**BRAILLE COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING THE LETTER TO PARENTS / CARERS OF PATIENTS.**

The availability of braille will be signposted on the mailing letters and multi-language sheet and administered at the request of the patient or their parent / carer.

When you receive a request for a braille questionnaire, please take down the child or young person’s name and address and, if possible, the questionnaire’s barcode number.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **braille cover letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant. Please save this personalised version of the cover letter.
2. Both the cover letter and questionnaire can then be requested from the braille supplier. **The SCC will provide the contact details for a braille supplier**. Please send the personalised version of the cover letter (with text in yellow updated, and text in blue removed if not relevant) to the braille supplier for printing. The braille supplier should not be provided with patient contact details. Therefore, the braille supplier will post braille materials back to the contractor or in-house trust. The braille questionnaire will be the same for all requests as it does not require personalisation.
3. Please attach the mailing information onto the covering letter or envelope with a sticker. Please also add the survey number or barcode onto the questionnaire with a sticker. The questionnaire and covering letter should then be posted to the patient’s parent / carer by the contractor or in-house trust.
4. In the mailing pack, the following documents should be included: braille cover letter and braille questionnaire.
5. We are monitoring requests for braille questionnaires separately for CYP24. Any braille requests should be logged in the weekly monitoring spreadsheet. On completion, please record this as **outcome 1** in the Outcome column. This will ensure the patient and their parent / carer do not receive any further mailings.
6. **At the time of the patient or** **their parent / carer requesting braille**, if it’s likely they will receive a further mailing (e.g. due to mailing deadlines or the multiple stages involved in producing braille materials) it is worth making them aware this will happen, but that a braille format will also be shared.
7. If the patient and their parent / carer **do not take part in the survey**, the braille request noted in the weekly monitoring spreadsheet should be left in and an outcome code 6 added.

**Processing the return:**

1. Braille questionnaires cannot be completed in braille. Therefore, this cover letter advises the patient and their parent / carer to complete the questionnaire over the telephone or online.
2. When the patient or their parent / carer rings the helpline to complete the questionnaire please ask them for their name, the NHS Trust highlighted on the cover letter and their survey number to identify them from the correct sample. Their responses will then need to be inputted into the main data entry spreadsheet along with their sample information and coded with an outcome of 1.

[MAILING DATE]

Dear Sir/Madam,

Thank you for your interest in the 2024 Children and Young People’s Patient Experience Survey. Please find enclosed a copy of the questionnaire in braille.

To take part in the survey, you can contact the helpline on [Freephone] [HELPLINE NUMBER] [HELPLINE OPENING DAYS/TIMES].

Alternatively, you can take part in the screen-reader compatible online survey. You can use a computer, tablet or smartphone. It should take about 15 minutes. Please enter the website address below into the address bar of your internet browser and enter the survey number and online password to begin the survey. Alternatively, scan the QR code located in the bottom right hand corner of this page to start the survey straight away. The survey has two parts, one for your child to complete and one for you to complete. This is so that you can both share your views. You are more than welcome to help your child complete the survey. Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK].

**Website address: [online survey link]**

**Survey number:**

 **[PRN]**

**Online password:**

 **[PASSWORD]**

The survey contains questions for you and your child about their most recent experience at [HOSPITAL NAME].

The survey is being carried out by [CONTRACTOR/IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission in England. The findings will help us understand what is good about patient care and what areas we can improve.

Your information will be kept confidential. None of the staff who cared for your child at the hospital will know who has taken part and it will not affect your child’s care in any way. There is more information about the survey and confidentiality on the next page. If you have any questions or need help filling in the questionnaire**,** please send an email to: **[HELPLINE EMAIL]** or call [CONTRACTOR/IN-HOUSE TRUST NAME] on **[Freephone] [HELPLINE NUMBER]** [HELPLINE OPENING DAYS/TIMES].

Thank you very much for giving some of your time to help the NHS.

**[INSERT UNIQUE QR CODE HERE]**

Yours sincerely,

SIGNATURE

[CHIEF EXECUTIVE NAME]

Chief Executive, [NHS TRUST NAME]

**Why are you carrying out this survey?**

The NHS Children and Young People’s Survey will help your hospital to improve children and young people’s services, so they better meet patient needs. The findings from this study will be published at **www.cqc.org.uk/surveys**.

**Why have I been invited to take part?**

Your child’s name was chosen from a list of patients who had recently used the services of [HOSPITAL NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at **[NHS TRUST PRIVACY STATEMENT ON WEBSITE]** and **www.cqc.org.uk/about-us/our-policies/privacy-statement**. For more information go to **www.nhssurveys.org/faq**.

IN-HOUSE TRUSTS TO REMOVE PARAGRAPH> Your contact details have been passed to [CONTRACTOR], only so that they can invite you to take part in this survey. These details were shared with Section 251 support. [CONTRACTOR] will **keep your contact details confidential** and destroy them once the survey is over.

**What happens to my answers?**

Your answers are put together with the answers of other people to provide results for your hospital and produce national results. Your answers will be kept confidential by researchers at [CONTRACTOR/IN-HOUSE TRUST NAME] and the Survey Coordination Centre at Picker (who co-ordinate the survey on behalf of the Care Quality Commission). Your name and full address will **not** be linked to your responses, and nobody will be able to identify you in any results that are published. Researchers will use your postcode to undertake geographical analysis of overall results. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty. Your NHS number is not linked to your survey responses.

**What is the survey number on the front of this letter used for?**

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven’t responded) and to link responses to hospitals.

**Do I have to take part in the survey?**

**Taking part in the survey is voluntary**. If you choose not to take part, it will not affect your care and you don’t need to give us a reason. If you do not wish to take part, contact us at [**Freephone] [HELPLINE NUMBER]** or email **[HELPLINE EMAIL]** stating “opt-out” and your survey number (written on the front page of this letter).

**Can someone help me fill in the questionnaire?**

If you would like someone to help you or your child complete the survey, it’s fine to ask a friend or relative to help, but please make sure the answers are only about your and your child’s experiences.

**What if my child was admitted to one hospital but discharged from another?**

Please answer the survey thinking about your child’s visit to the hospital named in this letter.