INSTRUCTION MANUAL FOR THE NHS MATERNITY SURVEY 2017

FOR APPROVED CONTRACTORS

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 manual, for example by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. 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 (CQC) assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability or impact on Research Ethics Committee or Section 251 approvals (see *Sections 3 & 4*).

Data from the patient surveys are used in an increasing number of outcomes frameworks and indicators. If the sampling guidance issued for the survey is not adhered to and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use patient survey data for purposes of risk monitoring. If data are excluded because sampling errors are detected, this will impact on the assurances CQC can have about the experiences of patients from affected trusts.

Updates

Before you start work on the 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.

This document is available from: http://www.nhssurveys.org/survey/1941.

Contents

1 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:

- Trusts are to inform the Co-ordination Centre of their chosen approved contractor and two key trust contacts for the Maternity Survey – their names, job titles, phone numbers and email addresses.

- The sampling procedure set out in this guidance **must** be followed by trusts (see *Section 7*).

- The samples must consist of all women who gave birth during **February 2017** as outlined in *Section 7.* [If the trust had fewer than 300 births in February, please refer them to the additional guidance document at: http://www.nhssurveys.org/survey/1956. This document contains instructions for including January births in the sample].

- There is a **sample declaration form** in Excel to be completed by each trust's Caldicott Guardian and the person drawing the sample. This is to be sent to you and approved **before** the trust sends you the sample file. You must ensure that the form has been satisfactorily completed before asking trusts to send you their sample.

- Trusts will send you a single file containing **both** mailing and sample information. It is then your responsibility to separate these files according to instructions covered in *Section 7.3*.

- Each trust's sample declaration form must be approved by the Co-ordination Centre before their data are submitted to us for checking (see *Section 7.4*).

- Contractors must submit sample data to the Co-ordination Centre for final checks before mailing commences, as outlined in *Section 7.4.* Sample files should be submitted to us between the **3rd and 28th April 2017,** to allow a sufficient fieldwork period.

- 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. Additional guidance on this process will be made available to trusts before the sample checking period.

- The survey must be carried out using a postal questionnaire.

- The standard covering letters and reminder letters (which can be found on the NHS Surveys website: http://www.nhssurveys.org/surveys/1066) must be used as outlined in *Section 8.*

- Changes to the questionnaire and mailing letters are not allowed. Two paper copies of the questionnaire and the covering letters you use must be submitted to the Co-ordination Centre by **14th April 2017**, as described in *Section 9.4*. You must **not** include any patient names or addresses on the letters that you send to the Co-ordination Centre.

- You should aim to obtain the highest response rate possible. Three mailings will be necessary to maximise responses. You should work with trusts to facilitate higher response rates by commencing work as soon as possible. Trusts should publicise the survey to staff, patients and the community.

- Weekly submissions to the Co-ordination Centre of response rates and helpline calls will start from **4th May 2017**. A spreadsheet has been created for this purpose and will be published at: http://www.nhssurveys.org/surveys/1073. For further details see *Section 10.*

- Two reminders must be sent to non-responders. These procedures are outlined in *Section 9.*

- The data from the questionnaires, including free text comments (in full) and the required information about the patient sample, must be submitted to the Co-ordination Centre in the form outlined in *Section 11.4* by **1st September 2017**. This data must be checked carefully for errors before submitting to the Co-ordination Centre.

- 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 **26th February 2018** 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.

- You must not delete the sample file from your records until **2nd March 2018** in case there are any queries from 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.

1.1 Why you need this guide

This instruction manual explains what approved contractors need to do to prepare for and implement the survey. It primarily covers the parts of the survey process that the contractors are involved in. For further information, please see the instruction manual for trusts using a contractor, available at: http://www.nhssurveys.org/survey/1943.

2 What's new for 2017?

Questionnaire: There have been some question changes to the questionnaire, and the CQC helpline number has been added to the last page. A survey development report has been published on the NHS Surveys website detailing the changes and the specific reasoning behind these changes: http://www.nhssurveys.org/survey/1922. The questionnaire itself is available here: http://www.nhssurveys.org/surveys/1065.

Sample declaration form: This year, the sample declaration form is in Excel rather than Word and therefore can be signed off electronically rather than in hard copy. Both the person drawing the sample and the Caldicott Guardian will need to sign off the form. When the form is complete, trusts need to send it to you for approval before they send you their sample file. The form must be sent from the work email of the Caldicott Guardian or by the person drawing the sample with the Caldicott Guardian copied into the email. The sample declaration form can be downloaded from the NHS Surveys website at: http://www.nhssurveys.org/surveys/1074. See *Section 7.2* for further information.

