

NHS Maternity Survey 2022

Sampling instructions

Ipsos MORI, Coordination Centre for Mixed Methods

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1 About these instructions

These instructions detail the processes involved in drawing the sample for the NHS Maternity Survey 2022. The information contained in this document supersedes all previous versions of the instructions.

The sampling instructions are designed to be used by trusts delivering the survey in partnership with an approved contractor and trusts delivering the survey in-house.

Efforts have been made to ensure that the information provided is reasonably comprehensive. It is however necessary to supplement these instructions with a small number of complementary documents. These are:

- **The Survey Handbook**, which contains detailed information about the processes for preparing for and running the survey
- **The Sample Construction Worksheet**, which is used by trusts to construct the sample of maternity service users
- **The Sample Declaration Form**, which is used to check the sample has been drawn correctly before it is submitted by the trust.

The most recent versions of these documents can be downloaded from the Survey Website: <https://nhssurveys.org/surveys/survey/04-maternity/>

We recommend trusts review the Sampling Errors Report from the 2021 Maternity Survey, which contains detailed information about sampling errors that occurred during the 2021 survey. This report is available on the NHS Survey Website:

<https://nhssurveys.org/surveys/survey/04-maternity/>.

If you have any queries about the contents of the sampling instructions, please contact your approved contractor in the first instance (where relevant), or the Coordination Centre for Mixed Methods at Ipsos MORI at MaternityCoordination@ipsos.com.

There is a short description of the **attribution data** included in Chapter 14. The attribution data identifies maternity service users that received their antenatal and/or postnatal care from your trust. More detailed instructions and a submission spreadsheet are available separately from the NHS Surveys Website:

<https://nhssurveys.org/surveys/survey/04-maternity/>.

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2 Adherence to the procedures outlined

It is extremely important to follow the instructions in this manual carefully.

NHS trusts must not send any personal identifiable data, such as names or addresses, to the Coordination Centre for Mixed Methods based at Ipsos MORI (the CCMM).

The Section 251 approval for this project provides a legal basis for trusts to share individuals' names and addresses with an approved contractor, if they choose to use one, for the purpose of sending out questionnaires. Any breach of the conditions would unfortunately count as a breach of the programme's Section 251 approval and would have to be reported to CQC and the Confidentiality Advisory Group at the Health Research Authority. Any suspected breach of Section 251 approval by your trust should be raised with your approved contractor, or the CCMM, immediately. Breaches will need to be reviewed and your trust will need to decide whether the breach is to be reported through the Data Security and Protection Toolkit. CQC are obligated to inform the Confidentiality Advisory Group at the Health Research Authority of any breaches and the outcomes of incident reviews.

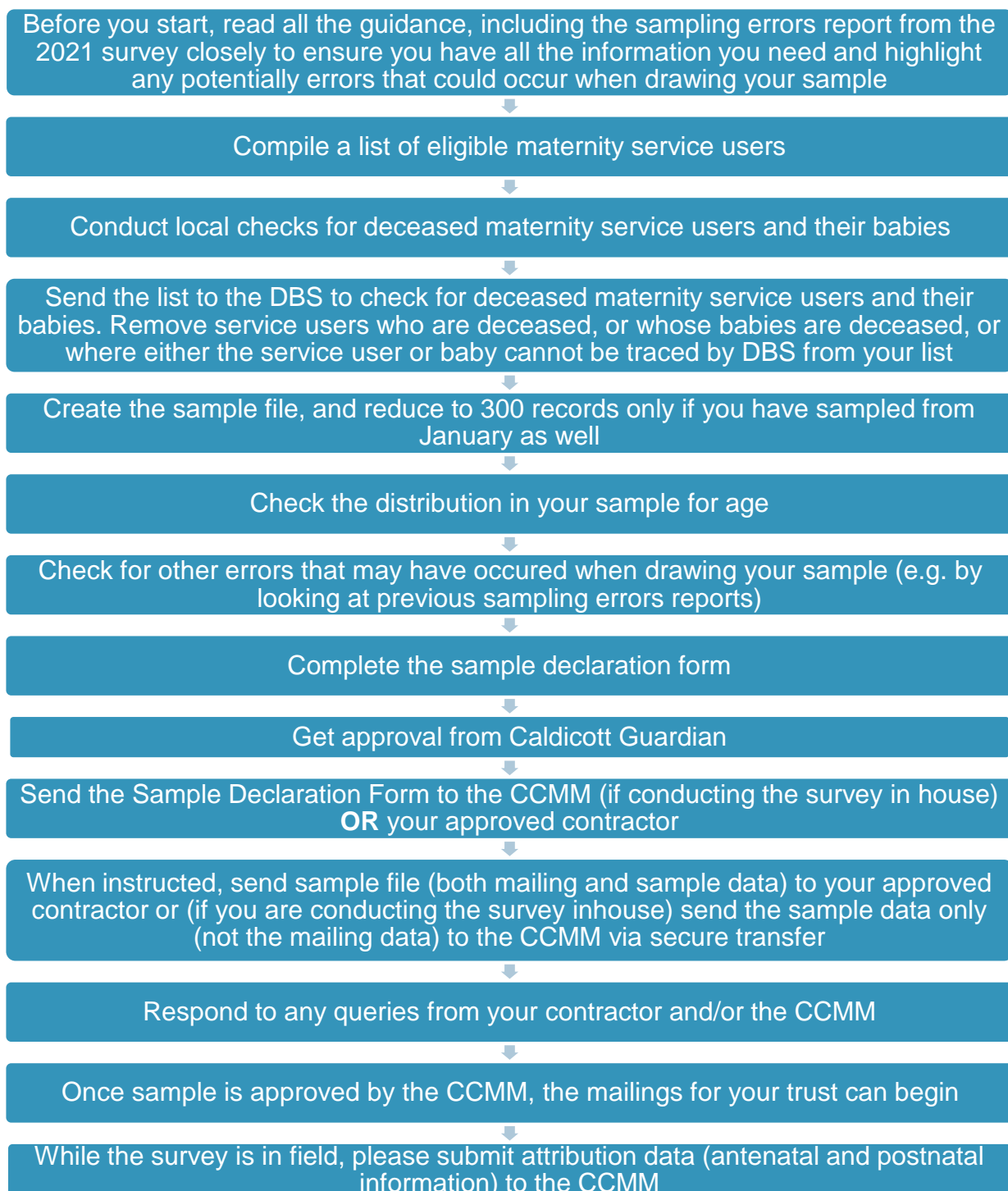
It is not permissible to offer financial inducements or lottery prizes to respondents. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the CCMM that the proposed alteration would not compromise data comparability and if they were permissible, the changes would also need to be cleared with a local ethics board.

