SAMPLING HANDBOOK FOR THE NHS MATERNITY SURVEY 2010

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

picker INSTITUTE

making patients' views count

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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this sampling handbook, for example, by offering financial inducements or lottery prizes to respondents. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised. If trusts want to make any adjustments to the method set out in this handbook, they will need to seek local research ethics approval, and check with the Acute Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Acute Co-ordination Centre website at:

www.NHSSurveys.org

1 About this handbook

This handbook is produced by the Acute Co-ordination Centre (ACC) for the NHS patient survey programme on behalf of the Care Quality Commission.

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Maternity Survey 2010* and is intended to assist in the sampling for the survey. This abridged handbook is aimed at those carrying out the sampling for, but not directly coordinating or managing, the maternity survey at each trust.Those co-ordinating the survey are strongly recommended to read the full guidance manual.

2 Compiling a list of women

This section explains how to draw a sample of women. This task will need to be carried out by a member of staff at the NHS Trust. The sample will normally be drawn from the Patient Administration System (PAS). Depending on your trust's hospital information systems, it may be that sample information will need to be linked between the Patient Administration System (PAS) and the clinical maternity databases. In addition, maternal records will need to be linked to infants' records to apply some of the exclusion criteria, in which case support from an IT specialist may be required. The sample list will also need to be checked to make sure that the necessary exclusions have been applied and the list will also have to be checked by the Demographic Batch Service (DBS) to identify deceased women and infants.

Please follow the instructions below carefully and allocate sufficient work time to check the sample with Demograhic Batch Service (DBS) before the first mailing and within the trust prior to each mailing.

We strongly advise that you read all of this section BEFORE you start to compile your list.

2.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2010.**

Note

If there are **less than 250 eligible women** who had a live birth in February, then please contact the Co-ordination Centre on 01865 208127 for advice on including women who gave birth in January 2010. Please note that the *minimum* sample size has increased to 250 from 200 in the 2007 survey

The information you obtain about each woman will be used both for administering the survey and for sending to the tracing service (DBS) to check for any deaths. It saves time and effort if all the information is gathered at the same time [See section 2.6 for a list of the data fields that you will need to include in your sample file for the survey].

The list should **include**:

- All women **aged 16 years or over** at the time of delivery, who have had a live birth within the trust, irrespective of which facility they use.[1] Women who gave birth at a separate maternity unit should still be included in the sample.
- **All types of deliveries**: It is important that all women who had a baby in the time period are included in the survey, not just the ones with normal vaginal deliveries with no complications.
- **Multiparous and primiparous women**: Your sample should include both first-time mothers and women who had previously had a baby
- **Women who delivered at home.** If home births are not recorded on the hospital information system, it will require a manual check of the records held by midwives.
- Include women even if their addresses are incomplete but still useable (e.g. no postcode).

[1] Exclude any women whose baby was born in a unit managed by a Primary Care Trust if these cases are also included on your hospital databases.

Exclusion criteria

The following women are **not** eligible to participate in the survey and should be **excluded** from your sample list:

- women who are under age 16 at the time of delivery
- women who had any of the following ICD10 delivery outcomes **or their equivalents**[2]:
    - Z37.1 Single stillbirth
    - Z37.3 Twins, one live; one stillbirth
    - Z37.4 Twins, both stillbirths
    - Z37.6 Other multiple births; some live; some stillbirths
    - Z37.7 Other multiple births, all stillbirths
- women whose infants have died since delivery[3]
- women who have died during, or since, delivery
- women who are in hospital, or whose baby is in hospital, at the time of drawing the sample.
- where possible, women who had a concealed pregnancy[4]
- where possible, women whose baby was taken into care (i.e. foster care, adopted) [5]
- women who gave birth in a private maternity unit or wing
- women who gave birth in a maternity unit managed by a Primary Care Trust (PCT)
- women without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)[6]

[2] If you do not use ICD10 codes in your systems, please use the appropriate equivalents to the codes listed above

[3] In order to apply this criterion, it is essential that maternal and infant records are linked. Death checks for infants will need to be run within the trust and by the DBS to ensure that deaths occurring both within the trust and outside trusts are detected.