Single sample and mailing file: To reduce error, this year trusts will only send one file to their contractor which will contain both the sample and mailing information. The contractor will then separate the files and send only the sample file to the Co-ordination Centre. More details on this are in *Section 7*.

Submission of files: Trusts must send their combined sample and mailing file to you via your FTP. Similarly, contractors will need to send response data to the Co-ordination Centre via FTP. There is no longer the option to submit files via email as in previous years. Files will still need to be password protected and encrypted.

Ethnic coding: In previous surveys, ethnicity was coded as 'Z' when a patient had been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. In contrast, ethnicity was left blank where ethnic category was unknown, i.e. where women had not been asked or were not in a condition to be asked (e.g. unconscious). For the 2017 survey, trusts will be asked to code **both** 'Z' and 'blanks' as 'Z' in the sample file they submit to their contractor because the distinction between codes is not useful for data analysis purposes, and is often not applied correctly or consistently across trusts.

CQC Intelligence Model: CQC is redeveloping its method of monitoring trust performance. Where trusts fail to submit a sample for the Maternity Survey, or if it becomes evident at a later date that an error has been made in drawing the sample that renders the data unusable, this will be flagged as a concern within the CQC monitoring tools, which may in turn have an adverse effect on the conclusions CQC draw based on the lack of patient experience data.

Errors in drawing the sample may be 'minor' or 'major'. A **minor error** means that data is still able to be used despite that error. A **major error** is so serious that data for a trust is unusable and would be excluded from CQC publications and national statistics. Making errors in drawing the sample, such as neglecting to include a core group of eligible service users, effectively biases the sample. This means that an individual trust's results are not comparable to other trusts. If major errors are spotted during the sample checking phase, the Co-ordination Centre will request that a fresh sample be drawn. However, errors are not always easy to spot in an anonymised file. If it only later becomes evident that a major error has been made and there is no time to submit a new sample for inclusion in the survey, **the survey response data will be excluded from the CQC dataset and will negatively impact on CQC assessment of the trust's performance for this survey**.

Ultimately, it is the trust's responsibility to ensure that the sample is drawn correctly. To help avoid making such errors, trusts should follow the instructions very carefully when drawing their sample.

Trusts and contractors should read the sampling errors report for the 2015 survey which highlights the errors that were made in compiling and submitting samples. It can be found here: http://www.nhssurveys.org/survey/1727.

There are no other changes to either the methodology or the survey materials for the 2017 survey, however some important notes are highlighted below:

2.1 Important information to remember

Weekly submissions: Weekly submissions of response rates (outcomes) and helpline monitoring information will be requested for each trust taking part in the 2017 Maternity Survey and we ask for the first submission on **4th May 2017.** This is discussed further in *Section 10*.

Record number: The format is a twelve character string in the form **MAT17XXXNNNN**, where XXX is the three letter trust code (e.g. RW1) and NNNN is the unique identifying number e.g. 0001.

The Record Number must be assigned **by the trust, before** going through the DBS check, such that the unique identifying numbers run consecutively. This way we can be sure that the Record Numbers in the sample file and the antenatal/postnatal data file all match. Of course, once the results of the DBS check have been returned, the Record Numbers will not run consecutively due to some records being removed.

Under no circumstances are contractors permitted to draw the sample of women on behalf of trusts for use in the national survey.

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 **14th April 2017**.

Recording dissent: An essential requirement to meet the conditions of the Section 251 approval for this survey is that any service user who has previously indicated dissent must be removed from the eligible survey population prior to sending the sample to the approved contractor.

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 it increases response rate (we would recommend using patient title followed by surname).

Mail out envelopes: It is important that the envelopes you use to mail out the survey materials to women do not show any indication of the NHS trust, in accordance with data protection regulations.

Embargo on results: The results of the survey will remain under embargo until a publication date has been set. Trusts will be able to use contractor results to drive improvement but will not be able to publish any information until the embargo is lifted.

3 Data protection and confidentiality

3.1 Statements of compliance with data protection

The framework agreement between the approved contractors and the CQC contains clauses stating that the approved contractor will comply with the Data Protection Act so no declaration is required if a trust appoints a contractor from the approved list. The contractors' procedures and policies have also been reviewed as part of the recommendation for support under Section 251 of the NHS Act 2006, granted by the Confidentiality Advisory Group (CAG) at the Health Research Authority, and contractors must ensure that they have completed the relevant sections of the Information Governance Toolkit[1] and re-submitted this at appropriate intervals, to ensure ongoing cover.

