**COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING LETTER TO PATIENT.**

The availability of Braille will be signposted on the mailing letters and administered at the request of the patient.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **Braille invitation letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant.
2. The **questionnaire** does not require personalisation.
3. Please contact the Coordination Centre for Mixed Methods (CCMM) at [InpatientCoordination@ipsos.com](mailto:InpatientCoordination@ipsos.com) as Braille requests will be set-up and coordinated centrally. The **CCMM will provide the contact details for a Braille supplier**.
4. Both the invitation letter and questionnaire can then be requested from the Braille supplier. The Braille supplier should not be provided with patient contact details. Therefore, they will post Braille materials back to the contractor or in-house trust.
5. The questionnaire and covering letter should then be posted to the patient by the contractor or in-house trust.
6. Please **log any Braille requests** in the fieldwork monitoring spreadsheet.
7. We recommend that patients who request Braille are logged as **opt-out.** This will ensure they do not receive any further mailings. If the patient then takes part in the survey, the code should be changed to complete. At the time of the patient 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.

**Processing the return:**

1. Braille questionnaires cannot be completed in Braille. Therefore, this invitation letter advises the patient to complete this online (using a screen reader or with the help of a friend/family member) or as a telephone assisted complete.

**[PERSONALISATION OF NHS TRUST]**

**NHS [Foundation] Trust**

[DATE]

Dear Sir/Madam,

Thank you for your interest in the NHS Adult Inpatient Survey. Please find enclosed a copy of the questionnaire in Braille.

To take part in the survey over the phone, 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. Enter 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. If you would like someone to help you complete the survey it’s fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

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

**Survey number:**

**[PRN]**

**Online password:**

**[PASSWORD]**

The survey asks questions about the care and treatment you received during your recent hospital stay. The survey is being carried out by [CONTRACTOR/IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission in England with support from the hospital [and NHS Trust]. The findings will help us understand what is good about patient care and whether any improvements are needed.

Your information will be kept confidential.None of the staff who cared for you in hospital will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality below. If you have any questions**, email [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,

[CHIEF EXECUTIVE NAME]

Chief Executive, [NHS TRUST NAME]

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

The NHS Adult Inpatient Survey will help your hospital to improve inpatient 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 name was chosen from a list of inpatients who had recently used the services of [SITE 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 **https://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. [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, and will be kept confidential by researchers at [CONTRACTOR/IN-HOUSE TRUST NAME] and Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at hospital will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. Researchers analysing the results of the survey 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.

**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. The survey number is not linked to your NHS number.

**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].**

**I was admitted to one hospital but discharged from another. What should I do?**

Please answer the questionnaire thinking about your stay in the hospital named in this letter.