INSTRUCTION MANUAL FOR THE NHS MATERNITY SURVEY 2015

FOR TRUSTS CONDUCTING THE SURVEY IN-HOUSE

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 instruction manual. Please note that Section 251 approval has been granted for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting people's confidentiality, maintaining high standards, and adhering to the Data Protection Act. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. More guidance on how to reach ethnic minority groups can be found in *Section 6.* 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 or materials set out in this instruction manual, 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.

Contents

1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The national patient survey programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates care provided by the NHS, private companies and voluntary organisations. The CQC aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

As set out in Voices Into Action[1], the statement on involving people, CQC is committed to involving people who use services in all its work, and ensuring that the providers of care services themselves involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the Care Quality Commission's work: it is the aim of the Care Quality Commission and the Co-ordination Centre to make sure better care is provided for everyone.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for people and for informing commissioners of services. As well as supplying NHS England and the Department of Health with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for CQC's assessments.

1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the NHS Patient Survey Programme, of which the NHS Maternity Survey is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the patient survey programme.

1.3 Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other dimension concerns the quality of care from the perspective of patients. Understanding the way patients experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the patients themselves.

It is important to adopt systematic, appropriate and effective ways to ask patients about their experiences, and use this information to shape and improve the way healthcare is delivered. This manual is designed to help staff in NHS hospital trusts to obtain patient feedback through the national patient survey. It also provides guidance on how you may use the information you gather in quality improvement programmes and for monitoring performance. By following these instructions, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

[1] http://www.cqc.org.uk/sites/default/files/documents/links1_guidance_local_groups.pdf

1.4 Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The national patient survey programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- providing information to support local quality improvement initiatives;
- tracking changes in patient experience locally over time;
- providing information for active performance management;
- providing information to support public and parliamentary accountability;
- providing information for the Care Quality Commission's programme of reviews and inspections.

1.5 Care Quality Commission assessments

Information drawn from the questions in the survey will be used by the Care Quality Commission (CQC) in its assessment of acute and specialist trusts in England. Questions from the survey will be used within CQC's Intelligent Monitoring system and within CQC's inspections of maternity services. More information is available on the CQC website at: http://www.cqc.org.uk/content/how-we-inspect

1.6 Measuring performance

In addition to the performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves and national benchmarks based on reliable data. Asking each hospital trust to carry out the Maternity Survey in a consistent way builds a detailed picture of women's experiences in NHS hospital trusts.

Information collected in a nationally consistent way is also essential to support public and parliamentary accountability. The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (Domain 4.5: 'Improving women and their families' experience of maternity services' – this indicator is based on national survey data), the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards

The Care Quality Commission intends to archive the survey data with the UK Data Archive after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

1.7 Basic requirements for the Maternity survey

For comparisons between and within trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee and Section 251 approvals. Those standards are set out in detail later in this document. In summary, they are as follows:

- Please let the Co-ordination Centre know the two trust contacts who will be the key contacts throughout the survey process – their job titles, phone numbers and email addresses – to allow us to communicate vital information about the Maternity Survey 2015 (email to: mat.cc@pickereurope.ac.uk);

- The survey must be carried out using the standard postal questionnaire;

- Please read in full the sections on drawing your sample, completing your **sample declaration form** and how to submit these to the Co-ordination Centre, as outlined in Sections 8 & 9;

- The sample must consist of all women who gave birth during **February 2015** as outlined in *Section 8 – Compiling a list of women* [If your trust has fewer than 300 births in February, please contact the Co-ordination Centre for further advice on including women who had a baby in January 2015.];

- The sampling procedure set out in this instruction manual must be followed. To do this, you will need to work closely with the person who draws the sample, and check carefully that this guidance has been adhered to. For further details see *Section 8 – Compiling a list of women;*

- **Your Caldicott Guardian must sign off the sample.** Please send the signed declaration form to the Co-ordination Centre **before** you submit your sample for checking;

- Sample data must be submitted to the Co-ordination Centre for final checks before mailing as outlined in *Section 9 - Final sampling inspection by the Co-ordination Centre*. You should aim to submit these sample files to us between **6th April and 1st May 2015** to allow sufficient fieldwork period to maximise your response rates;

- Before drawing the sample you must submit a formal declaration to the Co-ordination Centre, as outlined in *Section 4.1 - Statements of compliance with data protection;*

- You should aim to obtain the highest response rate possible. Three mailings will be necessary. However, trusts should facilitate higher response rates through maximising their collection period by commencing work as soon as possible and by publicising the survey to staff, patients and the community. See *Section 11 – Publicising the survey;*

- Weekly submissions of details of response rates and helpline calls to the Co-ordination Centre will start from **30th April 2015.** A spreadsheet has been created for this purpose. For further details see *Section 10 – Weekly monitoring*;

- Trusts will be asked to submit information on which women in their sample received their antenatal and postnatal care from their trust once the sample file has been approved during the sample checking period (see *Section 3 – What's New for 2015?*). Additional guidance on this process will be made available to trusts before the sample checking period;

- The standard covering letters and reminder letters (which can be found under the Maternity Survey section of the NHSSurveys website: http://www.nhssurveys.org/surveys/825) must be used as outlined in *Section 12 – Materials;*

- Two paper copies of the questionnaire and the covering letters used for each mailing should be submitted to the Co-ordination Centre by **8th May 2015**, as detailed in *Section 12.9 – Submitting Hard Copies of the Questionnaire and Cover Letters;*

- Two reminders must be sent to non-responders, as outlined in Section 13.7 – Sending out reminders;

- The final data must be entered and coded as specified in *Section 14 – Entering data*;

- The data must be checked carefully for errors before submitting it to the Co-ordination Centre. Specific advice on how to carry this out is included in *Section 14.3 – Checking the Data for Errors;*

- The data from the questions and the checklist must be submitted to the Co-ordination Centre in the form outlined in *Section 14.4 – Submitting Data to the Co-ordination Centre* by **4th September 2015;**

- The free text comments must also be submitted to the Co-ordination Centre by **4th September 2015**. These should be included as part of the final data file, and should **not** be anonymised. See *Section 14.2 – Entering the Patients' Written Comments*;

- You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until **29th February 2016** but please **do not** send these to the Co-ordination Centre. These returned questionnaires may be needed to audit the data sent to the Co-ordination Centre;

- Trusts are not permitted to publish their survey results prior to the official release of CQC national and trust level results as there might be differences which could cause confusion for people. However, trusts can start using their results internally to identify areas for quality improvement.

1.8 Why you need this guide

This guide is designed for trusts wishing to conduct the survey in-house. You must be familiar with all aspects of this guide, but in particular, the sections on drawing the sample, data protection requirements, the practicalities of mailing out the survey, and the processing and submission of data to the Co-ordination Centre.

2 Setting up a project team

We recommend you set up a project team to assist you in running the survey. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

  - Caldicott Guardian
  - Board members
  - Doctors, midwives, nurses and other health care staff
  - Managers
  - Medical records personnel or Patient Administration System (PAS) staff
  - Recent mothers and their partners
  - Members of patient groups with a special interest in the trust
  - Staff or directors responsible for:
    - Midwifery
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning.

- **Involving the person responsible for drawing the patient sample in planning meetings.** It is essential that this person, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly.

- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All departments in the trust should be made aware when a survey is being conducted, in case patients contact the trust asking questions about the survey they have received.

- **Not overlooking front-line staff.** These people who have the most frequent direct contact with patients.

3 What's new for 2015?

Sample data: As in 2013, postcode sector will be required as part of the sample data. CCG code will be required instead of GP code for the 2015 survey.

> **Postcode sector:** As in 2013, we will require this additional piece of information in the sample file to make more use of the survey data. This is only the case if your trust does not have data for all women in the sample on their antenatal and postnatal care provider. The information on postcode sector will be used at a later stage, alongside additional information on a trust's geographical boundary, to identify and check which women in the sample are most likely to have also received their antenatal and/or postnatal care from the trust at which they delivered.
>
> Trusts will not be required to carry out this identification process until the sample file has been approved by the Co-ordination Centre. This is to allow trusts more time to undertake this process but it must be submitted to the Co-ordination Centre by **29th May 2015**. The Co-ordination Centre will supply trusts with a guidance document on how to identify those women in their sample that have also received their antenatal and postnatal care from the trust.
>
> **CCG code:** This year we are asking you to collect CCG code, rather than GP code, as was collected previously.

Questionnaire: There have been minor changes to the questionnaire. Further information about these will be supplied in the survey development report.

Sample Declaration Form: This form needs to be completed by the person drawing the sample, and the Caldicott Guardian. It needs to be sent to the Co-ordination Centre **before** you send your sample file: the Co-ordination Centre must confirm that they have received the sample declaration form and have checked that it has been completed fully and correctly before you send your anonymised sample file to them.

CQC Flyer: Also new this year is the CQC flyer to include in mailings, for in-house trusts these will be sent to the nominated survey lead. The CQC flyer explains the role and purpose of CQC and how the survey data will be used by them.

Free text comments: The deadline for submission of the women's written free text comments (see *Section 14.2 - Entering the patients' written comments*) is now the same as the deadline for submission of the survey data: **4th September 2015**. Please note that in this year's survey free text comments now do not require anonymisation when submitting them to the Co-ordination Centre. However you must anonymise them before publishing any comments outside of your organisation.

3.1 Important information to remember

Sampling months: The sample must contain all women who gave birth at your trust in February 2015. If your trust has fewer than 300 births in February, please contact the Co-ordination Centre for further advice on including women who had a baby in January 2015.