3.2 Section 251 approval

Approval has been granted for the 2017 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 letter of approval is available here: http://www.nhssurveys.org/survey/1929.

However, 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), trusts must ensure that these people are excluded from their sample before transferring the data to you.

Due to the requirements of this survey's Section 251 approval, contractors will be required 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 a mailing is underway, the caller will need to be advised that it might not be possible to prevent the current mailing but assured that they will receive no future mailings.

2. People wishing to receive no further questionnaires can be identified with a flag/code/number on the mailing file. Where an individual objects to their data being held by the contractor, their name and address information will be overwritten.

3. 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, this needs to be respected and acted upon immediately to avoid upset and misunderstanding.

4. Callers should be advised that 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's Information Governance Team).

[1] https://www.igt.hscic.gov.uk/.

For more information on the fair processing of data, please see the FAQs at: http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for a **national standardised survey only**. If trusts you are working with would like to do anything in addition to this, such as increasing their sample size or including extra sample variables outside of the requirements specified in the guidance, it is important to note that this **is not covered by the Section 251 approval**. Trusts must consult their Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further Section 251 approval.

Trusts and contractors must also ensure that they have appropriate contractual arrangements in place to ensure the secure transfer of data additional to the national survey.

In those instances, it is the responsibility of **both the trust and contractor** to ensure that they have the relevant processes in place for this to happen. As the data controller, it is the trust's responsibility to ensure that they are comfortable with those mechanisms – in the majority of cases, it would be advisable for the trust to contact the HRA to discuss these matters. Contractors will need to confirm with trusts that they have done this – if a breach occurs it could be viewed as being the responsibility of both the trust and contractor if the contractor has failed to discuss this with the trust.

It is very important that you and the trusts you are working with follow the instructions set out in this manual so as not to breach this approval. If CQC become aware of a breach of the Section 251 approval they are obliged to inform the Confidentiality Advisory Group and the relevant CQC inspector. 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.

3.3 Keeping patient mailing and sample data separate

For patient confidentiality reasons, women's responses must never be matched to the women who made them. The best way to ensure this is to store patient names and address details separately from sample information and response data.

In previous years, it has been a requirement for trusts to separate the mailing and sample information before sending to their contractor. As this led to a number of errors in trusts' data, it has now been agreed with the CAG that **this separation of mailing and sample data will now be done by the contractor rather than the trust.** This means that you will receive a single file containing all the mailing and sample information from your trusts. It is your responsibility to separate these files after receiving them from trusts, to provide the Co-ordination Centre with the sample data only, and to ensure that response data are not stored in the same file as mailing data.

Before separating sample and mailing data, it is essential that each woman is provided with a unique Record Number. **Applying this Record Number is the responsibility of the trust – approved contractors must not do this for their trusts. Approved contractors will also not be permitted to draw the sample for trusts – this will be considered a breach of the survey's Section 251 approval and action against both the trust and approved contractor will follow.**

3.4 Mailing questionnaires

There are two methods available to trusts for mailing out questionnaires:

1. **The contractor mails out the questionnaires.** With the agreement of the trust's Caldicott Guardian, you may set up a written agreement with the trust. The CQC has provided the

template service contract for trusts and approved contractors carrying out the survey, to avoid the need for each trust to develop its own arrangements. It is strongly recommended that these documents are reviewed by each trust and approved contractor to ensure they are satisfied with them, and to amend them where required. The service contract can be found here: http://www.nhssurveys.org/surveys/1076. *Section 3.7* below provides more information.

2. **The trust mails out the questionnaires.** If a trust is unwillingly to share names and addresses with you, despite the Section 251 approval, you could deliver pre-packed record-numbered envelopes containing questionnaires, covering letters and freepost envelopes to the trust. The trust then would attach number-matched address labels to the envelopes and send them out to patients. Completed questionnaires can then be returned to the contractor and, by checking the Record Numbers on returned questionnaires, you can inform the trust which patients need to be sent reminders.

An important issue regarding mailings and data protection relates to the envelopes used to mail out questionnaires. In line with data protection and Section 251 requirements, it is important that the envelopes used to mail out the materials do not show any indication of the NHS trust.

3.5 Sharing patients' names and addresses

Please note that under the data protection guidelines for patient surveys, the following principles **must** be followed:

- Contractors must undertake to keep their products up to date to ensure that security is effective, and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf.

- All data files must be sent by trusts to contractors securely, i.e. using the agreed FTP sites, with files encrypted and password protected.