[4] If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

[5] If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

[6] Women whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible for inclusion in the survey'

2.2 Checks carried out by the trust

Once you have compiled your list of women, you should carry out the following checks before you send the list to the Demographic Batch Service to carry out a further check for deceased women or infants.

- **Delivery outcome**. Check that all women in the sample had a live birth
- **Deceased mothers or infants.** Check that all women and their infants were discharged from the trust alive and that the trust does not have a record of either person's death from a subsequent admission or visit to the hospital. **This is an essential step to ensure that women and/or their families are not further traumatised by receiving a questionnaire asking about their pregnancy.**

Checks for deceased women and infants

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a woman or her baby having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, women or their baby may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

The methodology for this survey requires three stages of checks for deceased women/infants before the first mailing is sent out. The checks are carried out sequentially by:

1) the trust
2) DBS
3) again by the trust (for women or infants who may have died in hospital after submission of the sample to DBS).

You are also advised to repeat this check before the second and third mailings, and to ensure that approved contractors are advised immediately if any women in the sample – or their baby - die during the survey period.

- **Women's ages.** Check that all women are aged 16 or over at the time of delivery.
- **Concealed pregnancy**. Exclude any women who are known to have had a concealed pregnancy.
- **Babies taken into care**. Exclude any women who are known to have had their baby taken into care.
- **Private maternity care**. Remove any women treated as private patients from the sample
- **Postal addresses.** Exclude any women with addresses that are outside the UK.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those women. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a woman if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- **Duplications.** Check that the same woman has not been included more than once.

2.3 Validating the sample

There is always a possibility that a patient's record has been incorrectly coded on the hospital's information system. To ensure that all women in the sample are eligible to participate in the survey, we recommend that once the list is drawn it is given to member(s) of the clinical midwifery team to check that the following women are not included: women who had a stillbirth; women whose baby has died following the birth; women who had a concealed pregnancy and/or women whose baby was taken into care.

2.4 Submit the patient list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, the list of **women and their infants** should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS has replaced the NHS Strategic Tracing Service (NSTS) batch trace. The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS).[7]

Create a trace request file

Using your list of women and infants, you need to create a correctly-formatted batch trace request file to send to DBS. This file should be in the same format as that previously used by NSTS (this will include a header row, body and trailer row).

For each woman and their infant(s) you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) *OR*
- Surname, first name, gender and date of birth

Residential postcode is not essential but can be included but note that there must only be a single space in the middle of postcode. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, do not include address lines in the trace request file.

> **Note**
>
> Infant details should be recorded on separate rows on the file that is submitted to DBS. If a woman gave birth to more than one baby (ie twins or more), then the details of each baby should be given on a separate row. The number of rows in the spreadsheet will therefore be at least double the number of women in the sample.

[7] The PDS is a national electronic database of NHS patient demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Submitting the trace request file

While the format of the request file is broadly consistent with that used by NSTS, the way in which the file is submitted to DBS differs. The DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: cfh.dbs-implementation@nhs.net and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and you will receive an email to say that file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed.

The response file

The DBS will return a header row, response body and trailer row. The response will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response, which is returned only when there is a single unique match. It is on this additional response that patients found to be deceased will be indicated.

Further information is available from:
http://www.connectingforhealth.nhs.uk/newsroom/news-stories/dbs270707

Note

Please be aware that tracing services are not foolproof and even after your sample has been checked for deaths, some women and/or their baby may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased women and/or women whose baby has died remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

2.5 When the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any women and/or babies that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. **If an infant has died but their mother is still alive, that record must be removed from the list.** This may reduce the numbers in your sample list slightly.

Important note: Due to the sensitivity of the maternity survey, please **exclude** any women from the sample if they (or their baby) could not be traced. If there are more than 5 records which are untraced, and therefore need to be removed from the sample, please contact the Co-ordination Centre for advice (advice@pickereurope.ac.uk or 01865 208127).

2.6 Create the sample file

An example of the spreadsheet you should complete has been included below. **This is available to be downloaded from our site (www.NHSSurveys.org) and is entitled "*Sample construction spreadsheet*"**. The column headings will match to the validated spreadsheet for final submission of data produced by the Co-ordination Centre and so it will be advantageous for you to use this spreadsheet. Save this file as <NHStrustname>_Maternity2010.

