

FEEDBACK ON THE IMPLEMENTATION OF THE 2007 MATERNITY SURVEY:

RESULTS OF AN ONLINE SURVEY OF TRUST
SURVEY LEADS & SURVEY CONTRACTORS

THE CO-ORDINATION CENTRE FOR THE
NHS ACUTE PATIENT SURVEY PROGRAMME

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1 Background

1.1 Objective

The purpose of this survey was to understand trusts and survey contractor's experiences of carrying out the 2007 Maternity Survey and identify ways in which the survey process can be made easier and more effective in the future.

1.2 Maternity Survey 2007

During the summer of 2007, the Healthcare Commission carried out a survey of maternity services. Almost 45,000 women were invited to take part in the survey about their recent experiences of maternity care services provided by 151 NHS Trusts in England. Women who had given birth in February 2007¹ were sent a postal questionnaire approximately three months after the birth. Over 26,000 women responded to the survey, representing an adjusted response rate of 59%.

Further detail, including the results of the survey for each trust, is available on the Healthcare Commission's website at www.healthcarecommission.org.uk

The instrument developed for the trust-level survey was based on the 28 page questionnaire used for the National Maternity Survey carried out by the National Perinatal Epidemiology Unit (NPEU) in 2006, with ONS selecting a random sample of women who had recently given birth in one specific week in England. In turn this had taken as its starting point the 43 page questionnaire used for the 1995 national survey of recent mothers and the local audits that followed. Many aspects of maternity care have changed since 1995 and the survey instrument reflected this. Detailed information about the development of the National Maternity Survey 2006 questionnaire can be found in the report of this survey².

Further detail about the amendments made to the questionnaire can be found at:

http://www.nhssurveys.org/docs/MAT07_Development_Report.pdf

The revised questionnaire was piloted in seven NHS Trusts during the summer of 2006. The pilot survey highlighted some areas of the questionnaire which required further amendment to lower the percentage of missing responses to some questions and to respond to women's feedback. These amendments are detailed in the development report mentioned above.

¹ If an NHS Trust had fewer than 200 babies delivered in February 2007, then women who gave birth in January 2007 were also invited to take part in the survey.

² National Perinatal Epidemiology Unit (2007). *Recorded delivery: a national survey of women's experience of maternity care 2006*. Oxford: NPEU. Further information is available at <http://www.npeu.ox.ac.uk/>

1.3 Methodology

All maternity survey leads (n 151) were e-mailed in August 2007 to invite them to take part in an online survey (with follow up mailings to replacement contacts, where notified). The survey contractors that had been involved in carrying out the maternity survey on behalf of trusts were also invited to take part in a shortened version of the survey.

Two targeted reminders were sent to non-responders at fortnightly intervals to encourage participation.

The email invitation stated that any information provided would be treated as confidential and would not be passed on in any way that allows respondents to be identified. Survey leads and survey contractor organisations were also able to submit their responses anonymously.

1.4 Response rates

103 trust survey leads responded to the survey, representing a raw response rate of 68%. Almost all of the survey contractors that had been involved in carrying out the maternity survey on behalf of trusts responded to the survey (i.e. 7 out of 8), representing a response rate of 88%.

Of those trust contacts who responded to the survey, 75 said they used a survey contractor to carry out the survey on behalf of their trust and 28 reported they had carried out the survey in-house. (However, from our records only 27 trusts carried out the survey in-house indicating that one respondent answered this question incorrectly). Therefore the response rate for the in-house trusts was 100% compared with 60% for the trusts that used a contractor to carry out the survey for them.

Of those trust leads who responded to the survey, 73% (n=75) said they had previously been a survey contact at their trust for another national patient survey (e.g. inpatient survey). Therefore, a fairly large proportion of the respondents (27%) were new to the process of co-ordinating and carrying out a national survey as part of the NHS patient survey programme.

Of those trust leads who responded to the survey, 80 (78%) provided information on their job title. These were:

- PALS/PPI/Patient services 32% (n=26)
- senior managers, including clinical directors and Heads of Midwifery 31% (n=25)
- clinical governance managers / clinical support 13% (n=10)
- audit and information staff 13% (n=10)
- others 11% (n=9)

2 Summary of key findings

Trust survey leads and survey contractors reported positive experiences in the following areas:

Communication, information and support from the Co-ordination Centre

- all respondents said the email communications from the Co-ordination Centre kept them sufficiently well informed about the survey
- of those respondents who had contacted the Co-ordination Centre for advice during the survey, most reported that their queries were 'always' answered quickly enough and were 'always' answered to their satisfaction
- almost all respondents found the information they needed for carrying out the survey on the NHS Surveys website
- four in five respondents felt the guidance manual was published at the appropriate time
- only a small proportion of respondents said there were areas or topics they would have liked further information on
- all respondents (from trusts and survey contractor organisations) said that the Co-ordination Centre sample checking process was 'very quick' or 'quite quick'
- of those trusts and survey contractors who were advised to correct an issue or problem in the sample(s), most considered it as 'definitely' clear how this could be done

Compiling the sample and weekly monitoring

- most trust leads found the instructions on how to compile the list of women either 'very' or 'fairly' easy to understand and most reported clarity in the sampling instructions with respect to which women should be included or excluded from the sample
- almost nine in ten respondents felt there was sufficient time to draw their sample from the publication of the guidance manual to when the sample was required.
- the majority of trusts and survey contractors considered the instructions on how to complete the weekly monitoring as 'definitely' easy to understand

Trust contacts and survey contractors reported problems or difficulties when implementing the maternity survey in the following areas:

Guidance manual

- only 20% of respondents from trusts said the layout and structure of the guidance manual was 'very clear' – although the proportion was higher amongst those respondents who had been a survey lead at the trust for a previous patient survey
- 5% of trust leads who responded to the survey were not aware there was a separate sampling handbook available on the NHS Surveys website

Compiling the sample and carrying out checks

- almost a quarter of trust leads reported there was only enough information 'to some extent' on how to compile the list of women for the survey
- almost a quarter of respondents felt it was only clear 'to some extent' which checks had to be carried out on the sample once it had been drawn
- one third of trusts said they experienced some difficulty when compiling their sample and/or carrying out the necessary sample checks. Freetext comments revealed these difficulties related to the trusts' IT systems; matching maternal and infant records; identifying home births and identifying those women to be included/excluded

Weekly monitoring and data entry spreadsheets

- a small number of trust contacts reported some difficulty in using the weekly monitoring (n=3) and/or data entry spreadsheets (n=5).

3 Recommendations for future surveys

The main purpose of undertaking this feedback survey was to identify ways in which the survey process can be made easier and more effective in the future. However, many of the difficulties and problems trusts reported in this survey were specific to the maternity survey (i.e. difficulties compiling the list of women and carrying out necessary checks). Nevertheless, based on the results from the feedback survey (including the free-text comments), the following general recommendations can be made:

- [Improve the layout and structure of the guidance manual](#)

Respondents suggested: shortening the length; providing greater clarification of terms; providing two manuals covering different parts of the survey process e.g. one with key information such as dates, sampling instructions and data submission and the other with background information, approved contractor details, data protection and ethical issues etc...

Action: consider creating two separate handbooks to improve the structure and reduce the length of the manual that is used on a day-to-day basis.

- [Publicise the availability of the separate sampling handbook and the sample construction spreadsheet](#)

Action: include a list of all documents and spreadsheets available for carrying out the survey in the e-bulletin sent out when the guidance is published

- [Questionnaire: avoid the over-use of free-text 'numeric' questions and keep the layout simple.](#)

Action: use scaled question responses where possible; keep the format of the questions the same throughout the questionnaire. Continue to carry out cognitive testing of the questionnaire during the survey development.

- [NHS Surveys website](#): improve the navigation and have better links to the survey results and examples of good practice

Action: The NHS Surveys website is currently being re-designed and developed. The new site will provide a clearer link to survey results and the overall navigation will be improved. The re-developed site will be launched in January 2008.

- Give plenty of notice about forthcoming surveys in the national patient survey programme and provide the exact timings of the current survey as soon as possible.

Action: When the survey is announced, provide a 'provisional' timetable of key dates (i.e. publication of guidance, fieldwork period, deadline for data submission). It is not possible to provide any more notice on forthcoming surveys than currently given due to the survey programme being funded on a yearly basis. However, we will provide an indication on the NHS Surveys website as to what stage any feasibility studies are at, such as 'Questionnaire in development', 'Application submitted to ethics committee', 'Pilot survey' etc...

4 Findings³

4.1 Keeping trusts and survey contractors informed

All respondents (from both trusts and survey contractor organisations/companies) said that the email communications from the Co-ordination Centre kept them sufficiently well informed about the survey.

Table 1 shows that most respondents from trusts (75%) said it was easy for staff working on the survey to gain access to the internet to download the information they needed to carry out the survey. Of the two respondents from trusts who said that it was 'difficult' to gain access to the internet, one trust carried out the survey in-house and the other used a survey contractor.

