

NHS Maternity Survey 2021

Survey handbook

Ipsos MORI, Coordination Centre for Mixed Methods

Please ensure you use **the 2021 versions of all materials for the survey.**



Ipsos MORI



Contents

Table of figures	3
1 About this handbook.....	4
2 Introduction.....	5
2.1 The importance of patient feedback	5
2.2 Overview of the NHS Maternity Survey 2021	5
2.3 The role of the Coordination Centres	7
2.4 Uses of the Maternity Survey data	8
3 Survey timetable.....	10
4 Data protection and confidentiality.....	13
4.1 Data protection and confidentiality	13
4.2 Data Security and Protection Toolkit	14
4.3 Ethics.....	14
4.4 Research governance requirements.....	15
5 Changes to the survey	16
5.1 Methodology.....	16
5.2 Questionnaire.....	17
5.3 Invitation and reminder letters	17
5.4 Online survey	17
5.5 SMS reminders	17
5.6 Multilanguage sheet	18
5.7 Young mothers' leaflet.....	18
6 Sampling	20
6.1 Setting up a project team	20
6.2 Displaying dissent posters	21
6.3 Compiling a list of eligible mothers.....	21
6.4 Conducting DBS checks	22
6.5 Submitting your sample file	23
7 Fieldwork preparation	24
7.2 Set up postal services.....	24
7.3 Prepare the survey materials.....	25
7.4 Printing the survey materials.....	26
7.5 Implement the online survey.....	27
7.6 Quality Assurance of survey materials	28
7.7 Publicising the survey	28
8 Conducting fieldwork.....	29
8.1 Mailing protocol	29
8.2 SMS reminders	29

8.3	DBS and local extractions	31
8.4	Weekly monitoring	31
8.5	Reviewing open-ended comments.....	32
8.6	Processing returned paper questionnaires.....	32
9	Survey communications	33
9.1	Managing and recording respondent communications.....	33
10	Survey Accessibility.....	34
11	Submitting final data	36
11.1	Entering final data	36
11.2	Checking final data.....	39
11.3	Submitting data	39
12	Appendix – online survey guidelines.....	40
12.1	Introduction to online survey guidelines.....	40
12.2	Requirements	40
12.3	English online survey and functionality requirements	43
12.4	Translated online survey	44
12.5	Quality Assurance	44
12.6	Timetable for development.....	45
12.7	Example screenshots.....	46

Table of figures

Table 2.1:	Changes to the Maternity Survey in 2021.....	6
Table 3.1:	Timetable for approved contractors	10
Table 3.2:	Timetable for trusts working with approved contractor	10
Table 3.3:	Timetable for trusts delivering the survey in-house	11
Table 7.1:	Print specification	26
Table 8.1:	Mailing protocol	29
Table 10.1:	Guidance on providing accessible formats of the survey.....	34

1 About this handbook

This handbook details the processes involved in preparing for and running the NHS Maternity Survey 2021. **The information contained in this handbook supersedes all previous versions of the handbook, from which the contents differs substantially.**

The handbook is designed to be used by trusts delivering the survey in partnership with an approved contractor, trusts delivering the survey in-house, and approved contractors. While not all information in this handbook is relevant to each party, efforts have been made to ensure that the information provided is reasonably comprehensive.

It is however necessary to supplement this handbook with a small number of complementary documents. These are:

- **The Sampling Instructions**, which contain detailed information about how the sample should be drawn
- **The Sample Construction Spreadsheet**, which is used by trusts to construct the sample of individuals
- **The Sample Declaration Form**, which is used to confirm the sample has been drawn correctly before submission
- **The Data Entry Spreadsheet**: which is used to collate the final survey data
- **The Data Submission Checklist**: which is used to confirm that the required checks have been conducted on the final data and provide relevant contact details

The most recent versions of these documents can be downloaded from the website: <https://nhssurveys.org/surveys/survey/04-maternity/>

If you have any queries about the contents of the handbook, please contact your approved contractor in the first instance (where relevant), or the Coordination Centre for Mixed Methods at Ipsos MORI at MaternityCoordination@ipsos.com.

VERSION 1, PUBLISHED 09/02/2021

2 Introduction

2.1 The importance of patient feedback

Improving the experience of individual patients is at the centre of the NHS Constitution, which requires that services reflect the needs and preferences of patients, their families and their carers.

