28	Did members of staff treating your child give you information about their care and treatment in a way that you could understand?
X12	Q12	-	-	Did members of staff treating your child communicate with them in a way that your child could understand?
X13	Q13	Q28	Q29	Did a member of staff agree a plan for your child’s care with you?
X14	Q14	Q29	Q30	Did you have confidence and trust in the members of staff treating your child?
X15	Q15	Q30	Q31	Did staff involve you in decisions about your child’s care and treatment?
X16	Q16	Q31	Q32	Were you given enough information to be involved in decisions about your child's care and treatment?

X17	Q17	Q32	Q33	Did hospital staff keep you informed about what was happening whilst your child was in hospital?
X18	Q18	Q33	Q34	Were you able to ask staff any questions you had about your child's care?
X19	Q19	-	-	Did different staff give you conflicting information?
X20	Q20	Q34	Q35	Were the different members of staff caring for and treating your child aware of their medical history?
X21	Q21	Q35	Q36	Did you feel that staff looking after your child knew how to care for their individual or special needs?
X22	Q22	Q36	Q37	Were members of staff available when your child needed attention?
X23	Q23	Q37	Q38	Did the members of staff caring for your child work well together?
X24	Q24	-	-	Did your child like the hospital food provided?
X25	Q25	Q38	Q39	Did you have access to hot drinks facilities in the hospital?
X26	Q26	Q39	Q40	Were you able to prepare food in the hospital if you wanted to?
X27	Q27	Q40	Q41	Did you ever stay overnight in hospital with your child?
X28	Q28	Q41	Q42	How would you rate the facilities for parents or carers staying overnight?
X29	Q29	Q42	Q43	If your child felt pain while they were at the hospital, do you think staff did everything they could to help them?
X30	Q30	Q43	Q44	During their stay in hospital, did your child have any operations or procedures?
X31	Q31	Q44	Q45	Before your child had any operations or procedures did a member of staff explain to you what would be done?
X32	Q32	Q45	Q46	Before the operations or procedures, did a member of staff answer your questions in a way you could understand?
X33	Q33	Q46	Q47	During any operations or procedures, did staff play with your child or do anything to distract them?
X34	Q34	Q47	Q48	Afterwards, did staff explain to you how the operations or procedures had gone?
X35	Q35	Q48	Q49	Were you given any new medicines to take home with you for your child that they had not had before (including tablets and creams)?

X36	Q36	Q49	Q50	Were you given enough information about how your child should use the medicine(s) (e.g. when to take it, or whether it should be taken with food)?
X37	Q37	Q50	Q51	Did a staff member give you advice about caring for your child after you went home?
X38	Q38	-	-	Did a member of staff tell you who to talk to if you were worried about your child when you got home?
X39	Q39	Q51	Q52	When you left hospital, did you know what was going to happen next with your child's care?
X40	Q40	Q52	Q53	Were you given any written information (such as leaflets) about your child’s condition or treatment to take home with you?
X41	Q41	-	-	Do you feel that the people looking after your child listened to you?
X42	Q42	-	-	Do you feel that the people looking after your child were friendly?
X43	Q43	-	-	Do you feel that your child was well looked after by the hospital staff?
X44	Q44	Q53	Q54	Do you feel that you (the parent/carer) were well looked after by hospital staff?
X45	Q45	-	-	Were you treated with dignity and respect by the people looking after your child?
X46	Q46	Q54	Q55	Overall...
X47	Q47	Q21	Q22	Is the child / young person male or female?
X48	Q48	-	-	What is your child's year of birth?
X49	Q49	Q56	Q57	Including this visit, how many times has your child stayed in hospital on a ward in the past six months?
X50	Q50	Q58	Q59	Does your child have any of the following long - standing conditions?
X51	Q51	Q59	Q60	Does this condition(s) cause your child difficulty with any of the following?
X52	Q52	Q57	Q58	Which of these best describes your child’s ethnic background?
X53	-	Q55	Q56	Who was the main person who answered the questions in the children’s section of the questionnaire?
X54	-	Q1	-	Did hospital staff play with you or do any activities with you while you were in hospital?
X55	-	-	Q1	Was the ward suitable for someone of your age?

X56	-	Q2	Q2	Were there enough things for you to do in the hospital?
X57	-	Q3	Q3	Did you like the hospital food?
X58	-	Q4	Q4	Was it quiet enough for you to sleep when needed in the hospital?
X59	-	Q5	Q5	Did hospital staff talk with you about how they were going to care for you?
X60	-	Q6	Q6	When the hospital staff spoke with you, did you understand what they said?
X61	-	Q7	Q7	Did you feel able to ask staff questions?
X62	-	Q8	Q8	Did the hospital staff answer your questions?
X63	-	Q9	Q9	Were you involved in decisions about your care and treatment?
X64	-	Q10	Q10	If you had any worries, did a member of staff talk with you about them?
X65	-	Q11	Q11	Were you given enough privacy when you were receiving care and treatment?
X66	-	-	Q12	If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?
X67	-	Q12	Q13	If you felt pain while you were at the hospital, do you think staff did everything they could to help you?
X68	-	Q13	Q14	During your time in hospital, did you have any operations or procedures (such as having your tonsils taken out)?
X69	-	Q14	Q15	Before the operations or procedures, did hospital staff explain to you what would be done?
X70	-	Q15	Q16	Afterwards, did staff explain to you how the operations or procedures had gone?
X71	-	Q16	Q17	Did a member of staff tell you who to talk to if you were worried about anything when you got home?
X72	-	Q17	Q18	When you left hospital, did you know what was going to happen next with your care?
X73	-	Q18	Q19	Did a member of staff give you advice on how to look after yourself after you went home?
X74	-	Q19	Q20	Do you feel that the people looking after you were friendly?
X75	-	Q20	Q21	Overall, how well do you think you were looked after in hospital?
X76	-	Q22	Q23	How old are you today?

Appendix H: Acknowledgements

CQC would like to thank the stakeholders who have helped us redevelop the children and young people's inpatient and day case survey. We particularly appreciate the support given by the Survey Advisory Group, which included representatives from: NHS England, the Department of Health, Great Ormond Street Hospital for Children NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, CLIC Sargent and the NHS Youth Forum.

We are grateful to all the thousands of children, young people, parents and carers who took the time to provide feedback on their experiences of care in hospital.

This survey used, under licence, questionnaires originally developed and owned by Picker Institute Europe.

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