INSTRUCTION MANUAL FOR THE NHS MATERNITY SURVEY 2017

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 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 you want to make any adjustments to the method or materials set out in this guidance, you 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 4 & 5*).

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 your patients.

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.

This document is available from: http://www.nhssurveys.org/survey/1942.

Contents

1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The NHS patient survey programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission (CQC) took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The 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 the public engagement strategy[1], 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 CQC's work: it is the aim of the CQC 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 CQC 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 Maternity 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/content/our-plan-engaging-public-our-work-2015-16.

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 NHS 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 CQC's programme of reviews and inspections.

1.5 CQC assessments

Information drawn from the questions in the survey will be used by the CQC in its assessment of acute and specialist trusts in England. Questions from the survey will be used within CQC's monitoring tools 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 across trusts

In addition to the performance assessment, the CQC 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 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 Department of Health overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

The CQC 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:

- You should already have contacted the Co-ordination Centre to provide contact details (job titles, phone numbers and email addresses) of the two key trust contacts for the 2017 Maternity

Survey to allow us to communicate vital information about the survey. If you have not already done so, please email these details to mat.cc@pickereurope.ac.uk.

- You should already have informed the Co-ordination Centre of your decision to conduct the survey in-house. If you have not already done so, please send this confirmation to mat.cc@pickereurope.ac.uk. If you are using a contractor, please refer to the manual for trusts using a contractor instead of this one.

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

- The sampling procedure set out in this manual must be followed. To do this, you will need to work closely with the person who draws the sample, and check carefully that the instructions have been adhered to. For further details see *Section 8.*

- The sample must consist of all women who gave birth during February 2017 as outlined in *Section 8* [If your trust had fewer than 300 births in February, please consult the additional guidance document at: http://www.nhssurveys.org/survey/1956. This document contains instructions for including January births in the sample].

- Your Caldicott Guardian must sign off the sample declaration form by completing the 'Declaration Agreement' tab in the Excel template. You will need to send the completed declaration form to the Co-ordination Centre before you submit your sample for checking. The sample declaration form can be downloaded here: http://www.nhssurveys.org/surveys/1074.

- Sample data must be submitted to the Co-ordination Centre for final checks before mailing as outlined in *Section 9*. Sample files must be submitted to us between 3rd April 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 the standard 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 11.*

- Changes to the questionnaire and covering 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 detailed in *Section 11.4.* 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 facilitate higher response rates by commencing work as soon as possible and by publicising 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 12*.

- Two reminders must be sent to non-responders, as outlined in *Section 11*.

- 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 15* 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.

- You are not permitted to publish your 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, you can start using your 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 people responsible for drawing and checking the patient sample in planning meetings**. It is essential that they, and their line managers, 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 impact on patients' experiences.

3 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 from: 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, it needs to be sent to the Co-ordination Centre for approval **before** you can send your sample file to us. 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 can be downloaded from the NHS Surveys website at: http://www.nhssurveys.org/surveys/1074. See *Section 9.1* for further information.

Submission of files: The sample file and final data file must be sent to the Co-ordination Centre for via our FTP. Trusts will **not** have the option to submit files via email as in previous years. Files will still need to be password protected and encrypted. See *Section 9.2 & 15.4* for details.

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, in-house trusts will be asked to code **both** 'Z' and 'blanks' as 'Z' in the sample file they submit to the Co-ordination Centre because the distinction between codes is not useful for data analysis purposes, and is often not applied correctly or consistently across trusts. However, trusts are still able to choose whether or not to distinguish between the codes when collecting ethnicity information for their own records. Further information on ethnic coding can be found in *Section 8.6.*

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 your 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, ensure that you follow the instructions very carefully when drawing your sample. You should also 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.

3.1 Important information to remember

Providing explanations to 16 and 17 year old mothers: To meet the requirements for support under Section 251, it is necessary that midwives or other staff provide all younger mothers (aged 16 and 17 years 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 and a briefing for trusts on informing young mothers about the survey are available to download here: http://www.nhssurveys.org/surveys/1058. Any requests from these 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, the approved poster should be displayed to publicise the survey. The poster is available to download from the NHS Surveys website here: http://www.nhssurveys.org/survey/1876. 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 has been approved as part of the Section 251 application.