The CQC use survey data for performance monitoring. If the sampling guidance issued for the survey is not adhered to by a trust, sampling errors may arise and it may be necessary to exclude their results from the survey. Lack of patient experience data will be flagged within CQC's performance monitoring tool (CQC Insight).

All trust staff involved in drawing samples must be made aware of the importance of checking previously written code and other historical arrangements, to minimise the risk of historic errors being repeated and the risk that your trust's survey results cannot be used. As there are also some differences in the requirements this year, please read the instructions below in detail and check that your processes adhere to the guidance.

3 Drawing your sample

The following flowchart shows the sequential steps that you must follow to draw your sample. The file should include all eligible maternity service users who delivered their baby or babies in **February 2022**. If your trust had less than the minimum number of eligible deliveries in February, then you can sample back as far as 1 January 2022 in order to generate your initial service user list submitted to DBS.



4 Survey team

It is likely that several colleagues within each trust will be involved in drawing and submitting the survey sample.

- Sampling will need to be carried out by a member of staff at the trust – very often a colleague in the trust's Informatics Team. The sample will normally be drawn from the Patient Administration System (PAS).
- Samples will also need to be reviewed by the maternity team, to ensure that individuals who had a concealed pregnancy or whose baby was taken into care or adopted are removed from the sample. This is worth organising in advance with members of the maternity team.
- The Sample Declaration Form will require approval from the Caldicott Guardian before the Sample Declaration Form, and therefore the sample, are submitted.

Trusts have been asked to provide the CQC with the name and contact details of the survey lead, the person drawing the sample, and the Caldicott Guardian at the point you start preparing for the survey.

We recommend that all individuals involved in sampling are copied into relevant emails to ensure that the latest information is available to them. We also recommend making the Caldicott Guardian aware of the sampling timings to prevent delays when signing-off the Sample Declaration Form.

5 Sampling month and dissent posters

The sample month for the 2022 Maternity Survey is February 2022. All eligible deliveries from February should be included. If this is less than 300, then the sample should go back until 1 January or until 300 eligible deliveries are reached. If you are unable to reach a sample of 300 eligible deliveries after sampling back to 1 January, please contact your approved contractor or the CCMM for advice – do not continue to sample back into December or forward into March to reach a sample of 300 eligible deliveries.

Dissent posters must be displayed for at least the entirety of February 2022 in order to maintain compliance with the Section 251 approval for this survey, to give individuals the chance to opt out of the survey. **If your trust is likely to need to include extra deliveries from January, then the posters should be displayed from 1 January 2022.**

GDPR and the National Data Opt-out Programme

The NHS Patient Survey Programme has received exemption from the National Data Opt-out Programme. This means that the 2022 Maternity Survey will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, individuals do not have to actively consent to the sharing of their data.

6 Eligibility criteria for the sample

The information you obtain about each individual will be used both for administering the survey and for sending to the tracing service to check for deceased persons. **It saves time and effort if all the information is gathered at the same time.**

The sample for this survey is selected from **ALL** maternity service users **aged 16 and over** at the time of delivery who had a live birth between **1 February and 28 February 2022**.

Your sample must include **ALL eligible persons from February**, no matter how large this number is. There is **no** maximum sample size for this survey.

However, there is a minimum sample size of 300. **If you have fewer than 300 eligible persons** who gave birth in February, then you will need to include January births in your sample.

If you think it is likely that, once DBS exclusions take place, your sample will drop below 300, it is worth including January births in your initial DBS check.

6.1 Who to include in the sample

All maternity service users (aged 16 and above at the time of delivery) who had a live birth during February 2022 (unless you are sampling further back).

Deliveries at any unit managed by the trust: Any individuals who gave birth at a separate maternity unit or birth centre should still be included in your sample, as long as it is managed by the trust.

Deliveries that took place at home: home births should be included. If home births are not recorded on your hospital information system, you will need to do a manual check of the records held by midwives.

All types of deliveries: It is important that all individuals who had at least one baby in February are included in your sample, not just those with vaginal deliveries and no complications.