Weekly submissions: Weekly submissions of response rates (outcomes) and helpline monitoring information will again be requested for each trust taking part in the 2015 Maternity Survey and we ask for the first submission on **30th April 2015.** We will be using this data to generate weekly adjusted response rate data for the Care Quality Commission by trust name. This is discussed further in *Section 10 – Weekly Monitoring.*

Record number: The format is a twelve character string of the form **MAT15XXXNNNN**, where XXX is the three letter organisation/trust code (e.g. RW1) and NNNN is the unique identifying number e.g. 0001. The Record Number must be assigned **before** going through the DBS check.

Hard copies of the questionnaire and covering letters: Two paper copies of the questionnaire and covering letters are to be submitted to the Co-ordination Centre by **8th May 2015**.

Providing explanations to 16 and 17 year old mothers: It is necessary to meet the requirements for support under section 251 that midwives or other staff provide all younger mothers (aged 16 and 17 at the time of their baby's birth) with an approved information sheet and discuss the requirements of the survey with them. The information sheet is available to download here: http://www.nhssurveys.org/surveys/829. Any requests from those women to opt out of the survey must be logged at the trust and referred to when drawing the sample.

Posters: Throughout the February (and for some trusts, January) sampling period, posters should be displayed publicising the survey. The poster is available to download from the NHS Surveys website here: http://www.nhssurveys.org/survey/1515. There is space at the bottom of the poster for trusts to insert a contact telephone number for people to call should they wish to opt out. Please be aware that no other changes to the poster are permitted as the content and format have been approved as part of the Section 251 application.

Patients who have requested that their details are not used for any purpose other than their clinical care, such as secondary purposes including research: If your trust has a mechanism in place to flag patients that do not wish their data to be used for secondary purposes, we advise that you refer to this when drawing your sample as these patients will need to be removed from your sample. You also must log any requests to opt out from the survey from women as a result of the posters displayed or from 16 and 17 year olds who have discussed the survey with staff (as above).

Ethnic category: Ethnic category will be requested in the standard 16 + 1 alphabetical format. However, in the past there was some confusion over what data should be coded as "Z" ("not stated"). This code should be used **only** when a person had 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 women had not been asked or was not in a condition to be asked, e.g. unconscious. For most trusts, ethnic category will contain both "Z" codes **and** "blanks". Further information can be found in *Section 8.6 – Create the sample file.*

Embargo on results: Trust-level findings for the national Maternity survey 2015 **must not** be released outside of the trust until the national results are published by the Care Quality Commission. Please continue to use the results from your in-house survey teams, but wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

Letters: For the first mailing letter and second reminder mailing there is the option to include patient name. We recommend this approach as there is evidence to show that this increases response rate (we would recommend using patient title followed by surname). If the patient name is used, please take great care that each letter is correctly matched to its corresponding questionnaire.

4 Data protection and confidentiality

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential. **If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott principles[2].

It is your legal responsibility to ensure that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. Your trust's Caldicott Guardian and legal advisors should advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the Co-ordination Centre for the patient survey programme. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Market Research Society's Guidelines for social research (2005). They have implications for NHS trusts conducting surveys in-house.

The website below has further information:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Information about the Data Protection Act 1998 can be found at the ICO – Information Commissioner's Office (http://www.ico.gov.uk)

Further guidance can be found in the Market Research Society document at
http://www.mrs.org.uk/pdf/data_protection_social.pdf

4.1 Statements of compliance with data protection

Each NHS trust has a Caldicott Guardian responsible for overseeing proper use of patient data. Before mailing out the sample you must submit a formal declaration (see Appendix 4) signed by the Caldicott Guardian and survey lead(s) for the trust, to the Co-ordination Centre. This declaration will certify that data shall only be displayed, reported, or disseminated in compliance with the guidelines (see *Section 4 – Data Protection & Confidentiality* and *Section 9.1 – The Sample Declaration Form*). Templates for these declarations are available on the website containing the survey guidance (http://www.nhssurveys.org/surveys/825). **You must wait for confirmation of receipt from the Co-ordination Centre before you mail out your sample.**

[2] Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1** - Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2** - Don't use patient-identifiable information unless it is absolutely necessary
- **Principle 3** – Use the minimum necessary patient-identifiable information
- **Principle 4** - Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5** – Everyone should be aware of their responsibilities
- **Principle 6** - Understand and comply with the law

You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data, and the issues which these present. The Caldicott guidance and principles were incorporated into the NHS code of practice on confidentiality.

If the Caldicott Guardian is unable to make such a declaration, then the trust must use an approved contractor to ensure that appropriate standards of confidentiality and data protection are maintained.

4.2 Section 251 Approval

Approval has been granted for the 2015 maternity survey under section 251 of the NHS Act 2006 to provide a legal basis for trusts using a contractor to provide names and addresses to them. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority for approval. Although in-house trusts are not undertaking this, we expect them to follow all standard practices and procedures outlined in this guidance in order to meet their responsibilities for data protection and security.

The section 251 support does not cover the transfer of patient identifiable information where a patient has previously indicated dissent - by this we mean instances where a patient has explicitly indicated that they do not want their information to be shared for purposes such as patient surveys, or specifically stated that they do not want their details shared outside of the Trust.

Consequently, if any maternity patients have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their address details shared for any reason other than clinical care), please ensure that these people are excluded from your sample.

This should be done using your local records and also with the Personal Demographics Service (PDS) if your system is compliant (i.e. those patients listed through the PDS service as having an S flag which restricts the patient's location details from being shown in PAS). We understand that some records are S-flagged for data quality reasons and some because of concerns about their contact details being available for wider research or similar uses. We expect that these flagged patients may not eventually be included in the sample drawn from the trust as the address fields will be incomplete.

Please discuss this issue with your Caldicott Guardian to ensure that any women who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample.

We expect trusts to process any opt outs received during the course of the survey in the following way:

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If the objection is received through the Freephone helpline, and a mailing is underway, the helpline staff will need to advise the caller that it might not be possible to prevent this mailing but assured that they will receive no future mailings;

2. People wishing to receive no further questionnaires must be identified with a flag/ code/ number on the mailing file;

3. When speaking to callers wishing to opt-out of future survey mailings, it is not appropriate to try and dissuade them from their intent. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, this needs to be respected and acted upon immediately to avoid upset and misunderstanding;

4. Callers are advised they are being removed from the mailing list for this survey only, and that if they wish to register their dissent against wider research participation at their trust, they need to speak to their trust (via PALS or the trust Information Governance Team).

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:
http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

All trusts have been made aware of the patient confidentiality requirements of the survey in a letter sent to survey leads, CEO's and Caldicott Guardians in December 2014. It is very important that you follow the instructions set out in the survey instruction manual, as although the Section 251 approval does not cover inhouse trusts as such, if CQC become aware of a breach of information security or patient confidentiality, the relevant CQC Inspector will be informed. All breaches will be considered by inspectors as a breach of regulation 20 (Records) and inspectors will make a decision as to whether enforcement activity is required.

4.3 Keeping patient mailing data and sample data separate

Keeping names and addresses separate from either sample information or respondent data is the best way to ensure that the survey responses cannot easily be matched to the patients who made them**.** Keeping the two sets of information separate reduces the amount of information disclosed if either file were to be lost or shared with unauthorised individuals. It also means that only the necessary information is shared with those who need it – for example staff members who deal solely with the mailing need only the mailing file. **For these reasons, please ensure that once the sample has been returned from DBS and the list of women is finalised, women's names, addresses and full postcodes[3] are removed from the sample file to a "MAT15_mailingdata_XXX" file.** (Where XXX is the Trustcode for your organisation).

Before this is done, it is essential each woman is provided with a unique number (a **Unique Reference Number**) and that this number is available and correctly matched on both the "**MAT15_mailingdata_XXX**" file (where XXX is the Trustcode for your organisation) and the sample information file.

4.4 Mailing questionnaires

An important issue regarding mailing questionnaires and data protection relates to the envelopes used to mail out questionnaires. In line with data protection requirements, it is important that the envelope(s) used to mail out your survey materials do not show any indication of the NHS Trust name. See *Section 12.5 – Mail Out Envelopes* for further details.

4.5 Patient anonymity

It is important to ensure that any claims you make about patient anonymity are accurate; and you are obliged by law to honour any statements that you do make. As you are carrying out the survey in house it is not accurate to tell women that their responses will be anonymous. The person who receives the completed questionnaires is usually able to match these responses to patient names and addresses.

[3] **Please note**: trusts will be required to include the woman's **postcode SECTOR** in a different field within their sample information file

4.6 Patient confidentiality

It is essential that any patient survey is conducted in such a way that patient confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform women that their name and address will never be linked to their responses. Furthermore, women's responses must not be presented to anyone in a way that allows individuals to be identified. For example, if an individual is known to have stayed on a particular ward, and her year of birth, sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. It would be unlawful to provide staff who may have had contact with respondents any information that would allow these respondents to be identified. The following recommendations are made:

1) The raw data set **must not** be provided to any member of staff at the trust who do not need to view it, i.e. those who are not directly working on the project;

2) Additional data analysts may be added later by a second submission of the declaration of compliance to the Co-ordination Centre (see Appendix 5, and the NHSSurveys website for a copy of the declaration). Additional data analysts cannot view the raw data until approval has been received from the Co-ordination Centre;

3) If data are to be presented to other trust staff who have not signed the declaration using the declaration of compliance, only the aggregated totals for each question should be provided. If analysis by subgroup is carried out, the results for any group consisting of fewer than **30 respondents** should be suppressed (replaced by a dash). The data should be presented as in the following example. In this case, responses for the 'Mixed' and 'Asian' ethnic categories are suppressed (though the other subgroup totals are shown):

	B5. Before your baby was born, did you plan to have a home birth?		
Ethnic category	**Yes**	**No**	**Total responses**
	%	**%**	**n**
White	81	19	261
Mixed	-	-	8
Asian	-	-	18
Black	79	21	52
Chinese or other	85	15	36

4) Do not present response information (including comments) in a form that allows an individual patient to be identified by the group receiving the information. For example, if you are presenting the results of a small number of patients, make sure that it will not be possible for the reader/audience to identify individual patients from their responses, and pay particular attention to the patients' free text comments in this context;

5) A change to this year's survey is that free text comments **must not** be anonymised before submitting to the Co-ordination Centre, as a statement has been added to the questionnaire stating that any information provided in the free text box will be shared. **PLEASE NOTE:** This does not apply if you are publishing the comments, any comments that are published must have any identifiable information removed such as people's names or members of staff names, ethnicity, condition or health details.