Table 1 How easy was it for you and your colleagues to gain access to the internet to download the information?

	Number	Percentage
Easy - most trust staff working on the survey have unlimited access to a work computer	77	75%
Relatively easy - most trust staff working on the survey have shared access to a computer	23	23%
Difficult - most staff working on the survey rarely have access to a computer	2	2%
Total specific responses	102	100%
I did not know the information was available on the website	1	

Trusts and survey contractors were asked if they could find all the information they needed for carrying out the survey on the NHS Surveys website. All survey contractors (100%) reported that they had found all the information they needed, and 99% of respondents from trusts had found the information on the website.

As the Co-ordination Centre is updating the NHS Surveys website, the survey asked trusts and survey contractors to suggest ways in which the site could be improved. Respondents' comments showed that improving the navigation of the site and including better links to survey results were some of the most common suggestions (Table 2). However, many respondents wrote that they were generally satisfied with the site in its current format and could not think of any specific improvements that could be made.

³ Please note: frequency tables for each survey question are shown in appendix 1 (results from survey completed by trust contacts) and appendix 2 (results from survey completed by survey contractors)

Table 2 Do you have any thoughts on how the NHS Surveys website could be improved?
Improve navigation
Sometimes the links to the information that you wished to access were not always very clear, but I always found the information eventually
Make it easier to find specific information - eg benchmarking results for your Trust. Sometimes it takes a while to find what you are looking for. Otherwise, site is good.
Do not really use as our contractors give us more than enough information. My experience of the website is that it is not simple to navigate and could be more user friendly.
Not really - but anything to make life simpler would be welcome. Would also welcome an Acute Co-Ordination Centre title to click on.
Provide a better link to survey results
Would only suggest that the patient surveys are more clearly marked and make it easier to find results for previous surveys etc
Links to the eventual reports
It would be advantageous to be able to see at a glance the name of the highest performing Trust rather than having to trawl through pages of information.
Where the national benchmarks are published, I would find it extremely helpful the top 5% or 10% of trust were identified. If they could have been asked what activities they undertook to enable them to perform so well and have links to both contacts and were possible relevant documents then we would be able to learn from good practice with a simple direct route. Currently, I believe trusts can languish in poor performance around a particular area for several surveys without much idea how to improve performance.
It might help to have the version numbers of documents shown on the download screen, to match the version in the file name. Possibly the date of the update also.
Positive views of the website
Compared to a lot of other websites I find it very easy to navigate and most info I need is there.
Current format is clear and content is very useful. Would be good to have advise on how national surveys could be followed up locally. I.e. we use a contractor once a year but would like to rerun elements of the survey following adverse performance - what are the copyright implications etc etc...
I've found all I needed on them
No, I am very pleased with the layout and ease of use of your website.
Website was fine. However - The amount of information needing to be printed off / read/ acted on was huge
No I found it a useful experience and when I needed further explanation there was always someone available
Happy with the format of the site at the moment. Unable to suggest any immediate improvements.
The website for the inpatient surveys has been very useful and easy to access, however the [survey contractor] website is not as user friendly
Found the directly emailed information and website helpful.
No the site seems fine.
No, I think it is very clearly set out and easy to use.
In reality I look to the contractor to advise me of the important point relating the survey. I would only look to the website for clarification of a uncertain point and given the thoroughness of the contractor this is rarely
Site adequate
Can't think of anything off the top of my head. I'd need to go back and have another look
[Survey Contractor]: No - we think it is very well laid out and has the relevant information, plus it is easy to find

4.2 Contacting the Co-ordination Centre

During the survey, 61% of respondents from trusts said they had contacted the Co-ordination Centre (either by telephone or email) for advice. Unsurprisingly, a significantly higher proportion of respondents contacted the Co-ordination Centre for advice if they had not previously been a survey contact at the trust for any of the national patient surveys (Table 3). Whilst 82% of 'new' survey contacts at trusts asked the Co-ordination Centre for advice during the survey, this compares with 53% of respondents who said they had previously been a survey contact ($X^2=7$, $df=1$, $p=0.008$).

Table 3 The proportion of trusts that contacted the Co-ordination Centre for advice

		Survey contact at trust		Total
		Previous survey contact	New survey contact	
Did you contact the Co-ordination Centre (either by telephone or email) for any advice during the survey?	Yes	53% (40)	82% (23)	63
	No	47% (35)	18% (5)	40
Total		100% (75)	100% (28)	103

Similarly, the proportion of trusts who contacted the Co-ordination Centre for advice during the survey was higher amongst those trusts that carried out the survey in-house (75%) when compared with those trusts that used a survey contractor (56%), although this difference was not statistically significant. Trusts using a survey contractor are less likely to contact the Co-ordination Centre for advice as the contractor is likely to do this on their behalf and/or provide additional support or advice to the trust. The survey showed that almost all of the survey contractors (6 out of 7) had contacted the Co-ordination Centre for advice during the survey.

Of the trusts and survey contractors who did contact the Co-ordination Centre for advice during the survey, most reported that their queries were 'always' answered quickly enough and were 'always' answered to their satisfaction (Tables 4 and 5). Only one respondent from a trust reported that their queries had not be answered quickly enough and/or answered to their satisfaction by the Co-ordination Centre.

Table 4 Were your queries answered by the Co-ordination Centre quickly enough?

	Trusts	Survey Contractors
Yes, always	87% (55)	83% (5)
Yes, mostly	11% (7)	17% (1)
Yes, sometimes	0% (0)	0% (0)
No	2% (1)	0% (0)
Total specific responses	100% (63)	100% (6)

Answered by those that had contacted the Co-ordination Centre.

Table 5 Were your queries answered by the Co-ordination Centre to your satisfaction?

	Trusts	Survey Contractors
Yes, always	82% (51)	83% (5)
Yes, mostly	16% (10)	17% (1)
Yes, sometimes	0% (0)	0% (0)
No	2% (1)	0% (0)
Total specific responses	100% (62)	100% (6)
Missing responses	1	

Answered by those that had contacted the Co-ordination Centre.

4.3 Views on the guidance manual

The guidance manual for implementing the maternity survey was published on the NHS Surveys website on 9th March 2007. Trusts and survey contractors had up to 8 weeks from the publication of the guidance manual to draw their sample, carry out necessary checks and to submit the sample to the Co-ordination Centre for final checking before the questionnaires could be mailed out in the first few weeks of May.

The majority of trust contacts who responded to the survey (82%) said they thought the guidance manual was published at the appropriate time, although 16% felt it was published too late. Similar proportions of the survey contractors reported that the guidance was published at the 'appropriate time' (83%) and 'too late' (17%).

A higher proportion of the survey contractors said the layout and structure of the guidance manual was 'very clear' when compared with respondents from trusts (43% compared with 20%). Around three quarters of trust contacts (76%) thought the layout and structure of the guidance was 'quite clear', although 4% said it was 'not very clear'. Respondents from trusts were more likely to report the guidance manual was 'very clear' if they had previously been a survey contact at the trust (Figure 1).

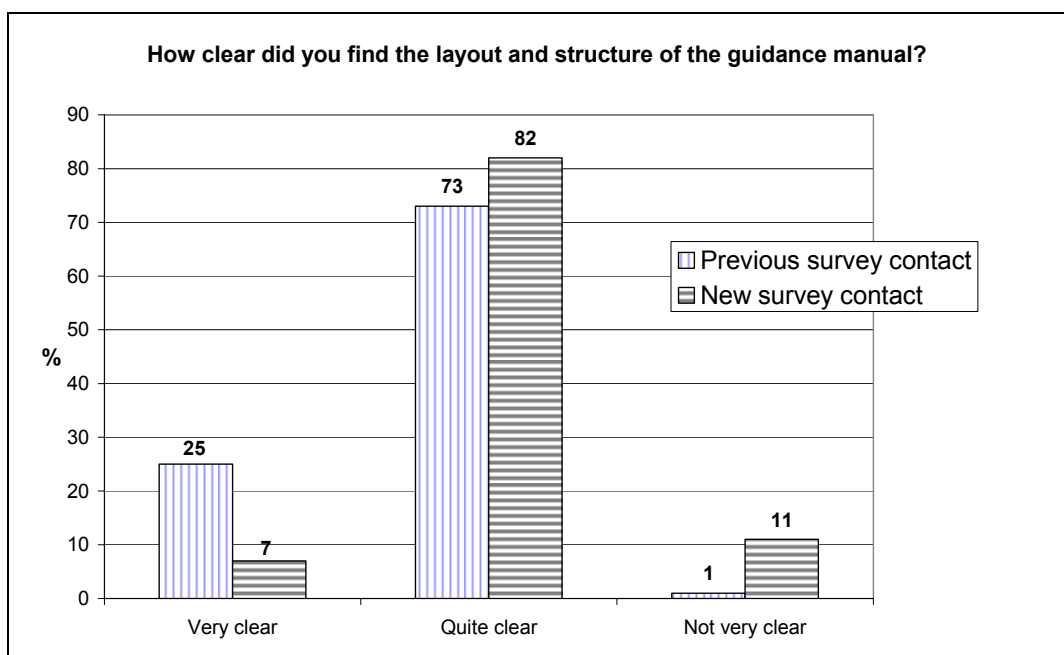


Figure 1 Trust's views on the layout and structure of the guidance manual

Most trust contacts (66%), and almost all survey contractors (6 out of 7), responded that it was 'definitely' clear from the guidance manual what actions needed to be undertaken for carrying out the survey. Only 3 trust leads said that it was not clear what actions needed to be taken.