Multiparous and primiparous persons: Your sample should include those giving birth for the first time, as well as individuals who have previously had a baby.

Incomplete addresses: Include maternity service users even if their addresses are incomplete but still useable (e.g. no postcode).

6.2 Who to exclude from the sample

Please keep a record of the number of individuals you have excluded (and the reasons for excluding them) as you may be asked to provide this to your contractor or the CCMM during sample checking.

Please do not include persons in the final sample who:

- were under 16 years of age at the time of delivery.
- had a stillbirth as indicated by any of the following ICD-10 or ICD-11 delivery outcomes (or appropriate equivalents, if these are not available):

ICD-10

Z37.1 Single stillbirth
Z37.3 Twins, one liveborn and one stillborn
Z37.4 Twins, both stillborn
Z37.6 Other multiple births, some liveborn
Z37.7 Other multiple births, all stillborn

ICD-11

QA46.1 Single stillbirth
QA46.3 Twins, one liveborn and one stillborn
QA46.4 Twins, both stillborn
QA46.6 Triplets, some liveborn
QA46.7 Triplets, all stillborn
QA46.9 Quadruplets, some liveborn
QA46.A Quadruplets, all stillborn
QA46.C Quintuplets, some liveborn
QA46.D Quintuplets, all stillborn
QA46.F Sextuplets, some liveborn
QA46.G Sextuplets, all stillborn
QA46.J Other multiple births, some liveborn
QA46.K Other multiple births, all stillborn

- had a baby that has died since delivery. To ensure this is checked, maternal and infant records will need to be linked and local and DBS checks will need to be run on babies as well as maternity service users.
- have died during, or since, delivery.
- are in hospital, or whose baby is in hospital, at the time of drawing the sample.

- where possible, have had a concealed pregnancy. This may be indicated on your system with an ICD-10 code of Z35.3 or an ICD-11 code of QA43.30. If you do not record concealed pregnancies in your electronic systems, these individuals should be removed from the sample when the list is validated by member(s) of the midwifery team.
- where possible, have had their baby taken into care (i.e. foster care or adoption). If you do not record this information in your electronic systems, these individuals should be removed from the sample when the list is validated by member(s) of the midwifery team.
- were private service users (non-NHS) or gave birth at a private maternity unit, wing or hospital.
- do not have a usable postal address (but do not exclude if addresses are incomplete but useable, e.g. no postcode). Only remove an individual if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. Please do not remove individuals without mobile numbers. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- have an address outside the UK. Persons whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible.
- have requested that their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity; if this information is collected by your trust you should ensure that you remove these individuals from your sample list at this stage. This does not include those who have opted out of having their data used for planning and research purposes via the National Data Opt-out Programme.

Safeguarding concerns

In general, individuals with safeguarding concerns should be **included** in your sample, unless they meet any of the exclusion criteria above. **They should not be excluded simply because they have a safeguarding flag against their record.**

These individuals should only be removed where receiving a questionnaire is likely to place them at an increased risk of harm. To determine this, **please ask your safeguarding or midwifery team to review these cases.**

We would expect no safeguarding exclusions to be made, or only **a very small number**. If you expect to make more than a handful, please contact us first at MaternityCoordination@ipsos.com

6.3 Sample checks

Before moving onto the next step, please conduct checks to make sure that all persons who should have been excluded have been removed from the sample. Please also check that all those who should have been included have been (for example, make sure eligible sixteen and seventeen year olds are included in your sample, as they should be included, but may have been accidentally excluded).

Before you run your initial query to extract all the data, double check the logic/coding using the above criteria and make sure you have removed everyone who is not eligible. You should carry out the following checks before you submit to the DBS:

Check person's age: Check that all maternity service users giving birth were aged 16 or over at the time of delivery.

Check delivery dates: Check that all persons in your list gave birth in February (or January if you had fewer than 300 eligible deliveries in February or think you are likely to drop below 300 once exclusions are made following the DBS checks).

Check for duplicates: Check that the same person has not been included more than once (this particularly may occur in cases of multiple births)

Check for private maternity care: Check that you have excluded anyone treated as a private care.

Check for incomplete information: Check that you have excluded any maternity service users with incomplete information on key fields (such as surname and address). However, do not exclude anyone simply because you do not have a postcode for them. Only remove them if there is insufficient name or address information for the survey invitation letter and questionnaire to have a reasonable chance of being delivered.

Check for live births: Check that all persons in your list had a live birth and no stillbirths have been included.

Check for concealed pregnancies: If possible, check that you have excluded anyone known to have had a concealed pregnancy.

Check for babies taken into care: If possible, check that you have excluded anyone known to have had their baby taken into care.

Check mothers discharged separately from their baby are still included.

Check for inpatients: Check that you have excluded anyone who is in hospital or whose baby is in hospital at the time of drawing the sample.

Check for non-UK addresses: Check that you have excluded anyone with an address outside the UK.

Check for dissent: Check that you have excluded anyone known to have requested their details are not used for any purpose other than their clinical care.

Check for opt-outs: Check that you have excluded anyone recorded by staff members as having decided to opt out after seeing the publicity poster and / or the information sheet given to individuals aged 16 and 17 by midwives.

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

Check for deceased persons or babies: Check that all maternity service users and their babies were discharged from the trust alive and that the trust does not have a record of their death from a subsequent admission or visit to the hospital.