The electronic file containing the patients' names and addresses should be stored securely (i.e. password protected). Access to the file should be given only to those individuals who have signed the declaration of compliance with data protection.

4.7 Data encryption

As the owners of the data, the method for transferring sample and response data is ultimately your decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf

4.8 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of women's names, and the questionnaires kept until **29th February 2016**. These must be stored securely, with access only to those involved in the survey, who are covered by the statement of compliance with data protection.

All mailing lists of women's names and addresses should be stored on a separate computer to that containing survey data. Mailing lists of women's names and addresses should be destroyed when the mailing process is complete.

5 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and patient anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to patients.

5.1 Ethical approval for the maternity survey

Research Ethics Committee (REC) approval has been obtained for the maternity survey and a substantial amendment submitted for changes regarding the questionnaire, the covering and reminder letters, all of which can be downloaded from the NHS Surveys website. **In order to comply with the ethical approval, the survey must be carried out according to the guidelines set out in this document.**

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey.

Your trust should notify the relevant Research and Development R&D office that ethical approval has been obtained for the 2015 Maternity Survey. The REC letter can be downloaded from the NHS Surveys website.

Further information on the ethical approval process can be found at the Health Research Authority website http://www.hra.nhs.uk/

5.2 Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this national survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A standard core questionnaire and guidance notes are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the Care Quality Commission that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this national patient survey has multi-centre research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The following table has been prepared by the Care Quality Commission and is taken from Section 3.10 of the *Research Governance Framework for health and social care (2005).* The left-hand column sets out the responsibilities of organisations providing care and the right-hand column sets out the arrangements made by the Care Quality Commission for patient surveys. If you are

required to seek approval from your research governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

5.3 Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	**Care Quality Commission sponsored patient surveys**
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	*The survey is carried out on the experiences of patients after they have received the care so this does not apply.*
Be aware and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	*All Chief Executives are informed of the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.*
Ensure patients or users and carers are provided with information on research that may affect their care.	*The survey does not affect the care of the patients. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and for local quality improvement initiatives. Detailed guidance is issued to survey leads regarding the publicity of the results and its impact on patient care.*
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	*This requirement is not specific to this survey.*
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	*The Care Quality Commission as sponsors of the study have sought ethics approval from a REC. There is a designated lead for each survey who is appointed by the Chief Executive.*
Ensure that no research with human participants, their organs, tissue or data, begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	*The Care Quality Commission as sponsors have undertaken steps to ensure that all the duties of the sponsors listed in Section 3.8 of the Research Governance Framework are followed thoroughly.*
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	*Detailed guidance is issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.*
Maintain the necessary links with clinical governance and/or best value processes.	*The guidance notes very strongly recommend that trusts maintain these links and follow best practice evidence.*

Research Governance Framework	Care Quality Commission sponsored patient surveys
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities.[4]	*In situations where trusts opt to use the services of an external contractor to draw the sample for the survey, the contractor is required to enter into an honorary contract with the trust. These procedures are specifically detailed in the guidance notes.*
Put and keep in place systems to identify and learn from errors and failures.	*The Care Quality Commission also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in the light of these.*
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	*This requirement is not specific to this survey.*
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	*The Care Quality Commission maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the patient surveys.*
Ensure that any research-related adverse events are included in reports to the National Patient Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	*Not applicable to the patient survey. Patient safety is not compromised, this being a postal survey.*
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	*The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission*

[4] When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills, Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

6 Collecting data from non-English-speaking populations

The women who respond to your survey should be representative of all of the women who use the trust, so it is important that groups with limited understanding of English are not excluded. The questionnaire has been written in as **plain language** as possible to facilitate optimum understanding by all respondents. The questions have been tested with women whose first language is not English.

For this survey, translated questionnaires are not being used since it is not possible to identify non-English-speaking patients, or their specific language, from patient records before questionnaires are sent out because language spoken is not usually included on patient administrative systems. Therefore, the first contact with women will have to be in English.

There are a number of strategies you can adopt to facilitate the process of collecting the views of people with a limited understanding of English:

- It is good practice to offer help or interpretation services to those who might require them. You can do this by subscribing to a specialist interpreting service, most of who offer telephone interpretation on a pay-as-you-go basis. This normally involves a three-way conversation between you (or your helpline operator), the patient and the interpreter. (Note that trusts may already have arrangements with such a service.) Please contact the Co-ordination Centre for further advice if you wish to do this.

- A multi-language leaflet template is available on our site, and this can be included with your first and third mailings. Trusts can use this leaflet by inserting their appropriate helpline number. This gives directions in the 20 most common non-English languages spoken in England and also in EasyRead (routed to a separate number run by Mencap to help those with learning disabilities).

- Many households include at least **one competent English speaker** who can help the person to fill in a questionnaire. In practice, this is often the most efficient way of gathering data from non-English-speakers, although it is not ideal, as there is no control over the way in which a patient's family or friends translate questions or interpret their responses, and it does not allow the woman to answer the questions directly.

7 Timetable

The survey fieldwork period for the maternity survey is 18 weeks. We recommend making full use of this to maximise response from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond[5]. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly (i.e. within the recommended four week sample checking period) and mail out your questionnaire packs promptly once permission has been received. Dissemination of the results to all staff, and to the local community and media, can only start after the survey has been completed so this will take additional time to complete.

Below is a timetable that may help you when planning the different stages of the survey – please note that you must send out the three specified mailings and submit survey data (including the free-text comments) to the Co-ordination Centre **by 4th September 2015.**

Week	Task	See Section
-	Inform the Co-ordination Centre that you intend to carry out the survey in-house, and provide names and contact details of two key contacts who will manage the survey on behalf of your trust	
1	**Draw sample of women to be included in the survey**	8
1	**Check sample for deceased women and infants using hospital records**	8.2
1	**Depending on the accuracy of your hospital information systems, check sample with member(s) of the clinical midwifery team to ensure all women are eligible to participate in survey**	8.3
1	**Submit sample list to DBS to check for deceased women AND infants**	8.4
1	Print questionnaires and covering letters	12 & 13.5
2	Set up FREEPOST address and helpline	13.1 & 13.3
2	Ensure you have enough envelopes, return envelopes and labels	12
2	Establish system for responding to telephone enquiries	13.3
2	Establish system for booking in questionnaires	13.6
1-4	**Have sample declaration form signed off and send to Co-ordination Centre, before submitting the sample file**	9.1
1-4	**Submit anonymised sample to Co-ordination Centre before starting mailing process (6th April – 1st May 2015)**	9.2

[5] For details of this research carried out by the Picker Institute Europe see: http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf

1-4	**Check your own trust's records again for any maternal or infant deaths**	8.2
3-6	Send out first questionnaires	12.6
3	Send first weekly response rate and helpline monitoring form to Co-ordination Centre **(30th April 2015)**	10
5	Send two copies of the questionnaire and covering letters to the Co-ordination Centre (**8th May 2015**)	12.9
8	**Send data indicating whether women in your sample received their antenatal and postnatal care from the trust** (**29th May 2015**) The Co-ordination centre will provide additional guidance to help trusts carry out this process	To follow in separate guidance
4-23	Continue to respond to telephone enquiries	13.3
4-23	Log and process returned questionnaires	13.6
4-23	Enter data	14
5-8	**Prior to first reminder mailing, submit sample again to DBS to check for deceased mothers and infants, and check trust records again for any deaths**	8.2
5-8	Send out first reminders to non-responders	13.7
6-9	Be prepared for a small peak in telephone calls as first reminders received	
7-10	**Prior to second reminder mailing, submit sample again to DBS to check for deceased mothers and infants, and check trust records again for any deaths**	8.2
7-10	Send out second reminders to non-responders	13.7
21	Complete data entry	14
22	Check data for errors	14.4
22	Send final data including free text comments to Co-ordination Centre and checklist (by **4th September** at the latest)	14.4
22	Begin analysing trust's results and writing report, **but do not release outside the trust until published by CQC**	-
	Disseminate results to staff and patients once published by CQC	-
	You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until **29th February 2016.**	-

Key dates

Submission of sample data prior to mailing	6th April – 1st May 2015
Approval of sample data by Co-ordination Centre	From 8th April 2015
Fieldwork starts	27th April 2015
Weekly monitoring starts	30th April 2015
Submission of paper copies of the questionnaire and covering letters used	8th May 2015
Submission of data indicating which women received their antenatal and postnatal care from the trust	29th May 2015
Close of fieldwork	28th August 2015
Submission of final data	4th September 2015

Mailing reminders

Remember to leave no more than 3 weeks between each mailing.

Please note that your second and final reminder must be mailed no later than Friday 31st July 2015.

8 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 your 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 and within the trust prior to each mailing.

Please note: It is essential that the person who draws the sample understands the importance of following these instructions carefully. Also, this person's line manager must give them the time and support they need to do the task properly. An incorrectly drawn sample can delay the start of the survey or can result in the questionnaires being sent to the wrong patients, both of which can have serious implications.