- A sample declaration will need to be approved by the contractor before any data are transferred from the trust to the contractor. In addition, the sample declaration form will need to be approved by the Co-ordination Centre before the anonymised sample file can be submitted to the Co-ordination Centre for final checks. **The Co-ordination Centre will use these documents to help check the sample files and will be required to report any breaches of this process to CQC and CAG.**

3.6 Encryption of personal data

Any patient identifiable information sent between trusts and contractors must be in an encrypted format with password protection to help ensure good standards of information security. When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of patients' details.

Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the CQC very strongly recommend the use of the **256-bit AES** (Advanced Encryption Standard) algorithm. There are several software tools that can be used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above). Approved contractors should be able to provide guidance to trusts on the use of an encrypted session.

3.7 Contractor responsibilities (service contract)

A service contract has been drafted by the CQC for use in the patient survey programme. This is an agreement between you and a trust. By signing it, you are obliged to keep information confidential at all times, and to comply with the Data Protection Act 1998. The contract describes how patients' personal data will be sent to the approved contractor and how the data can be used. It provides the trust with some recourse if any breach of the Data Protection Act were to occur, as a result of the actions of the approved contractor. The document also ensures that approved contractor staff members sign and abide by the service contract.

The service contract in Word format is available here: http://www.nhssurveys.org/surveys/1076. It is designed to be used as a template contract; trusts and approved contractors may agree on amendments to the wording and content when using them.

3.8 Patient anonymity

Patient anonymity can be achieved if there is a clear separation between the information seen by an approved contractor and the information held by the trust. As long as the response data supplied to trusts do not include unique Record Numbers or any other detail that allows individuals to be identified or linked, it can reasonably be claimed, with regard to the trust and trust staff, that women's responses are anonymous.

3.9 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 requirements are made:

1) You **must not** provide raw data to the trust as a matter of course.

2) If the trust has a particular need for the raw data from the survey from you, you may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first:

    a. You **must** delete the variable pertaining to **date of delivery**.

    b. You **must** delete the two variables pertaining to **ethnicity** (i.e. both sample variable and response variable – **G7**).

    c. You **must** delete the responses to question **A1** on whether the woman gave birth to a single baby or more.

    d. You **must** delete the responses to questions **G2 and G3** on the woman's reproductive history.

    e. You **must** delete the responses to question **G5 and G6** pertaining to the respondents' religion and sexual orientation.

    f. You **must** band the mother's year of birth into five age groups (16-19, 20-24, 25-29, 30-34, 35+). This process should be repeated separately for both sample and response

variables (**G1**). The original mother's year of birth variables (e.g. those specifying an exact year rather than age group) must then be deleted.

g. Prior to releasing the raw data, you must receive confirmation that the trust have destroyed the names and addresses of the sampled women, otherwise they will potentially be able to identify women by matching up the patient Record Number/serial numbers on the name and address list to those in the raw data file.

These steps MUST be followed before supplying raw data to trusts. This is to prevent the disclosure of a woman's identity by specific demographic factors. Different arrangements govern the supply of raw data to the Co-ordination Centre. The response data will be anonymous (apart from the free text comments) when passed to the Co-ordination Centre and CQC, and published and archived results will not identify women.

3) If data are to be presented to trust staff, only the aggregated totals for each question should be provided. If analysis by subgroup is carried out (such as by ethnic group or maternity unit), the results for any group consisting of fewer than **30 respondents** should be suppressed. The data should be presented as in the following example. In this case responses for the 'Mixed' and 'Asian' ethnic groups are suppressed (though other sub-group totals are shown):

	E3. Did you ever try to breastfeed your baby (even if it was only once)?		
Ethnic group	**Yes**	**No**	**Total responses**
	%	**%**	N
White	38	62	261
Mixed	-	-	8
Asian	-	-	18
Black	41	59	52
Chinese or other	85	15	36

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

5) The electronic file containing women's 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 service contract.

3.10 Sharing of survey data between contractors

If a trust will be using a different approved contractor than in the last survey year, you are permitted to receive an unabridged version of the data set if there is a clear need to use the data from the previous year's surveys to allow year-on-year comparison. You will need to obtain written permission from the trust to be able to request historical data from the Co-ordination Centre.

3.11 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of women's names, and the questionnaires kept until **26th February 2018**. 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.

4 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.

4.1 Ethical approval for the Maternity Survey

Research Ethics Committee (REC) approval has been obtained for the 2017 Maternity Survey and a substantial amendment submitted for changes regarding the questionnaire and covering letters, all of which have been published on the NHS Surveys website: http://www.nhssurveys.org/surveys/1056. **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 need to seek individual ethical approval for this survey. If they wish, they can send their Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but they are not required to do this.

