

SAMPLING HANDBOOK FOR THE NHS MATERNITY SURVEY 2013

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT
SURVEY PROGRAMME

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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 guidance manual, for example, by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages. More guidance on how to reach ethnic minority groups can be found in Section 8 of the main guidance document. 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, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method set out in this guidance, they will need to seek local research ethics approval, and check with the 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 Co-ordination Centre website at:
<http://www.nhssurveys.org/>

1 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 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.

1.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2013**.

Note

If there are **fewer than 300 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 2013. Please note that the *minimum* sample size is 300

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 1.6 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).

Exclusion criteria

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.

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 delivery³
- 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 pregnancy⁴
- 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 another provider
- women without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)⁶
- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).

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'

1.2 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.
- **Dissent.** Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).
- **Opt outs following publicity / contact with 16 and 17 year olds:** Any women that were recorded by staff members to have decided to opt out of the survey after seeing the publicity

poster and/or the information sheet (i.e. given to women aged 16 and 17 years old by midwives).

1.3 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.

1.4 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 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. You should take advice from your local Trust PAS team on the correct format to submit files. Technical details on the file format are available from:
<http://www.connectingforhealth.nhs.uk/industry/docs/files/dbs/index.html>

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

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach *OR*
- Surname, first name, gender and date of birth and postcode (can be wildcarded eg LS1*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. 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

Please note that 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 or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: demographics@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. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

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/industry/docs/files/dbs/index.html>

Note

Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, and despite the checks also carried out by your trust, some patients may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

1.5 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 (maternity.data@pickereurope.ac.uk or 01865 208127).

1.6 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>_Maternity2013.

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 **2nd May 2013** 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.

More details about the information required in this file are provided below.

Table 1 – Example: Sample construction spreadsheet

<i>Record number</i>	<i>Trust code</i>	<i>Title</i>	<i>Initials</i>	<i>Surname</i>	<i>Address 1</i>	<i>Address 5</i>	<i>Full Postcode</i>	<i>Mother's Year of birth</i>	<i>Mother's Ethnic Group</i>	<i>Day of delivery</i>	<i>Month of delivery</i>	<i>Year of delivery</i>	<i>Actual Delivery Place</i>	<i>Place of birth: NHS Site code</i>	<i>Referring PCT code</i>	<i>GMPC</i>	<i>Postcode sector</i>	<i>Day of questionnaire being received</i>	<i>Month of questionnaire being received</i>	<i>Year of questionnaire being received</i>	<i>Outcome</i>	<i>Comments</i>
MAT13RTE1001	RNH	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2013	2	RR115	5LS	A36548	AB1 1				3	Informed that woman's baby had died
MAT13RTE1002	RNH	Ms	EC	Ahmed			AB2 6XZ	1978	J	3	2	2013	0	RTE03	5LT	A36548	AB2 6	14	05	2013	1	
MAT13RTE1003	RNH		P	Lane			AB3 8PL	1989	B	3	2	2013	2	RR115		A36548	AB3 8				4	
MAT13RTE1339	RNH	Mrs	K	Yoo			AB4 7MX	1982	R	27	2	2013	1		5LT	A36548	AB4 7					
MAT13RTE1340	RNH	Ms	F	Young			AB9 5ZX	1975	A	28	2	2013	0	RTE03	5GT	A36548	AB9 5	19	06	2013	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 0) 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 Health⁸
- Title (Ms, Mrs, Miss, etc)
- Initials (or First name)
- Surname
- Address Fields⁹
- Postcode

Note

The **Patient Record Number, Title, Initials, Surname, Address** fields and **Postcode** are used for printing out address labels. You (or your contractor) can use the mail merge function in a word processing package for this purpose.

- 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 Health¹¹. The codes are as follows:

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
- J Pakistani
- K Bangladeshi
- L Any other Asian background

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?sho wnav=1

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

- **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. 2013)
- **Actual delivery place:** should be coded using the National Codes¹²:
 - 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
- **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 any deliveries that were not in hospital (i.e. where the 'actual delivery place' is coded 1 or 8)
- **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/datafiles>
- **General Medical Practice Code (GMPC):** This is a new inclusion for the 2013 survey. Please record the six character organisation code of the GP practice at which the woman is registered. <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/datafiles>
- **Postcode sector:** Please record the mother's postcode '**sector**'. This is the first part of the postcode (i.e. the postcode 'area' and 'district' e.g. MK18) and just the number in the

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

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>)
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second part of the postcode (e.g. MK18 4). Please **do not include** the two alpha characters in the second part of the postcode