Trusts and survey contractors were asked if there were any topics related to the survey that they would have liked further information on. A relatively small proportion of respondents said there were areas or topics they would have liked further information on (13 trust survey contacts and 2 survey contractors). Their comments are shown in Table 6. Similarly, a minority of respondents said they thought improvements should be made to the guidance manual (i.e. 12 trust survey contacts and 1 survey contractor). These respondents' suggestions on how the guidance manual could be improved are shown in Table 7.

Table 6 Were there any areas or topics related to the survey that you would have liked further information on?
Drawing the sample:
I think definitions such as consultant presence on labour ward needed to be clarified
Confirmation about site code & homebirth. Place of birth rather than type of care ie Consultant led rather than midwifery led caused confusion. As women may delivery in Consultant led unit but have midwifery led care.
How to ensure that mothers / babies were not part of a child protection issue
Access to HR data - CRB updated help manual not easy to access....kept losing it as had not downloaded it as had expected it would be updated periodically
The maternity services found it difficult to check records for children who had been taken into care and babies who had subsequently died as their records do not always have this information. If we had been informed that this would be needed in advance of the guidance we could have set systems up to ensure this information was gathered at the time those sampled were inpatients.
Perhaps more detailed examples of how to methodically and systematically check for exclusions in the sample. Our Trust relied on manual records and it might be useful for other Trusts on some of the minimum checks that can be done - looking through ward registers etc
[Survey Contractor]: More info on NSTS could be useful because a lot of the trusts were completely clueless about it, didn't know what it was or what codes actually meant (I think this resulted in a very serious complaint at one trust because a code that indicated a complication was misinterpreted).
[Survey Contractor]: Would have been helpful to have links to up-to-date information on hospital sites, the type of birth units available and the size of them for the Trusts. Also many Trusts were not clear about the instruction on providing unit information. Some other difficulties encountered were uncertainty about how to class ambulance deliveries and home birth information was very difficult to obtain due to many Trusts having no electronic records.
Survey process / survey development / questionnaire content:
Clearer information on sending the sample to the ACC after it had been sent to NSTS. We were unsure of whether they wanted just the patients we were going to send out to or the whole sample
Generally more information on the development of the survey is always welcome... particularly how it fits with national policy, how the questions are selected. For this survey, some more detail about how it fitted into the national review of maternity services would have been interesting.
Time of delivery and whether it was a weekend date
Pre-publicity posters:
I still think that telling people we can provide the questionnaires in their language is a very difficult one to actually roll out. I also feel strongly that when you want trusts to put up posters in different languages YOU are best placed to provide trusts with these posters. ALL you need do is ask all trust to tell you what there 5 most called for languages are and then you could come up with a table of need. You could easily then provide different areas in the country with relevant languages. We had to get 6 posters done by our bank interpreters and the results as hand written pages that had to be scanned into the poster documents looked very scrappy and unprofessional.

Table 7 What improvements to the Guidance Manual would you like to see?
Greater clarity
More clarity
For it to be clearer.
As before greater clarification of terms
Structure and length
It would be good if there could be hyperlinks added which take you directly to the part if the manual you need from the topics/ contents page
Preferably make it shorter. The contractor we use provides a summary of the most important/relevant parts of the guidance which I find very useful
Its length was unwieldy, we had one senior member of the team almost entirely engaged in dealing with issues around the survey
Anything that makes it shorter as long as it remains clear! It would be helpful if any changes to previous years guidance could be highlighted especially in relation to sampling
I would like to see a 'Major changes to previous guidance section'. I am reasonably familiar with the guidance but each year I have to go through it all to see what is different. It would be helpful to have a section that either outlined the main changes or pointed me to where in the guidance there were changes.
[Survey Contractor]: The layout needs to improve and some of the information needs to be more structured. There should also be two versions of the Guidance in addition to the sampling guidance manual - one with all the relevant information such as dates, sampling, submitting data etc. in clear, separate sections and then another with the intro, how Trusts can decide how to carry out the survey, data protection info, ethical info etc. This would make it easier to read - with the 1st version being used throughout the survey and the 2nd being used mainly at the beginning.
Use of week numbers rather than dates
The timetable gives week numbers (i.e weeks 5-8 certain actions should be done), which gives flexibility and work can be planned within the trust, however if these actions (i.e reminders sent) are not done the first week suggested it is queried why they have not been sent. The table showing the required file format for submission shows all codes as numeric format, whereas PCT code and Trust codes are Alphanumeric.
Timetable should have dates rather than just week1, week 2 etc, to make more sense.
[Survey Contractor]: Timetables and dates are not always clear, especially using the week 1 etc format rather than specific dates - should be w/c
Other
Get the info right and don't change it

4.4 Trust's experiences of drawing the sample

As the guidance manual is a lengthy document, a separate 'sampling handbook' was published on the NHS Surveys website. This handbook contains excerpts from the main guidance document, and contains instructions for drawing the sample for the survey. This could be used by the individual(s) responsible for this task, which may be a different person to the lead contact at the trust. Most respondents (68%) said they did use the sampling handbook although 5% did not realise such a document existed. The chart below illustrates the perceived usefulness of the sampling handbook (Figure 2). If respondents ticked that the sampling handbook was 'not very useful', they were asked to explain why. Two respondents added a comment to explain why the sampling handbook was not very useful:

"Would have appreciated a 'quick reference guide'"

"It didn't give enough guidance in relation to the specific patients we were selecting for the sample. I.e. patients living in UK but not registered as NHS patients"

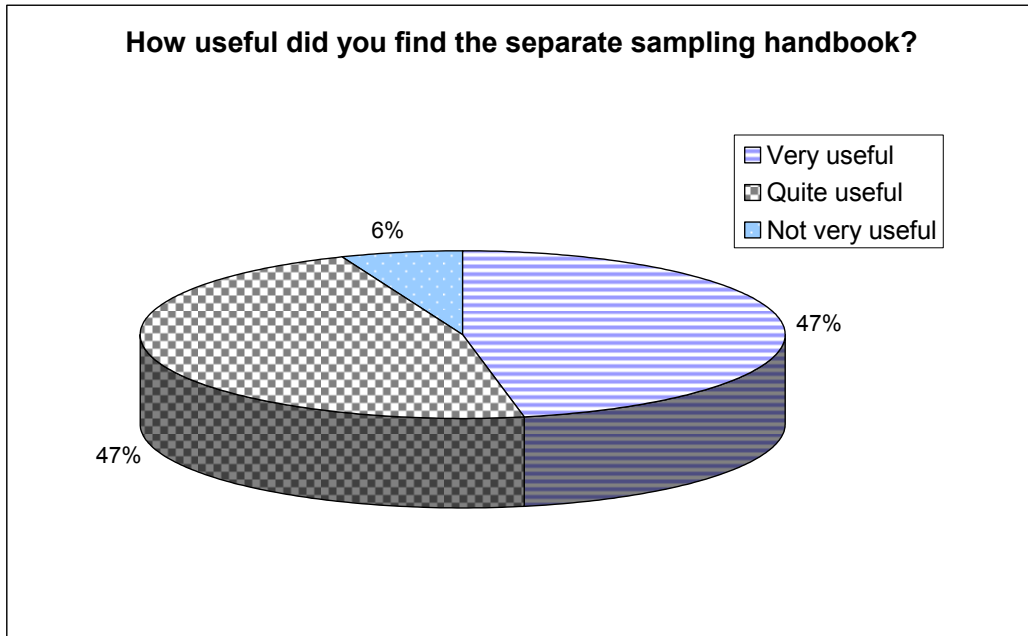


Figure 2 The perceived usefulness of the separate sampling handbook

Overall, the majority of trusts (96%) found the instructions on how to compile the list of women either 'very' or 'fairly' easy to understand. Only 3% of respondents said that the instructions were 'not very easy to understand', and there were no reports that the instructions were 'not at all easy to understand'. Similarly, most trusts reported clarity in the sampling instructions with respect to which women should be included and which should be excluded from the sample. Less than 5% of respondents reported that the inclusion and exclusion sampling instructions were 'not very clear' (Figure 3).

