

SURVEY HANDBOOK

NHS MATERNITY SURVEY 2019

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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](#).
- You can also find the Sampling Instructions for this survey on our website [here](#).
- Documents and templates specific to the 2019 Maternity Survey can be found [here](#).
- For definitions of terminology used in this document, please refer to our [universal glossary](#) for the NHS Patient Survey programme (NPSP).

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 2019 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 monitoring, 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 for performance assessment, improvement and regulatory purposes. These include the

NHS Outcomes Framework (Domain 4.5: Women's experience of maternity services), the Patient Experience Overall Measure, and the National Maternity Review.

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 (i.e. by removing patient-identifiable and non-respondent data).

3 Setting up a survey 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 get staff involved from the beginning, and keep them informed throughout. As a minimum, you will need a survey lead, a person from your data team who will draw your sample of women, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

4 What's new for 2019?

Changes to the questionnaire

The 2019 Maternity questionnaire has undergone significant redevelopment following consultation with a variety of stakeholders, desk research, analysis of 2018 response data, and in-depth interviews with recent mothers (whose babies are aged less than 12 months). As a result, 9 questions have been removed, 11 new questions have been added, and amendments have been made to over half of the remaining questions. For more detail on the development of the questionnaire, please see the published [Survey Development Report](#).

Changes to the covering letters

The revised letters for 2019 Maternity Survey are based on the redesigned covering letters used in the most recent Community Mental Health Survey and reflect work undertaken across the wider NPSP. More information about data protection and confidentiality has also been added, following the introduction of the GDPR (General Data Protection Regulation) in 2018.

Changes to the sample declaration form

For 2019 the [Sample Declaration Form](#) will require you to enter the total number of deliveries at your trust for the whole months of January and February separately, rather than for the sampling period as a whole. This will help to reduce confusion among trusts as to what the total deliveries figure should include. Please be aware that during sample checking your contractor (or the Survey Coordination Centre) may also ask you to provide the total number of women you excluded from your sample, broken down by the reason for exclusion. Trusts should follow the [Sampling Instructions](#) carefully in order to ensure that the exclusion criteria have been applied correctly.

Posters in different languages

This year, the dissent posters were made available in both English and the nine other most commonly spoken languages in England. Trusts may choose which posters to display based on their population profile, so that women whose first language is not English are aware of the survey and have an equal opportunity to opt out.

No CQC flyer

Following a recent pilot study to test the impact of the CQC flyer on response rates, the flyers will no longer be included in survey packs.

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 leaflet](#) 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, email address and postal address for women to get in touch 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.

If a trust has not displayed the posters in the relevant sampling period, they will need to obtain written confirmation that their Caldicott Guardian is happy for patient data to be transferred outside of the trust despite the posters not having been displayed. This confirmation should be submitted alongside the Sample Declaration Form.

Recording dissent

An essential requirement to meet the Section 251 requirements of this survey is that any woman 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 women 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 women will need to be removed. Please note the NPSP is currently exempt from the National Data Opt-Out Programme so exclusions should not be made on this basis.

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 opt-outs and dissenters to be logged.

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 Survey 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. We strongly advise against beginning a full print-run of your questionnaires until your hard copies have been approved by the Survey Coordination Centre. If you do print your questionnaires before receiving approval, **you may be required to re-print** them if any errors are found in your hard copies.

DO NOT proceed to mailings until your hard copies have been approved by the Survey 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 RGB, CMYK and Pantone specifications for the purple used in the questionnaire are:
R 112 / G 48 / B 140
C 20 / M 65.71 / Y 0 / K 45.1
Pantone 526 C

It is a requirement for all three covering letters to be printed with a trust letterhead and signatory. No other changes to the covering letters should be made, other than to the sections highlighted in yellow.

The questionnaire and covering letters are available on our website [here](#). If you have any queries about printing requirements, please contact the [Survey Coordination Centre](#).

6 Data protection and confidentiality

Approval under Section 251 of the NHS Act 2006 was granted for this survey in March 2019.

When carrying out your survey, you will need to ensure that you comply with the General Data Protection Regulation ([GDPR](#)) in providing survey respondent information and [ensure that all responses are kept confidential](#). If you have not already done so, please ensure that you add research as one of the purposes for processing personal data supplied by data subjects under your privacy notices and, to the extent applicable, any necessary consents are obtained to the sharing of this data.

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 patient data in carrying out the survey complies with these principles. In particular, you should be aware of the flows of patient 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 [Survey Coordination Centre](#).

Please note the 2019 Maternity Survey is **exempt** from the [National Data Opt-Out Programme](#) and you must **not** exclude women on this basis.