"You have the right to receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences."^{*}

Furthermore, taking account of patients' views and priorities can lead to the delivery of real service improvements. It is therefore important that all NHS trusts give patients the opportunity to feedback on their care and treatment. The NHS Patient Survey Programme (NPSP) provides an important mechanism for 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; and,
- Providing information for the Care Quality Commission's programme of reviews and inspections.

2.2 Overview of the NHS Maternity Survey 2021

The NPSP was initiated in 2002, by the then Department of Health, and is now overseen by the Care Quality Commission (CQC), the independent regulator of health and social care in England.

Information drawn from the questions in the 2021 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.

The results are also used by NHS England for performance assessment, improvement and regulatory purposes. These include the 4 NHS Outcomes Framework (Domain 4.5: Women's experience of maternity services), the Patient Experience Overall Measure, and the National Maternity Review.

^{*} The *NHS Constitution for England*. Department of Health and Social Care. Available at: <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>> [Accessed 11 June 2020].

The 2021 survey will be the first time that the maternity survey will follow a mixed methods approach. This means that, at the start of fieldwork, individuals will only be offered the option of completing the questionnaire online. Only later in fieldwork, will individuals be provided with a paper questionnaire. In addition to postal invitations and reminders, individuals will also receive text message (SMS) reminders containing a direct link to the online survey. A pilot survey was conducted in early 2020 to test this new methodology and showed that it's possible to encourage around 77% of respondents to complete questionnaires online. SMS reminders have been fundamental in helping to increase online completion, and response rates are higher where trusts are consistently recording service users' mobile numbers. A report providing the pilot results is available on the survey website: <https://nhssurveys.org/surveys/survey/06-development-work/>

This is the first time that this survey will follow a mixed-method approach and there are several changes to survey design, summarised in the table below (Table 2.1). Additional detail on these changes can be found within Chapter 5. Please do take the time to familiarise yourself with the content to ensure you understand the new survey requirements.

Table 2.1: Changes to the Maternity Survey in 2021

Change	Rationale	Chapter for additional detail
Mixed method approach	<p>Using a mixed method approach is associated with several benefits including:</p> <ul style="list-style-type: none"> • improved data quality through online responses; • more representative responses (particularly across different age groups and those from BAME groups), which can reduce non-response bias. 	Chapter 5
Inclusion of mobile phone numbers in the sample	<p>Mobile phone numbers are used to send SMS reminders to individuals. As shown in the pilot, SMS reminders are associated with significantly higher response rates.</p>	Chapter 6 and Sampling Instructions

Shortened fieldwork period of 16 weeks	This is a step towards making results available to trusts earlier. Analysis of data from previous surveys has shown that shortening fieldwork will not have a detrimental effect on data quality.	Chapter 3
Updates to questionnaire	The questionnaire was revised to ensure the survey meets best-practice guidelines for online surveys and to ensure the content reflects the way in which maternity services are delivered and asks about the right things in the right way (in line with current policy and practice).	Chapter 5
Redevelopment of covering letters, SMS content, multilanguage sheet	Covering letters and SMS reminders were redeveloped to reflect the mixed method survey methodology. The multilanguage sheet has been updated to include a link to the online survey in nine non-English languages.	Chapter 5
Provision of online survey	Following a successful pilot, an online survey will be offered for the first time for the 2021 survey.	Chapter 7
Increased accessibility options	Accessibility of the Maternity Survey has been reviewed to ensure it is conforming to all required regulations (for both the online survey and paper accessible formats).	Chapter 10
Data processing to include online completes	Responses from both the paper completes and online completes should be entered into a single Data Entry Spreadsheet and submitted to the CCMM as a single file.	Chapter 11

2.3 The role of the Coordination Centres

The Coordination Centre for Mixed Methods (CCMM) for the NPSP is based at Ipsos MORI. The maternity survey will be coordinated by Ipsos MORI and any queries relating to this survey should be directed to them at MaternityCoordination@ipsos.com.

Picker, hereon referred to as the Coordination Centre for Existing Methods (CCEM), remains the Survey Coordination Centre for paper method surveys (currently all other surveys within the NPSP). Please note that the Survey Coordination Centre for Existing Methods is a completely separate division at Picker from the approved contractor.

The role of the coordination centres is to ensure that trusts and approved contractors carry out the surveys in a consistent and systematic way.

For reference, the other surveys in the survey programme are noted below, alongside the Coordination Centre responsible.