Recording dissent: An essential requirement to meet the conditions of the Section 251 approval for this survey is that any patient who has previously indicated dissent must be removed from the eligible survey population prior to sending the sample to an approved contractor. If your trust has a mechanism in place to flag patients who 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. You also must log any requests to opt out of 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 (see above). The sample declaration form (see below) will ask for the number of dissenters to be logged. Please also refer to *Section 4.2*.

Weekly submissions: Weekly submissions of response rates (outcomes) and helpline monitoring information will be required, with the first submission on **4th May 2017**. See *Section 12*.

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. Trusts must assign Record Numbers **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.

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**.

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: Trust-level findings for the national Maternity Survey 2017 **must not** be released outside of the trust until the national results are published by the CQC. 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 CQC 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.

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 CQC 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 data protection declaration (see http://www.nhssurveys.org/survey/1935) to the Co-ordination Centre before mailing out the questionnaires. This declaration will be signed by the Caldicott Guardian and survey lead(s) for the trusts and will certify that data shall only be displayed, reported, or disseminated in compliance with the guidelines (see *Section 9.1*). **You must wait for confirmation of receipt and approval from the Co-ordination Centre before you mail out your survey.**

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

[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.
- **Principle 7** – The duty to share information can be as important as the duty to protect patient confidentiality.

You should take particular care to ensure that your use of patient data in carrying out the survey complies with these seven 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.

4.2 Section 251 approval

Approval has been granted for the 2017 Maternity Survey under Section 251 of the NHS Act 2006 (see http://www.nhssurveys.org/survey/1929). This approval allows the common law duty of confidentiality to be put aside in order to enable the processing of patient identifiable information without consent. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority for approval. Please note that any deviation from the procedures described here may lead to breaches in patient confidentiality, or could have serious implications for the comparability of data and its use by CQC and others, and would lead to action being taken against the NHS trust.

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 research purposes, yet may have sufficient address details visible in PAS, are not included in the sample.

Any opt outs received during the course of the survey should be processed 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.

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 Information Governance Team).

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

It is very important that you follow the instructions set out in this manual, as although the Section 251 approval does not cover in-house trusts as such, if CQC become aware of a breach of information security or patient confidentiality, 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.

4.3 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. For this reason, **we strongly recommend that once the sample has been returned from DBS and been finalised, patient names, addresses and full postcodes are removed from the sample file and moved to a mailing file.**

Before this is done, it is essential that each woman is provided with a unique Record Number and that this number is available and correctly matched on both the mailing file and the sample information file (see *Section 8.9*).

4.4 Mailing questionnaires

An important issue regarding mailings and data protection relates to the envelopes used to mail out questionnaires. In line with data protection requirements, it is important that the envelopes used to mail out your survey materials do **not** show any indication of the NHS trust. See *Section 10.5*.

4.5 Patient anonymity

It is important to ensure that any claims you make about patient anonymity are accurate as 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.

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 (for a copy of the declaration, see http://www.nhssurveys.org/survey/1936). 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):

	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 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) Free text comments **must be included in full** and not edited in any way 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, ethnicity or health details.

6) The electronic file containing 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 Encryption of personal data

Any patient identifiable information sent between trusts and third parties 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).

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 **26th February 2018**. All mailing lists of women's names and addresses should be stored on a separate computer to that containing survey data, with access only to those who are covered by the statement of compliance with data protection. 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 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, 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 2017 Maternity Survey. The REC letter can be downloaded from the NHS Surveys website at: 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.

5.2 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 CQC, 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 CQC 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 CQC takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

See Appendix 1 for more details on the responsibilities of NHS organisations that are carrying out research.

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 **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 since it is not possible to identify non-English-speaking patients, or their specific first 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 (http://www.nhssurveys.org/survey/1928). Trusts can use this leaflet by inserting their appropriate helpline number. 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 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 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[3]. If your trust's population has high proportions of either group, it is especially vital that you allow enough fieldwork time to capture responses from these people. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly, and then mail out your questionnaire packs promptly once permission has been received.