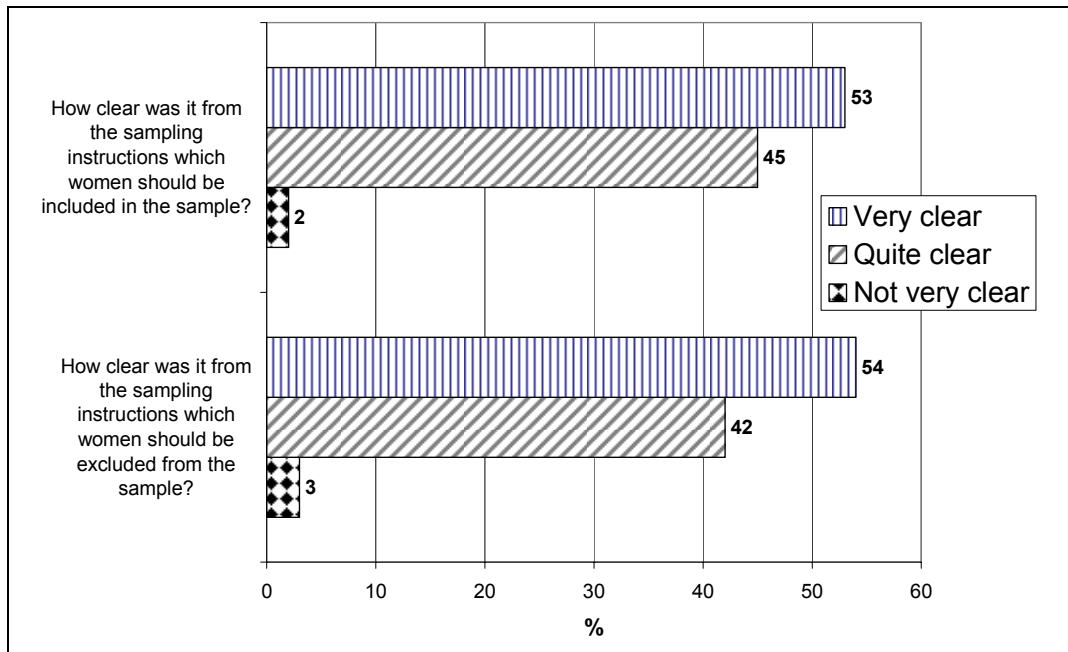


Figure 3 Respondents views on the clarity of the inclusion and exclusion sampling instructions

Three quarters of respondents (76%) reported there was 'definitely' enough information on how to compile the list of women for the survey, and 22% considered the information sufficient 'to some extent'.

To create the sample file, 96% of trusts were aware of the existence of the 'sample construction spreadsheet' on the website. Around three quarters of trusts (72%) downloaded and used this spreadsheet, while 24% did not. A larger proportion of previous survey leads downloaded the spreadsheet to create their sample, compared with new leads (74% compared with 67%), although this difference was not statistically significant. Trusts that carried out the survey in-house were significantly more likely to report using the sample construction spreadsheet compared to those that had used a survey contractor (96% compared with 56%).

The majority of trusts (96%) reported that the sampling instructions made it clear what information needed to be included in the sample file: 55% rated these instructions as 'very clear', while 41% considered them 'quite clear'. Only 3% of trusts found the instructions 'not very clear', and no trusts rated them as 'not at all clear'. These proportions were not noticeably different between previous and new survey leads.

Overall, most trusts (64%) reported no difficulty when compiling their sample, although a noticeable proportion (36%) did report some difficulty. Interestingly, these proportions were near-identical for new and previous survey leads, indicating that past experience of carrying out a survey was unrelated to problems in compiling the sample for the maternity survey. The free-text comments that outline the difficulties that some trusts experienced when drawing the sample have been grouped into themes (Table 8).

Table 8 What difficulties did you experience when compiling your sample?
Structure of services
In [area] not all maternity services are managed by the acute trust, the community side is managed by the PCT. This is changing and will become one service but at the time of the survey, home births and births in community hospitals were managed by the PCT as is the antenatal care. We sought advice from yourselves however and were very happy with the advice received regarding sampling. You were very helpful.
IT systems / databases
The trust has two sites using different systems so co-ordination was difficult and the timescale was tight.
Problems in the way data was stored and shared between different databases in Hospital made drawing the sample almost impossible.
As we have a separate maternity system the demographics did not always match with the Trusts system which had changed over to CRS during this time.
Trust coding issues The maternity system is not fully compliant with the Trust system - difficulty obtaining some information The Trust was installing the new national computer system at the time we needed help with compiling the sample but the department was too busy.
Our Trust Maternity System captures outcome of mother and pregnancy. This system is antiquated and not integrated into our Patient Administration System and therefore it was difficult to identify sample (particularly exclusions).
Trust's own information unit not always able to supply information so we could cross check information received from maternity units.
Not exactly difficulties but had to manually check some patients hospital notes for specific information.
We do not have access to a dedicated maternity information system. This made cross checking of information very difficult
Information on maternity system did not always correlate with PAS information - this may have been due to different parameters being used and communication between maternity info and Trust info departments.

Matching maternal and infant records
Surnames of babies and mothers differed which is not unusual considering the marital status in [Area]. Therefore time was spent matching mothers to babies.
Matching mum to baby - had to do it manually and then have it checked - very time consuming.
Finding NHS Numbers for the babies as most of them did not have a first name. In some cases mother's and baby's surname was different, which made the search for NHS numbers difficult.

Identifying home births
Finding babies who had been born at home.
Home births and lists from all our units were difficult to obtain because the midwives responsible were busy or hadn't been told early enough by me or the Managers.
Had to use 2 different data sources to ensure home births identified.
The electronic system does not record home births therefore the list had to be compiled from the Labour ward lists rather than PAS.
Making sure I had all women. Our data was not up to date and home births were hard to find.

Identifying women to be excluded from the sample
Finding out about cot deaths and at risk children. Compiling the list took 2 members of staff 3.5 full days to complete. I have cut and pasted one of the compilers comments below: To do this we have used Delivery suite birthing register Delivery Suite TOP/miscarriage register BBC birth register At risk register - to exclude at risk women and gain information which might tell us if the baby was taken or going to be taken into care NNU Billing Report and admission register We looked for information regarding concealed pregnancies in these registers but none was apparent To gain information about stillbirths/tops/cot deaths we also spoke to or requested data from Mortuary Manager [name] and [name] CEMACH - [name] - unable to provide data on cot deaths Del Suite - Suit Wong Social Work Department - [name] - requested data for us but this did not materialise Child Protection Advisor [name] - scanned her register Del Suite Ward Clerk [name] A & E - Cot death information if they have any won't be available until Friday pm when the person who can access the information is at work. NNU - [name] [screened 6 pages of patient details in At Risk Register out of area who we needed to check had not delivered here and also did not meet exclusion criteria] and [name] for NND information. We have not been able to get any information about cot deaths. [name], Liaison Health Visitor suggested various child health records department but other than [area] [they had January details but not February] we were unable to get this information. A and E may be able to help [see above]. Just so you are aware this has taken both of us 3.5 full days to compile. We have been as diligent as we possibly can be to meet the screening criteria to avoid any distress. However someone may have slipped through the net so we cannot guarantee absolutely that women under the exclusion criteria will not be sent a questionnaire especially cot death/accidental death as we are finding access to this information almost impossible.
Checking with child protection officers in 3 separate PCT areas was difficult.
Being 100% certain we had captured all exclusions by linking information from several sources!
Getting the data verified from NSTS and when this was required.
We have any way of knowing if babies were taken in to care after the birth.
The time taken for verification of data and return of cleaned data to the trust.
Having to contact so many Social Services departments and Child Health Records Agencies (and so frequently) to determine who was suitable for the sample. Very difficult to obtain relevant information to exclude some of these mothers. Also, because baby and mother did not always have same surname it was difficult to exclude some mothers unsuitable for sample.
Could not get information about whether there had been a concealed pregnancy or whether babies had subsequently taken into care.

Collecting required information for sample
Collecting ethnic origins.
Identifying sites, not clear re midwifery led or consultant led.
Difficulty in distinguishing consultant and midwife-led units at one of the sites. This was not available on the computer system and a handwritten list had to be compiled.

Other
An error occurred in that the questionnaire only went out to multiparous women.

The majority of respondents (76%) reported that once the list of women had been compiled, it was 'definitely' clear what checks needed to be carried out on the sample, while a further 23% felt it was clear 'to some extent'. When carrying out the checks on their sample, 69% of trusts reported no difficulty in doing so, although this left a significant proportion (31%) who did report difficulties in carrying out the checks on their sample. New survey leads were slightly more likely to report difficulties in carrying out the sample checks, although not significantly, when compared with those that had previously been a survey contact. Freetext comments concerning these difficulties are shown in Table 9.

