SURVEY HANDBOOK

NHS MATERNITY SURVEY 2018

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Contents

Did you know?

- Throughout this document there are hyperlinks directing you to detailed information on the topics covered.
- If you are reading this on your computer, clicking on any of the blue underlined text will give you more information and/or take you directly to the document you need. You will need to press the 'ctrl' button on your keyboard as you click on the link.
- Generic information and instructions that apply to all surveys in the programme can be found on our NHS Surveys website here: http://www.nhssurveys.org/usefullinks.
- For detailed instructions and templates that are specific to the 2018 Maternity Survey, please go to: http://www.nhssurveys.org/surveys/1168.

1 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 (NPSP) is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

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

2 The Care Quality Commission (CQC)

The NPSP was established by the Department of Health and Social Care (DHSC) and has been operating since 2002. The CQC is the independent regulator of health and adult social care in England, and regulates care provided by the NHS, private companies and voluntary organisations, and aims to ensure that better care is provided for everyone.

The Survey Coordination Centre for the NPSP, of which the Maternity Survey is part, is based at Picker and works under contract to the CQC to design, test, and coordinate the surveys in this programme. Please note that the Survey Coordination Centre is a completely separate division at Picker from the approved contractor. A full list of CQC-approved contractors can be found on the NPSP website.

CQC assessments

Information drawn from the questions in the 2018 Maternity Survey will be used by the CQC in its assessment of trusts in England. Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of maternity services.

Measuring performance over time

In addition to the performance assessment, CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves and other trusts based on reliable data. Asking each trust to carry out the survey in a consistent way builds a detailed picture of women's experiences in NHS trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and the DHSC for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (Domain 4: Ensuring patients have a positive

experience), the DHSC overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

CQC intends to archive the survey data with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

3 Setting up a project team

We recommend you set up a survey team to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on women's experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

4 What's new for 2018?

Changes to the questionnaire

The 2018 Maternity questionnaire has been kept as similar as possible to the 2017 version to allow comparisons to be made between survey years. However, following stakeholder feedback one question has been removed and one new question has been introduced. There are 81 questions, the same number as last year.

The questionnaire is in black with purple text for instructions and notes, including routing prompts. The front page has the NHS and CQC logos in colour. Contractors and in-house trusts are expected to print the questionnaires as per the colours and format in the template provided. You must contact the Coordination Centre if you have any queries in relation to this requirement.

Added questions

The following question was added to the questionnaire to supplement an existing question (C13, which asks about care across the antenatal stage and labour & birth) to capture continuity of care across all stages, including postnatally:

F12. Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?

1 ☐ Yes, my labour and antenatal care

2 ☐ My antenatal care only

3 ☐ My labour only

4 ☐ No, but I wanted this

5 ☐ No, but I did not mind

6 ☐ Don't know / can't remember

Removed questions

The following question[1] has been removed from the 2018 questionnaire to make room for the addition above. It was selected for removal because analysis of the 2017 data showed a higher level of non-response than for other questions (because many women are routed past this question), and because the data can be captured via other means.

E3. Did you ever try to breastfeed your baby (even if it was only once)?

1 ☐ Yes

2 ☐ No

Amended questions

A response option was added to F20 around the provision of contraception advice: 'I did not want / need any advice'.

F20. Were you given information or offered advice from a health professional about contraception?

1 ☐ Yes

2 ☐ No

3 ☐ I did not want / need any advice

4 ☐ Don't know / can't remember

Moved questions

Following cognitive testing and discussions with stakeholders, the following question was moved from Section E 'Feeding your baby' to Section B 'Antenatal check-ups' because it relates to the antenatal rather than postnatal period.

B17. **During your pregnancy** did **midwives** provide relevant information about feeding your baby?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not want / need this information

5 ☐ Don't know / can't remember

[1] The question number relates to the 2017 questionnaire.

Changes to instructions

Cognitive testing revealed that important notes, prompts and routing instructions in the questionnaire were sometimes skipped over. To make these stand out better, they were all changed to purple text (in the 2017 questionnaire they were black, red, italicised, emboldened, etc.). Instructions in purple font demonstrated acceptability in the recent 2017 Community Mental Health Survey pilot work via increased response rates both overall and by key demographic groups. Furthermore, the colour was specifically probed and well-received in the cognitive testing phase of the survey in 2018.

Changes to text

There were a number of other minor changes to the text in the questionnaire. For full details of these and all other changes to the 2018 questionnaire, see the Survey Development Report.

Changes to the covering letters

Covering letters were revised to reflect the format and tone of the letters successfully trialled in the 2017 Community Mental Health pilot. In addition to these wording and formatting changes, it is now a requirement to print the first reminder letters with a trust letterhead and signatory to match the first and third letters. No other changes to the covering letters should be made, other than to the sections highlighted in yellow. If you have any queries, please contact the Coordination Centre.

Reformatted instruction manuals

Following development in collaboration with trusts and contractors for the 2017 Inpatient Survey, the Survey Handbook, Sampling Instructions and any other survey-specific manuals (such as the Attribution Instructions for this survey) have been redesigned, reducing the amount of repetition and making sections of interest easier to reference. If you have any additional feedback, please contact the Coordination Centre.