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 1st September 2017.**

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.	1.7
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.	10
2	Set up FREEPOST address and helpline.	14.1, 14.3
2	Establish system for responding to telephone enquiries.	14.3
2	Establish system for booking in questionnaires.	14.5
1-4	Complete sample declaration form 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 (**3rd – 28th April 2017**).	9.2
1-4	Check your own trust's records again for any maternal or infant deaths.	8.2
3-6	Send out first questionnaires.	11.1
3	Send first weekly response rate and helpline monitoring form to Co-ordination Centre (**4th May 2017**).	12
5	Send two hard copies of the questionnaire and covering letters to the Co-ordination Centre (**by 14th April 2017**).	11.4

[3] 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

8	Send data indicating whether women in your sample received their antenatal and postnatal care from the trust (**by 26th May 2017**). The Co-ordination centre will provide additional guidance to help trusts carry out this process.	To follow in separate guidance
4-23	Log and process returned questionnaires, and enter data.	15
5-8	Prior to first reminder mailing, submit sample again to DBS and check trust records again for any deceased mothers or infants.	8.2
5-8	Send out first reminders to non-responders.	11.2
7-10	Prior to second reminder mailing, submit sample again to DBS and check trust records again for any deceased mothers or infants.	8.2
7-10	Send out second reminders to non-responders.	11.3
21-22	Complete data entry and check data for errors.	15
22	Send checklist and final data including free text comments to Co-ordination Centre (**by 1st September at the latest**).	15.4
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.	
	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**.	

Key dates

Draw sample	13th March – 14th April 2017
Submit sample to Co-ordination Centre	3rd – 28th April
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
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 that your second and final reminder must be mailed no later than **Friday 28th July 2017**.

8 Drawing a sample

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 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.

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.

If an error in a sample is discovered at the close of fieldwork, data for the trust may not be suitable for inclusion in the survey publication, and, as discussed in *Section 3* of this manual, may incur penalties in the CQC's Intelligence Model.

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 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.

8.1 Compile a list of eligible women

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.**

Note: If there are **fewer than 300 eligible women** who had a live birth in February, please consult the additional guidance document at: http://www.nhssurveys.org/survey/1956. This document contains instructions for including January births in the sample.

The information you obtain about each woman will be used both for administering the survey and for sending to the 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* for a list of the data fields that you will need to include in your sample file for the survey).

Who to include

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

- 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 16 years of age at the time of delivery.

- Women who had any of the following ICD10 delivery outcomes or their equivalents[4]:

  - 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[5].

- 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[6].

- Where possible, women whose baby was taken into care (i.e. foster care, adopted)[7].

- Women who gave birth in a private maternity unit or wing.

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

[5] 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.

[6] 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.

[7] 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 maternity unit managed by another provider.

- Women without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)[8].

- 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).

Note on patients with safeguarding concerns: In general, patients with safeguarding concerns should be **included** in your list, unless they meet any of the other exclusion criteria. You may want to consider whether certain patients might be placed at risk by being sent a patient survey and discuss with your trust's safeguarding lead whether any of these patients should be removed from your list of eligible patients.

Patients 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. If you expect to remove more than a handful of patients in these circumstances, please ensure you discuss this with the Co-ordination Centre first.

If you have any queries about the inclusion or exclusion criteria, please contact the Co-ordination centre for advice: mat.cc@pickereurope.ac.uk or 01865 208 127.

Data fields to include in the list of patients

Note: Not all of these fields are required by DBS but it will save time and effort if all the information is gathered at the same time.

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information (more detail can be found in *Section 8.6*).

- Unique Record Number
- Title
- Initials/First name
- Surname
- Address fields
- Postcode
- Year of birth
- Ethnic group
- Day of delivery
- Month of delivery
- Year of delivery
- Actual delivery place
- NHS site code
- CCG code
- Postcode sector

8.2 Check the list of women

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

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

- **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 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**.

- **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.

- **Duplicates**. 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 Validate 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 Demographic Batch Service

Before sending out the questionnaires and reminders, the list of **women and their infants** should be checked for any deaths by the Demographic 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).[9]

Please note: A unique Record Number should be assigned to each woman in your sample **before** you submit your list to DBS. See *Section 8.6* for details on Record Numbers.