Table 9 What difficulties did you experience when carrying out the checks on your sample?
Identifying/checking exclusions (including NSTS)
Unsure about who was responsible for the NSTS checks.
Not knowing if a baby had been taken into care since birth.
Tracing the babies to check for deaths. All we had from our system were the mother's details and often the baby had a different surname or sometimes a different address.
Lack of information in sample that was needed for NSTS to run checks - this delayed process.
No up-to-date information on babies discharged into the community (i.e. taken into care).
Trust was installing a new computer system and the appropriate Dept was reluctant to run checks within house to check if any mothers or babies had died etc. Trust IT Dept has to deal with NSTS checks and they felt they were too busy to undertake the task due to installing new computer system with reduced staff numbers. Difficulty contacting staff e.g. child protection/fostering adoption etc, due to holidays.
The late entry for home births on our part which means that some may have been excluded. This is being followed up.
Information required needed to be checked via a number of different means which was time consuming.
A large percentage of mothers and infants had different surnames or the mother and infant had moved address after birth.
Time required for verification by midwives
The time element from sending file to the maternity dept and how long it took for them to returned due to their workload.
The time it took to receive the validated data.
Getting the maternity team to validate the list for exclusions due to patients at risk etc.
Timings / delays
Due to inexperience within the Trust - patients had to be checked manually.
The time turn around was tight.
Staff holidays meant we had a delay.
Delays with check verifications form the centre.

Trusts were asked if they felt there was sufficient time to draw their sample from the publication of the guidance manual to when the sample was required by their survey contractor, or if carrying out the survey in-house, by the Co-ordination Centre. Of those trusts that used a survey contractor, 86% felt there was sufficient time to draw the sample before they were required to submit it to their contractor. The exact same proportion of trusts who carried out the survey in-house (86%) reported having sufficient time to draw their sample from the publication of the guidance manual to when they were required to submit it to the Co-ordination Centre for checking.

Around a fifth of the trusts who responded to the survey (21%) said they had to increase their sample size by including women who had a baby in January. Of these respondents, 69% felt they had 'definitely' received enough guidance from the Co-ordination Centre on how to do this, while 25% believed they had received enough guidance 'to some extent'. It should be noted that not all trusts who sampled back into January contacted the Co-ordination Centre for advice on how to do this, and so it is possible that some trusts may have relied on advice from their survey contractor

on how to do this, rather than using the extra guidance notes produced by the Co-ordination Centre.

4.5 Co-ordination Centre sample checks

The majority of the trusts (96%), and all survey contractors, reported that the guidance made it clear that they had to submit their sample(s) to the Co-ordination Centre for checking before sending out the first mailing. Only one trust that responded to this question reported that it was not clear. A slightly smaller proportion of trusts (86%) said it was clear when they were required to submit their sample, although all survey contractors felt the timing of the submission was clear. Similarly, with the exception of one trust, all respondents (including contractors) said they knew how to submit their sample to the Co-ordination Centre for checking.

Overall, responses from trusts and survey contractors suggested they were pleased with the speed with which the Co-ordination Centre checked their samples, with all responding that the checking process was 'very quick' or 'quite quick'.

The sample checking process is justified by the proportion of samples in which the Co-ordination Centre advised trusts and survey contractors to correct problems: 54% of trusts who carried out the survey in-house and four of the seven contractors said they were advised to correct problems in their sample(s). Of those trusts who were advised to correct an issue or problem in the sample, 87% considered it as 'definitely' clear how this could be done, while 13% rated this advice as clear 'to some extent'. Similarly, most survey contractors who had to correct problems in their sample(s) (i.e. 3 out of 4), said it was clear how to make these corrections. No trusts or survey contractors found the correction of issues or problems in their sample(s) as unclear.

4.6 Weekly monitoring

All trusts and survey contractors reported that the guidance manual made it clear that the Co-ordination Centre required weekly submissions of monitoring data. The majority of trusts (82%) and survey contractors (4 out of 7) considered the instructions on how to complete the weekly monitoring as 'definitely' easy to understand, while 18% of trusts, and the remaining 3 contractors thought they were easy to use 'to some extent'. When using the excel template to enter the required weekly monitoring data, 89% of trusts and 6 contractor organisations reported experiencing no difficulties. Of the three trusts and one survey contractor which noted some difficulties, freetext comments detailing these problems are shown below (Table 10).

Table 10 What difficulties did you experience when entering the weekly monitoring data?
It was changed very late.
Confusion on week numbers caused by somebody else having to complete it while I was on leave.
[Survey Contractor]: One of our trusts changed name, I didn't realise and all the data went out of sync.

Most respondents (54%) found the weekly monitoring data 'quite useful', with around a quarter reporting that it was 'very useful'. Four respondents from trusts carrying out the survey in-house, and four survey contractor organisations, found the weekly monitoring data 'not very useful' or 'not at all useful' (Figure 4).

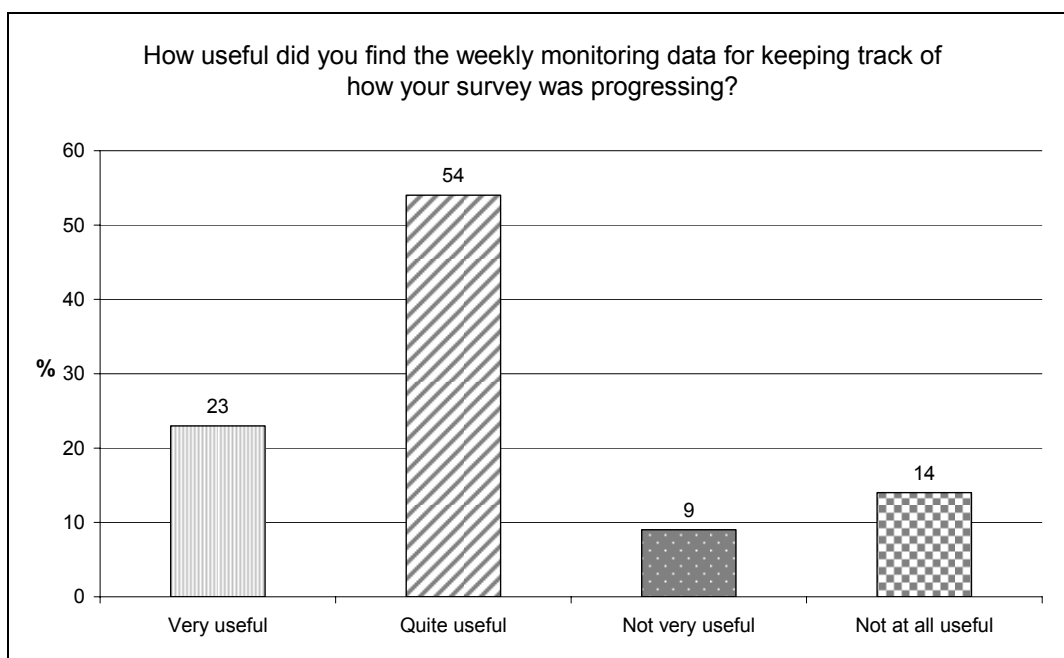


Figure 4 Respondents views on the usefulness of the weekly monitoring data for keeping track on the progress of the survey

4.7 Using the centrally funded interpreter service

Trusts carrying out the survey in-house were asked if they wanted to use the centrally funded interpreter service (i.e. Language Line). Most trusts responded that they did not want or need this service (Table 11). No trusts responded to say they did not know the Language Line was available.

Table 11 Did you contact the Co-ordination Centre wanting to use the centrally funded interpreter service (i.e. 'Language Line')?

	Number	Percentage
Yes	6	21%
No, we already had an interpreter service in place / we arranged a different interpreter service	7	25%
No, we did not want or need an interpreter service	15	54%
No, we did not know it was available	0	0%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Of the six trusts who contacted the Co-ordination Centre wanting to use 'Language Line', none felt that they had not been given enough information from the Co-

ordination Centre about how to use this service, and 5 out of the six responded to say they had 'definitely' been given enough information about how to use 'Language Line'. Only one trust used the interpreter service at any point during the survey. This trust considered the service 'fairly easy' to use, and reported being 'fairly satisfied' with it.

4.8 Data entry

All trusts and survey contractors were aware that there was a data entry spreadsheet available on the website to enter their data. Most trusts who carried out the survey in-house used this spreadsheet (92%) and 4 of the survey contractors also used it. The trusts and/or contractors who did not use the spreadsheet were asked what software programmes they did use to enter the data:

[Survey Contractor]: *"Microsoft SQL Server with web-based front end. Also scanning and verification software"*

"Formic, Access, Excel"

"Excel."

Although no survey contractors reported any difficulties using the data entry spreadsheet, the spreadsheet was not faultless, with five trusts (21%) reporting difficulties using it. The freetext comments concerning these difficulties are shown below (Table 12).