Please read all of this section before you start to compile your list of women.

Please note: your sample should only be used for the purposes of distributing the Maternity Survey 2015 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey, and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample, nor to contact them as a group either before or after the survey.

8.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2015.**

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 2015. 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 8.6 – Create the Sample File* for a list of the data fields that you will need to include in your sample file for the survey).

Who to 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.[6] 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).

Who to exclude:

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**[7]:
  - 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[8];

- 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[9];

- where possible, women whose baby was taken into care (i.e. foster care, adopted)[10];

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[6] Exclude any women whose baby was born in a unit managed by a community provider if these cases are also included on your hospital databases.

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

[8] 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.

[9] 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.

- 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)[11];
- 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).

8.2 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).

Please note: due to the sensitivity of the maternity survey, you must repeat these checks before the second and third mailings.

[10] 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.

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

- **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-out following publicity / contact with 16 and 17 year olds:** Any women that were recorded by staff members to have decided to opt-out after seeing the publicity poster and/or the information sheet (given to women aged 16 and 17 years old by midwives).

8.3 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.

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

Before sending out the questionnaires and reminders, 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).[12]

[12] 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.

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://systems.hscic.gov.uk/demographics

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 e.g. LS1*)

Although residential postcode can be omitted it is recommended 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 (i.e. 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.

Submitting the trace request file

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@hscic.gov.uk 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://systems.hscic.gov.uk/demographics

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 mothers and/or infants may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased mothers and/or infants remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

8.5 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 (mat.cc@pickereurope.ac.uk or 01865 208127).

8.6 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 **'MAT15_samplefile_XXX'** (where XXX is the Trustcode for your organisation).

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 **30th April 2015** 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

Trust code	*Record number*	Title	Initials (or First name)	Surname	Address 1	Address 5	Full 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*	*CCG code*	*Postcode sector*	*Day of questionnaire being received*	*Month of questionnaire being received*	*Year of questionnaire being received*	*Outcome*	Comments
RNH	MAT15RTE0001	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2015	2	RR115	03S	AB1 1				3	Informed that woman's baby had died
RNH	MAT15RTE0002	Ms	EC	Ahmed			AB2 6XZ	1978	J	3	2	2015	0	RTE03	03T	AB2 6	14	05	2015	1	
RNH	MAT15RTE0003		P	Lane			AB3 8PL	1989	B	3	2	2015	2	RR115		AB3 8				4	
RNH	MAT15RTE0339	Mrs	K	Yoo			AB4 7MX	1982	R	27	2	2015	1		03T	AB4 7					
RNH	MAT15RTE0340	Ms	F	Young			AB9 5ZX	1975	A	28	2	2015	0	RTE03	05G	AB9 5	19	06	2015	1	

Important note about Table 1

The headings of Table 1 are in three different colours:
Bold black headings: these columns contain information on women's names, addresses and comments that may allow them to be identified. **This information should be deleted from all files sent to the Co-ordination Centre.** This data, along with a copy of the patient Record Number should be removed from the sample file after the sample is finalised to create the 'mailing data' file.
Red italic headings: these columns should be completed during the sampling phase and submitted to the Co-ordination Centre prior to mailing for final inspection (see Section 9) 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[13];
- Title (Ms, Mrs, Miss, etc.);
- Initials (or First name);
- Surname;
- Address Fields[14];
- Postcode

Note

The **Unique Record Number, Title**, **Initials**, **Surname**, **Address** fields and **Postcode** are used for printing out address labels. You can use the mail merge function in a word processing package for this purpose. (See *Section 13.5 – Sending Out Questionnaires*)

- The mother's **Year of Birth** should be included in the form of NNNN;
- **Ethnic Category[15]** coding is the same as for the previous Maternity survey. The ethnicity of a person is specified by that person, and should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health[16]. 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

[13] A data file of NHS Organisation Codes can be downloaded from the Organisation Data Service on the Connecting for Health website (http://systems.hscic.gov.uk/data/ods/datadownloads)

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

[15] It is acknowledged that patient records might not always contain complete data on patients' 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, NHS England and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[16] 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

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

- **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. 2015);
- **Actual delivery place:** should be coded using the National Codes[17]:
  - **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 the Health & Social Care Information Centre)[18]. 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). NHS Site Code should be left blank if 'actual delivery place' is coded 9, unless it is known that the delivery took place in hospital;

[17] 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

[18] A data file of NHS Trust Site Codes can be downloaded from the Organisation Data Service on the Connecting for Health website http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs

- **CCG code** – please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the person using service. Please see: http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs;

- **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 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. It should take the following format: **MAT15XXXNNNN** where XXX is your trust's 3 digit trust code and NNNN is the unique 4 digit number relating to your sampled women, e.g., 0001, 0002…. The RN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you 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 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. It should be a one or two digit numerical response e.g. N or NN, **not** a date format e.g. 12/07/15;

3) **Month of questionnaire being received**. This can only be completed if and when a questionnaire is received. 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. 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);

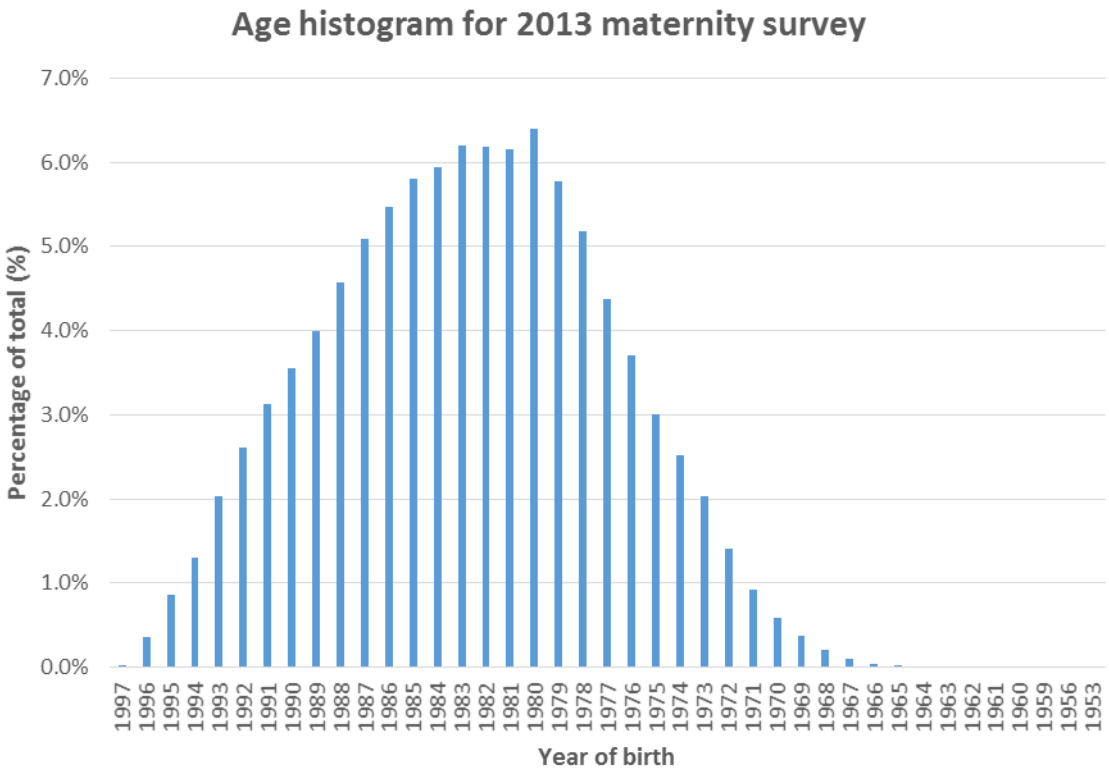
6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform you that the respondent has died or is no longer living at this address.

8.7 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 2013 Maternity Survey



8.8 Check for other sample errors

The most common sampling errors made in previous maternity surveys 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;
- Postcode in incorrect format or with too many digits;
- Incorrect site codes submitted.

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

8.9 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 "**MAT15_mailingdata_XXX**" (where XXX is your Trustcode).

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 (**MAT15_samplefile_XXX**) to identify women who will need to be sent reminders[19]

As this "**MAT15_mailingdata_XXX**" 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 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

Record number	Title	Initials (or First name)	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
MAT15RTE1001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
MAT15RTE1002	Ms	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
					--				
MAT15RTE1338	Miss	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
MAT15RTE1339	Ms	F	Young	634 Tyne Road	Moorfields	Tyne and Wear			AB9 5ZX

[19] 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.

8.10 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 2015 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. However, you should consider the sampling period and determine whether posters have been displayed in the relevant hospital settings during this time. The posters allow women the opportunity to opt out from the survey in advance, and it is advisable that you provide such an opportunity to them.

The Co-ordination Centre will be able to advise on any queries you might have via e-mail at mat.cc@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 2015 maternity survey **must** be drawn as specified in this guide; any deviation from the instructions 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

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;

- 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.

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. 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.

Please make sure that you do not send the Co-ordination Centre any additional sample members or sample variables.

9 Final sampling inspection by the Co-ordination Centre

9.1 The sample declaration form

As per other surveys within the patient survey programme, one of the requirements for the Maternity Survey 2015 is the completion of a Sample Declaration Form (see Appendix 3). This form is to be completed by the person drawing the sample and must be counter signed by the Caldicott Guardian: it is a checklist of different steps that must be actioned before the sample is ready for submission. The purpose of this is to try and prevent data breaches, and ensures that a number of data protection requirements are addressed.