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, date of birth and postcode (can be wildcarded e.g. LS1*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

> **Note**
>
> Infant details should be recorded on separate rows on the file that is submitted to DBS. If a woman gave birth to more than one baby (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.

[9] 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.

Submit 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, if you are registered, 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. If this happens you may receive some calls from bereaved relatives, so you need to be prepared for this. Special sensitivity is required when dealing with these calls.

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 208 127).

8.6 Create the sample file

The spreadsheet you should use to create your sample file is available to download from: http://www.nhssurveys.org/surveys/1074. An example of how the spreadsheet should be filled out has been included below in Table 1. Save this file as **'MAT17_samplefile_XXX'** (where XXX is the trust code 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 **4th May 2017** 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	MAT17RNH0001	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2017	2	RNH15	03S	AB1 1				3	Informed that woman's baby had died
RNH	MAT17RNH0002	Ms	EC	Ahmed			AB2 6XZ	1978	J	3	2	2017	0	RNH03	03T	AB2 6	14	05	2017	1	
RNH	MAT17RNH0003		P	Lane			AB3 8PL	1989	B	3	2	2017	2	RNH15		AB3 8				4	
RNH	MAT17RNH0339	Mrs	K	Yoo			AB4 7MX	1982	R	27	2	2017	1		03T	AB4 7					

Important note about Table 1

The headings of Table 1 are in three different colours:

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 Record Numbers should be removed from the file after the sample is finalised to create the mailing file.
Red 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 headings: these columns should be completed when the woman responds to the survey, either by returning a completed questionnaire, or the woman will not be participating (e.g. deceased, moved address, too ill, or called to opt out).

Please follow the additional instructions in the Sample Construction Spreadsheet file.

The following information is compiled using hospital records:

- **Trust code** (the three character code of your organisation e.g. RNH[10])
- **Title** (Ms, Mrs, Miss, etc.)
- **Initials** (or first name)
- **Surname**
- **Address** fields[11]
- **Postcode**
- The mother's **Year of birth** should be included in the form of NNNN
- The mother's **Ethnic group**[12] as reported by the mother should be coded using the 17 item alphabetical coding specified by NHS Digital[13]. The codes are as follow:

<u>White</u>
A British
B Irish
C Any other White background

<u>Mixed</u>
D White and Black Caribbean
E White and Black African
F White and Asian
G Any other mixed background

<u>Asian or Asian British</u>
H Indian
J Pakistani
K Bangladeshi
L Any other Asian background

<u>Black or Black British</u>
M Caribbean
N African
P Any other Black background

[10] A data file of NHS Organisation Codes can be downloaded from: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.

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

[12] 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 CQC and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[13] These codes can be found in the NHS Data Dictionary on the following website: http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp.

Other Ethnic Groups

R Chinese

S Any other ethnic group

Z Not stated

Please note: 'Z' codes should be used where (a) a woman refuses to provide her ethnicity **AND** (b) when ethnicity is unknown (previously recorded as blanks). See *Section 3* for details.

- **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. 2017)
- **Actual delivery place** should be coded using the National Codes[14]:

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[15]. 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.
- **CCG code** should be three characters. This should be the CCG which will be billed for the care of the person using service. Please see: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.
- **Postcode sector** is the first part of the mother's 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.

The following additional information should also be entered on this spreadsheet:

1) The **Record Number (RN)** is a unique serial number which must be allocated to each woman by the trust. It should take the following format: **MAT17XXXNNNN** where XXX is your trust's three digit trust code and NNNN is the unique four digit number assigned to each of your sampled women, e.g., 0001, 0002 etc.

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

[15] A data file of NHS Trust Site Codes can be downloaded from: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.

Please note: Record Numbers should be assigned **before** the sample is submitted to DBS.

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** 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.

3) **Month of questionnaire being received** 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** 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** is for recording 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 after fieldwork commenced
    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)
    7 = Woman or baby died prior to fieldwork commencing

    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).