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

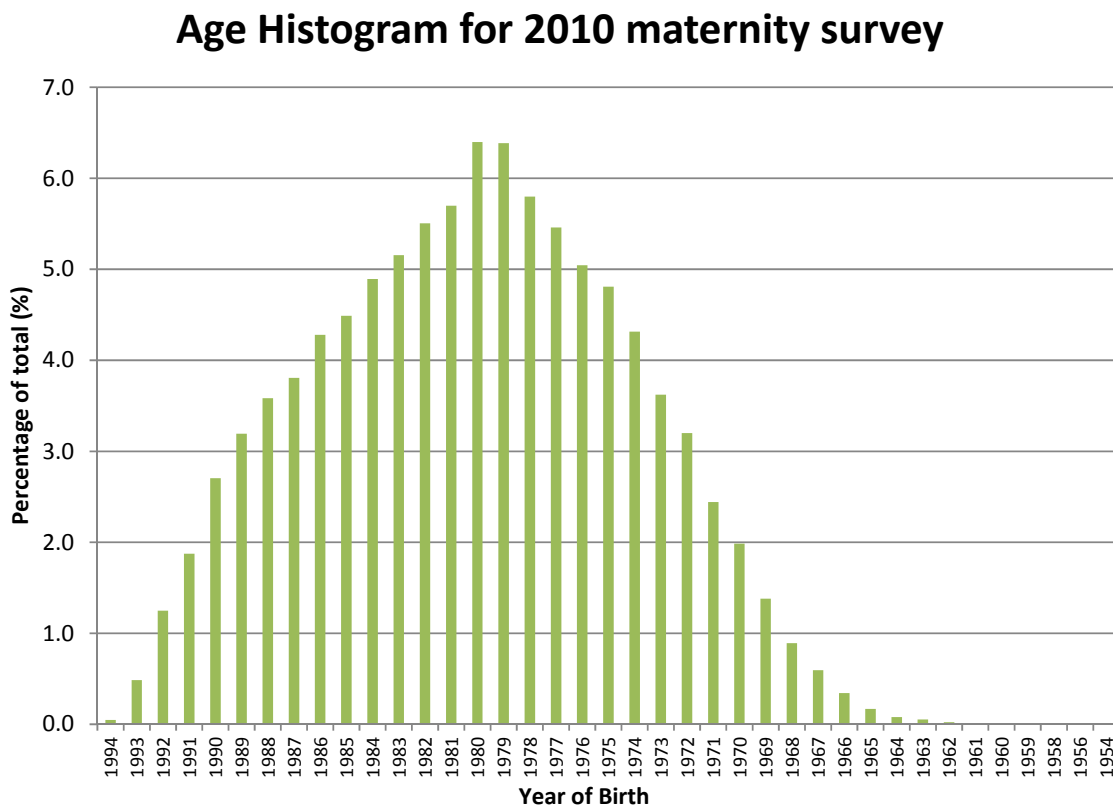
- 1) **Record number (RN)**. This is a unique serial number which must be allocated to each woman by the trust (if the survey is being carried out in-house) or the contractor (if the survey is being carried out by an approved contractor). It should take the following format: MAT13XXXNNNN where XXX is your trust's 3 digit trust code and NNNN is the 4 digit number relating to your sampled women, e.g., 0001-0850. The PRN 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. Please note: this number should be available in, and correctly referenced for, every patient dataset for this survey (e.g. sample file, mailing file, final data).
- 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. 12/07/13.
- 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.

1.7 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 2010 Maternity Survey



1.8 Check for other sample errors

The most common sampling errors made in the 2010 survey resulted from trusts:

- Excluding women aged 16-17 years
- Excluding women who had a home birth
- Incorrect ethnicity coding
- Missing some sample information, such as year of birth data

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Using the guidance correctly will prevent any errors and may reduce delays caused by mis-sampling.

1.9 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 “Maternity2013_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>_Maternity2013) to identify women who will need to be sent reminders.¹⁴

As this “Maternity2013_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 survey is complete. This should be done by both the trust and the approved contractor, along with all other files created for the survey (aside from the survey response file).

Remember

For patient confidentiality reasons, **it is essential that you do not keep patient name and full address details in the same file as their survey response data.** (Please note: the postcode sector field should be kept in the sample file).

Table 2 – Example mailing file

<i>Record number</i>	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
MAT13RTE1001	Mrs	AM	Cuthbert	14 Station Road	London				AB1 1YZ
MAT13RTE1002	Ms	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
MAT13RTE1003					--				
	Miss	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
MAT13RTE1339	Ms	F	Lane	634 Tyne Road	Moorfields	Tyne and Wear			AB9 5ZX

¹⁴ 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 women opt out etc...

1.10 Sharing the 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. women's names and addresses) both the sample file (“<NHStrustname>_Maternity2013”) **and** the mailing file (“Maternity2013_mailing data”) file should be sent to the contractor staff in encrypted format (see *Section 6.6 - Encryption of personal data in the guidance*).

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.

1.11 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 group¹⁵
- 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 made 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 Co-ordination Centre will be able to advise on any queries you might 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:

- Please note that the section 251 approval sought for the 2013 Maternity survey only covers the transfer of women's information required for carrying out the Core survey.

¹⁵ See section **Error! Reference source not found.** in the guidance for more information on the reliability of data based on different numbers of respondents.

If you wish to collect any additional sample information you will need to seek advice from the Health Research Authority Confidentiality Advisory Group (previously the National Information Governance Board) as to whether further approval is needed. For further information please see: <http://www.hra.nhs.uk/>

- The core sample for the 2013 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 is available 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 Co-ordination 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 (and January in some cases). 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.

2 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 file¹⁶ **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 full postcode details must be removed. (The postcode sector should have been entered as an additional field in red italics, and the original full postcode entry, used for mailing, should 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.

Please note: samples submitted on a Monday must be sent to the Co-ordination Centre by 11am for the samples to be returned to the trust or approved contractor the following day. 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 (8th April – 3rd May). You can do this by:

- 1) Allocating sufficient time to the individual who will generate your sample to allow them to generate it, get it checked by midwifery staff, 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 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.

¹⁶ Created by removing the womens' names, addresses and postcodes.

For the 2013 maternity survey, the specified sample submission dates are:

Date sample received	Date sample returned
8 th April - 15 th April 2013	16 th April 2013
16 th April - 22 nd April 2013	23 rd April 2013
23 rd April - 29 th April 2013	30 th April 2013
30 th April - 3 rd May 2013	7 th May 2013 ¹⁷

Samples should be submitted to the Co-ordination Centre by the **3rd May 2013**. 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 **3rd May 2013** 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 **10th May 2013**, 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.

¹⁷ Please be aware that submitting a late sample may delay the mailing process