Submitting PDFs and hard copies (contractors and in-house trusts only)

Before you start printing your questionnaires and covering letters, we strongly recommend you email them as **PDFs** to the Coordination Centre for checking.

In addition, we will still require you to post us two hard copies of the questionnaire and each of the covering letters **prior to the start of fieldwork** to allow time for adjustments to be made if necessary. **DO NOT proceed to mailings until you have received approval from the Coordination Centre.**

The hard copies you send us must be printed **exactly** as those that will be sent out to women in the sample (e.g. do not print in monochrome, as the questionnaire and covering letters are required to be sent out **in colour**). Please also remember that you must **not include names and/or addresses** of women in your sample when sending hard copies to us.

The questionnaire and covering letters should be made available in March 2018, subject to S251 and Ethics approvals.

Sample declaration form

Some enhancements have been made to the Sample Declaration Form. Free-text comment boxes have been added to allow trusts to explain any N/As they enter against checklist items. A larger text box has also been added to allow trusts to explain any expected differences in their sample profile versus previous submissions. These changes are aimed at reducing queries regarding the sample data and thereby getting trusts into fieldwork earlier.

For 2018 the Sample Declaration Form will also require trusts to enter the **total number of deliveries** that occurred in the sampling period (**before any exclusions**). If there is a substantial difference between a trust's total deliveries and their sample size, this could potentially indicate that the trust has made a sampling error by excluding eligible women. In 2017 the Coordination Centre requested total deliveries figures from several trusts during sample checking, so it was decided that in 2018 it would be useful to request total deliveries from all trusts as part of the Sample Declaration Form.

5 Important information to remember

Providing explanations to 16 and 17 year old mothers

To meet Section 251 requirements, it is necessary that midwives or other staff provide all younger mothers (aged 16 and 17 years) who gave birth in the sampling period with an approved information sheet and discuss the requirements of the survey with them. 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 have been displayed to publicise the survey. There is space at the bottom of the poster for trusts to insert a contact telephone number for people to call should they wish to opt out. Please be aware that no other changes to the poster are permitted as the content and format have been submitted as part of the Section 251 application.

Recording dissent

An essential requirement to meet the Section 251 requirements of this survey is that any patient who has previously indicated dissent must be removed from the eligible survey population prior to submitting the sample. 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 will ask for the number of dissenters to be logged.

6 Data protection and confidentiality

Approval under Section 251 of the NHS Act 2006 is expected to be granted for this survey in March 2018.

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, which incorporates the Caldicott principles. You should take particular care to ensure that your use of service user data in carrying out the survey complies with these principles. In particular, you should be aware of the flows of service user data and the issues which these present. **If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place**, please get in touch with the Coordination Centre.

General Data Protection Regulation (GDPR)

- Changes in the law governing the management and use of patient data will come into effect on 25 May 2018. The GDPR will replace the Data Protection Act 1998.
- This should not affect how you sample and submit your files as this will be completed before the GDPR is applied.
- However, if your trust has implemented operational changes in preparation for the GDPR and you think these changes will impact how you sample and how you share data, please contact the Coordination Centre.

Contractors must not provide raw data to trusts. If the trust has a particular need for the raw data from the survey from the contractor, the contractor may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first.

1. The contractor will delete the following variables:
    i. The three variables pertaining to **date of delivery** (day, month and year).
    ii. The two variables pertaining to **ethnicity** (i.e. both sample variable and **G7**).
    iii. Question **A1** pertaining to the number of babies born.
    iv. Questions **G2** and **G3** pertaining to the woman's reproductive history.
    v. Question **G5** pertaining to the woman's religion.
    vi. Question **G6** pertaining to the woman's sexual orientation.
2. The contractor will **band the mother's year of birth** into five age groups (16-19, 20-24, 25-29, 30-34, 35+). This process should be repeated separately for both sample and response variables (**G1**). The original mother's year of birth variables (i.e. those specifying an exact year rather than age group) must then be deleted.

7 Ethical issues, ethics committees and research governance

NHS organisations in England looking to undertake research follow a process of seeking approval from the Health Research Authority (HRA).

All of the changes made to the 2018 Maternity Survey are expected to be granted Ethics approval in March 2018.

8 Research governance requirements

The Research Governance Framework sets out the principles of good research governance and 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. The CQC has produced a table that sets out the responsibilities of organisations providing care and the arrangements made by the CQC for patient surveys.

9 Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the people who use the trust, so it is paramount that groups with limited understanding of English are not excluded. There are a number of strategies that you can use to ensure you collect the views of people with a limited understanding of English language.

10 Timetable

The survey fieldwork period for 2018 is 18 weeks. The best way to optimise the length of available fieldwork is:

- Generate your sample promptly and within the recommended three week sample checking period.
- Respond to queries as quickly as possible to avoid unnecessary delays.
- Mail out questionnaire packs promptly once permission has been received (contractors and in-house trusts only).