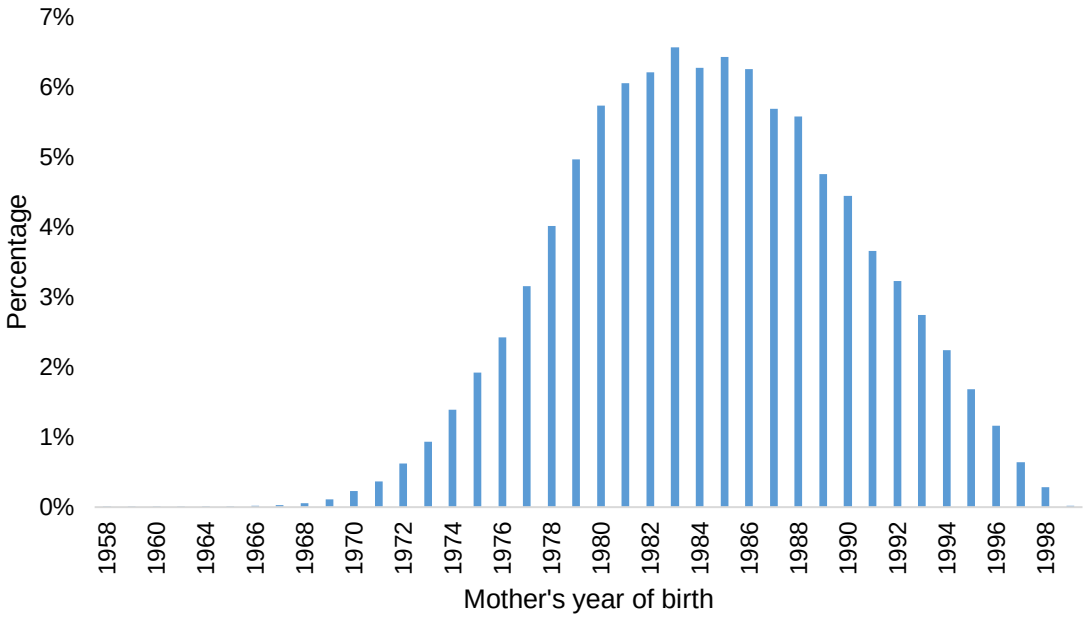
6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline, for example to inform you that the respondent has died or is no longer living at this address.

8.7 Check the distribution of ages

You should check that women of all ages are included in your sample, especially 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 2015 Maternity Survey



8.8 Check for other sampling 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
- Coding ethnicity incorrectly
- Missing some sample information, such as year of birth data
- Entering postcode in incorrect format or with too many digits
- Submitting incorrect site codes

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

8.9 Separate mailing details from sample information

At this point you should transfer the name, 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 the new file as **'MAT17_mailingdata_XXX'** (where XXX is your trust code).

This file should be used for mailing purposes. It will be used to check for deceased women and infants prior to reminder mailings and will be cross-referenced with the sample file (**MAT17_samplefile_XXX**) to identify women who will need to be sent reminders.

As this '**MAT17_mailingdata_XXX**' file will only be used occasionally during the survey, we recommend that you keep this file encrypted. The mailing file should be destroyed when the survey is complete. This should be done along with all other files created for the survey (aside from the survey response file).

Remember

For patient confidentiality reasons, **it is essential that you do not keep patient name and full address details (except for postcode sector) in the same file as their survey response data**.

8.10 Making more use of the survey locally

Up to this point, this section of the guidance has described 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 2017 Maternity Survey as an opportunity to gather further data beyond that required by the CQC. 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 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 mat.cc@pickereurope.ac.uk or 01865 208 127. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2017 Maternity Survey **must be drawn as specified in this guide**; any deviation from the instructions may make it impossible for the CQC to use the data that you collect. It is therefore essential that **any additional sample drawn must 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.

- **You must not send the additional sample file information to the Co-ordination Centre**, only the sample information required for the national survey. If any sensitive or identifiable data is sent to the Co-ordination Centre in error, appropriate action will be taken against the trust.

- If you are planning to undertake surveys more frequently than the national programme, you should consider how any increased sample here will fit with the additional surveys you will be undertaking, and if you have a sufficient number of service users to sample. 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**. You must also ensure that the sample for the national survey is drawn as specified.