Table 12 Please tell us what difficulties you experienced when using the data entry spreadsheet?
Was changed late on.
It did not calculate some of the percentages.
Formatting of columns - numbers often in text format. Dates were required in different formats. Seems to miscalculate percentages for ticked/unticked boxes.
Two columns were accidentally transposed by our Formic data collection system. This was discovered by the Co-ordination Centre and we corrected it.

In terms of data entry, 75% of trusts believed that the guidance manual 'definitely' contained enough information on how the data should be entered, while 25% thought the information included was sufficient, 'to some extent'. Most of the survey contractors (4) responded that the guidance manual 'definitely' contained enough information on how the data should be entered and two contractors said it did to 'some extent'.

4.9 Overall comments

At the end of the questionnaire, trusts and survey contractors were given the opportunity to write comments about their experiences of carrying out the maternity survey. All of the freetext comments are shown below and have been grouped into themes:

Table 13 . Is there anything else you would like to tell us about your experiences of carrying out the maternity survey?

Survey process: timings
[Survey Contractor]: We need the guidance a lot earlier. We should at least have an indication as to how long the questionnaire is and other basics so that we can quote appropriately.
I felt there should have been more time for compiling the sample. Unfortunately, it was difficult as a new computer system was being installed in the Trust. The maternity computer system is not the best to search and obtain data from and the IT Dept had chunks of data missing!
If trusts are carrying out the survey in-house, time should be allowed for staff holidays/sickness when submitting either weekly or final submissions.
I wasn't prepared for the amount of time it took us (despite using a contractor). However our return rate has been good and I am hopeful the survey will provide us with really useful info.
NSTS check making sure deceased patients did not get forms was a challenge and a concern given the sensitivity of the sample.
When we had to draw the sample the birth of some of our babies had not been registered by GPs and so we had to exclude some. Maybe a little more time for this should be allowed another time.
Given plenty of notice.

Questionnaire / Guidance

[Survey Contractor]: The number of free text questions is very high. Many of them could have been scaled question responses, and many women answered inappropriately on questions such as length of pregnancy and what the baby weighed. As an example, some women answered that they gave birth after 1 week or at the other end of ludicrousness, 55 weeks. There was confusion in respect of Q C9 on where the baby was born. Many women ticked "birth centre/maternity unit" even though it is known that there is no separate unit in a particular Trust. There is confusion between q C9 and Q D2 & 3. The answers to qs D2 and 3 are contaminated and more women answered Q D2 and 3 than should have done. The dual scaling caused problems eg on baby's weight.
I felt the Maternity Services Survey was not up to the usual standard of patient surveys compiled by the Healthcare Commission. I had to contact the centre to point out that one of the questions needed changing as it was meaningless in its original form. I later found other questions which I felt could have been phrased better. I was embarrassed having to send out the survey on behalf of our trust. I felt it was too long and the layout of the questions and answers (some vertical, and some horizontal) did not give a pleasing appearance to the form and made it look more complicated than it actually was. There too many 'free text' boxes which can make analysis more difficult.
I have had approx 15 questionnaires returned after the submission date which would have boosted the overall %. Would it be possible to put a closing date on the questionnaire so that respondents are not wasting their time filling them in too late.
Wish you wouldn't ask for people's year of birth - it causes all sorts of problems -not just for our optical scanner. It makes it more difficult for tables etc in our reports. Why can't you just ask for an age band?? The more actual numbers you ask for the more likely it is that people will make mistakes.
Difficulty using the Data Cleaning Guidance.
Felt it was too far after the sample month.

Co-ordination Centre support and communication

I would like it noted how supportive the Acute Co-ordination team were during the survey's process. They responded to all queries in a most timely way and, at times of unavoidable disruption (illness etc) that affected weekly monitoring, were understanding and accommodating.
I dealt with [Co-ordination Centre staff member] on many queries - and she was always very

precise and efficient to deal with. Thanks for all the support.
I think all areas of the survey were well covered in the survey guidance, any changes to the survey were well publicised via emails, updates and on the website. I also found that the staff involved were nothing but helpful and answered all questions in a clear manner, both with regards to email queries and telephone queries.
It was straight forward and we appreciated prompt responses to our requests.
This was the first time I had done anything like this as I was providing half-time maternity leave cover for the substantive Patient and Public Involvement co-ordinator. I found the Co-ordination centre staff very helpful and responsive to my queries.
The newsletters are essential to keep me aware of the deadlines, what I should be doing.
When submitting the sample we had numerous errors that required assistance from the helpline. This support was timely and good and we eventually succeeded.
This was our first "in-house" national survey, and the guidance manual etc helped it to be relatively pain-free.
When the centre had a slight problem with data sent they were helpful and patient

General
I received guidance and help from others in the Trust who had more experience of HCC Questionnaires than I had.
Maternity services are underfunded - it was a burden on the budget to have to pay for the external survey management. This exercise should have had provision for providing support.
Our contractor made it very easy for us. We are very pleased with our survey report.
The publicity posters in advance are a very good idea.
The sample is so small - unsure whether results have any real value?
We had already carried out our own Maternity survey 2 years ago and had therefore identified how tricky the sampling and data checks could be. It was a satisfying survey to do though because we worked closely with the service, got invited along to talk about to the service before it took place... it was good for relationships within the trust and we felt they took early ownership of it... but this would always be easier with a discrete service than with something as general as Acute Inpatients
We used a contractor so I only had to draw the sample and make the relevant checks at the appropriate times.
We were informed at a very late stage when it was too late to do anything about it that our sample comprised only multiples.

The last question in the survey asked trusts and survey contractors if they had any suggestions or comments on how the Co-ordination Centre can facilitate trusts and contractors with the implementation of surveys. Their comments are grouped into topics and are shown below:

Table 14. Do you have any suggestions or comments on how the Co-ordination Centre can facilitate trusts/survey contractor's implementation of surveys?

Timing of surveys

Well, leading up to a survey I always thought it would be nice to get some indication from the website at what stage its at... when we are likely to have it announced (a pre-warning so that diary time can be planned) because when its finally announced its all systems go. It would be nice to be able to see from the website that its still at Ethics stage for example... or that its anticipated to be announced during a certain week. Only a small point really.

It would be helpful if we knew the EXACT timing of the surveys at least 3 months in advance especially the September one so that staff can arrange holidays and not be away at the crucial time. For trusts who do their survey in house it would be useful if we knew the number of questions to be asked because the ordering of supplies is all tied up to the number of questions; number of respondents etc. It's always tight getting the questionnaire laid out and checked before the deadline so if we had more time for the basics, before the initial send out, it would be helpful. I understand that the questions have to be agreed and validated but it doesn't leave the contractor much time before the start of the survey. Hope this helps.

It's useful to know what surveys are planned for the next couple of years, in advance. As much notice as possible of the timing of the Survey. The Maternity one gave reasonable notice, but the 2007 Inpatients is starting on 3rd September and the guidance is not available yet (10th August).

Co-ordination Centre

[Survey Contractor]: The relationship with the co-ordination centre was constructive and we have no specific suggestions to make in respect of improving the service.

Survey process / questionnaire

The length of time to await response seemed longer this time. I liked that.

Examples of good practice about how to draw the sample and make the exclusions required - if these were published on the website it would be helpful

The time between issuing the Guidance and requiring posting of questionnaires could be increased.

[Survey Contractor]: I thought that section D was badly designed - there should have been a question after D1 asking whether the respondent ACTUALLY had a home birth - many respondents were flummoxed by these questions and did not reply b/c they probably should have been routed out.

Trust involvement

I firmly believe the reason why this survey went well was because the right person / role in the Trust led it. As it is very speciality specific the lead for that speciality (and generally a senior Midwifery/Nurse lead) is far more aware of what the questions actually mean. Any corporate lead for governance that is generic to the Trust. no matter how senior does not work as effectively.

We had initial meetings good communication between the team. Lots of encouragement to women to complete the forms.

Appendix 1: Feedback from trusts on the implementation of the maternity survey: frequency tables to all questions

Q1 Did you use a survey contractor to carry out the 2007 maternity survey?

	Number	Percentage
1 Yes	75	73%
2 No	28	27%
Total specific responses	103	100%

Answered by all.

Q2 Had you previously been a survey contact at your trust for any of the other national patient surveys (eg inpatient survey)?

	Number	Percentage
1 Yes	75	73%
2 No	28	27%
Total specific responses	103	100%

Answered by all.

Q3 Did you find the email communications from the Co-ordination Centre kept you sufficiently well informed about the survey?

	Number	Percentage
1 Yes	103	100%
2 No	0	0%
3 I did not see any email communications from the Co-ordination Centre	0	0%
Total specific responses	103	100%

Answered by all.

Q5 How easy was it for you and your colleagues to gain access to the internet to download the information?