General Data Protection Regulation (GDPR)

- Changes in the law governing the management and use of patient data came into effect on 25 May 2018. The [GDPR](#) forms part of the data protection regime in the UK together with the new [Data Protection Act 2018](#).
- If your trust has implemented operational changes due to GDPR and you think these changes will impact how you sample and how you share data, please contact the [Survey 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 variable pertaining to time of delivery.
 - ii. The three variables pertaining to date of delivery (day, month and year).
 - iii. The variable pertaining to number of babies born at delivery.
 - iv. The two variables pertaining to ethnicity (i.e. both sample variable and **G9**).
 - v. Questions **G2** and **G3** pertaining to previous pregnancies.
 - vi. Questions **G4**, **G5** and **G6** pertaining to long-term conditions.
 - vii. Question **G7** pertaining to religion.
 - viii. Question **G8** pertaining to sexual orientation.
2. The contractor will band mothers' 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 mothers' year of birth variables (i.e. those specifying an exact year rather than age group) must then be deleted.

7 Ethical issues

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 2019 Maternity Survey were granted Ethics approval in February 2019.

8 Research governance requirements

The [UK Policy Framework for Health and Social Care Research](#) 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 women 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 the English language](#).

10 Timetable

The survey fieldwork period for 2019 is 18 weeks. The best way to optimise the length of available fieldwork is:

- Generate your sample as soon as possible when the sample drawing period begins.
- Factor in the fact that you may need to respond to queries from your contractor and/or the Survey Coordination Centre.
- Respond to queries as quickly as possible to avoid unnecessary delays.
- Ensure work will be covered if any staff are going to be on leave during the sample drawing and sample checking periods.
- Mail out questionnaire packs as soon as possible once a sample has been approved, ideally within 5 working days (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 2019 are shown below. Check in the left-hand column to see if a given date applies to you.

Key dates

Trusts	Trusts draw their sample	18 th March – 12 th April
Trusts	Deadline for submitting sample to contractor	Set by contractor
Survey Coordination Centre	Samples checked by Survey Coordination Centre	1 st – 26 th April
Contractors; In-house trusts	Deadline for emailing PDF copies of questionnaires and covering letters to Survey Coordination Centre	29 th March
Contractors; In-house trusts	Deadline for delivering hard copies of questionnaires and covering letters to Survey Coordination Centre	15 th April
All	Start of fieldwork	23 rd April
Contractors; In-house trusts	Start of weekly monitoring	2 nd May
Trusts	Deadline for submitting antenatal and postnatal data to Survey Coordination Centre	28 th June
Contractors; In-house trusts	Final weekly monitoring report due	22 nd August
All	Close of fieldwork	27 th August
Contractors; In-house trusts	Deadline for submitting final response data to Survey Coordination Centre	3 rd September

11 Compiling a list of women

CQC use patient survey data for the purposes of performance monitoring, and the data is also used by NHS England for Patient Experience Overall Measure 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 2018, sixteen 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 2018, some retrospective errors were identified and as a result, two trusts did not receive historical comparisons.

Your sample should only be used for the purposes of distributing the Maternity Survey 2019 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 electronically. When the form is complete, it needs to be sent to your approved contractor (or the Survey 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 secure transfer site using a FTP (File Transfer Protocol). In-house trusts will [submit an anonymised sample file](#) to the Survey Coordination Centre's secure transfer site.

Secure transfer sites used for transferring sample files should have at least 256-bit AES SSL encryption.

Mailings can only begin once the sample has been approved by the Survey 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. **Please make sure the person drawing the sample at your trust is aware of this.** Trusts will compile attribution information after the sample is drawn in order to avoid delays with sample submission, and because postnatal information is usually not available at the time of drawing the sample. Attribution files must be submitted directly to the Survey Coordination Centre's secure transfer site rather than via a contractor.

If a trust does not submit attribution data they will not receive an antenatal or postnatal benchmark report (only a labour and birth report).

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

The Survey 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 Thursday of the second week of fieldwork**, 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 [Final Data Checklist](#). **It is essential that these checks are carried out thoroughly.** The Final Data Checklist must be submitted alongside your final data file.

Final data must be submitted to the Survey Coordination Centre's secure transfer site as an anonymised, password-protected file. Patient identifiable information including names and addresses (except full postcode) **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

We recommend that you keep everyone in your trust informed about the survey as well as publicising it 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 women giving each response to a question.
- Analysing the data by particular groups of women (e.g. first-time mothers vs previous mothers, different long term conditions), stages of the maternity pathway (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](#).