Checks for deceased maternity service users and babies

It is essential that you check your trust has no record of maternity service users or their babies having died at your trust. Families are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their family member or baby died. However, deaths may have occurred at home or while under the care of another trust, so you still need to check with DBS as well. In cases of multiple births, all babies must be submitted for DBS checks.

Due to the sensitivity of the maternity survey, you must repeat internal **AND** DBS checks before each of the four mailings. **Ensure that your contractor is advised immediately if any persons or their babies die during the fieldwork period.**

In summary, up to five stages of deceased checks are required for this survey:

- 1) Initial trust (local) check prior to submitting sample
- 2) DBS check prior to submitting sample
- 3) Trust check AND DBS check prior to the first mailing if more than two weeks passes between the DBS check conducted before sample submission and the first mailing.
- 4) Trust check AND DBS check prior to the second mailing
- 5) Trust check AND DBS check prior to the third mailing
- 6) Trust check AND DBS check prior to the fourth mailing

7 Add additional sample variables

As part of the final sample, you will also need to provide additional information on sampled persons. It would be sensible to extract all the data fields you need as part of the extraction query, so you do not have to go back and find this information later.

The fields below are coloured **black** for person identifiable information and **red** for sample information. These fields are formatted this way in the sample construction spreadsheet.

If you are an in-house trust you will need to separate your mailing file containing the person identifiable information from your sample file so that only the sample information is sent to the CCMM for checking.

The following information can be compiled from hospital records:

- **Trust code:** This should be the three character code for the trust (e.g. RTH)
- **Title** (Mr, Mrs, Ms, etc.)
- **First name (or initial, where only this is available)**
- **Surname**
- **Address Fields:** This should be held as separate fields (e.g. flat/house number/name, street, area, town and county). You must use the **current** address on your system.
- **Postcode:** postcodes are included in both the mailing file and the sample file. They will be used to derive a geographic area variable (Lower Layer Super Output Area, LSOA) allowing analysis by geography and deprivation.
- **Mobile phone number:** This should be the current mobile phone number listed on your system. This might be stored as 'mobile number', 'phone number' or 'telephone number' on the system and will either be an 11 digit number starting with '07' or a 12 digit number starting with '+44 7'.

The Section 251 approval grants “the legal basis to allow access to the specified confidential patient information without consent.” This allows for trusts to provide details like patients’ postal addresses and applies to mobile numbers too. The only cases in which you should not provide this is if the patient has explicitly dissented to the use of their mobile number, or if there is a note specifying that the number belongs to someone other than the patient, such as a partner or other family member.

Should we include a mobile number where we cannot determine if it is for the patient or not?

If the mobile number listed on your system is specified as belonging to someone other than the patient, this should not be included. However, if the patient has provided a “work mobile” for their records this is fine to include, and if nothing is specified alongside the number it’s fine to assume this belongs to the patient.

For patients where we have a mobile phone listed in the mobile telephone field, and a different mobile phone number listed in the telephone field, should we just pick one and include it?

Please prioritise the ‘mobile’ column. If you have any records where the mobile field is blank, and the telephone number field is populated with a mobile number, please include this.

Where there is no mobile phone number, an incomplete number, or the number is specified to belong to someone other than the service user, this should be left blank.

Eligible persons should be included in the sample whether or not they have a mobile phone number. If you have any queries about this, please contact the Coordination Centre for Mixed Methods based at Ipsos MORI:

MaternityCoordination@ipsos.com.

- **Whether or not mobile number is included:** If a mobile number is included, this should be marked as ‘1’, if not included, this should be left as ‘0’. If the proportion of cases marked as 1 is below 50% of all patients in your sample submitted to CCMM, this will be queried and you may be asked to review and where possible update patient data by using paper records. Mobile numbers are used to send SMS reminders, to maximise the impact of these, it’s important to include as many mobile numbers as possible in the sample file.
- **Mother’s year of birth** should be included in the form NNNN. Only the year is necessary, do not include the day or month as this would constitute a breach of the Section 251 approval.
- **Mother’s gender** should be coded in numeric form: 1 = male, 2 = female, 9 = Indeterminate.
- **Mother’s ethnic group** is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the 17 item alphabetical coding specified by the Health and Social Care Information Centre (HSCIC). Please note that any patient whose ethnic category is unknown may be coded as “Z” or left blank. The ethnic codes are as follows:

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
- 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

- **Time of delivery** This should be the time of delivery in 24-hour clock, without seconds. If there were multiple births, only time of delivery for the first baby should be entered.
- **Day of delivery** (1 or 2 digits; e.g. 7 or 26)*
- **Month of delivery** (1 or 2 digits; e.g. March = 3 or October = 10)
- **Year of delivery** (4 digits; e.g. 2022)
- **Number of babies born at delivery:** This should be the total number of babies born
- **Actual delivery place:** This should be the type of ward the individual delivered in, not the type of professional who was leading the delivery. Enter this using the national codes of delivery place:
 0. In NHS hospital – delivery facilities associated with a midwife ward
 1. At a domestic address (*this includes home births*)
 2. In NHS hospital – delivery facilities associated with a consultant ward
 3. In NHS hospital – delivery facilities associated with a general medical practitioner ward
 4. In NHS hospital – delivery facilities associated with a consultant / general medical practitioner / midwife ward inclusive of any combination of two of the professionals mentioned
 5. In private hospital (*these individuals are **not eligible** for the survey and should be excluded*)

* The day, month and year of admission and discharge must be entered in separate columns.