You must submit your sample declaration form to the Co-ordination Centre directly **before** you submit your anonymised sample file. The Co-ordination Centre will confirm receipt and check that the form is fully completed and correct, before requesting that you send your sample file to them. **Do not send your sample file until the Co-ordination Centre have confirmed they have approved the sample declaration form.**

9.2 Sample checking by the Co-ordination Centre

Trust data should still be checked for errors and a DBS check completed before the sample file is forwarded to the Co-ordination Centre. An anonymised sample file[20] **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.)

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 within four working days of receiving of the sample.

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.

Samples should be submitted to the Co-ordination Centre by the **1st May 2015**. If they are not, there is a risk your trust will not have enough time to correct any problems in the sample and hence may not 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 **8th May 2015** 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 **15th May 2015**, 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.

[20] Created by removing the women's names, addresses and full postcodes.

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 (**6th April – 1st 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 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.

10 Weekly monitoring

The Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2015 Maternity survey. First submission of data must be made on Thursday **30th April 2015**[21], 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 (mat.cc@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:
MAT15_<trust code>_<week of submission>.xls

e.g. MAT15_RAC_1.xls (first submission of monitoring data on 30th April 2015)
MAT15_RY2_4.xls (fourth submission of monitoring data on 21st May 2015)

10.1 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.

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.

10.2 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:

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

- 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.

11 Publicising the survey

The following measures will help to increase response rates and reduce the number of questions and any complaints received about a survey:

11.1 Pre-survey communication with staff

The best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on women's maternity experiences and who will be responsible for responding to the results of the survey. We suggest you put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

- Caldicott Guardian;
- Board members;
- Midwives, doctors, nurses and other health care staff;
- Members of patient groups with a special interest in the trust;
- Recent mothers and their partners;
- Medical records personnel or Patient Administration System (PAS) staff;
- Managers;
- Staff or directors responsible for:
    - Midwifery;
    - Clinical governance;
    - Patient advice and liaison service (PALS);
    - Quality improvement;
    - Strategic planning.

Keeping everyone informed

Notify as many staff members as possible about the survey, in case women contact the trust asking questions about the questionnaire they have received, or who have seen the pre-survey publicity and would like to opt out of receiving a questionnaire in the first instance. Women can be expected to ask midwives, receptionists, doctors, nurses, patient liaison officers, or the Chief Executive's office about the survey, even when your covering letters give contact details for the survey manager(s) and the dedicated helpline. Notify front line staff and executive offices that a survey is being conducted, and give them the name and number of a contact person. Survey manager(s) should be prepared to respond to these calls quickly.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet)
- Paper-based (e.g. staff briefings, newsletters, flyers, posters)
- Face-to-face (e.g. meetings, presentations and events)

Appendix 1 includes information which you can tailor for publicising the survey to staff.

11.2 Publicising the survey externally

To help promote involvement, maximise response rates, and to offer the opportunity to opt out, the survey can be publicised to recent mothers and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Talk to your hospital's press office for more ways in which you can gain publicity locally. *Appendix 2* includes information which you can tailor for publicising the survey externally.

- Put up posters which show the importance the trust places on gathering feedback. To be most effective at increasing your response rate, posters should be put up during the fieldwork period. A poster is available on the NHS surveys website at http://www.nhssurveys.org/surveys/828
- Consider using social media such as Twitter or Facebook for example or other local social media to publicise the survey.

We also recommend that posters publicising the survey should allow women to **opt out** if they do not wish to take part by providing a survey helpline phone number they can call. You can then remove any women who wish to opt out of the survey.

To encourage women to respond, we recommend you illustrate how the trust has acted on the results of the previous Maternity Survey (2013) carried out by the trust. Women are likely to be more motivated to take part in the survey if they can see tangible outcomes from a previous survey.

12 Materials

12.1 Questionnaires

Questionnaire layout

The questionnaire has been rigorously tested in the format of the questionnaire on the website http://www.nhssurveys.org/surveys/825. All questionnaires used by trusts should emulate this format and should be comprised of the following:

- Two columns of questions on each page;
- Questions should be presented with a consecutive question number, followed by the exact question wording used and then each of the response options presented on a separate line beneath the question, for example:

A1. Did you give birth to a single baby, twins or more in your most recent pregnancy?

1 ☐ A single baby

2 ☐ Twins

3 ☐ Triplets, quads or more

- **Do not** arrange the response options horizontally across the page, rearrange the question options, or change the order of the questions in the questionnaire;
- Please ensure that the final questionnaire is **A4 size** (or A3 paper folded to make an A4 booklet);

Please ensure that you do not add any logos to the questionnaire: only the CQC and NHS logo should appear on the questionnaire.

Number of pages

It is practical to ensure that the number of pages in a questionnaire is a multiple of four so that sheets can be printed double-sided on A3 paper and folded to make an A4 booklet, stapled in the middle. If pages are stapled at the corner, there is a greater chance that some pages will become detached and get lost. The questionnaire, available in PDF format on the NHSSurveys website, is designed to fit onto 12 sides of A4.

Number of questionnaires

When calculating the number of questionnaires to be printed, you will need to allow for sending out duplicate questionnaires with second reminders. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, multiply the number of women in the sample by 1.7 to obtain the total number of questionnaires required. So, if the number of first mailing questionnaires you intend to send out is 425, then you might want to print 1.7 x 425, or approximately 723 copies.

Other mailings and inclusion of other information in the mailing packs

Trusts should only use their sample information to mail out the three official survey mailings. The sample list should not be used for any other type of mailing, i.e. Trusts should not mail their own letter to the sample list prior to the first mailing being despatched.

Furthermore, only the materials described below should be included in the mailings because of the immeasurable impact upon response rates to the survey.

Only the materials described below should be included in the questionnaire packs because of the immeasurable impact upon response rates to the survey. Additionally, inclusion of additional material that has not been viewed by the multi-region ethics board would invalidate the ethical approval for the Maternity Survey 2015 and the survey would therefore not be able to proceed.

Please note that you must send out all 3 mailings (including the two reminder letters) even if a good response rate has already been achieved at any stage during fieldwork.

12.2 Covering letters

These can be downloaded from our surveys website: http://www.nhssurveys.org/surveys/825

Due to the ethical approval given, **no changes are permissible.**

12.3 Trust headed paper

You will need headed paper from your trust for covering letters for the first and third mailing. A reminder letter is used for the second mailing. The (Freephone) helpline number must be included on this (rather than a switchboard or other number).

12.4 CQC Flyer

For this survey, a survey flyer has been produced by the CQC. This flyer explains who the CQC are, the importance of gathering feedback and what will be done with the data collected. The flyer will be included in both the first and third mailings. It is hoped that it will highlight the importance and purpose of the survey to patients and provide evidence of how their feedback contributes to monitoring the performance of the NHS.

These will be provided to you directly – please confirm a contact name and address for delivery.

12.5 Mail out envelopes

It is important that the envelope(s) which you use to mail out your survey materials to women does not show any indication of the NHS Trust, in line with data protection regulations. We would therefore recommend that the return address used on any mail out envelope(s) does not indicate Trust name or address. It is, however, important that we record questionnaires which are returned undelivered as this affects response rate. We would therefore advise that for Trusts conducting the survey in-house, a PO Box address is set up for envelopes which are returned undelivered.

Please note that the above does not apply to the address on the reply paid envelope (which can be a hospital address) as we assume that the patient is responsible for opening her own mail.

For further details on how to set up a PO Box please go to:
http://www2.royalmail.com/delivery/inbound-mail/po-box

12.6 First mailing

You will need each of the following items for each woman in the sample:

- Printed questionnaires;
- Large envelopes for mailing questionnaires to women (these should be plain envelopes and have no identifiers on the outside – e.g. NHS logo, trust logo or trust name);
- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house Trusts);
- FREEPOST envelopes for return of questionnaires;
- Covering letters using the trust's letterhead;
- Multi-language helpline sheet (recommended)[22];
- CQC flyer.

12.7 Second mailing (first reminder)

First reminders are sent to all women who do not respond to the first mailing (except, of course, those who withdraw).). The following items are needed:

- Reminder letters;
- Envelopes;
- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house Trusts).

12.8 Third mailing (second reminder)

The second reminder should replicate the first mailing, and be sent to all women how have not responded (except those who have opted out). The following items are needed:

- Printed questionnaires;
- Large envelopes for mailing questionnaires to women (these should be plain envelopes and have no identifiers on the outside – e.g. NHS logo, trust logo or trust name);

[22] This document can be found on our website alongside the cover letters. The languages covered by this document are: Arabic, Bengali, Chinese (Cantonese), Farsi /Persian, Guajarati, Hindi, Kurdish, Chinese (Mandarin), Punjabi, Tamil, Thai, Turkish, Urdu, French, Italian, Polish, Portuguese, Russian, Somali, Spanish.

- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house Trusts);
- FREEPOST envelopes for returning questionnaires;
- Reminder covering letters using trusts letterhead;
- Multi-language helpline sheet (if used in first mailing);
- CQC flyer.

Please note: Trusts should send the full sample list to DBS in advance of the second and third mailings, for this survey. Any records that are returned as deceased should be removed from the mailing lists to ensure that a questionnaire is not sent to these people. Please ensure that you leave sufficient time to run deceased checks on the sample list, prior to any mailings being sent out.

12.9 Submitting hard copies of the questionnaire and cover letters

Hard copies of the questionnaire and cover letters must be submitted to the Co-ordination Centre **by 8th May 2015.** These must be the same as those sent out to your patients – with the trust letterhead, CEO's signature, etc.

Please submit:

- Two paper copies of the questionnaire;
- Two paper copies of the first mailing covering letter;
- Two paper copies of the first reminder letter;
- Two paper copies of the second reminder letter.