Survey	Coordination Centre
Maternity Survey	Mixed Methods – Ipsos MORI
Adult Inpatient Survey	Mixed Methods – Ipsos MORI
Children and Young People	Existing Methods – Picker Institute
Urgent and Emergency Care	Existing Methods – Picker Institute
Community Mental Health	Existing Methods – Picker Institute

2.4 Uses of the Maternity Survey data

Asking each hospital trust to carry out the maternity survey in a consistent way builds a detailed picture of experiences across NHS hospital trusts. The survey data is used by a range of organisations for different purposes. For example:

- It provides CQC with data for use in inspections and service monitoring.
- It provides external stakeholders with data for performance assessment and quality improvement purposes.
- Published data from the survey allows for reliable comparisons between trusts.
- A number of survey questions contribute to the NHS Outcomes Framework, as well as the National Maternity Indicators—a broad set of indicators that are reflective of the whole maternity care pathway, using mainly annual data.

- CCG level data from the survey is also used for benchmarking dashboards at NHS England. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability.
- The results are used by NHS England and NHS Improvement as well as the Department for Health and Social Care for performance assessment, improvement and regulatory purposes.

Surveys within the NPSP also contribute to the Overall Patient Experience Scores (OPES), which measure overall patients' experiences of NHS services. This means that the results from the survey will be used to inform decision-making and research in the government. The OPES are composite results calculated from questions in NPSP surveys, contributing to one of five patient experience domains outlined by NHS England.

CQC intends to archive a heavily abridged version of 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 Survey timetable

The following timetables detail the key dates for; trusts working with approved contractors to deliver the survey; trusts delivering the survey in-house; and, approved contractors. Please ensure that you refer to the relevant timetable.

Table 3.1: Timetable for approved contractors

Task	Responsibility	Date
Webinar with approved contractors	CCMM	Early January 2021
Final materials available on the website	CCMM	16 February 2021 (latest)
Send PDF copies of the questionnaire, cover letter and SMS text to CCMM	Approved contractor	17 March 2021
Send hard copies of the questionnaire, cover letter and SMS to CCMM	Approved contractor	8 April 2021
Submit sample data to the CCMM	Approved contractor	By 29 March 2021
CCMM to contact all trusts with outstanding sample data	CCMM	30 March 2021
CQC to contact all trusts with outstanding sample data	CQC	2 April 2021
Fieldwork starts	Approved contractor	19 April 2021
Deadline for sending first mailing	Approved contractor	10 May 2021
Fieldwork ends	Approved contractor	10 August 2021
Send final data to CCMM	Approved contractor	18 August 2021

Table 3.2: Timetable for trusts working with approved contractor

Task	Responsibility	Date
Dissent posters available on the website	CCMM	17 December 2020
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	December 2020
Provide CQC with contact details of project team	Trust	4 January 2021
Webinar for trusts	CCMM	18 January 2021
Display dissent posters within Trust	Trust	February
Sample to be drawn and checked	Trust	8 March – 26 March 2020
Completed sample declaration form to be signed by Caldicott Guardian	Trust	To be confirmed by approved contractor

Submit sample declaration form to approved contractor	Trust	To be confirmed by approved contractor
Submit sample to approved contractor	Trust	To be confirmed by approved contractor
CCMM to contact all trusts with outstanding sample data	CCMM	30 March 2021
CQC to contact all trusts with outstanding sample data	CQC	2 April 2021
Fieldwork starts	Approved contractor	19 April 2021
Deadline for sending first mailing	Approved contractor	10 May 2021
Fieldwork ends	Approved contractor	10 August 2021

Table 3.3: Timetable for trusts delivering the survey in-house

Task	Responsibility	Date
Dissent posters available on the website	CCMM	17 December 2020
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	December 2020
Provide CQC with contact details of project team	Trust	4 January 2021
Webinar with trusts	CCMM	18 January 2021
Send completed statement of compliance to CCMM	Trust	31 January 2021
Display dissent posters within trust	Trust	February
Final materials available on the website	CCMM	16 February 2021 (latest)
Send PDF copies of the questionnaire, cover letter and SMS text to CCMM	Trust	17 March 2021
Send hard copies of the questionnaire, cover letter and SMS to CCMM	Trust	8 April 2021
Sample to be drawn and checked	Trust	8 March – 26 March 2020
Completed sample declaration form to be signed by Caldicott Guardian	Trust	Between 8 March – 26 March 2020
Submit sample declaration form to CCMM	Trust	Between 8 March – 26 March 2020
Submit sample data to the CCMM	Trust	By 29 March 2021
CCMM to contact all trusts with outstanding sample data	CCMM	30 March 2021
CQC to contact all trusts with outstanding sample data	CQC	2 April 2021
Fieldwork starts	Trust	19 April 2021

Deadline for sending first mailing	Trust	10 May 2021
Fieldwork ends	Trust	10 August 2021
Send final data to CCMM	Trust	18 August 2021

4 Data protection and confidentiality

4.1 Data protection and confidentiality

This survey is reviewed for approval under Section 251 of the NHS Act 2006.