6. In other hospital or institution (*these individuals are **not eligible** for the survey and should be excluded*)
 7. In NHS hospital – ward or unit without delivery facilities
 8. None of the above (*this includes born-before-arrival (BBA) deliveries that took place outside of trust premises, e.g. in hospital care parks or ambulances*)
 9. Not known
- **NHS Site Code:** Please record the site where the delivery occurred using the five character NHS Trust Site Codes (maintained by NHS Digital). A list of valid NHS Site Codes is available for download here: <https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>. **Leave the cell blank** for home births (ADP1) and deliveries that took place outside the trust such as in ambulances and car parks (ADP8). **Also leave the site code blank** if the ADP is 9, unless you know that the delivery took place in hospital.
 - **COVID-19 treatment:** This variable aims to capture potential scenarios in which people had a negative test (or were not tested) but were assumed to have COVID-19 and treated as such due to symptoms at the time of labour and birth. This information should be derived from NHS Trust locally held records and coded into the below categories.
 - 1 = Treated as confirmed or suspected COVID-19
 - 2 = Treated as non COVID-19
 - 3 = Status unknown
 - **Submitting the COVID-19 treatment variable:** As the COVID-19 variable is specific to treatment at the time of labour and birth, it should be possible for **all trusts to submit this as part of the main sample file**. Only contractors/in-house trusts can submit this variable to CCMM.
If data for the COVID-19 treatment variable is not available at the time of sampling, **it must be submitted with the final data by contractors/in-house trusts**. In this case, contractors/in-house trusts must check the data to ensure that only one valid code (1, 2 or 3) is submitted for each case in the sample file for each trust.

You will also need to establish a **Patient Record Number (PRN)**. This is a unique serial number which must be allocated to each person by the trust. It should take the following format: 'ENNNNXXX', where 'XXX' is your trust's three-digit trust code and 'NNNN' is the 4-digit number relating to your sampled persons, e.g., 0001-1350.

The PRN will be included on address labels for letters and on questionnaires and will be the log-in username for the online survey. Later, when questionnaires are returned (whether completed or not) or completed online, these numbers will be able to be used to monitor which persons have taken part and to identify any non-responders, who will need to be sent reminders. Please note: the patient record number should be available in and correctly referenced for every dataset for this survey (e.g. sample file, mailing file, final

data). Please note that PRN is not a variable present in trust databases, it is created only to allow the monitoring of individual response.

In addition, to submit your trace request file to the DBS to check for deceased persons, you will need to include NHS Number. Please note that this information **SHOULD NOT BE INCLUDED IN THE SAMPLE CONSTRUCTION SPREADSHEET AS IT WOULD CONSTITUTE A BREACH OF SECTION 251 APPROVAL** if your approved contractor or the CCMM were to receive this information.

New for this years' survey

Maternity Care Setting (Actual place of birth) variable

This was included on a trial basis last year. We are **NOT** collecting this as part of the sample in 2022. However, there is a new question about it in the sample declaration form. This information will be used to support a potential transition to this variable in future Maternity surveys instead of Actual delivery place.

COVID-19 treatment variable

Comparing experiences of those individuals treated as confirmed or suspected as having Covid-19 during labour and birth with those treated as non Covid will be invaluable at both a national and NHS Trust level. We are asking all NHS Trusts to provide this variable within their main sample file.

8 Including January births

This section is only relevant for trusts with fewer than 350 eligible maternity service users from February 2022, or if you think it is likely to drop below 300 once DBS checks have been undertaken. If you have 350 or more eligible maternity service users, you can skip this section.

If there are likely to be fewer than 350 eligible maternity service users who had a live birth at your trust in February, you will need to sample back to include eligible deliveries from January.

Although your trust only needs a minimum of 300 eligible persons in your final sample, we would recommend sending at least 350 for DBS check, to ensure that an additional sample does not need to be sent for DBS check when persons are removed following the check.

To do this, please follow these steps:

- Sample **ALL** eligible maternity service users from February.
- Sample **backwards consecutively** from **31 January to 1 January** until you **EITHER**:
 - have **350** individuals in your list (**including those who gave birth in February**) (this will be reduced to 300 once the DBS checks are complete)
 - **OR** reach 1 January.[†]
- Conduct all necessary checks on your list, and then make sure your list is ready for DBS checks including all maternity service users and all of their babies.
- Submit this list to DBS.
- Remove any ineligible and deceased or untraceable persons from your list. After removals:
 - If you have fewer than **300 persons** in your sample, include **all** of these in the file you submit to your contractor (for trusts using a contractor) or the CCMM (for in-house trusts).
 - If you still have more than 300 persons in your sample, just include the 300 who gave birth **most recently** in the file you submit to your contractor (for trusts using a contractor) or the CCMM (for in-house trusts).

[†] Important - do not continue to sample back into December or forward into March to reach a sample of 300 eligible deliveries.

If your trust has fewer than 300 eligible service users across January and February combined, you are **not obliged to take part** in the Maternity Survey. Please liaise with your contractor (or the CCMM in you are an in-house trust) if you think this applies to your trust. However, your trust may still decide to take part on a voluntary basis.

9 Create the sample file

Once you have identified the sample and collated all required data, you will need to enter all the information relating to your sample in the template sample construction spreadsheet and save this file as **<NHStrustname_Maternity2022>**.