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

9 Final sample inspection by the Co-ordination Centre

9.1 The sample declaration form

Before you submit your sample for checking, there is a sample declaration form with a number of compliance statements that needs to be completed by both the person drawing the sample and the trust's Caldicott Guardian. The completed form must then be sent to the Co-ordination Centre 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.

The sample declaration form is available from: http://www.nhssurveys.org/surveys/1074.

The form must be submitted to the Co-ordination Centre prior to submitting your anonymised sample file for checking. The form has a separate compliance statement where you must indicate that you confirm that there are no patient identifiable data (names and full addresses) in the sample file before it is submitted to the Co-ordination Centre. This is a key element of the survey methodology as approved under Section 251, and must be followed in order to minimise the risk of any data breaches occurring. The Co-ordination Centre will confirm receipt of the form and check that it 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

Once the Co-ordination Centre has approved your sample declaration form, you will provided with details on how to submit your sample to the Co-ordination Centre **via our secure FTP server.**

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 **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 in Table 1 must be submitted, but **name, address and full postcode details must be removed**. (The 'postcode sector' should have been entered as an additional field, 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 you within four working days of receiving of the sample.

Samples should be submitted to the Co-ordination Centre by the **28th April 2017**. If they are not, there is a risk that you will not have enough time to correct any problems in the sample and therefore 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 CQC assessments.

Trusts which have not submitted their sample for checking by the **28th April 2017** will be contacted by the Co-ordination Centre to discuss any problems and how we can help with the process. However, if samples are not received by the **12th May 2017**, we are required to notify the CQC and they will contact you to discuss any implications for inclusion in CQC-produced data.

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.

9.3 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 (**3rd – 28th April**). 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) Discussing the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey.

3) Ensuring 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 before the sample is signed off. However, please ensure that the envelopes are left open so that you can check that the correct label is applied to the correct questionnaire.

10 Materials

10.1 Questionnaire

The questionnaire has been rigorously tested in the format on the website: http://www.nhssurveys.org/surveys/1065. All questionnaires used by trusts should 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).

Do not add any logos to the questionnaire. The questionnaire is copyrighted and therefore only the CQC and NHS logos 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 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, you might want to print 1.7 x 425, or approximately 723 copies.

Additional mailings and inclusion of other information in the mailing packs

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

Please note that you must send out 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.

10.2 Covering letters

There are three covering letters for this survey, to be printed on A4 paper. It is important that the covering letters are mailed in the correct order. 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.

For the first mailing letter and second reminder letter there is the option to include patient name. We recommend this approach as there is evidence to show that it increases response rate (we 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.

The covering letters are available in Word format on the NHS Surveys website for you to download and add patient names and your trust's details (http://www.nhssurveys.org/surveys/1066). Please note, due to the ethical approval given, **no other changes to the covering letters are permitted**.

10.3 Trust headed paper

You will need your trust's headed paper for the covering letters for the first and third mailing. The Freephone helpline number must be included on this (rather than a switchboard or other number).

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

10.5 Mail out envelopes

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

Please note that the above does not apply to the address on the reply paid envelope inside the mailing pack as we assume that the patient is responsible for opening her own mail.

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

11 Mailings

11.1 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)[16]
- CQC flyer

11.2 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.

11.3 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)

[16] 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: You should send the full sample list to DBS in advance of the second and third mailings. 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. You will need to log these patients as 'Outcome 7' if they died before the first mailing was sent out, or 'Outcome 3' if they died after mailings commenced (see *Section 8.6*).

11.4 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.** 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

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

12 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**[17], and every Thursday thereafter until the close of fieldwork.

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_<trust code>_<week of submission>.xls**
>
> e.g. MAT17_RAC_1.xls (first submission of monitoring data)

12.1 Response rates

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

- The total number of women in your sample (i.e. the total number 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 CQC with regular updates on response rates at a trust-level.

12.2 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.

[17] 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.

13 Publicising the survey

The following measures will help to increase response rates and reduce the number of questions and any complaints you receive about a survey, and some will help address the fair processing principle of the Data Protection Act.