Any suspected breach of Section 251 approval by your trusts should be raised with your approved contractor, or the CCMM, immediately. Breaches will need to be reviewed and your trust will need to decide whether the breach is to be reported through the Data Security and Protection Toolkit. CQC are obligated to inform the Confidentiality Advisory Group at the Health Research Authority of any breaches and the outcomes of incident reviews.

When carrying out your survey, you will need to ensure that your organisation complies with General Data Protection Regulation's (GDPR) by providing individuals with sufficient information about the survey (via the dissent posters and leaflets - as described in this handbook) and ensuring that all responses remain 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, that any necessary consents are obtained for the sharing of this data.

General Data Protection Regulations (GDPR)

Through GDPR, changes in the law governing the management and use of patient data went into effect 25th May 2018.

If your trust has implemented operational changes because of the GDPR and you think these changes will impact how you sample and how you share data, please contact the CCMM.

If you are conducting the survey in-house, that is, you are undertaking the survey yourself and have not employed the services of an approved contractor, you must ensure that a Declaration of Compliance with the General Data Protection Regulation is completed for all staff working with the data which must be signed off by your trust's Caldicott Guardian. Only trust staff who have completed this declaration will be authorised to view this restricted data. If the trust's Caldicott Guardian does not authorise this, the trust must carry out the survey using an approved contractor. The statement of compliance should be submitted to the CCMM no later than 31 January 2021. This is to

confirm that data shall only be displayed, reported or disseminated in compliance with guidelines outlines in the Survey Handbook.

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 complies with these six 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, we ask you that you get in touch with the CCMM.

National Data Opt-out Programme

The National Data Opt-out Programme does not apply to the surveys running under the NPSP and you **must not exclude people on this basis**. The maternity survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that individuals do not have to actively consent to their data being used for the purpose of these surveys.

However, **if individuals choose to specifically opt-out of the 2021 Maternity Survey**, their wishes should be respected. **Dissent posters will need to be displayed in the trust during the sampling period**, to ensure potential participants are made aware of the survey and have an opportunity to opt-out in advance if they would like to do so.

4.2 Data Security and Protection Toolkit

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit to measure their performance against the National Data Guardian's 10 data security standards. This is to provide assurance that they are practicing good data security and that personal information is handled correctly. To find out more about the toolkit and create your account, please visit:

<https://www.dsptoolkit.nhs.uk/>.

4.3 Ethics

Patient surveys undertaken by NHS organisations in England generally seek ethical approval, to ensure that the survey is conducted to the highest standards and with a focus on patient well-being.

On behalf of the CQC, Ipsos MORI set up an independent ethical review panel consisting of ethics specialists, academics specialising in health research and patient representatives. All elements of the 2021 Maternity Survey, including the approach and

the materials, will be reviewed by this independent ethics panel. Organisations will be informed once ethical approval has been granted, so that sampling can commence.

4.4 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. This is available on the NHS Surveys website:

http://www.nhssurveys.org/Filestore/Inpatient_2017/Research_governance_framework_2.pdf.

5 Changes to the survey

As outlined in the introduction of this handbook, the decision to change the survey methodology to mixed methods, presented further opportunities to review other aspects of the design of the survey. Please do take the time to familiarise yourself with these changes to ensure that you understand the new survey requirements.

5.1 Methodology

As noted in section 2.2, CQC is transitioning the maternity survey from a paper-only method to a mixed mode approach, with support from the Coordination Centre for Mixed Methods at Ipsos MORI. This means individuals have the option of completing the questionnaire online in the first instance before being offered a paper questionnaire later in fieldwork.