The table below shows an example of the spreadsheet. Please use the **sample construction spreadsheet** provided.

Black column headings: columns contain information on individuals' names, addresses and comments that may allow them to be identified. These details should either only be shared with your approved contractor, or, if you are running the survey in-house, should be kept in a sample file for administering the survey. Please note that the postcode column should be included in both the mailing and the sample file (black and red).

Red column headings: these columns should be completed during the sampling phase and submitted to your approved contractor or the CCMM prior to mailing to allow for final review and approval before the survey goes into field.

Trust code	Patient Record Number	Title	Initials / first name	Surname	Address1	Address5	Postcode	Mobile phone number	Mobile number indicator	Mother's year of birth	Mother's gender	Mother's ethnic group	Time of delivery	Day of delivery	Month of delivery	Year of delivery	Number of babies born at delivery	Actual delivery place	Place of birth: NHS site code	COVID-19 treatment
e.g. R1H	E0001R1H	Mrs	A	Abbot	-	-	AB1 1YZ	07777 777 777	1	1969	2	A	06:25	1	2	2022	1	2	RTE15	1
R1H	E0002R1H	Mr	E	Ahmed	-	-	AB2 6XZ		0	1978	2	J	23:46	3	2	2022	3	0	RTE03	2
R1H	E1249R1H	Ms	K	Yoo	-	-	AB4 7MX	07777 777 777	1	1989	9	B	12:48	3	2	2022	1	2	RTE15	3
R1H	E1250R1H	Ms	F	Young	-	-	AB9 5ZX		0	1982	2	R	02:00	27	2	2022	5	1		1

If you are completing the survey in-house:

There will be two additional columns in the sample construction spreadsheet for you to complete. These are included to provide participants with access to the online survey. These will generate:

- 1) Password: a unique password for the online survey, which will be used in combination with the PRN to allow individuals to access the online survey
- 2) SMS link: a unique link to the online survey that automatically logs the participant into the survey. This should be used (in shortened form) in the SMS reminders

To generate these fields:

- complete the rest of the spreadsheet, then copy the formula from the top of the spreadsheet into the first row of data.

Online survey password	SMS link	D b o
Generate using the following formula: =VLOOKUP(RANDBETWEEN(1,31),Lookups!\$A\$1:\$C\$31,2,FALSE)&VLOOKUP(RANDBETWEEN(Generate using the following formula: ="Lookups!\$E\$1"&"id="&"Lookups!\$B3"&"password="&"Lookups!\$A\$1:\$C\$31,2,FALSE)&"&"&i.user1=ENG&i.user2=cqs" Ensure the online survey	D q

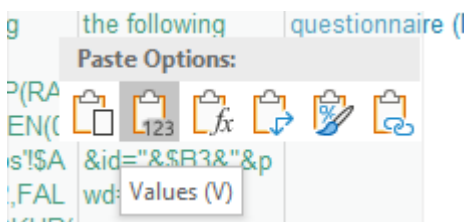
- This should give you a 5 character random password for the Password field and a long web link for the SMS link. Check the format of the password is correct and that the web link includes the correct **username** and **password**.

CJNVT	SURVEYLINKADDRESSlinktype=SMS&id=D0001R1H&pwd=CJNVT
-------	---

- Then drag the formula down to the final row of data.

PZ8Q8	SURVEYLINKADDR
HQ2JR	
CXEJW	
WQWXX	

- Finally, copy and paste values for these columns, to make sure they will not continue to update.



10 Add monitoring variables

The columns listed below should be left blank when the initial sample is compiled. They will be completed by approved contractors and in-house trusts when individuals respond to the survey (e.g. by completing online or returning in the post), or when the trust is notified the individual will not be participating (e.g. person deceased, moved address, too ill, or called/emailed to opt out).

- **Day of response being received** This will only be completed if and when a response is received (either online or via post).
- **Month of response being received** This will only be completed if and when a response is received (either online or via post).
- **Year of response being received** This will only be completed if and when a response is received (either online or via post).
- **Outcome code** This will be used to record which responses are returned to the freepost address or via the online survey, are returned undelivered, or which persons opt out of the survey, etc. Please use the following codes:

1 = Returned completed (response received either online or via post)

2 = Undelivered / moved house

3 = Mother/baby deceased (identified after first mailing has gone out)

4 = Too ill//opted out/returned blank questionnaire

5 = Ineligible - participant was not eligible to fill in questionnaire

6 = Unknown - response not received

7 = Mother/baby deceased prior to fieldwork.

The outcome column is left blank at first if a response has not yet been received.