13.1 Pre-survey communication with staff

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. 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)

A template letter which includes information which you can tailor for publicising the survey to staff can be found on the survey website at http://www.nhssurveys.org/survey/1938.

13.2 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 new mothers and the public in 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. Information to help you draft a press release is available on the website: http://www.nhssurveys.org/survey/1937. Talk to your hospital's press office for more ways in which you can gain publicity locally.

- 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/survey/1876.

- Consider using social media such as Twitter or Facebook or other local social media to publicise the survey. The official Twitter hashtag for the survey is #maternity2017.

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 (2015) 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.

A document containing 'top tips' for publicising the survey is available here: http://www.nhssurveys.org/survey/1921.

14 Implementing the survey - practicalities

14.1 Setting up a FREEPOST address

A FREEPOST address allows patients 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.

14.2 Setting up a PO Box

This is recommended to ensure that the mail out envelopes do not include any indication of the hospital address (please see *Sections 4.4 and 11* for further details). Information on setting up a PO address can be found at: http://www2.royalmail.com/delivery/inbound-mail/po-box.

14.3 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 callers 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?
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.

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 patients should be logged as either 'Outcome 7' or 'Outcome 3' depending on whether mailings have commenced (see *Section 8.6*).

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 (http://www.nhssurveys.org/survey/1928), 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 maternity settings prior to the sampling period for the survey, some women may have already called the number provided to opt out of the survey.

A few women might call to say that they do not want to be involved in the survey after receiving a questionnaire, 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.

Additional points of guidance for people not wanting to participate in the survey:

1. Any objection is to be recorded immediately and checks are to be made to determine whether a mailing is underway. If so, 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 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' (See *Section 8.6*).

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 12.2.*

14.4 Sending out questionnaires

Mailing labels

Three sets of mailing labels are required: one set 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 woman's name, address and postcode details, and her Record Number.

Note on Record Numbers

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 response data with the sample data. It also allows them to identify themselves if they contact the trust, without needing to provide name and address information. Record numbers 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 erase this number from the questionnaire when returning it, please add their response information in an additional row at the bottom of your data file. Do not attempt to match their data to non-responders of similar demographics, but instead inform the Co-ordination Centre about these respondents and they will be treated as additional women in the

Mailing packs

The address labels on the questionnaire packs for the first and third mailing **should be numbered with the unique Record Number**. This number must match the number on the questionnaire inside the mailing pack, and the number in the mailing file. Refer to *Section 11* for the specific items required for each mailing.

Postage

Postage costs for the mailing packs may exceed the standard letter rate. It is essential that the appropriate postage rate is paid.

14.5 Booking in questionnaires

When questionnaires are received, match up the Record Numbers against you sample file so that you can record (in the *Outcome* column) which women have returned questionnaires and will therefore not need to be sent reminders. You will need to keep paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until **26th February 2018**, but **do not** send these to the Co-ordination Centre.

14.6 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 of women back to the DBS tracing service for a further check before you send out each reminder**.

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 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.

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.

Please do not leave more than three weeks between each mailing.

15 Entering data and submission to the Co-ordination Centre

15.1 Entering and coding data from the questionnaire

Response data from the questionnaires should be entered into the pre-designed Excel file, which will be made available before the start of fieldwork at: http://www.nhssurveys.org/surveys/1068.

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 (.)[18].
- 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

[18] If you want to use this data file to display frequencies on the other pages of the workbook, you will need to fill in all 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 (.).

Please submit **only** the 'Data' worksheet to the Co-ordination Centre. Do not submit any other worksheets, such as those with formulae in, as the Co-ordination Centre does not need this additional information.

15.2 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**.

15.3 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 made available at http://www.nhssurveys.org/surveys/1080, which will document all filtering and cleaning that will be carried out on the collated dataset by the Co-ordination Centre so that trusts can duplicate this process after submitting raw data to the Co-ordination Centre.

15.4 Submitting data to the Co-ordination Centre

The data from the 2017 Maternity Survey must be supplied to the Co-ordination Centre **via FTP as one anonymised, password protected 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 **MAT17_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 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 (.)[19].
- **Do not** submit name and address details (except for partial postcodes).

