[TITLE] [INITIAL] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[ADDRESS 3]

[ADDRESS 4]

[POSTCODE]

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

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

[MAILING DATE]

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

**Taking part will help improve maternity care at your Trust**

I recently sent you a letter inviting you to take part in a survey about **your recent maternity experience** at [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you very much for your time. You do not need to do anything else.

**Please send us your feedback so your voice is heard and can help others in the future**

The survey asks questions about you and the maternity care you recently received at [TRUST NAME]. Taking part is voluntary but your feedback is really important to us. We want to know what went well and what we can do better.

**Taking part will only take 15 minutes**

**You can complete the survey online** – this can be done on a computer, tablet or a mobile phone. To take part, please type the link below into the address bar at the top of your internet browser and then enter the survey number and online password to start the survey. Alternatively, you can scan the QR code to complete the survey online.

**[INSERT UNIQUE QR CODE HERE]**

**[INSERT ONLINE SURVEY LINK]**

**Survey number:**

 **[PRN]**

**Online password:**

**[PASSWORD]**

**Your information will be kept confidential**

This survey is being carried out by [CONTRACTOR IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission with support from [TRUST]. Your responses are not shared with our staff and will be kept confidential by the research team. There is more information about how your answers will be used over the page.

If you have any questions, need help filling in the questionnaire or do not want to take part,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 us improve maternity care.

Yours sincerely,

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

**Why are you carrying out this survey and why have I been invited?**

The NHS Maternity Survey will help this trust improve maternity services, so they better meet the needs of mothers and babies. The findings from this study will be published at [**www.cqc.org.uk/surveys**](http://www.cqc.org.uk/surveys)**.**

Your name has been chosen as you gave birth at the trust named in this letter in January or February. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains 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 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 your trust and will be kept confidential by researchers at [CONTRACTOR/IN HOUSE TRUST NAME] and the Survey Coordination Centre (SCC) (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 don’t need to give us a reason. If you do not wish to take part, please call **Freephone [helpline number]** or **email [helpline email address].**

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. If you would like a paper version of the questionnaire, please call **Freephone [helpline number]** or **email [helpline email address].**

**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].**