**COVERING SHEET – INSTRUCTIONS**

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

The availability of large print will be signposted on the mailing letters and multi-language sheet 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 **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 **patient 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 are monitoring requests for Large print requests separately for IP24. Any 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 does not receive any further mailings.
6. **At the time of the patient** **requesting large print**, if it’s likely they will receive a further mailing (e.g. due to mailing deadlines or the multiple stages involved in producing materials) it is worth making them aware this will happen, but that a large print format will also be shared.
7. If the patient **does not take part in the survey**, the large print request noted in the weekly monitoring spreadsheet should be left in and an **outcome code 6** added.

**Processing the return:**

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

**[PERSONALISATION OF NHS TRUST]**

**NHS [Foundation] Trust**

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

[MAILING DATE]

Dear [FIRST NAME] [LAST NAME],

Please find enclosed a large print version of the NHS Adult Inpatient Survey. You can **return your completed questionnaire in the Freepost envelope** provided. Alternatively, you can complete the survey online by following the website address below, or by scanning the QR code. Please take part by [FIELDWORK DEADLINE DATE, FORMAT DD/MM/YYYY].

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

**Survey number:**

**[PRN]**

**Online password:**

**[PASSWORD]**

**[INSERT UNIQUE QR CODE HERE]**

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

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,

SIGNATURE

[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 inpatient services of [DISCHARGE 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 (CQC) are the data controllers for this study. This means that they make the decisions on how and why your personal data is collected and used, and ensure all personal data collected and stored is done so legally and ethically.

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.

Your results will be kept confidential by researchers at [CONTRACTOR/IN-HOUSE TRUST NAME] and The Survey Coordination Centre (SCC) at Picker (who co-ordinate the survey on behalf of the Care Quality Commission, CQC).

None of the staff who cared for you at your 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].**

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

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.

**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.