

PEWS Parent Engagement Survey implementation<Insert name of the ward>



PAEDIATRICS

We use the Paediatric Early Warning System (PEWS) here as a safety tool for all children. Please answer the following questions to help us continue to learn and improve. The survey is anonymous. It should take no more than 5-10 minutes to complete.	Date:
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Please think about the admission you and your child have had on this ward. For each item, please tick the box that best describes what you think or feel about the service.

Communication					
		Certainly True	Partially True	Not True	Don't Know
1	I feel that the staff who have met my child listened to me				
2	My views and worries were taken seriously				
3	The staff here know how to help with the problem I came for				
4	I have been given enough information about the help available				
5	Staff who have seen my child are working together to help with the problem(s)				

Paediatric Early Warning System (PEWS)					
		Certainly True	Partially True	Not True	Don't Know
1	I know that there is a PEWS on this ward				
2	I have seen printed information about PEWS on this ward				
3	Staff have given me information about PEWS on this ward				
4	I am aware that my concern about my child's clinical condition is part of the PEWS				
5	When my child last had observations taken by a nurse, I was asked about my concerns				
6	I felt safe to raise a concern with staff today				

Comments:

Thank you for taking the time to complete this survey. If you would like to meet with a member of staff to discuss any issues arising from this survey, please contact your nurse who will notify the PEWS Lead and arrange an appointment to suit you. Alternatively, please feel free to leave your name and contact number below and a PEWS link person will be in touch as soon as possible.

Name: _____ Mobile Number: _____