	Number	Percentage
1 Easy - most trust staff working on the survey have unlimited	77	75%
2 Relatively easy - most trust staff working on the survey have shared access to a computer	23	23%
3 Difficult - most staff working on the survey rarely have access to a computer	2	2%
Total specific responses	102	100%
4 I did not know the information was available on the website	1	

Answered by all.

Q6 Did you find all the information you needed for carrying out the maternity survey on the NHS Surveys website?

	Number	Percentage
1 Yes	87	99%
2 No	1	1%
Total specific responses	88	100%
3 I did not visit the NHS Surveys website	12	
4 Don't know	2	
Missing responses	1	

Answered by all.

Q9 Did you contact the Co-ordination Centre (either by telephone or email) for any advice during the survey?

	Number	Percentage
1 Yes	63	61%
2 No	40	39%
3 No, I did not know how to contact the Co-ordination Centre	0	0%
Total specific responses	103	100%

Answered by all.

Q10 Were your queries answered by the Co-ordination Centre quickly enough?

	Number	Percentage
1 Yes, always	55	87%
2 Yes, mostly	7	11%
3 Yes, sometimes	0	0%
4 No	1	2%
Total specific responses	63	100%

Answered by those who had contacted the Co-ordination Centre for advice.

Q11 Were your queries answered by the Co-ordination Centre to your satisfaction?

	Number	Percentage
1 Yes, always	51	82%
2 Yes, mostly	10	16%
3 Yes, sometimes	0	0%
4 No	1	2%
Total specific responses	62	100%
Missing responses	1	

Answered by those who had contacted the Co-ordination Centre for advice.

Q12 Did you think the guidance manual was published...?

	Number	Percentage
1 Too early	2	2%
2 At the appropriate time	79	82%
3 Too late	15	16%
Total specific responses	96	100%
4 Don't know	6	
Missing responses	1	

Answered by all.

Q13 How clear did you find the layout and structure of the guidance manual?

	Number	Percentage
1 Very clear	20	20%
2 Quite clear	74	76%
3 Not very clear	4	4%
4 Not at all clear	0	0%
Total specific responses	98	100%
5 Don't know	4	
Missing responses	1	

Answered by all.

Q14 Was it clear from the guidance manual what actions you needed to take to carry out the survey?

	Number	Percentage
1 Yes, definitely	67	66%
2 Yes, to some extent	32	31%
3 No	3	3%
Total specific responses	102	100%
Missing responses	1	

Answered by all.

Q15 Were there any areas or topics related to the survey that you would have liked further information on?

	Number	Percentage
1 Yes	13	13%
2 No	89	87%
Total specific responses	102	100%
Missing responses	1	

Answered by all.

Q17 Are there any improvements that you would like to see made to the guidance manual?

	Number	Percentage
1 Yes	12	12%
2 No	86	88%
Total specific responses	98	100%
Missing responses	5	

Answered by all.

Q19 When drawing the sample did you, or your colleagues, use the separate 'sampling handbook' available on the website?

	Number	Percentage
1 Yes	56	68%
2 No	22	27%
4 I did not realise there was a separate sampling handbook	4	5%
Total specific responses	82	100%
3 Don't know	20	
Missing responses	1	

Answered by all.

Q20 How useful did you find the separate sampling handbook?

	Number	Percentage
1 Very useful	24	47%
2 Quite useful	24	47%
3 Not very useful	3	6%
4 Not at all useful	0	0%
Total specific responses	51	100%
5 Don't know	4	
Missing responses	1	

Answered by those who had used the sampling handbook.

Q22 How easy to understand were the instructions on how to compile the list of women?

	Number	Percentage
1 Very easy to understand	39	43%
2 Fairly easy to understand	48	53%
3 Not very easy to understand	3	3%
4 Not at all easy to understand	0	0%
Total specific responses	90	100%
5 Don't know	12	
Missing responses	1	

Answered by all.

Q23 How clear was it from the sampling instructions which women should be included in the sample?

	Number	Percentage
1 Very clear	49	53%
2 Quite clear	41	45%
3 Not very clear	2	2%
4 Not at all clear	0	0%
Total specific responses	92	100%
5 Don't know	10	
Missing responses	1	

Answered by all.

Q24 How clear was it from the sampling instructions which women should be excluded from the sample?

	Number	Percentage
1 Very clear	50	54%
2 Quite clear	39	42%
3 Not very clear	3	3%
4 Not at all clear	0	0%
Total specific responses	92	100%
5 Don't know	10	
Missing responses	1	

Answered by all.

Q25 Overall, did you feel there was enough information on how to compile the list of women for the survey?

	Number	Percentage
1 Yes, definitely	75	76%
2 Yes, to some extent	22	22%
3 No	2	2%
Total specific responses	99	100%
Missing responses	4	

Answered by all.

Q27 Did you download the 'sample construction spreadsheet' from the website to create your sample file?

	Number	Percentage
1 Yes	49	72%
2 No	16	24%
4 I did not realise there was a sample construction spreadsheet	3	4%
Total specific responses	68	100%
3 Don't know	32	
Missing responses	3	

Answered by all.

Q28 How clear was it from the sampling instructions what information needed to be included in the sample file (e.g. Year of birth, place baby was born)?

	Number	Percentage
1 Very clear	51	55%
2 Quite clear	38	41%
3 Not very clear	3	3%
4 Not at all clear	0	0%
Total specific responses	92	100%
5 Don't know	10	
Missing responses	1	

Answered by all.

Q30 Did you experience any difficulties when compiling your sample?

	Number	Percentage
1 Yes	32	36%
2 No	57	64%
Total specific responses	89	100%
3 Don't know	13	
Missing responses	1	

Answered by all.

Q32 Once you had compiled the list of women, was it clear what checks needed to be carried out on the sample? (e.g. validation by the midwifery team, checks for deceased women/babies)

	Number	Percentage
1 Yes, definitely	75	76%
2 Yes, to some extent	23	23%
3 No	1	1%
Total specific responses	99	100%
Missing responses	4	

Answered by all.

Q33 Did you experience any difficulties when carrying out the checks on your sample?

	Number	Percentage
1 Yes	27	31%
2 No	60	69%
Total specific responses	87	100%
3 Don't know	14	
Missing responses	2	

Answered by all.

Q35 Did you feel there was sufficient time to draw your sample from the publication of the guidance manual to when you were required to submit it to the Co-ordination Centre for checking?

	Number	Percentage
1 Yes	24	86%
2 No	4	14%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q36 Did you feel there was sufficient time to draw your sample from the publication of the guidance manual to when you were required to submit it to your survey contractor for checking?

	Number	Percentage
1 Yes	61	86%
2 No	10	14%
Total specific responses	71	100%
Missing responses	4	

Answered by trusts who used a survey contractor.

Q37 Did you have to increase your sample size by including women who had a baby in January?

	Number	Percentage
1 Yes	19	21%
2 No	73	79%
Total specific responses	92	100%
3 Don't know	9	
Missing responses	2	

Answered by all.

Q38 Did you get enough guidance from the Co-ordination Centre on how to increase your sample size?

	Number	Percentage
1 Yes, definitely	11	69%
2 Yes, to some extent	4	25%
3 No	1	6%
Total specific responses	16	100%
4 Don't know	2	
Missing responses	1	

Answered by trusts that had to increase sample size.

Q39 Was it clear from the guidance that you had to submit your sample to the Co-ordination Centre for checking before you sent out the first mailing?

	Number	Percentage
1 Yes	27	96%
2 No	1	4%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q40 Was it clear when you needed to submit your sample to the Co-ordination Centre for checking?

	Number	Percentage
1 Yes	24	86%
2 No	4	14%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q41 Did you know how to submit your sample to the Co-ordination Centre for checking?

	Number	Percentage
1 Yes	27	96%
2 No	1	4%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q42 How quickly do you feel the Co-ordination Centre checked your sample?

	Number	Percentage
1 Very quickly	18	64%
2 Quite quickly	10	36%
3 Not very quickly	0	0%
4 Not at all quickly	0	0%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q43 Did the Co-ordination Centre advise you to correct any problems in the sample?

	Number	Percentage
1 Yes	15	54%
2 No	13	46%
Total specific responses	28	100%
3 Don't know	0	

Answered by trusts who carried out the survey in-house.

Q44 Was it clear how you should correct the issues or problems in your sample identified by the Co-ordination Centre?

	Number	Percentage
1 Yes, definitely	13	87%
2 Yes, to some extent	2	13%
3 No	0	0%
Total specific responses	15	100%

Answered by trusts who carried out the survey in-house and who were advised to correct problems in sample.

Q45 Was it clear from the guidance manual that the Co-ordination Centre required weekly submissions of monitoring data (i.e. outcome data and helpline calls)?

	Number	Percentage
1 Yes	28	100%
2 No	0	0%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q46 Were the instructions on how to complete the weekly monitoring spreadsheet easy to understand?

