**COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING LETTER TO MATERNITY SERVICE USERS.**

The availability of braille will be signposted on the mailing letters and multi-language sheet and administered at the request of the maternity service user.

When you receive a request for a braille questionnaire, please take down the maternity service user'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. Please contact the Survey Coordination Centre (SCC) at [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com) as braille requests will be set-up and coordinated centrally. 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) to the braille supplier for printing. The braille supplier should not be provided with the maternity service user’s 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 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 maternity service user 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 MAT24. Please **log any braille requests** in the fieldwork monitoring spreadsheet.
6. We recommend that service users who request braille are logged as **opt-out** (outcome 4)**.** This will ensure the service user does not receive any further mailings. If the maternity service user then takes part in the survey, the code should be changed to **outcome 1**.
7. **At the time of the maternity service user 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 sent.
8. If the maternity service user **does 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 maternity service user to complete the questionnaire over the telephone or online (using a script reader).
2. When the maternity service user 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.

**[PERSONALISATION OF NHS TRUST]**

**NHS [Foundation] Trust**

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

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

[MAILING DATE]

Dear Sir/Madam,

Thank you for your interest in the 2024 Maternity survey. Your participation will help us monitor the quality of our services and suggest areas for improvement. 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. Enter the website address below into the address bar at the top of your internet browser or scan the QR code located in the bottom right-hand corner of this page to complete the survey online. Enter the survey number and online password to start the survey. If someone else helps you complete the survey, 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 your recent experience of giving birth and the care you received during your pregnancy and after your birth. 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.

**Your information will be kept confidential.** None of the staff who cared for you at [SITE NAME] 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 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 your time to help us improve.

**[INSERT UNIQUE QR CODE HERE]**

Yours sincerely,

[INSERT SIGNATURE]  
[SIGNATORY NAME],  
[POSITION AT THE TRUST], [TRUST NAME]

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

The NHS Maternity Survey will help this trust to improve maternity services, so they better meet the needs of mothers and babies. The findings from this study will be published in January 2025 at **www.cqc.org.uk/surveys**.

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

Your name has been chosen as you gave birth at [SITE NAME] in January or February 2024. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notice explains your rights about how your information is used, and how you can get in touch. You can find 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 this trust and produce national results and 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). None of the staff who cared for you 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 trusts. 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 do not 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.

**Who do I contact if I have a query or complaint about the survey?**

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone [helpline number]** or **email [helpline email address].**