These must be sent to:

Maternity Survey 2015
Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

13 Implementing the survey - practicalities

13.1 Setting up a FREEPOST address

A FREEPOST address allows people to return completed questionnaires at no cost to themselves. After you have paid for the licence, you will only pay for the responses you receive. The FREEPOST address can be printed on the envelopes you send out with the questionnaires. Printed envelopes must comply with Royal Mail guidelines. Details of how to apply for a FREEPOST licence can be found at the Royal Mail website: http://www.royalmail.com

Alternatively, you can call your local Sales Centre on 0845 7950 950.

13.2 Setting up a PO Box

This is recommended for in-house Trusts to ensure that the mail out envelope(s) does not include any indication of the hospital address (please see *Sections 4.4 and 12.5* for further details). Information on setting up a PO address can be found at:

http://www2.royalmail.com/delivery/inbound-mail/po-box

13.3 Setting up a FREEPHONE line

The covering letter to women should include a telephone number for them to call if they have any questions or complaints about the survey. All staff who are likely to take calls should be properly briefed about the details of the survey, and be aware of the questions or complaints they are likely to receive. You might want to set up a FREEPHONE line for this purpose.

Where appropriate, ask the women who call to tell you their record number, which should be on the address label of the envelope they received, and on the questionnaire itself. You can then use this number to identify people who do not want to receive any further reminders.

Below are some questions and comments commonly asked by patients and some advice on how they can be managed:

I have a specific comment, complaint or question about my care or treatment. Who can I contact at the trust?
Women can be referred to the trust's PALS or the complaints manager.

The person to whom the questionnaire is addressed is unable to understand the questionnaire.
Relatives or carers may call to pass on this information. In some cases, they may offer to complete the questionnaire for the woman, but this is only advisable if there is a good chance that the responses are a true reflection of the women's views. It is also strongly recommended that you offer access to a telephone interpretation service, where the questionnaire can be filled in over the telephone. A multi-language sheet template in the twenty most commonly spoken languages in England is available on our website, and trusts or contractors can make use of this by inserting the appropriate number for their helpline and/or translation service.

The woman (or her baby) to whom the questionnaire is addressed has died.
Even with the use of a deceased patients tracing service, and sample validation, it may not be possible to identify all deceased women or their babies, particularly those who have died most

recently. It is very important that staff who take the calls are aware of this possibility and are prepared to respond sensitively to such calls. These women should be logged as outcome = 3 (i.e. woman or baby deceased).

I would like to take part but English is not my first language.

If a woman's spoken English is better than their written English, they may be willing to have someone, such as a family member, fill in a form on their behalf. It is also strongly recommended that you offer access to a telephone interpretation service, where the questionnaire can be filled in over the telephone. A multi-language sheet template in the twenty most commonly spoken languages in England is available on our website, and trusts or contractors can make use of this by inserting the appropriate number for their helpline and/or translation service.

I do not wish to participate in this survey.

As trusts have been asked to display posters in antenatal and postnatal care settings prior to the sampling period for the survey, some women may have already called the number provided to opt out of the survey.

If a questionnaire has been received, a few women might call to say that they do not want to be involved in the survey, and fewer still may object to being sent the questionnaire in the first place. Staff should apologise to the woman and reiterate the statement in the covering letter - that taking part in the survey is voluntary, and that their care will not be affected in any way if they do not respond.

A few additional points of guidance for people not wanting to participate in the survey.

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If a mailing is underway the caller will need to be advised that it might not be possible to prevent this mailing but assured that they will receive no future mailings;

2. People wishing to receive no further questionnaires must be identified with a flag/ code/ number on the mailing file.

When speaking to callers wishing to opt-out of future survey mailings, it is not appropriate to try to dissuade them from their intent. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, callers are advised they are being removed from the mailing list for this survey only, and that if they wish to register their dissent against wider research participation at their trust, they need to speak to their trust (via PALS or the trust Information Governance Team to do this).

It is also advisable to ask the woman to ignore any future reminders that they might receive. These women should be logged as outcome = 4 (opt out).

Making a record of the calls

It is important to keep a record of the reasons women called, as this can help to make improvements to future surveys and can provide useful additional information on people's concerns. A standard form should be produced for completion by those taking the calls. The relevant details of each call can be recorded so that survey organisers can monitor any problems and remove women who wish to be excluded from the mailing list.

We are also asking for weekly submissions of helpline use for each trust to the Co-ordination Centre. This is discussed in detail in *Section 10.*

13.4 Covering letters

The standard covering letter is available in Microsoft Word format on the Maternity Survey section of the NHSSurveys website for you to download and add your own trust's details. This letter has been submitted in the ethical approval application for the 2015 Maternity Survey and changes are not permissible. It should be printed on the trust's letterhead paper. Two paper copies of the letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Please note, for the first mailing letter and second reminder mailing there is now the option to include patient name. We recommend this approach as there is evidence to show that this increases response rate (we would recommend using patient title followed by surname). If patient name is used, please take great care that each letter is correctly matched to its corresponding questionnaire.

13.5 Sending out questionnaires

Mailing labels

Three mailing labels are needed for each woman. One set of labels will be used for the first mailing, one for the first reminder and one for the second reminder.

We recommend using the mail merge feature in a word processing package to create the mailing labels from the database of patient names and addresses. **It is essential that the unique record number is on each address label,** as this has to be matched with the number on the front of the questionnaire. The label should not include any other information except the women's names, address and postcode details, and the record number.

Note on the record number

The record number is a unique number allocated to all women at the start of the survey that allows their responses to be kept separate from their name and address, but allows matching up of the response data with the sample data. It also allows them to identify themselves if they contact the trust or contactor without needing to provide name and address information. This should be centrally placed and large enough to be visible to all women. The Royal National Institute of the Blind recommends the number be printed in size 14 font and located inside the box on the lower half of the front page of the questionnaire.

If women delete this number from the cover page and then return the questionnaire, please add their response information in an additional row to the bottom of the data file before submitting it to the Co-ordination Centre. Please do not attempt to match this data to a non-responder of similar demographics, but instead inform the Co-ordination Centre about this respondent and they will be treated as an additional woman to the sample.

Questionnaire packs

The envelope sent to each woman at the first mailing should include the following:

1) A questionnaire **numbered with the unique record number**. The number must match (or correspond to) the number on the address label and the number on the list of women's details;

2) A covering letter;

3) The multi-language helpline sheet (recommended);

4) A large envelope, labelled with the FREEPOST address on it;

5) These items should be packed into an envelope that has a return address on the outside. (PO Box recommended for in-house Trusts). This should be the contact at your trust;

6) CQC flyer.

Postage

The postage may exceed the standard letter rate. It is essential that the appropriate postage rate is paid.

13.6 Booking in questionnaires

When questionnaires are received, match up the record numbers against the list of women, so that you can record (in the *outcome* column) which women have returned questionnaires and will not therefore need to be sent reminders. You will need to keep paper copies (or scanned pictures of all of the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until **29th February 2016**, but please **do not** send these to the Co-ordination Centre.

13.7 Sending out reminders

For results to be representative, it is essential to get a good response rate. To achieve this, you must send out two reminders to non-responders. **Remember, it is essential that you send out both reminders, even if you already have achieved a high response rate.**

Please note: Due to the sensitivity of the maternity survey, you **must** send your list back to the DBS tracing service for a further check before you send out reminders.

First reminders

The first reminder should be sent to women who have not responded after **one to two weeks**. We recommend approximately **ten** days between the mailing day of the first questionnaire and the mailing day of the first reminder. The first reminder should reach the participant while they are still in possession of the first questionnaire, and the optimal time for this will vary between trusts.

The standard first reminder is available in Microsoft Word format on the NHSSurveys website for you to download. It can be printed on A5. It has been given ethical approval so no changes are permitted. Two paper copies of the reminder letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Second reminders

Second reminders should be sent out approximately **two to three weeks** after the first reminder to women who have not yet responded. Again the optimal time will vary between trusts and experience is the best guide for choosing mailing dates.

The envelopes should include the following:

1) A questionnaire numbered with the unique record number. The number must match (or correspond to) the number on the address label and the number on the sample list;

2) A covering letter;

3) A multi-language helpline sheet (if used in first mailing);

4) A large envelope, labelled with the FREEPOST address on it;

5) CQC Flyer.

These items should be packed into an envelope that has a return address on the outside (PO Box recommended).

The standard second reminder letter is available in Microsoft Word format on the NHSSurveys website for you to download and add your trust's details. It has been given ethical approval so no changes are permitted. Two paper copies of the second reminder letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Remember that you should check your trust's own records for any maternal or infant deaths before sending out reminders.

14 Entering data

The data must be submitted to the Co-ordination Centre in the appropriate format by the deadline of **4th September 2014.**

14.1 Entering and coding data from the questionnaire

The data should be entered into the pre-designed Excel file, which can be found in the Maternity 2015 survey section of the NHSSurveys website.

You will see that, at the bottom of the Excel screen, there are labelled tabs for each of the worksheets within the workbook. The first of these tabs is labelled "Data". Click on this tab to show the data entry window. Data should be entered using the following guidelines:

- Each row records one woman's responses to the survey;
- For each question, the small number next to the crossed box should be entered as the response. (However, there are some exceptions to this rule – see last bullet point below);
- If a response is missing for any reason, it should be left blank, or coded as a full stop (.)[23];
- If two boxes are crossed (where only one should be crossed), the response should be left blank or coded as a full stop (.).
- For most questions, each column corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions (B4, B8, C4, C6, C13, D6, G4) that give the instruction “Please cross all that apply", each response option is treated as a separate question.
- When saving this file to submit data to the Co-ordination Centre, please save only the first sheet as a worksheet, rather than saving the whole file as a workbook; the Co-ordination Centre does not need the additional formula pages.