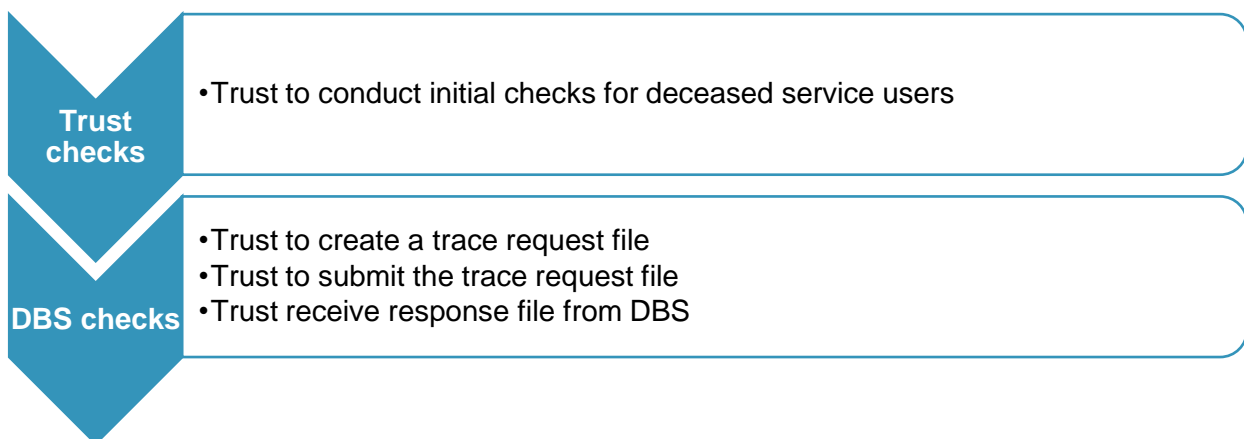
- **Hard copy translation requested**
- **Mode of response** This will only be completed if and when a response is received, to record whether it was received via paper or online.
- **Comments** In this column you can note any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

11 Submit sample to DBS and conducting local checks

You will need to have your list of maternity service users and all their babies checked for any deaths, internally and by the Demographic Batch Service (DBS). DBS checks can take a while, so please ensure sufficient time is factored in for this. Please keep in mind that additional DBS checks will also be needed during fieldwork, as well as checks on your trust systems, in advance of the survey reminders being sent.

The DBS enables users to submit and receive an electronic file containing relevant service user records, using dedicated client software. The service user records in the file are matched against the NHS Spine Personal Demographics Service (PDS). The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Figure 11.1: Steps for checking for deceased persons



11.1 Checks for deceased persons in the trust records

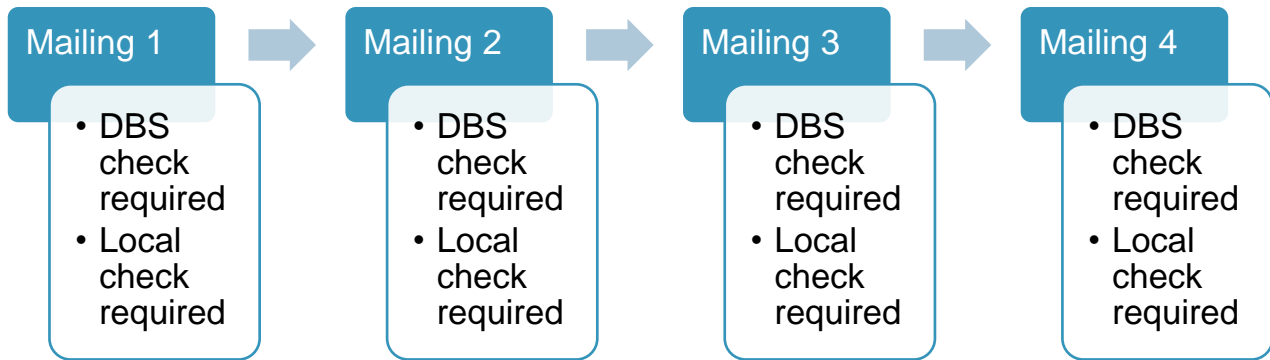
You need to check that your trust has no record of a person selected for the survey having died at your trust. Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust for their relative who has recently died.

It is a requirement to carry out both local checks and submit for DBS checks before the first mailings can be sent.

It is also a requirement to check your hospital records and run DBS checks for any further deaths prior to posting the second, third and fourth mailings, to avoid sending reminders to persons who have died or been bereaved between mailings.

If you are using the services of an approved contractor, please notify them immediately if any individuals in your sample or their babies die during the survey period and ensure they are removed from any reminder mailings.

Figure 11.2: Protocol for conducting DBS and local checks throughout fieldwork



11.2 Create the trace request file

Using your list of service users and their babies, you need to create a 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. For each individual 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, date of birth and postcode (can be wildcarded e.g. LS1*). The postcode is not mandatory, but it will help 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.

Babies' details should be recorded on separate rows in the file you submit to DBS. If an individual gave birth to more than one baby (i.e. twins or more), then the details of each baby should be entered on a separate row.

The number of rows in your file will therefore be at least **double the number of individuals** in your sample.

11.3 Submitting the trace request file to DBS

DBS requires that request and response files are transferred using the dedicated DBS client software. The DBS client software should have already been installed on a server within your trust and most trusts use this on a routine basis. 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, please contact the DBS implementation team at demographics@nhs.net.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client inbox. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the 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!

11.4 Identifying deceased persons when the file is returned from DBS

The trace response file returned from DBS can be used to identify any persons who have died and therefore need to be removed from the sample file (see below). This will reduce the numbers in your sample list slightly.

Due to the sensitivity of the maternity survey, please also exclude individuals if it was not possible for DBS to match them on their records. If you have more than five untraced records, please contact the CCMM for advice at MaternityCoordination@ipsos.com.

11.5 The response file

The DBS will return a file with:

- A header row.
- A response body. This 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 column, which is returned only when there is a single unique match. It is in this additional response column that persons found to be deceased will be indicated (by a letter 'D').