	Number	Percentage
1 Yes, definitely	23	82%
2 Yes, to some extent	5	18%
3 No	0	0%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q47 Did you experience any difficulties using the excel template for the weekly monitoring spreadsheet when entering the required data?

	Number	Percentage
1 Yes	3	11%
2 No	25	89%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q49 How useful did you find the weekly monitoring data for keeping track of how your survey was progressing?

	Number	Percentage
1 Very useful	7	25%
2 Quite useful	17	61%
3 Not very useful	1	4%
4 Not at all useful	3	11%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q50 Did you contact the Co-ordination Centre wanting to use the centrally funded interpreter service (ie 'Language Line')?

	Number	Percentage
1 Yes	6	21%
2 No, we already had an interpreter service in place / we arranged a different interpreter service	7	25%
3 No, we did not want or need an interpreter service	15	54%
4 No, we did not know it was available	0	0%
Total specific responses	28	100%

Answered by trusts who carried out the survey in-house.

Q51 Were you given enough information from the Co-ordination Centre about how to use this service?

	Number	Percentage
1 Yes, definitely	5	83%
2 Yes, to some extent	1	17%
3 No	0	0%
Total specific responses	6	100%
4 Don't know	0	

Answered by trusts who carried out the survey in-house and who wanted to use the centrally funded interpreter service.

Q52 Did you use this interpreter service at any point during the survey?

	Number	Percentage
1 Yes	1	20%
2 No	4	80%
Total specific responses	5	100%
3 Don't know	1	

Answered by trusts who carried out the survey in-house and who wanted to use the centrally funded interpreter service.

Q53 How easy to use was the 'Language Line' interpreter service?

	Number	Percentage
1 Very easy	0	0%
2 Fairly easy	1	100%
3 Not very easy	0	0%
4 Not at all easy	0	0%
Total specific responses	1	100%
5 Don't know	0	

Answered by trusts who carried out the survey in-house and who used the centrally funded interpreter service.

Q54 How satisfied were you with the service provided by 'Language Line'?

	Number	Percentage
1 Very satisfied	0	0%
2 Fairly satisfied	1	100%
3 Not very satisfied	0	0%
4 Not at all satisfied	0	0%
Total specific responses	1	100%
5 Don't know	0	

Answered by trusts who carried out the survey in-house and who used the centrally funded interpreter service.

Q55 Did you use the 'data entry spreadsheet' available on the website to enter the data?

	Number	Percentage
1 Yes	24	92%
2 No	2	8%
4 I did not realise there was a data entry spreadsheet available	0	0%
Total specific responses	26	100%
3 Don't know	1	
Missing responses	1	

Answered by trusts who carried out the survey in-house.

Q57 Did you experience any difficulties when using the data entry spreadsheet?

	Number	Percentage
1 Yes	5	21%
2 No	19	79%
Total specific responses	24	100%
3 Don't know	0	
Missing responses	4	

Answered by trusts who carried out the survey in-house.

Q59 Did the guidance manual contain enough information on how the data should be entered?

	Number	Percentage
1 Yes, definitely	21	75%
2 Yes, to some extent	7	25%
3 No	0	0%
Total specific responses	28	100%
4 Don't know	0	

Answered by trusts who carried out the survey in-house.

Appendix 2: Feedback from survey contractors on the implementation of the maternity survey: frequency tables to all questions

Q1 Did you find the email communications from the Co-ordination Centre kept you sufficiently well informed about the survey?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
3 I did not see any email communications from the Co-ordination Centre	0	0%
Total specific responses	7	100%

Answered by all.

Q3 Did you find all the information you needed for carrying out the maternity survey on the NHS Surveys website?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
Total specific responses	7	100%
3 I did not visit the NHS Surveys website	0	

Answered by all.

Q6 Did you contact the Co-ordination Centre (either by telephone or email) for any advice during the survey?

	Number	Percentage
1 Yes	6	86%
2 No	1	14%
3 No, I did not know how to contact the Co-ordination Centre	0	0%
Total specific responses	7	100%

Answered by all.

Q7 Were your queries answered by the Co-ordination Centre quickly enough?

	Number	Percentage
1 Yes, always	5	83%
2 Yes, mostly	1	17%
3 Yes, sometimes	0	0%
4 No	0	0%
Total specific responses	6	100%

Answered by those contractors that had contacted the Co-ordination Centre.

Q8 Were your queries answered by the Co-ordination Centre to your satisfaction?

	Number	Percentage
1 Yes, always	5	83%
2 Yes, mostly	1	17%
3 Yes, sometimes	0	0%
4 No	0	0%
Total specific responses	6	100%

Answered by those contractors that had contacted the Co-ordination Centre.

Q9 Did you think the guidance manual was published...?

	Number	Percentage
1 Too early	0	0%
2 At the appropriate time	5	83%
3 Too late	1	17%
Total specific responses	6	100%
4 Don't know	1	

Answered by all.

Q10 How clear did you find the layout and structure of the guidance manual?

	Number	Percentage
1 Very clear	3	43%
2 Quite clear	3	43%
3 Not very clear	1	14%
4 Not at all clear	0	0%
Total specific responses	7	100%
5 Don't know	0	

Answered by all.

Q11 Was it clear from the guidance manual what actions you needed to take to carry out the survey?

	Number	Percentage
1 Yes, definitely	6	86%
2 Yes, to some extent	1	14%
3 No	0	0%
Total specific responses	7	100%

Answered by all.

Q12 Were there any areas or topics related to the survey that you would have liked further information on?

	Number	Percentage
1 Yes	2	29%
2 No	5	71%
Total specific responses	7	100%

Answered by all.

Q14 Are there any improvements that you would like to see made to the guidance manual?

	Number	Percentage
1 Yes	1	14%
2 No	6	86%
Total specific responses	7	100%

Answered by all.

Q16 Was it clear from the guidance that you had to submit your sample to the Co-ordination Centre for checking before you sent out the first mailing?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
Total specific responses	7	100%

Answered by all.

Q17 Was it clear when you needed to submit your sample to the Co-ordination Centre for checking?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
Total specific responses	7	100%

Answered by all.

Q18 Did you know how to submit your sample to the Co-ordination Centre for checking?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
Total specific responses	7	100%

Answered by all.

Q19 How quickly do you feel the Co-ordination Centre checked your sample?

	Number	Percentage
1 Very quickly	4	57%
2 Quite quickly	3	43%
3 Not very quickly	0	0%
4 Not at all quickly	0	0%
Total specific responses	7	100%

Answered by all.

Q20 Did the Co-ordination Centre advise you to correct any problems in the sample?

	Number	Percentage
1 Yes	4	67%
2 No	2	33%
Total specific responses	6	100%
3 Don't know	1	

Answered by all.

Q21 Was it clear how you should correct the issues or problems in your sample identified by the Co-ordination Centre?

	Number	Percentage
1 Yes, definitely	3	75%
2 Yes, to some extent	1	25%
3 No	0	0%
Total specific responses	4	100%

Answered by those that required sample corrections to be made .

Q22 Was it clear from the guidance manual that the Co-ordination Centre required weekly submissions of monitoring data (i.e. outcome data and helpline calls)?

	Number	Percentage
1 Yes	7	100%
2 No	0	0%
Total specific responses	7	100%

Answered by all.

Q23 Were the instructions on how to complete the weekly monitoring spreadsheet easy to understand?

	Number	Percentage
1 Yes, definitely	4	57%
2 Yes, to some extent	3	43%
3 No	0	0%
Total specific responses	7	100%

Answered by all.

Q24 Did you experience any difficulties using the excel template for the weekly monitoring spreadsheet when entering the required data?

	Number	Percentage
1 Yes	1	14%
2 No	6	86%
Total specific responses	7	100%

Answered by all.

Q26 How useful did you find the weekly monitoring data for keeping track of how your survey was progressing?

	Number	Percentage
1 Very useful	1	14%
2 Quite useful	2	29%
3 Not very useful	2	29%
4 Not at all useful	2	29%
Total specific responses	7	100%

Answered by all.

Q27 Did you use the 'data entry spreadsheet' available on the website to enter the data?

	Number	Percentage
1 Yes	4	67%
2 No	2	33%
4 I did not realise there was a data entry spreadsheet available	0	0%
Total specific responses	6	100%
3 Don't know	1	

Answered by all.

Q29 Did you experience any difficulties when using the data entry spreadsheet?

	Number	Percentage
1 Yes	0	0%
2 No	4	100%
Total specific responses	4	100%
3 Don't know	0	

Answered by all.

Q31 Did the guidance manual contain enough information on how the data should be entered?

	Number	Percentage
1 Yes, definitely	4	67%
2 Yes, to some extent	2	33%
3 No	0	0%
Total specific responses	6	100%
4 Don't know	1	

Answered by all.