This file has three purposes:

1) It will be used to keep a record of which women have not returned questionnaires so that reminders can be sent to them.
2) It will be used to generate weekly response rates for your trust that must be forwarded to the Co-ordination Centre every Thursday from the **15th April 2010** until the closing date of the survey.
3) The anonymous data in this file (i.e. all the data **except** women's name and address information) will form part of the file that you will submit to the Co-ordination Centre when the survey is completed.

Table 1 – Example: Sample construction spreadsheet

Record number	*Trust code*	Title	Initials	Surname	Address1	Address5	Postcode	*Mother's Year of birth*	*Mother's Ethnic Group*	*Day of delivery*	*Month of delivery*	*Year of delivery*	*Actual Delivery Place*	*Place of birth: NHS Site code*	*PCT of Residence*	*Referring PCT*		*Day of questionnaire being received*	*Month of questionnaire being received*	*Year of questionnaire being received*	*Outcome*	Comments
1001	RNH	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2010	2	RR115	5LS	5LS					3	Informed that woman's baby had died
1002	RNH	Mrs	EC	Ahmed			AB2 6XZ	1978	J	3	2	2010	0	RTE03	5LT	5LT		14	05	2010	1	
1003	RNH	Ms	P	Lane			AB3 8PL	1989	B	3	2	2010	2	RR115	5LP						4	
1339	RNH	Ms	K	Yoo			AB4 7MX	1982	R	27	2	2010	1		5LS	5LS						
1340	RNH	Ms	F	Young			AB9 5ZX	1975	A	28	2	2010	0	RTE03	5GT	5GT		19	06	2010	1	

Important note about table 1

The headings of Table 1 are in three different colours:
Bold black headings: these columns contain information on womens' names, addresses and comments that may allow them to be identified. This information should be deleted from all files sent to the Acute Co-ordination Centre
Red italic headings: these columns should be completed during the sampling phase and submitted to the Acute Co-ordination Centre prior to mailing for final inspection (see Section 11) and at the conclusion of the survey
Green italic headings: these columns should be completed when the woman responds to the survey, either by returning a completed questionnaire, or the trust is notified the woman will not be participating (deceased, moved address, too ill, or called to opt out).

The following information is compiled using hospital records:

- **Trust code** should be the three character code of your organisation (e.g. RNH), maintained by NHS Connecting for Health[8]
- Title (Ms, Mrs, Miss, etc)
- Initials (or First name)
- Surname
- Address Fields [9]
- Postcode
- The mother's **Year of Birth** should be included in the form of NNNN.
- The mother's **Ethnic Group** [10]should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health[11]. The codes are as follow:

National Codes:

White

A	British
B	Irish
C	Any other White background

Mixed

D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background

Asian or Asian British

H	Indian

[8] A data file of NHS Organisation Codes can be downloaded from the Organisation Data Service on the Connecting for Health website (www.connectingforhealth.nhs.uk/systemsandservices/data/ods/data-files)

[9] The address should be held as separate fields (eg street, area, town, and county), consistent with the address format required by the DBS (formally NSTS).

[10] It is acknowledged that hospital records might not always contain complete data on womens' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[11] These codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:
http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1

J Pakistani
K Bangladeshi
L Any other Asian background

Black or Black British

M Caribbean
N African
P Any other Black background

Other Ethnic Groups

R Chinese
S Any other ethnic group

Z Not stated

NOTE

The ethnic code 'Z' should be used **only** when a person has been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. A blank or full-stop should still be used to indicate where ethnic category is "not known" i.e. where the woman had not been asked or she was not in a condition to be asked, e.g. unconscious. For most trusts, ethnic category will contain both "Z" **and** "blanks".