Trusts should notify the relevant Research and Development (R&D) office that ethical approval has been obtained for the 2017 Maternity Survey. The REC letter can be downloaded from the NHS Surveys website: http://www.nhssurveys.org/survey/1924.

Further information on the ethical approval process can be found at the Health Research Authority website: http://www.hra.nhs.uk or by emailing hra.queries@nhs.net.

5 Collecting data from non-English-speaking populations

The women who respond to the 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 **plain language** as far as possible to facilitate optimum understanding by all respondents. The questions have also been tested with women whose first language is not English.

For this survey, translated questionnaires are not being used because it is not possible to identify non-English-speaking patients, or their specific first language, from patient records before questionnaires are sent out since 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 which 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).

- A multi-language leaflet template is available on our site, and this can be included with your first and third mailings (http://www.nhssurveys.org/survey/1928). Please add the appropriate helpline number to this leaflet. The leaflet 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 patient 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.

6 Key Dates

The fieldwork period for the Maternity Survey is 18 weeks. We recommend making full use of this time to maximise responses from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond[2]. If the population of a trust you are working with has high proportions of either group, it is especially vital that you allow enough fieldwork time to capture responses from these people. Please encourage the trusts you are working with to generate their sample promptly, and then mail out your questionnaire packs promptly once permission has been received. Key dates for the survey are as follows:

Trusts draw sample	13th March – 14th April 2017
Trusts submit sample to contractor	13th March – 14th April 2017
Contractors submit samples to Co-ordination Centre	3rd – 28th April 2017
Contractors submit paper copies of questionnaire and covering letters to Co-ordination Centre	14th April 2017
Fieldwork starts	24th April 2017
Weekly monitoring starts	4th May 2017
Trusts submit data indicating which women received their antenatal and postnatal care from the trust	26th May 2017
Close of fieldwork	25th August 2017
Submission of final data to Co-ordination Centre	1st September 2017

Mailing reminders

Remember to leave no more than **3 weeks** between each mailing. Please note the second and final reminder must be mailed **no later than Friday 28th July 2017**.

[2] 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

7 Sampling & sample submission processes

This section of the guidance should provide you with an overview of the sample criteria and the processes for receiving samples and submitting them to the Co-ordination Centre. The full sampling instructions are found in the trust-level instruction manuals and the sampling handbook on the NHS Surveys website.

Please note:

- **The following sections detailing how to draw the sample are for your reference only. Approved contractors are not permitted to draw the sample for trusts – this is the responsibility of the trust. If a contractor draws the sample on behalf of the trust it will be considered a breach of the survey's Section 251 approval and action taken against both the trust and approved contractor will follow.**

- It is essential that the person who draws the sample understands the importance of following the sampling instructions carefully. An incorrectly drawn sample can delay the start of the survey or can result in questionnaires being sent to the wrong patients, both of which can have serious implications. **If a contractor identifies a breach of Section 251, they are obliged to notify the Co-ordination Centre immediately.**

- The sample should only be used for the purposes of distributing the Maternity Survey 2017 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.

7.1 Eligibility criteria

Trusts will compile a consecutive list of all women **aged 16 years or over** at the time of delivery who had a live birth between **1st February and 28th February 2017**. If there are fewer than 300 eligible women who had a live birth in February, please refer the trust to the additional guidance document at: http://www.nhssurveys.org/survey/1956. This document contains instructions for including January births in the sample.

Eligible patients

- **Women who delivered at any unit managed by the trust**. Women who gave birth at a separate maternity unit should still be included in the sample, as long as it is managed by the trust.

- **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.

- **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.** The sample should include both first-time mothers and women who had previously had a baby.

- Women are to be included even if their addresses are incomplete but still useable (e.g. no postcode).

Ineligible patients

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

- Women who are under 16 years of age at the time of delivery.
- Women who had any of the following ICD10 delivery outcomes **or their equivalents**[3]
  - 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 baby has died since delivery[4].
- 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[5].
- Where possible, women whose baby was taken into care (i.e. foster care, adopted)[6].
- 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 they are not to be excluded if addresses are incomplete e.g. no postcode)[7].
- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by the trust they should ensure that they remove those patients from the sample list at this stage).

Note on patients with safeguarding concerns: In general, patients with safeguarding concerns should be included in the list, unless they meet any of the other exclusion criteria. Trusts should consider whether certain patients might be placed at risk by being sent a survey and discuss with their trust safeguarding lead whether any of these individuals should be removed from the list. Women should only be removed from the list of eligible patients in extreme circumstances, where the delivery of the questionnaire itself is likely to increase the risk of harm to the individual. We would expect only a very small number of patients to be removed, if any. Trusts are advised to

[3] If trusts do not use ICD10 codes in their systems, they must use the appropriate equivalents to the codes listed above.

