**COVERING SHEET – INSTRUCTIONS**

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

The availability of large print 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 large print 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 **large print cover 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. Please save this personalised version of the cover letter.
2. The **questionnaire** should also be personalised with the maternity **service user 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 maternity service user 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. We are monitoring requests for large print questionnaires separately for MAT24. Please **log any large print requests** in the fieldwork monitoring spreadsheet.
5. We recommend that maternity service users who request a large-print are logged as **opt-out** (outcome code 4)**.** This will ensure they do not receive any further small print mailings. If the maternity service user then takes part in the survey, the code should be changed to complete (outcome code 1).
6. **At the time of the maternity service user 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.
7. If the maternity service user **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 maternity service user.

**[PERSONALISATION OF NHS TRUST]**

**NHS [Foundation] Trust**

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

[DATE]

Dear [TITLE] [FIRST NAME] [LAST NAME],

Thank you for your interest in the 2024 Maternity Survey. Please find enclosed a large print version of the questionnaire. 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. Please take part by [DATE].

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

**Survey number:**

 **[PRN]**

**Online password:**

 **[PASSWORD]**

**[INSERT UNIQUE QR CODE HERE]**

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 with support from this Trust. The findings will help us monitor the quality of our services and suggest areas for improvement.

If you have any questions, please email **[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.

Yours sincerely,

SIGNATURE

[SIGNATORY NAME],
[POSITION AT THE TRUST], [NHS 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 [NHS TRUST 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 controller 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 REMOVE THIS 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 coordinate 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].