There are a number of benefits to a mixed method approach, such as improved data quality through online responses; more representative responses (particularly in terms of age and ethnicity) which can reduce non-response bias, and the potential to make the survey more cost-effective by decreasing postal responses (saving money on return postage, processing paper returns and paper storage). CQC are continuing to explore greater efficiencies in the delivery of the survey, and to improve methods with a view to maintaining data quality, increasing the value of data and maximising any cost savings, and see a continued shift to online methods as a key way to help achieve this.

Maternity service users will be sent a maximum of four postal letters inviting them to complete the survey. In previous waves, three letters were sent to potential respondents. The fourth mailing is new for the 2021 maternity survey and has been added since the pilot suggested the response rate will significantly improve as a result – possibly to as much as 45% (compared to 37% for the 2019 Maternity Survey).

In addition to the letters, maternity service users will also receive up to three text message (SMS) reminders containing a direct link to the online survey. The SMS reminders were shown to boost online response in the pilot. Additional detail on the mailing approach can be found in section 5.3 and on the SMS reminders in section 5.5.

The CCMM will provide draft versions of all materials for the survey in January 2021. Once Section 251 and ethical approval has been obtained (currently timetabled for February 2021), the CCMM will provide final materials. **Please ensure you use the 2021 versions of all materials for the survey.**

5.2 Questionnaire

The questionnaire has been reviewed and updated with the dual aims of:

- Ensuring the survey meets best-practice guidelines for online surveys
- Ensuring the content of the questionnaire reflects the way in which maternity services are delivered and asks about the right things in the right way (in line with current policy and practice).

During the questionnaire development process, stakeholders, trusts and recent mothers were invited to provide their opinions. All revisions to the questionnaire were cognitively tested with recent mothers to ensure comprehension and relevance.

The final version of the questionnaire will be available in February 2021. It is unlikely there will be extensive changes to the questionnaire this year.

5.3 Invitation and reminder letters

The survey invitation and reminder letters were redesigned for the pilot to make them more appealing and encourage responses, as well as reflect the mixed methodology. The design of the survey invitation and reminder letters follows best practice guidelines and have been cognitively tested with maternity service users.

5.4 Online survey

The online survey is set-up to be device-agnostic, meaning that it is suitable for completion on any device - mobile phones, tablets or desktops. The online survey has been usability tested with recent maternity service users, to make sure that it is easy to access and navigate. Participants will either be able to click the link provided in the SMS reminders, or log-in using the details provided in their letter. The online survey will be available in English, and nine non-English languages. For more information on the online survey see section 7.5.

5.5 SMS reminders

Individuals who have a mobile number in the sample will also receive reminders via SMS. These reminders will arrive three days after the postal reminder and will include a personalised URL taking the participant directly into the survey (without the need to input login details). The wording of the SMS reminders has been developed through cognitive testing with maternity service users. For more information on SMS reminders see section 8.2.

5.6 Multilanguage sheet

The online survey will be translated into the nine non-English languages that are most frequently spoken in the UK. The multilanguage sheet, which will be included in all mailings, has been updated to include a link to the online survey in these languages:

1. Arabic
2. Bengali
3. French
4. Gujarati
5. Polish
6. Portuguese
7. Punjabi
8. Spanish
9. Urdu

The multilanguage sheet continues to include the languages listed below, directing the participant to a helpline number. Although a translated online survey is not available in these languages, a telephone assisted survey using Language Line can continue to be offered.

1. Cantonese (Traditional Chinese)
2. Mandarin (Simplified Chinese)
3. Turkish
4. Italian
5. Russian
6. Kurdish
7. Tamil
8. Thai
9. Farsi
10. Somali

5.7 Young mothers' leaflet

Throughout the sample month, trust staff (usually midwives) must inform all 16- and 17-year-old mothers who give birth in their trust about the maternity survey and give them details on how to opt out if they so wish.

The survey methodology was reviewed by the Health Research Authority (HRA) for approval. Their Confidentiality Advisory Group (CAG) granted support on the condition that 16- and 17-year-old mothers are informed directly of the survey and given the opportunity to opt out. This is because the cohort of service users aged 16 and 17 are legally considered to be children and the response rate from this group is particularly low.

Analysis of the 2019 survey data shows that there were a maximum of five young mothers aged 16 or 17 at each trust. We believe it is therefore manageable for staff at trusts to have a discussion with each individual about the survey.