Some trust's information systems do not distinguish between ethnic codes of 'not known' and 'not stated'. If this is the case for your trust, please code all women for whom no ethnicity data is known as 'not known' by leaving this data field blank. Only women who have been asked to provide their ethnic category but have declined to state this information should be coded as 'not stated' using code 'Z'

- **Day** of delivery (1 or 2 digits, e.g. 7 or 26)
- **Month** of delivery (1 digit, i.e. 1 or 2)
- **Year** of delivery (4 digits; i.e. 2010) *
- **Actual delivery place:** should be coded using the National Codes[12]:
  - **1** At a domestic address
  - **2** In NHS hospital - delivery facilities associated with CONSULTANT ward
  - **3** In NHS hospital - delivery facilities associated with GENERAL MEDICAL PRACTITIONER ward
  - **0** In NHS hospital - delivery facilities associated with MIDWIFE ward
  - **4** In NHS hospital - delivery facilities associated with CONSULTANT/ GENERAL MEDICAL PRACTITIONER/ MIDWIFE ward inclusive of any combination of two of the professionals mentioned
  - **7** In NHS hospital - ward or unit without delivery facilities
  - **6** In other hospital or institution
  - **8** None of the above
  - **9** Not known

[12] The 'Actual place of delivery' codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:
http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/actual_delivery_place_de.asp?shownav=1

- **NHS Site Code** of where the baby was delivered (i.e. to identify which hospital or maternity unit) should be coded using the five character NHS Trust Site Codes (maintained by NHS Connecting for Health)[13]. This cell should be left blank for anydeliveries that were not in hospital (i.e. where the 'actual delivery place' is coded 1 or 8)
- **PCT of Residence** should be coded using the ***first three*** characters of the PCT character codes (maintained by the Organisation Data Service –NHS Connecting for Health[14]). They provide postcode files which link postcodes to the PCTs.
- **Referring PCT** should be coded using the **first three** characters of the PCT character codes of the PCT which will be billed for the care of that patient. For the most up-to-date list of PCT codes, please see the Connecting For Health data set, "Primary Care Trusts" (http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/data-files)

Additional information should also be entered on this spreadsheet. The details of this information are discussed below:

1) **Record number.** This field will be a series of consecutive whole numbers (for example, 1001 through to 1340). This number is unique for each woman. It can be seen in the example that the numbers are in ascending order, starting at 1001 at the top of the list, through to 1340 at the bottom. The record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you (or the approved contractor) will be able to use these numbers to monitor which women have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your women.
2) **Day of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trust or approved contractor. It should be a one or two digit numerical response e.g. N or NN, **not** a date format e.g. 12/07/10.
3) **Month of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a one or two digit numerical response, **not** a date format.
4) **Year of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a four digit numerical response, **not** a date format.
5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which women opt out of the survey, etc.
   1 = Returned useable questionnaire
   2 = Returned undelivered by the mail service or woman moved house
   3 = Woman or baby died
   4 = Woman reported too ill to complete questionnaire, opted out or returned blank questionnaire
   5 = Woman was not eligible to fill in questionnaire
   6 = Questionnaire not returned (reason not known).

   The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire).
6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform you that the respondent has died or is no longer living at this address.

[13] A data file of NHS Trust Site Codes can be downloaded from the Organisation Data Service on the Connecting for Health website (http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods)

[14] See http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods for further details.

2.7 Distribution of ages

You should check that women of all ages are included in your sample, especially for those aged 16, 17 or 18 years. We have found this age group is the most likely to be excluded due to poor sampling. It is possible there may not be any young women in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques. Check that your sampled women's' ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (See Figure 1). For most trusts the histogram is likely to start with a relatively small number of women aged under 20 years, and then rise steeply and form a plateau (representing a large number of women aged between 25 and 35 years) before entering a fairly gradual decline, with a small number of women aged over 40 years