Example

[23] If you want to use this data input file on the website to display frequencies on the other pages of the workbook, you will need to fill in the blank cells with a full stop (.).

B8. Which of the following health professionals did you see for your **antenatal check-ups**? **(Cross *ALL* that apply)**

1 ☑ Midwife
2 ☐ GP (family doctor)
3 ☑ Hospital doctor (e.g. a consultant
4 ☐ Other

Responses to each part of this question are coded: **1 if the box is crossed**
0 if the box is not crossed±

Question B8 takes up four columns in the data file, labelled as follows:

Column headings	**B8_1**	**B8_2**	**B8_3**	**B8_4**
Coding for this example	1	0	1	0

14.2 Entering the patients' written comments

The Care Quality Commission has asked the Co-ordination Centre to request all free text comments provided by respondents to the 2015 Maternity Survey. Any publication of these free text comments will be conducted in a way that would not allow individuals to be identified.

For this year, the free text comments must not be anonymised, so that they can be looked at in full by trusts, the CQC and researchers. The CQC felt that the uncensored comments would provide valuable feedback. Comments will, however, be anonymised prior to any publication of results.

There is a statement included in the questionnaire (under the free text comments box) that states: "Please note that the comments you provide in the box above will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback"

The written comments should be entered in the main data file alongside the responses to the questions and submitted to the Co-ordination Centre on or before **4th September 2015**.

14.3 Checking the data for errors

For the 2015 Maternity Survey, trusts are required to submit raw ('uncleaned') data to the Co-ordination Centre. For clarification, raw data is created by the following:

1) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (e.g. where women answer questions that they have been directed to skip past, these responses should still be entered);

± Please note: if a respondent does not answer any part of a multiple response question, (i.e. does not tick any of the response options) then it should be left blank or coded as a full stop (.)

2) Where a respondent has crossed more than one response category on a question, this should be set to missing in the data. The **exception** to this is for the 'multiple response' questions (B4, B8, C4, C6, C13, D6, G4) where respondents may cross more than one response option.

3) Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead crossed a second response option, this second choice should be entered into the data;

4) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a woman has written their date of birth in the boxes for question G1, but written their year of birth in at the side of this, then the respondent's year of birth should be entered;

5) For the year of birth question, unrealistic responses should still be entered except following rule 4) above. For example, if a respondent enters '2015' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side;

6) Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must not be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

A data cleaning document will be provided which documents all filtering and cleaning that will be carried out on the collated dataset by the Co-ordination Centre so that trusts and approved contractors can duplicate this process after submitting the raw data to the Co-ordination Centre.

14.4 Submitting data to the Survey Co-ordination Centre

The data from the 2015 maternity survey must be supplied to the Co-ordination Centre as one anonymised Excel file that includes information about the sample and responses. **To comply with the Data Protection Act, name and address details must not be sent to the Co-ordination Centre (with the exception of partial postcodes).**

Required file format

Please submit the file to the following specifications:

- Use Microsoft Excel Worksheet (not Workbook). Any version of Excel is acceptable;
- The file name must be in the form **MAT15_surveydata_XXX** (where XXX is your Trustcode);
- Use one row of data for each woman in the sample;
- Use one column of data for each item of information or response;

- Respondents who are missing their unique 'Record Numbers' should be added to the bottom of the list, and not matched to women with similar demographics;

- Missing data should be left blank or coded as a full stop (.)[24].

Table 3 shows the information that must be provided for each woman in the original sample.

Table 3 – Data fields to be included in file submitted to Co-ordination Centre

Field	Format	Data codes	Comments
Unique Record Number	N, NN, NNN or NNNN		The unique serial number allocated to each woman by the trust or approved contractor administering the survey.
Trust code	NNN		This is the NHS organisation code (e.g. RNH) as maintained by NHS Connecting for Health
Mother's Year of birth	NNNN		Format this simply as a number, not in date format.
Mother's Ethnic Group	N	**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 **Black or Black British** M Caribbean N African P Any other Black background **Other Ethnic Groups** R Chinese	Ethnic category should be included if the information is available.

[24] Data may be missing for a number of reasons. The woman may have skipped a question or a set of questions by following instructions; a woman may have not answered for some other reason. However, all missing data should be left blank or coded as a full stop (.), regardless of the reason for the omission.

Field	Format	Data codes	Comments
		S Any other ethnic group Z Not stated	
Day of delivery	N or NN		For example, if the woman gave birth on February 15th 2015 this column should read 15.
Month of delivery	N or NN		For example, if the woman gave birth on February 15th 2015, this column should read 2.
Year of delivery	NNNN		For example, if the woman gave birth on February 15th 2015, this column should read 2015.
Actual delivery place	N	**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	This should be coded using the National Codes (These codes can be found in the NHS Data Dictionary provided by Connecting for Health[25])
Place of birth: NHS Site Code	NNNNN	Use the NHS Trust Site Codes maintained by Organisation Data Service (NHS Connecting for Health)	For example, RR115. 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)
CCG Code	NNN	Use the character codes provided by HSCIC to complete this field	Use the three characters of the CCG.
Postcode sector	NNN(N) N		This is the first part of the postcode (i.e. the postcode 'area' and 'district' e.g. MK18)

25 http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/actual_delivery_place_de.asp?shownav=1

Field	Format	Data codes	Comments
			and just the number in the second part of the postcode (e.g. MK18 4). Please **do not include** the two alpha characters in the second part of the postcode.
Day of receiving questionnaire	N or NN	This is the day you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on 17th May 2015, this column should read 17.
Month of receiving questionnaire	N or NN	This is the month you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on 17th May 2015, this column should read 5.
Year of receiving questionnaire	NNNN	This is the year you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on 17th May 2015, this column should read 2015.
Outcome of sending questionnaire	N	1 = Returned useable questionnaire 2 = Returned undelivered by the mail service or patient 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)	Remember to fill in all the blank cells with 6s when the survey is complete.
Responses to each of the survey questions	N or NN or NNNN		Each column must be clearly headed with the questionnaire question number. Data should be coded using the numbers next to the response boxes on the printed surveys.
Patients' free text comments: 'If	Text		Please enter comments verbatim: for the first time, the questionnaire includes a note to

Field	Format	Data codes	Comments
there anything else you would like to tell us about your maternity care, please do so here'			respondents to inform them that the comments will not be anonymised, to ensure that full use can be made of the detailed feedback

N.B. To comply with the Data Protection Act, name and full address details must not be sent to the Co-ordination Centre.

Table 4 is an example of the columns of data to be included in the file. Your file should have one row for each woman included in your sample. You will notice that there are several blank cells in the response section of the file. This is because the file includes a row for every woman in the sample, but you will only have responses from about 50% of the women (that is, those who have returned a completed questionnaire, and who will therefore have an outcome code "1").

Table 4 – Example of data file to be submitted to the Co-ordination Centre

	Sample Information									Response Information										
Record number	Mother's Year of birth	Mother's Ethnic Group	Day of delivery	Month of delivery	Year of delivery	Actual Delivery Place	Place of birth: Trust site code	CCG Code	Postcode Sector	Day of receiving questionnaire	Month of receiving questionnaire	Year of receiving questionnaire	Outcome	A1	A2	A3	B1	B2		G8	Freetext comments
MAT15RTE1001	1969	A	1	2	2015	2	RNH15	03T	AB1 1	7	5	2015	3								
MAT15RTE1002	1976	C	2	2	2015	0	RNH03	03P	AB2 6	13	6	2015	1	1	2	1	1	3		3	
MAT15RTE1003	1972	A	2	2	2015	2	RNH15	05P	AB3 8	3	7	2015	6								
MAT15RTE1004	1967	A	3	2	2015	0	RNH03	03H	BB19 8	4	6	2015	1	2	1	2	1	4		1	
MAT15RTE1005	1990	A	3	2	2015	1	RNH15	05P	BB2 9	31	5	2015	1	1	3	1	2	1		1	
MAT15RTE1006	1981	D	4	2	2015	0	RNH03	03P	AB18 6	12	5	2015	2								

Additional information required

The following information should be included when submitting the final data file to the Co-ordination Centre:

- **Contact details** (telephone numbers and e-mail addresses) of at least two members of trust staff (usually the main and secondary contacts) who will be available to answer any queries about the data;

- A completed copy of the **checklist** (See *Section 14.5 - Checklist).*

Please note: a copy of the questionnaire and covering letters used in the survey should be sent to the Co-ordination Centre on **8th May 2015**.

Delivery

Data must be sent by email to **mat.cc@pickereurope.ac.uk**. If you password protect your data, please provide the password separately by telephone by telephone**.**

As the owners of the data, the method for transferring sample and response data is ultimately your decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf

Hard copy documents should be posted to the address below:

Maternity Survey 2015
Surveys Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

Deadline for submission

The data including the free-text comments must be supplied by **4th September 2015.**

14.5 Checklist

Before sending your data to the Co-ordination Centre, carry out the checks listed below, and include this checklist when you submit your data.

It is essential that these checks are carried out thoroughly. The Co-ordination Centre is not obliged to make any corrections to data supplied by trusts or approved contractors.

If incorrect data are submitted, it is possible that the data will be considered unreliable and will not be used by the Care Quality Commission in your trust's performance assessment and your trust's scores will be set to a minimum value. We cannot accept re-submissions of data after the deadline, and likewise data is unlikely to be included in the Care Quality Commission's assessments.

A printable version of the checklist can be found on our website: http://www.nhssurveys.org/surveys/825.