- A trailer row

Tracing services are not infallible: even after your list has been checked for deaths, some individuals may die in the period between running the check and the survey invitation being delivered.

So, you may find that some recently deceased or bereaved persons remain in your sample. You need to be prepared for this.

Special sensitivity is required when dealing with telephone calls from bereaved relatives.

12 Check sample prior to submission

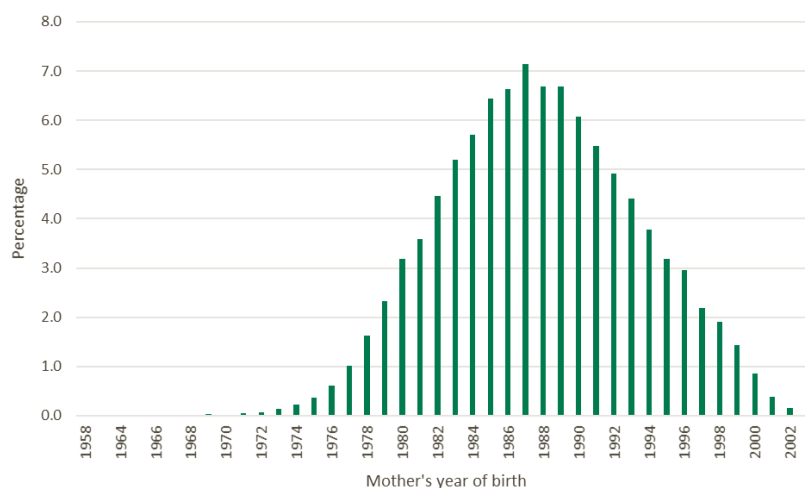
Before you submit your sample, you are asked to carry out a number of checks on your sample.

12.1 Checking the distribution of ages in your sample

Please check that service users of all ages are included in your sample, **paying particular attention to those aged 16, 17 or 18 years, as they should not be excluded**. We have found these age groups are the most likely to be excluded due to sampling errors. It is possible there may not be any young adults in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

A good way to check that your sampled individuals' ages cover the full range of expected ages is to examine the distribution of ages on a bar chart. The bar chart for your trust is likely to resemble the shape below. For most trusts the bar chart is likely to start with a relatively small number of individuals aged over 40 years, and then rise to form a plateau (representing a large number of individuals aged between 25 and 35 years) before entering a decline, with fewer individuals aged below 25 years.

Figure 1: Bar chart of age from a previous maternity sample file



12.2 Checking for other errors in your sample

We recommend that you read the 2021 Maternity Survey Errors Report to check for common errors in your sample (available from <https://nhssurveys.org/surveys/survey/04->

[maternity/](#)). This will reduce delays caused by incorrect sampling and so improve your trust's response rate to this survey. Some of the most common sampling errors were:

- Incorrect COVID-19 variable coding
- Not including mobile telephone numbers
- Incorrect Actual Delivery Place (ADP) coding
- Excluding individuals with missing information
- Excluding individuals with safeguarding flags without consulting the safeguarding team
- Excluding home births
- Sampling the incorrect period
- Site codes present for individuals with ADP 1 or 8.

Check – Is your sample size correct?

Your sample should include **ALL** eligible maternity service users who gave birth in February, regardless of whether you had to sample back into January or not.

If you only sampled from February, your sample size should be **at least 300**. There is no maximum sample size for February births.

If you had **fewer than 300** eligible individuals in February, you should have sampled backwards into January.

If you had to sample back into January, your sample size should have been capped to a **maximum of 300**.

13 Splitting and submitting your sample

For trusts working with an approved contractor, the combined file of sample and contact data will need to be securely shared with your approved contractor, once the Declaration Form is approved.

For approved contractors and in-house trusts, the sample and contact data will need to be split into two files, according to the instructions in the Sample Construction Spreadsheet. The only variables that should appear in both files are the Trust code, Patient Record Number identifiers and the persons postcode.

The mailing file will only be used occasionally during the survey to:

- check for deceased persons prior to reminder mailings
- cross-reference it with the “outcome” field of the sample file (<NHStrustname>_Maternity2022< >) to identify individuals who will need to be sent reminders.

For confidentiality reasons, you must not keep individuals name and address details in the same file as their survey response data.

Once the Sample declaration form is approved, the sample file will need to be securely uploaded to the website for the Coordination Centre for Mixed Methods samples. Specific instructions on how to upload the sample and secure log-in details will be provided to in-house trusts and approved contractors prior to the sample period.

No contact details should ever be shared with the Coordination Centre for Mixed Methods – this would be a breach of Section 251 approvals.

Both sample and contact details need to be shared securely – do not ever share sample or contact files over email.

14 Attribution data

The attribution data identifies maternity service users that received their antenatal and/or postnatal care from your trust.

The attribution data file is submitted **after** the original sample is approved. This is because there are often delays associated with the final data being available, it does not need approval before mailings begin, so does not need to delay fieldwork, and because it needs to be submitted directly to the Coordination Centre for Mixed Methods (CCMM), rather than to a contractor. **The attribution data file must be submitted by 09 June 2022.**

More detailed instructions relating to the attribution data as well as the submission spreadsheet are available separately from the NHS Surveys Website:

<https://nhssurveys.org/surveys/survey/04-maternity/>.

15 Questions?

For any questions, please contact the Survey Coordination Centre for Mixed Methods based at Ipsos MORI at MaternityCoordination@ipsos.com.

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