[4] 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.

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

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

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

contact the Co-ordination Centre if they expect to remove more than a handful of women in these circumstances.

7.2 Sample declaration form

As per other surveys in the programme, trusts will be required to complete a sample declaration form in Excel. Once a trust's sample file has gone through DBS checks and then been finalised, the trust must complete the sample declaration form **before** they submit the sample to you for checking.

There is a section in the form for approved contractors to declare how many women in the sample were replaced, and to note the reason(s) for these replacements. As the Maternity Survey sample includes all eligible women who gave birth in February, replacements will only be possible in cases where a trust has to sample back into January.

The form is to be completed by the person drawing the sample and then counter signed by the Caldicott Guardian. The completed form must be sent to you from either (a) the email address of the Caldicott Guardian, or (b) the email address of the person who drew the sample with the Caldicott Guardian copied in. You should check that this form has been completed satisfactorily before giving permission for trusts to submit their sample to you. Trusts must submit files **via your FTP in password protected and encrypted format.**

The sample declaration form is available to download from:
http://www.nhssurveys.org/survey/1958.

7.3 Separating mailing and sample information

In previous years, it has been a requirement for trusts to separate the mailing and sample information before sending this to their contractor. As this led to a number of errors in trusts' data, it has now been agreed with the CAG that this separation of mailing and sample data will now be done by the contractor rather than the trust. This means that **trusts will send you a single file containing all the mailing and sample information.**

However, if a trust you are working with has chosen to mail out the questionnaires themselves, they should supply you with a copy of the sample file with all personal details (names, addresses, full postcodes) **removed**.

Before submitting trust samples to the Co-ordination Centre for approval, contractors must remove the mailing data (names, addresses and full postcodes) from the file. The Co-ordination Centre does not have approval to receive this data, so submitting it to us would be a serious breach of Section 251.

7.4 Submitting the sample file to the Co-ordination Centre

As per other surveys in the programme, you are required to submit the sample declaration form to the Co-ordination Centre **before** you submit any sample files. The Co-ordination Centre will confirm that they are happy to receive the sample files. This is to prevent any breaches of Section 251. The form should be submitted by email to mat.cc@pickereurope.ac.uk.

When the declaration forms are approved by the Co-ordination Centre, please submit your sample files/batches by email (as above). You should password protect the files and inform the Co-ordination Centre of the password **by phone**.

Please ensure the sample files do not contain name, address or full postcode details.

As with all other surveys, please ensure sample files are fully checked before submitting to the Co-ordination Centre. Please refer to the 2015 Maternity Survey sampling errors report for more detailed information about previous sampling errors. The report can be found on the NHS surveys website at: http://www.nhssurveys.org/survey/1727.

7.5 Sample checking dates

Sample checking for this survey will take place from **3rd – 28th April 2017.** Samples should be submitted to the Co-ordination Centre by the **28th April 2017 at the latest.**

During this period, the Co-ordination Centre will aim to check samples **within 4 working days** of confirmed receipt and respond to you with any queries (or approvals). The first mailing should take place as soon as possible after the sample has been approved by the Co-ordination Centre but **must not be later than seven calendar days** after this.

The Co-ordination Centre will contact contractors to discuss any problems with trusts which have not submitted their sample for checking by the **28th April 2017**. If samples are not received by the **12th May 2017**, then we are required to notify the CQC of this and they will contact the trust to discuss any implications for inclusion in CQC-produced data.

Please submit a weekly sample checking update to the Co-ordination Centre throughout the sample checking period; this can be done via email. The first update should be sent to the Co-ordination Centre on **4th May 2017**. This is to consist of updates on the number of sample files that have been submitted to contractors to help us keep on top of any potential problems that trusts might be facing when submitting their sample file.

8 Materials

8.1 Questionnaire

The questionnaire has been rigorously tested in the format on the website: http://www.nhssurveys.org/surveys/1065. All questionnaires used by contractors must replicate this format because any differences can impact on the responses patients give. The format 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, and do not change the order of response options or questions.
- 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 trust or contractor logos to the questionnaire. The questionnaire is copyrighted and therefore only the CQC and NHS logos should appear on the questionnaire.

Additional mailings and inclusion of other information in the mailing packs

The sample file should not be used to send out any other mailings than the three official mailings required for this survey, e.g. trusts must not mail their own letter to the sample list prior to the first mailing being despatched.

