[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[ADDRESS 3]

[ADDRESS 4]

[ADDRESS 5]

[POSTCODE]

[DATE]

Dear parent/carer of [CHILD NAME]

**You and your child are invited to help the NHS by telling us about your child’s most recent care and treatment** **whilst in hospital.**

This national survey will help us at [NHS Trust name] and the Care Quality Commission to find out what people think about the care we provide and if any improvements are needed.

Taking part is **voluntary** but we are keen to hear you and your child’s views.

**Give feedback on [HOSPITAL NAME]**

The survey contains questions about your child’s most recent experience at [HOSPITAL NAME] and your experience of accompanying them. If your child has been admitted to the hospital named in this letter more than once, then please think about the most recent time they were admitted when answering the survey.

**Please take part in the survey as soon as possible by filling in the enclosed questionnaire.** It will take approximately 20 minutes, and you can return it using the enclosed Freepost envelope. You do not need a stamp. Please remember you and your child’s responses are **confidential**, this means that staff caring for your child at [Hospital name] will not know who has taken part or how you responded.

**It’s straightforward to take part and it will only take 20 minutes**

Please see the back of the letter for more information or email us on [INSERT EMAIL ADDRESS/ contractor email helpline] or call Freephone [HELPLINE NUMBER] (INSERT OPERTAING HOURS OF HELPLINE).

**Thank you for taking the time to complete this important survey.**

Yours sincerely

[INSERT SIGNATURE]

[CHIEF EXECUTIVE NAME],

Chief Executive, [HOSPITAL NAME]

**If you want a copy of the questionnaire in easy read, large print or Braille, call [Freephone] [HELPLINE NUMBER]**

**Why take part in the survey?**

You and your child have been selected to provide feedback from a list of patients who have recently used the services of [HOSPITAL NAME]. By taking part, you’ll provide the hospital with important information that can help them make improvements.

Taking part in the survey is voluntary. If you and your child choose not to take part, you will not have to give a reason and it will not affect your child’s care. **If you do not wish to take part, please call us on Freephone [HELPLINE NUMBER] or email [EMAIL ADDRESS].**

**Who should fill in the questionnaire?**

As your child was aged 8 or above on the 31st January 2021, there are two separate sections for yourself and your child to complete.

**Is my information secure?**

You and your child’s personal data are held in accordance with the General Data Protection Regulation, Data Protection Act 2018 and the NHS Confidentiality Code of Practice. If you would like more information about how [NHS trust name] or CQC use your personal information to keep it safe, and what your rights are under the law, please write to us, call [Freephone survey number], email [XXXXXXXXXXX@XXXXXX.XXX] or see our privacy notice [link to trust privacy notice].

To send out questionnaires to parents, [NHS Trust name] selected a sample of children and young people who had recently used their services. Personal data about your involvement in this survey is not used for any other purpose and is deleted once the survey process is complete. Your answers to the survey are not linked to your name or full address, but researchers analysing the results of the survey will use your postcode to undertake geographical analysis of overall results.

[[IF CONTRACTOR USED]: [Your contact details have been passed to [survey contractor], only so that they can send you this questionnaire and process your response. [Survey contractor] will process your answers in confidence and keep them separate from your contact details. [Survey contractor] will delete your contact details once the survey process is completed.

**What happens to my answers?**

Your answers will be put together with the answers of other people to provide results for your hospital.

Your contact details will not be shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

The results will be published on CQC’s website in autumn 2021. To see results from previous surveys, please go to: https://nhssurveys.org/surveys/survey/01-children-patient-experience/.

We share data from the surveys with national bodies, including the Department of Health and Social Care and NHS England and NHS Improvement to help their work. Data may also be shared with approved university or charity research teams. Shared data never includes names or addresses. You can see more information about how data is shared at: <https://nhssurveys.org/received-a-questionnaire/>.

**What is the survey number/ bar code on the questionnaire used for?**

You have been given a unique number for this survey so that your name and address do not appear on the questionnaire and are not linked to your responses for this survey.

**Can someone help me or my child fill in the questionnaire?**

Yes, that’s fine. You can help your child to fill in the questionnaire. You can also ask a friend or relative to help you or your child, but please make sure the answers are only about you and your child’s experiences.