Table 2 shows the information that must be provided for each woman in the original sample.

Table 2 – Data fields to be included in file submitted to Co-ordination Centre

Field	Format	Data codes	Comments
Trust code	NNN		NHS organisation code (e.g. RNH)
Record Number	N, NN, NNN or NNNN		The unique serial number allocated to each woman by the trust.
Mother's year of birth	NNNN		A number, not a date format.
Mother's ethnic group	N	**White** A British B Irish C Any other White background **Mixed**	'Z' codes should be used (a) when a woman refuses to provide her ethnicity, **AND** (b) when ethnicity is unknown. Ethnic group should therefore never be left blank.

[19] 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.

Field	Format	Data codes	Comments
		D White and Black Caribbean E White and Black African F White and Asian G Any other mixed background **Asian or Asian British** H Indian J Pakistani K Bangladeshi L Any other Asian background **Black or Black British** M Caribbean N African P Any other Black background **Other Ethnic Groups** R Chinese S Any other ethnic group Z Not stated / Unknown	
Day of delivery	N or NN		For example, if the woman gave birth on 15th February 2017 this column should read 15.
Month of delivery	N or NN		For example, if the woman gave birth on 15th February 2017, this column should read 2.
Year of delivery	NNNN		For example, if the woman gave birth on 15th February 2017, this column should read 2017.
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 in the NHS Data Dictionary.
Place of birth: NHS Site Code	NNNNN	Use the NHS Trust Site Codes on NHS Digital.	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 NHS Digital.	The CCG which was billed for the care of the patient.

Field	Format	Data codes	Comments
Postcode sector	NNN(N) N	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).	Do not include the two alpha characters in the second part of the postcode.
Day of receiving questionnaire	N or NN	The day you received a returned questionnaire from a respondent, or were 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 2017, this column should read 17.
Month of receiving questionnaire	N or NN	The month you received a returned questionnaire from a respondent, or were 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 2017, this column should read 5.
Year of receiving questionnaire	NNNN	The year you received a returned questionnaire from a respondent, or were 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 2017, this column should read 2017.
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 (after fieldwork commenced) 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) 7 = Woman or baby died (prior to fieldwork commencing)	Remember to fill in all the blank cells with '6' 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. Code data using the numbers next to the response boxes on the printed surveys.
Free text comments	Text		Enter comments in full and verbatim.

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

Table 3 below is an example of the columns of data to be included in the file. Your file should have one row for each woman in your sample. You will notice that there are several blank cells in the file in Table 3. This is because the file includes a row for every woman in the sample, but only contains responses from women who have returned a completed questionnaire (Outcome = 1).

Table 3 – 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	Free text comments
MAT17RTE1001	1969	A	1	2	2017	2	RTE15	03T	AB1 1	7	5	2017	3								
MAT17RTE1002	1976	C	2	2	2017	0	RTE03	03P	AB2 6	13	6	2017	1	1	2	1	1	3		3	
MAT17RTE1003	1972	A	2	2	2017	2	RTE15	05P	AB3 8	3	7	2017	6								
MAT17RTE1004	1967	A	3	2	2017	0	RTE03	03H	BB19 8	4	6	2017	1	2	1	2	1	4		1	
MAT17RTE1005	1990	A	3	2	2017	1	RTE15	05P	BB2 9	31	5	2017	1	1	3	1	2	1		1	
MAT17RTE1006	1981	D	4	2	2017	0	RTE03	03P	AB18 6	12	5	2017	2								

Additional information required

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

- **Contact details** (telephone numbers and email addresses) of at least two members of trust staff who will be available to answer any queries about the data.
- A completed copy of the **Data Submission Checklist** (See *Section 15.5* below).

Delivery

Data must be submitted to the Co-ordination Centre using our secure FTP facility. Please contact us directly on 01865 208 127 to set up your access to the FTP.

Deadline for submission

The data including the free text comments must be supplied by **1st September 2017.**

15.5 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.

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.

Appendix 1: Responsibilities of NHS organisations that are carrying out research

The following table has been prepared by the CQC 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 CQC 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.

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.[20]	*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*

[20] 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).