Details on what should be included in each of the mailings, and how to send them out, are available on our website.

Key dates for the 2018 are shown below. Check in the left-hand column to see if a given date applies to you.

Key dates

Trusts	Deadline for informing Coordination Centre of your chosen contractor (or if you will be running the survey in-house)	23 February
Contractors	Contractor webinar	28 February
Trusts	Trust webinar	1 March
Trusts	Trusts draw their sample	12 March – 13 April
Trusts	Deadline for submitting sample to contractor	Set by contractor
Coordination Centre	Samples checked by Coordination Centre	2 April – 27 April
Contractors; In-house trusts	Deadline for emailing **PDF copies** of questionnaires and covering letters to Coordination Centre	6 April
Contractors; In-house trusts	Deadline for delivering **hard copies** of questionnaires and covering letters to Coordination Centre	13 April
All	Start of fieldwork	23 April
Contractors; In-house trusts	Start of weekly monitoring	3 May
Trusts	Deadline for submitting antenatal and postnatal data to Coordination Centre	29 June
Contractors; In-house trusts	Final weekly monitoring report due	23 August
All	Close of fieldwork	24 August
Contractors; In-house trusts	Deadline for submitting final response data to Coordination Centre	31 August

11 Compiling a list of patients

CQC use patient survey data for the purposes of performance monitoring, and the data is also used by NHS England and the DHSC for Patient Experience Outcome Measures and the NHS Outcomes Framework.

You are required to follow the sampling instructions published for this survey. If data is excluded because major sampling errors are detected, this will impact on the assurances these organisations can have about the experiences of your patients. In 2017, seven major errors were identified, however these were able to be rectified in time for the trusts concerned to be able to take part. However, during sample checking in 2017, some retrospective errors were identified and as a result, six trusts did not receive historical comparisons.

Your sample should only be used for the purposes of distributing the Maternity Survey 2018 and up to two reminder letters to non-respondents. This is because the precise use of the sample collated for the survey has received ethical approval for the survey only, and any additional use of the sample would therefore require a separate ethics application.

12 Submitting your sample file

Before you submit your sample, the Sample Declaration Form must be completed and approved. 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 your approved contractor (or the Coordination Centre if you are an in-house trust) for approval before you can send your sample file to them. 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.

Once your form has been approved, your sample file can be submitted. **You must NOT submit your sample via email.** Trusts using a contractor will submit a combined sample and mailing file to their contractor's encrypted FTP. In-house trusts will submit an anonymised sample file to the Coordination Centre's encrypted FTP.

Mailings can only begin once the sample has been approved by the Coordination Centre.

13 Submitting your attribution data

In addition to submitting their sample, trusts are also asked to submit antenatal and postnatal information for each of the women in their sample in order to better attribute their responses to the trust. Trusts will compile this information after the sample is drawn because postnatal information is usually not available at the time of drawing the sample. **Please make sure the person drawing the sample at your trust is aware of this.** Attribution files must be submitted directly to the Coordination Centre rather than via a contractor.

14 Weekly monitoring (contractors and in-house trusts only)

The Coordination Centre requires contractors and in-house trusts to submit weekly data on response rates and usage of their helpline. Using the Weekly Monitoring template, the first submission must be made on **the first Thursday after fieldwork has commenced**, regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of fieldwork.

15 Entering and submitting response data (contractors and in-house trusts only)

Contractors and in-house trusts should enter response data into the Data Entry Spreadsheet. Instructions for coding responses and entering free-text comments into the spreadsheet are available in our Data entry and submission advice sheet.

Before submitting your final data you must carry out the checks in the Data Submission Checklist, which is included in the Data Entry Spreadsheet. **It is essential that these checks are carried out thoroughly.**

Final data must be submitted to the Coordination Centre's FTP as an anonymised, password-protected file. Patient identifiable information including names and addresses (except postcode sectors) **must not be included in this file**. Details on submitting the file are available in the Data entry and submission advice sheet.

16 Publicising the survey

The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on women's experiences and who will be responsible for responding to the results of the survey. We recommend that you keep everyone in your trust informed and publicise the survey externally, as described in the Publicising your survey advice sheet.

17 Implementing the survey

Contractors and in-house trusts can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the Implementing the survey advice sheet.

18 Making sense of the data

The usefulness of your survey data will depend on having a clear improvement programme in place and on how well you are able to make use of the data. The fundamental steps of understanding and interpreting data usually involve:

- Examining the number and percentage of patients giving each response to a question.
- Analysing the data by particular groups of patients (e.g. first-time mothers vs previous mothers, different long term conditions), stages of the patient journey (e.g. antenatal, labour and birth, postnatal), or other information (e.g. continuity of midwives).

You can find further advice and suggestions tailored to the NPSP surveys in the Making sense of the data advice sheet.

19 Reporting results

Just as important as the development and execution of the survey is the presentation of the data. How you focus, design and present a report will help you to develop real actionable outcomes. To help you decide which issues to focus on in your report you may like to consider the suggestions proposed in Reporting results.