Please note that you must send all three mailings (including the two reminder letters) even if a good response rate has already been achieved.

Only the materials described below should be included in the questionnaire packs because of the unmeasurable impact upon response rates to the survey. Additionally, the multi-region ethics board has judged that inclusion of additional material that they have not viewed would invalidate the ethical approval they have given for the Maternity Survey 2017 and the survey would therefore not be able to proceed.

8.2 Covering letters

There are three covering letters for this survey, to be printed on A4 paper. The first letter is to be sent in the first mailing pack. It contains some background information about the survey and a page of FAQs. The second letter is to be sent as a reminder to respondents, asking them to complete and return the questionnaire. The final letter is to be sent in the second mailing pack, and

reiterates the purpose and importance of the study as well as requesting that recipients return the questionnaire. It also repeats the FAQs that were included in the first mailing letter.

It is important that the covering letters are mailed in the correct order.

All three covering letters can be downloaded from: http://www.nhssurveys.org/surveys/1066.

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

8.3 Trust headed paper

You will need headed paper from your trusts for the covering letters for the first and third mailings. It is preferable that the paper does not include a telephone number for the trust, as patients should call the contractor's FREEPHONE line, rather than the trust.

8.4 CQC Flyer

The CQC has produced a survey flyer for the 2017 Maternity Survey. This flyer explains who the CQC are, the importance of gathering patient 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.

8.5 Mail out envelopes

It is important that the envelopes which you use to mail out your survey materials to women do not show any indication of the NHS trust (including name, logo, return address), in line with data protection regulations.

9 Mailings

9.1 First mailing

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

- Printed questionnaire
- Large envelope for mailing questionnaire – this should be a plain envelope and have no identifiers on the outside (e.g. NHS logo, trust logo or trust name)
- Label for addressing envelope
- Label for sender address on reverse of envelope
- FREEPOST envelope for return of questionnaire
- Covering letter using the trust's letterhead (ensure that you receive this from each trust)
- Multi-language helpline sheet (recommended)[8]
- CQC flyer

9.2 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 or have since died). The following items are needed for each mailing:

- Reminder letter
- Envelope – this should be a plain envelope with no identifiers on the outside (e.g. NHS logo, trust logo or trust name)
- Label for addressing envelope
- Label for sender address on reverse of envelope

The first reminder should be sent to women who have not responded after **one to three weeks**. We recommend approximately **ten** days between the mailing of the first questionnaire and the mailing of the first reminder.

9.3 Third mailing (second reminder)

The second reminder should replicate the first mailing. The following items should be included:

- Printed questionnaire
- Large envelope for mailing the questionnaire – this should be a plain envelope without any identifiers on the outside (e.g. NHS logo, trust logo or trust name)

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

- Label for addressing envelope
- Label for sender address on reverse of envelope
- FREEPOST envelope for return of questionnaire
- Reminder covering letter using the trust's letterhead (ensure that you receive this from each trust)
- Multi-language helpline sheet (if used in first mailing)
- CQC flyer

Second reminders should be sent out approximately **two to three weeks** after the first reminder to women who have not yet responded.

Please note that in the instruction manual for trusts using a contractor, we have requested that trusts check their full sample list internally and through DBS prior to the second and third mailings, and to do this quickly to ensure that there are no delays to the mailing dates.

9.4 Submitting hard copies of the questionnaire and covering letters

Hard copies of the questionnaire and covering letters must be submitted to the Co-ordination Centre **by 14th April 2017.** As standard, 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

You must not include any patient names or addresses on the hard copies of letters that you send to the Co-ordination Centre. Failure to do so will constitute a breach of patient confidentiality.

The above documents must be sent to:

Maternity Survey 2017
Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

10 Weekly monitoring

The Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2017 Maternity Survey. First submission of data must be made on **Thursday 4th May 2017**[9], and every Thursday thereafter until the final date of submission.

An Excel spreadsheet is available on our website (http://www.nhssurveys.org/surveys/1073) which **must** be used to return this information to the Co-ordination Centre. These spreadsheets should be emailed to the Co-ordination Centre (mat.cc@pickereurope.ac.uk) by the end of the working day every Thursday throughout the survey.

Weekly submissions only apply to the core sample of patients – not for any additional surveys undertaken by trusts.

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.

When the data is submitted, the file name **must** be in the following format:
MAT17_<contractor code>_<week of submission>.xls

e.g. MAT17_ACP_1.xls (first submission of monitoring data)

Each approved contractor should use their unique contractor code. If you do not know your contractor code, please contact the Co-ordination Centre.

