**2024 CHILDREN AND YOUNG PEOPLE'S PATIENT EXPERIENCE SURVEY COVERING SHEET – INSTRUCTIONS FOR AGES 8-15**

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

The availability of large print will be signposted on the mailing letters and administered at the request of the patient or their parent / carer.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **large print invitation letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant. As this letter uses font size 18, it can be printed on A4 paper.
2. The **questionnaire** should also be personalised with the **survey number.** This will enable any returns to be processed. As the questionnaire uses font size 12, **please print this scaled up on A3 paper to ensure it is large print** (with each page of the questionnaire on a full side of A3).
3. The questionnaire and covering letter should be posted to the patient alongside a **return envelope.** You can either use the Freepost address you have set up or include a stamped addressed envelope to a different processing address.
4. Please **log any large print requests** in the fieldwork monitoring spreadsheet.
5. We recommend that patients or their parents / carers who request a large print are logged as **opt-out.** This will ensure they do not receive any further small print mailings. If the patient then takes part in the survey, the code should be changed to complete. At the time of the patient or their parent / carer requesting the large print, if it’s likely they will receive a further small print mailing (e.g. due to extraction deadlines) it is worth making them aware this will happen, but that a large print will also be shared.

**Processing the return:**

1. Manually enter **responses into the main excel data entry** **sheet** for that patient.

**[PERSONALISATION OF NHS TRUST]**

**NHS [Foundation] Trust**

**Survey number:** **[PATIENT RECORD NUMBER]**

[DATE]

Dear parent / carer of [FIRSTNAME] [SURNAME],

Please find enclosed a large print version of the 2024 Children and Young People’s Patient Experience Survey. You can return your completed questionnaire in the Freepost envelope provided. You do not need to use a stamp. Alternatively, you can complete the survey online by following the website address below, or by scanning the QR code. Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK].

**[INSERT UNIQUE QR CODE HERE]**

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

**Survey number:**

**[PRN]**

**Online password:**

**[PASSWORD]**

The survey contains questions about your child’s most recent experience at [HOSPITAL NAME]. The survey has two parts, one for your child to complete and one for you to complete.

The survey is being carried out by [CONTRACTOR/IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission in England (CQC) with support from this Trust. The findings will help us understand what is good about patient care and whether any improvements are needed.

If you have any questions**,** email **[HELPLINE EMAIL]** or call [CONTRACTOR/IN-HOUSE TRUST NAME] on **[Freephone] [HELPLINE NUMBER]** [HELPLINE OPENING DAYS/TIMES].

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.