Parent / carer of

[FIRSTNAME] [SURNAME]

[ADDRESS 1]

[ADDRESS 2]

[ADDRESS 3]

[ADDRESS 4]

[POSTCODE]

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

 **Online password:** **[PASSWORD]**

[MAILING DATE]

Dear parent / carer of [FIRSTNAME] [SURNAME]

Please send us your feedback so your voice can be heard

I recently sent you a letter asking you and your child to take part in a survey about your child’s recent visit to [HOSPITAL NAME AT DISCHARGE]. You may also have received a text message inviting you to take part, sent to the phone number ending [NNNN LAST 4 DIGITS OF PHONE NUMBER]. [The sentence containing the phone number information is to be included only if the patient’s phone number is available]. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

If you and your child have not yet taken part, please consider doing so. The survey asks questions about the care your child received during their recent hospital visit. Your answers will help us improve children and young people’s experiences at the hospital and across the NHS.

[THIS TEXT IS DISPLAYED IF TRUST HAS >= 50% MOBILE NUMBERS FOR THE SAMPLE]

[It’s easy to take part and should only take around 15 minutes. This can be done on a computer, tablet or smartphone. Please type 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 to start the survey straight away.]

[THIS TEXT IS DISPLAYED IF TRUST HAS < 50% MOBILE NUMBERS FOR THE SAMPLE]

[The enclosed questionnaire can be returned to us in the Freepost envelope provided. If you prefer, you can still take part online. Type the website address below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Alternatively, scan the QR code to start the survey straight away.]

**[INSERT ONLINE SURVEY LINK]**

**Survey number:**

 **[PRN]**

**Online password:**

 **[PASSWORD]**

**[INSERT UNIQUE QR CODE HERE]**

Your answers 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 over the 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.

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).

[THIS TEXT IS DISPLAYED IF TRUST HAS >= 50% MOBILE NUMBERS FOR THE SAMPLE]:

[Can someone help fill in the questionnaire or send me a paper version?

You are more than welcome to help your child complete the survey. 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. We will send a paper version of the questionnaire within two weeks if you have not completed the survey online (unless you tell us you would not like to take part).]

[THIS TEXT IS DISPLAYED IF TRUST HAS < 50% MOBILE NUMBERS FOR THE SAMPLE]:

[Can someone help fill in the questionnaire?

You are more than welcome to help your child complete the survey. 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.