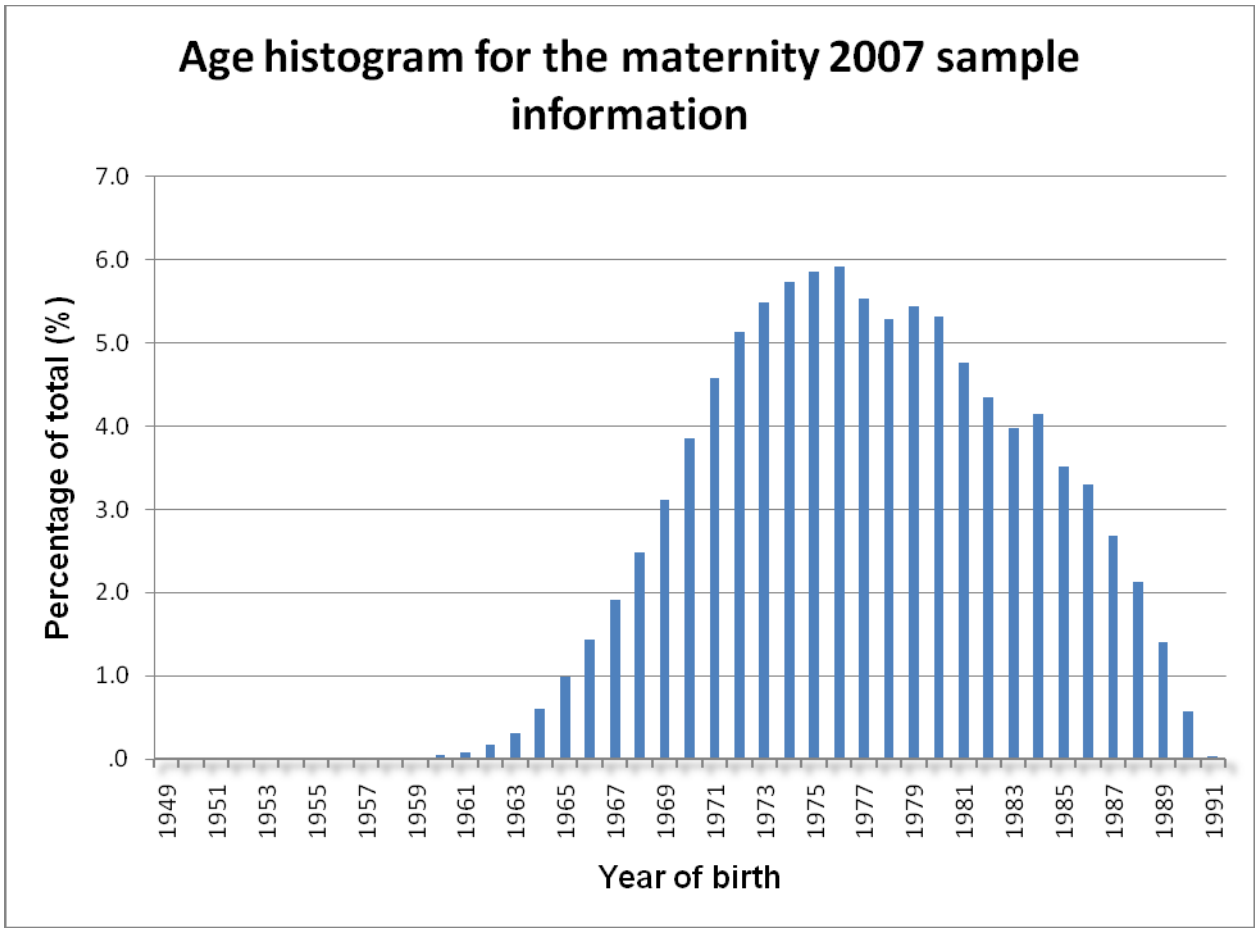

Figure 1 - Age Histogram for 2007 Maternity Survey

2.8 Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each woman in the sample to a new file. The record number for each woman should be copied to the new file, so that the two datasets are connected using the unique record number. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as "Maternity2010_mailing data".

This file should be used for mailing purposes: it will be used to check for deceased women & infants prior to reminder mailings and will be cross-referenced with the sample file (<NHStrustname>_Maternity2010) to identify women who will need to be sent reminders.[15]

As this "Maternity2010_mailing data" file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing data file should be destroyed when the last mailing process is complete.

For patient confidentiality reasons, **it is essential that you do not keep women's name and address details in the same file as their survey response data**.

Table 3 – Example mailing file

Patient record number	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
1001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
1002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
					--				
1339	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
1340	Ms	F	Young	634 Tyne Road	Moorfields	Tyne and Wear			AB9 5ZX

[15] As shown in Table 1, the 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc...