10.1 Response rates

The information submitted to the Co-ordination Centre should contain the following data:

- The total number of women in each sample.
- The number of women in each outcome field for each trust.

10.2 Helpline monitoring

The information you submit should contain the overall total number of calls received by the helpline for this survey, for each trust. This total should also include the calls listed below:

- The total number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services).
- The total number of calls seeking assistance with language and translation (this should include completions via translation services).
- The total number of calls that led to completion of the questionnaire using translation services.

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

How to record calls: examples

If a caller rang the helpline and completed the questionnaire over the phone using translation services, this call should be recorded in all three categories above, plus the overall total.

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 using the helpline'.

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.

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 Entering data and submission to the Co-ordination Centre

11.1 Entering and coding data from the questionnaire

The data should be entered into the pre-designed Excel file, which will be made available before the start of fieldwork on the NHS Surveys website: http://www.nhssurveys.org/surveys/1068.

Please note that:

- Each row records one woman's responses to the survey.
- If a response is missing for any reason, it should be left blank, or coded as a full stop (.)[10].
- 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. For multiple response questions (B4, C4, C6, C14, D8, G4) that give the instruction “Cross all that apply", each response option is treated as a separate question.

Example:

C14. Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? **(Cross *ALL* that apply)**

1 ☑ Yes, during early labour

2 ☐ Yes, during the later stages of labour

3 ☑ Yes, during early labour

4 ☐ Yes, shortly after the birth

5 ☐ No, not at all

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

Question C14 takes up five columns in the data file, labelled as follows:

Column headings	C14_1	C14_2	C14_3	C14_4	C14_5
Coding for this example	1	0	1	0	0

[10] 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 (.).

[±] 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 (.).

11.2 Entering patients' written comments

The CQC has asked the Co-ordination Centre to request all free text comments provided by respondents to the 2017 Maternity Survey. Any analysis of these free text comments will be conducted in a way that would not allow individuals to be identified.

The free text comments **must be included in full**. The questionnaire includes a note to respondents to inform them that their comments will **not** be anonymised, to ensure that full use can be made of the detailed feedback. Comments will, however, be anonymised prior to any publication of results.

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 **1st September 2017**.

11.3 Coding data

For the 2017 Maternity Survey, you are required to submit raw ('uncleaned') data to the Co-ordination Centre for all of your trusts. 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 (i.e. where women answer questions that they have been directed to skip past).

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, C4, C6, C14, D8, 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 '2017' 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.

Full data cleaning guidance will be available on the NHS Surveys website: http://www.nhssurveys.org/surveys/1080.

11.4 Submitting data to the Co-ordination Centre

The data from the 2017 Maternity Survey must be supplied to the Co-ordination Centre as one anonymised, password protected Excel file that includes information about the sample and responses. Contractors should use the pre-designed Excel data entry spreadsheet available on the NHS Surveys website, see http://www.nhssurveys.org/surveys/1068.

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 **MAT17_surveydata_<contractor code>**.
- 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 Number' should be added to the bottom of the list, not matched to women with similar demographics.
- Missing data should be left blank or coded as a full stop (.)[11].
- **Do not** submit name and address details (except for partial postcodes).

Please also make sure that if any of the trusts you are working with have collected any additional variables in their sample frame, other than those required by the national survey, you do not send these to the Co-ordination Centre.

Additional information required

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

- **Contact details** (telephone numbers and email addresses) of contacts from the approved contractor who will be available to answer any queries about the data.
- A completed copy of the **Data Submission Checklist** (see *Section 11.5*).

Delivery

Data must be submitted to the Co-ordination Centre using our secure FTP facility. You will be provided with details on how to submit your data via our FTP.

Deadline for submission

The data must be supplied by **1st September 2017.**

[11] Data may be missing for a number of reasons. The woman may have skipped a question or a set of questions by following instructions, or 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.

11.5 Checklist

Before sending your data to the Co-ordination Centre, you must carry out the checks outlined in the **Data Submission Checklist** which can be found on the NHS Surveys website (http://www.nhssurveys.org/surveys/1068). This checklist should be included when you submit your final data file.

If any of the trusts that you are working with have additional variables in their sample frame other than those required by the national survey, and/or increased their sample size, please ensure that these variables/patients have been removed.

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 contractors.

If incorrect data are submitted, it is possible that the data will be considered unreliable and will not be used by the CQC in its assessment for the trust. We cannot accept re-submissions of data after the deadline, and likewise data is unlikely to then be included in the CQC assessments.