Check	Done?
1) Check that your **file name** follows the naming convention: **MAT15_surveydata_XXX** (where XXX is your trustcode)	
2) Check that you have saved the data sheet only as an Excel **worksheet** rather than a workbook. (The frequency and percentage counts on the other pages of the workbook on the website are intended for your use only)	
3) Check that you have included data columns for **all 79 questions**	
4) Check that all **data are correct**, and that all values are in range	
5) If you have increased your sample size beyond the minimum requirement, only send data for the women who consecutively gave birth in your trust in February 2015 (or January and February 2015 if you had to sample back further)	
6) If you have collected any additional variables in your sample frame, other than those required by the national survey, check that these have been removed.	
7) Check that all the data are in **numeric format** only (including dates) – except for free text responses	
8) Check that you have completed the columns for the day, month and year you received the questionnaire back from women	
9) Check that you have included the free text comments, which **should not** be anonymised	
10) To comply with Data Protection regulations, any **woman's name and address details** must be removed before the file is sent to the Co-ordination Centre (except if these are written by women in the freetext comments)	
11) If you password protect your file, please notify the Co-ordination Centre of the **password**	
12) Include **telephone and e-mail contact details of two people** who will be available to respond to any queries about the data	
13) **Check again** that all data are correct, and that all values are in range	

Appendix 1: Suggested text for pre-survey communication with staff

Example titles: **What do women think about our maternity services?**

National maternity survey

Understanding women's experiences of maternity services

Women's views vital to drive service improvements in maternity care

[We / NHS Trust name / Hospital name] are carrying out a survey to find out what women think about their maternity care. Every NHS hospital trust in England that provides maternity care is carrying out this survey as part of the national patient survey programme led by the Care Quality Commission.

Why are we doing another patient survey?
Maternity surveys were carried out as part of the national patient survey programme in 2007, 2010 and 2013. We are carrying out another survey, using a similar questionnaire and methodology, to [track any changes in women's experiences over time so we can continue to improve services / or to evaluate the success of quality improvement initiatives implemented since the last survey] Obtaining feedback from women and taking account of their views and priorities is vital for bringing about improvements in the quality of care.

When is the survey taking place?
Questionnaires will be posted to women between April and August. Up to two reminders will be sent to those who have not responded between these months.

Women are being asked about various aspects of their care, including antenatal check-ups during pregnancy, care during labour and birth, communication with health professionals, involvement, care in hospital after the birth, feeding the baby, and care at home after the birth.

Who is the survey being sent to?
The survey will be sent to [number] women, aged 16 years and over, who gave birth during {January and} February 2015.

How have the results from previous survey been used?
Results from the 2013 maternity survey helped to identify areas where there was most room for improvement [a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here]

When will the results of this survey be available?
The results of this survey will be available in [month/date] in [location of where results will be published or shared with staff]. The survey findings will be reported in [format, e.g. a summary report, at a meeting etc…]. By working with both staff and patients we will use the feedback from this survey to further help improve women's experiences at the trust.

Where can I find out more?

For more information about the survey, please contact [lead survey name and contact details]

Appendix 2: Suggested template text for pre-survey article for external media

Title: **[NHS Trust name] seeks women's views or**

Women's views vital to drive service improvements

Your chance to tell [NHS Trust name] about the quality of maternity care

[NHS Trust name] is carrying out a survey to find out what women think about the maternity care they have received. The trust plans to use this feedback to improve women's experiences of care. The results will be used to help [NHS Trust name] highlight areas where they perform well and to identify the areas where there is most room for improvement.

Women who had a baby at [Hospital/unit A and Hospital/unit B / and at home] during {January and} February may receive a questionnaire by post in [month], asking about their experiences. They will be asked about various aspects of their care, including check-ups during pregnancy, care during labour and birth, communication with health professionals, involvement, care in hospital after the birth, infant feeding, and care at home after the birth.

[NHS Trust name] believes that taking account of women's views and priorities is vital for bringing about improvements in the quality of care. Results from the survey will be used to [*insert purpose of survey here,* e.g. to track women's experiences of maternity care since the last survey was undertaken in [2013] / or to measure the impact of changes made to improve maternity services based on feedback from the 2013 survey / or to find out if recent changes made to the service has led to an improvement in women's experiences]

Every NHS hospital trust in England that provides maternity services is carrying out this survey as part of a national programme led by the Care Quality Commission. This survey is part of the commitment, set out in the *NHS Plan*, to design a health service around the needs of patients.

Results from the previous 2013 maternity survey helped to identify areas where there was most room for improvement [*a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here*]

To ensure confidentiality, the results of the survey will be presented in a form that does not allow any individual's answers to be identified. The results will be published in the autumn on the Care Quality Commission's website: http://www.cqc.org.uk

[A senior executive at the trust] says "We hope that women will take the time to help us with this survey. Their views are vital in helping us to find out how we are doing and how we can improve. This is an excellent way for women to help shape the services we provide in the future."

Please contact [NHS trust staff name/us] on [{freephone} telephone number] or email [email address] if you have any queries or concerns about the survey.

Appendix 3: Sample declaration form

NHS Maternity Survey 2015

This declaration is to be signed by your trust's Caldicott Guardian, and the member of staff responsible for drawing the sample of women who gave birth at your trust as set out in the 'Instruction Manual for the NHS Maternity Survey 2015'.

This checklist will be used for audit purposes to ensure that the sample conforms to the instructions and, if all steps are completed, will greatly help avoid any breaches of confidentiality occurring.

The national survey has received 'section 251 approval' from the Health Research Authority to enable data to be transferred to survey contractors for the purposes of this survey only. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as names and/or addresses to the Co-ordination Centre. In order to be operating under that approval, you must follow the steps outlined below, otherwise the 'approval' will not apply. For more information on the approval requirements and confidentiality, please refer to the survey instruction manual (http://www.nhssurveys.org/surveys/).

For staff drawing the sample:
Please complete this form once you have drawn your sample of women who gave birth at your trust. You must send this checklist to the Co-ordination Centre (**mat.cc@PickerEurope.ac.uk**) **before** you send your sample file. The Co-ordination Centre will confirm that you are able to send your sample file to them once they have checked this form. **PLEASE NOTE: the sample file will not be opened unless this form is submitted fully complete.**

Please confirm that the following tasks have been completed on behalf of your NHS trust by **initialling the boxes** and **signing the declaration**:

A sample of all women who gave birth at your trust during February 2015 (as well as some women who gave birth in January 2015 if appropriate) has been drawn according to the instructions in the instruction manual.	Initials
Women who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).	Initials
PLEASE WRITE IN HOW MANY WERE REMOVED:	
The sample has been checked by the Demographic Batch Service (DBS)	Initials & Date
The sample has been checked by Trust staff as outlined in the instruction manual.	Initials & Date
The sample and mailing files have been separated, with no identifiable information (name and address) in the sample file.	Initials
The sample file has been prepared and is ready to send to the Survey Co-ordination Centre alongside this form for the sample checking, and no name or address details are contained within the sample file. The only fields within the sample file are: NHS Trust code Patient Record Number (THIS IS NOT THE NHS NUMBER – the URN for the survey) Mother's year of birth Mother's ethnic category Day, month, and year of delivery Actual delivery place Place of birth: NHS site code CCG Code Postcode sector (e.g. AB12 3 – Do not include the final two letters of the full postcode)	Initials

Please note you will be required to amend or update the sample and mailing files if any errors or deviations are identified during the sample check conducted by the Survey Co-ordination Centre.

If sample files are sent to the Survey Co-ordination Centre mistakenly containing patients' names and addresses, or any other directly identifiable data, the Co-ordination Centre is obliged to report this to the Care Quality Commission. Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit see the 'Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation'.

Declaration by trust staff drawing the sample
I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name

Contact name

Contact signature

Contact email address and phone number

Declaration by Caldicott Guardian
I confirm that the above steps have been completed and all steps have been followed.

Name

Signature

Contact email address and phone number

Appendix 4: Declaration of data protection compliance

Declaration of compliance with the Data Protection Act 1998

DECLARATION
RELATING TO THE
2015 Maternity Survey
FOR TRUSTS USING IN-HOUSE SURVEY TEAMS

While carrying out the 2015 maternity survey, all trusts need to comply with:

- the Data Protection Act 1998,
- the NHS Code of Practice on Confidentiality, and
- the Caldicott principles.

Due to the large amount of patient information requested by the NHS patient survey programme, it has become necessary to regulate which individuals at a trust are able to view the raw data and some of the processed data. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise access to patient identifiable information, all declarations must be co-signed by the trust's Caldicott Guardian. If the trust's Caldicott Guardian does not authorise this, the trust must carry out the survey using an approved contractor.

For further information on the guidelines, please see the "Data protection and confidentiality" section of the Instruction Manual for the 2015 maternity survey.

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……

I, [**insert name of first survey lead**] the first Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 maternity survey and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……

I, [**insert name of second survey lead**] the second Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 maternity survey and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……

Appendix 5: Declarations for additional data analysts

Declaration of compliance with the Data Protection Act 1998

DECLARATION
RELATING TO THE

2015 Maternity Survey

Additional data analysts

If the trust requires additional data analysts to have access to the raw data set, this form must be completed and sent to the Co-ordination Centre, and a response received before access to the data set is granted. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise this access, all declarations must be co-signed by the Caldicott Guardian. If the Caldicott Guardian does not authorise this, the raw data set and responses from subgroups numbering less than twenty can only be viewed by the authorised survey leads.

For further information on the guidelines, please see the "Data protection and confidentiality" section in the Instruction Manual for the 2015 maternity survey.

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……

I, [**first additional data analyst**] the first additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 maternity survey and will conform to these requirements and the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……

I, [**second additional data analyst**] the second additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 maternity survey and will conform to these requirements and the guidelines set out under the section "Data protection and confidentiality" in the Instruction Manual for the 2015 maternity survey.

Signature: …….. Date: ……