2.9 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have a contract in place relating to the transfer of patient identifiable information (i.e. names and addresses) both the sample file ("<NHStrustname>_Maternity2010") **and** the mailing file ("Maternity2010_mailing data") file should be sent to the contractor staff in encrypted format (see *Section 6.1 - Encryption of personal data* in the main guidance manual).

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, within the trust, you should supply them with just the sample file (this will resemble **Table 1 – Example: Sample construction spreadsheet** but with the women's names, addresses and postcodes removed). The contractor can use this list to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about maternal or infant deaths, etc.

2.10 Making more use of the survey locally

Up to this point, this section of the guidance has described in detail how sampling must be undertaken to provide the sample of women for the national survey. In addition to this minimum requirement, though, your trust may wish to use the NHS maternity survey as an opportunity to gather further data beyond that required by the Care Quality Commission. Increasing the sample size is a good way to do this.

Increasing the sample size for the survey may be helpful if, for example, you wish to:

- Analyse or compare results for specific subgroups (for example, women who gave birth at different maternity units or women of different ethnicities) in more detail than would be possible from this sample. By increasing the sample size you can ensure that you have a large enough sample of women from each group[16]
- Cover a very wide range of questions without exceeding the maximum questionnaire length of 16 pages for the main survey. If you wish to ask a large number of questions from the question bank, it would be possible to use two different versions of the questionnaire with a different selection of questions included, each going to a separate sample (please note however that all women in the core sample must receive an identical questionnaire which must include the core questions).
- Alternatively, if your trust manages a large number of deliveries, you may wish to draw an extra sample of women to survey additionally to those included in the main survey. For example, you could select women who gave birth in a different time period from those in the national survey and send them questionnaires either at the same time as or at some point after the national survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an maternity survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of women which do not overlap. Guidance for carrying out a local survey, and all survey materials, will be available at the end of May on our website at http://www.nhssurveys.org/localsurveys

If you are using an approved contractor for the survey then they will be able to advise you on the best way to increase your sample size to achieve your specific goals. If you are not using an approved contractor, then the coordination centre will be able to advise on any queries you might

[16] See section 18 of the main guidance manual for more information on the reliability of data based on different numbers of respondents.

have via e-mail at advice@pickereurope.ac.uk or call 01865 208127. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2010 maternity survey **must** be drawn as specified in this guide; any deviation from the guidance may make it impossible for the Care Quality Commission to use the data that you collect. It is therefore essential that any additional sample drawn can be easily distinguished from the core sample, and that it is drawn in such a way as to not interfere with selection of the core sample.
- If you are planning to undertake surveys more frequently than the national programme, then you should consider how any increased sample here will fit with the additional surveys you will be undertaking. Guidance for carrying out local surveys will be available at the end of May on our website at: www.nhssurveys.org/localsurveys .

To summarise

If you do choose to increase your sample size, it is essential that you ensure that the sample of women you draw according to the requirements for the national survey can be easily distinguished from any additional women you include in the sample. Your approved survey contractor or the coordination centre will be able to advise you on this.

You must **only** send the Co-ordination Centre data for the women sampled according to these guidelines, and these women **must** be those who gave birth in February. If you decide to carry out a maternity survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of women which do not overlap.

3 Final sampling inspection by the Co-ordination Centre

Trust data should still be checked for errors and received back from DBS before being forwarded to the Co-ordination Centre. An anonymised sample file[17] **must** be submitted to the Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns *in red italics* in **Table 1 Example: Sample construction spreadsheet** must be submitted, but name, address and postcode details must be removed.

If you are using an **approved contractor**, the sample should be checked as normal by the trust and by DBS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous years, but will then submit the file to the Co-ordination Centre. The Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. Emails discussing any sample anomalies will be returned to the trust or approved contractor which provided them on Tuesday of each week **at the very latest**. Initially, we will be working to the timetable included below but, if sufficient samples are submitted during a week, we hope to be able to respond to trusts and approved contractors earlier.

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre but **must not be later than seven days** after this. A large time lag increases the likelihood of women (or their babies) having died between the sample file being received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

Making the most of the fieldwork period

Because certain demographic groups (specifically younger people and those from non-white ethnic categories) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking. The best way to ensure you can do this is to prepare before the start date of the sample checking period. You can do this by:

1) Allocated sufficient time to the individual who will generate your sample to allow them to generate it, dispatch it to DBS, and to respond to queries or corrections specified by your contractor or the Co-ordination Centre
2) Discuss the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey
3) Ensure your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.
4) Printing of questionnaires and assembly of mailing packs can take place before the sample is signed off. Please ensure that the envelopes are left open though so that you can check the correct label is applied to the correct questionnaire. This means that you should decide on your questions as early as possible so arrange the times for any meetings that will discuss the questionnaires as early as possible.

[17] Created by removing the womens' names, addresses and postcodes.

For the 2010 maternity survey, the specified sample submission dates are:

Date sample received	Date sample returned
5th – 9th April 2010	12th April 2010
13th – 16th April 2010	19th April 2010
20th – 23rd April 2010	26th April 2010
27th – 30th April 2010	4th May 2010[18]

Samples should be submitted to the Co-ordination Centre by the **30th April 2010**. If they are not, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors may then result in the data from the trust being excluded from the relevant Care Quality Commission assessments.

Trusts which have not submitted their sample for checking by the **30th April 2010** will be contacted by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **7th May 2010**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

[18] Please note Monday 3rd May is a **bank holiday,** so samples will be returned on Tuesday 4th May.

4 Weekly monitoring

The Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2010 maternity survey. First submission of data must be made on Thursday **15th April 2010**[19], and every Thursday thereafter until the final date of submission. An Excel spreadsheet is available on our website (www.nhssurveys.org) which **must** be used to return this information to the Co-ordination Centre. This information should be emailed to the Co-ordination Centre (maternity.data@pickereurope.ac.uk) by the end of the workday every Thursday throughout the survey.

Weekly submissions only apply to the core sample of patients

Important note

It is important that the structure of the Excel weekly monitoring spreadsheet is not altered and that the correct file name is used when submitting the data.

For trusts carrying out the survey in-house:

When the data is submitted, the file name **must** be in the following format:
MAT10_<trust code>_<week of submission>.xls

e.g. MAT10_RAC_1.xls (first submission of monitoring data on 15th April)
MAT10_RY2_4.xls (fourth submission of monitoring data on 6th May)

For approved contractors:

When the data is submitted, the file name **must** be in the following format:
MAT10_<contractor code>_<week of submission>.xls

e.g. MAT10_CDP_1.xls (first submission of monitoring data on 15th April)
MAT10_CYH_4.xls (fourth submission of monitoring data on 6th May)

Each approved survey contractor should use their unique 'contractor code' (which were first allocated for the maternity survey 2007). If you do not know your contractor code, please contact the Co-ordination centre.

4.1 Response rate

The information submitted should contain the following data:

- The total number of women in your sample, i.e. the total number of all those included in the first mailing
- The number of women in each outcome field (see Section 2.6, point 5)

This will allow the Co-ordination Centre to monitor progress at a trust level and to identify trusts that may need assistance. It will also allow us to provide the Care Quality Commission with regular updates on response rate at a trust level.

[19] This submission must be made regardless of whether mailing has commenced.

4.2 Helpline monitoring

The information you submit should contain the following data for each trust:

- The overall total number of calls received by the helpline for this survey. This total should also include the calls listed below:
- The total number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services)
- The total number of calls seeking assistance with language and translation (this should include completions via translation services)
- The total number of calls that led to completion of the questionnaire using translation services

Examples

If a caller rang the helpline and completed the questionnaire over the phone using translation services, then this call should be recorded in all four 'categories'.

If a caller completed the questionnaire over the phone (and did not require translation services) this call should be recorded in the 'overall total' and the 'total number of calls that led to completion' (i.e. first and second categories).

If a caller rang the helpline to opt out of the survey or to ask a question (and did not require translation services), this call should just be recorded in the 'overall total' number of calls' (i.e. first category).

This information allows the Co-ordination Centre to identify areas of concern to people who have received the questionnaire and to improve future surveys.