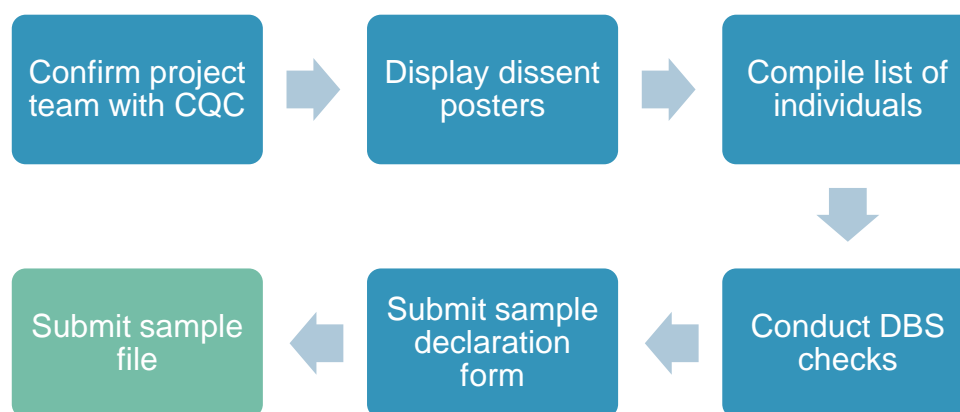
The leaflet can be found on the website (<https://nhssurveys.org/surveys/survey/04-maternity/>), alongside a briefing note with more detailed information regarding this leaflet.

6 Sampling

This chapter outlines the key stages involved in drawing and submitting a trust sample. Detailed explanations of each of these stages are provided within the Sampling Instructions (available on the survey website: <https://nhssurveys.org/surveys/survey/04-maternity/>).

The process of drawing and submitting the sample has remained consistent with previous years, with the exception that trusts are now asked to include mothers' mobile phone numbers within the sample where available, and the inclusion of variables capturing maternity care setting and COVID-19 diagnosis and treatment during labour and birth.

Figure 6.1 Key stages to draw and submit sample



6.1 Setting up a project team

We recommend you set up a survey team in your trust to assist you. The best way to ensure that your survey is a success is to involve those people who have the most impact on maternity care experiences and who will be responsible for responding to the results of the survey from the beginning. As a minimum, you will need a survey lead, a person from your data team who will draw your sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems. It is particularly important to involve the maternity team, as they will be involved in reviewing the sample to ensure that anyone who had a concealed pregnancy, or whose babies were taken into care or adopted, are removed.

As timing is crucial in implementing the survey, you might want to map any planned leave of the members of the project team in order to ensure that deadlines are met. For example, you might want to consider who would be the person of contact to answer

queries if the person who drew the sample is out of the office. This is particularly relevant during the sampling phase and when the questionnaires are being sent out.

Once your project team is assembled, please provide CQC with the name, email address, and phone number of the team members with the following roles:

1. Survey Lead
2. Person who is drawing the sample
3. Caldicott Guardian

6.2 Displaying dissent posters

It is a requirement as per Section 251 approval that your trust advertises the upcoming survey during the sampling period. This is done by putting up dissent posters in the places where individuals are most likely to see them. Please consider whether any COVID-19 arrangements in your trust may impact on the opportunities to see the poster and ensure that the posters are widely visible. Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 February until 28 February 2021. For trusts drawing samples including January deliveries, the posters must be displayed during this time.

The poster allows individuals to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part. The poster is available in the ten most commonly spoken languages in England. Trusts should display the posters most relevant to their own service user populations.

6.3 Compiling a list of eligible mothers

When compiling the list of eligible mothers, please follow the instructions in the separate Sampling Instructions. It should have been sent alongside this handbook and is available on the NHS Survey Website: <https://nhssurveys.org/surveys/survey/04-maternity/>.

This year, trusts are being asked to supply the following new variables:

- **Mobile phone numbers** where they are available for a sampled individuals. This is to allow SMS reminders to be sent. In addition to the mobile phone number, a separate variable will flag whether or not a mobile number is included.
- Maternity Care Setting (Actual Place of Birth) collected in addition to Actual Delivery Place to enable comparisons of the data across the two variables and to conduct analyses by delivery location.
- **COVID-19 diagnosis during labour and birth**, to allow the CCMM and CQC to compare the experiences of individuals diagnosed with Covid-19 during the time of their labour and birth to those with no diagnosis.

Other than these changes, the sampling eligibility criteria are consistent with previous years of the survey. Please review the sampling instructions in detail, however, to ensure your sample is selected correctly.

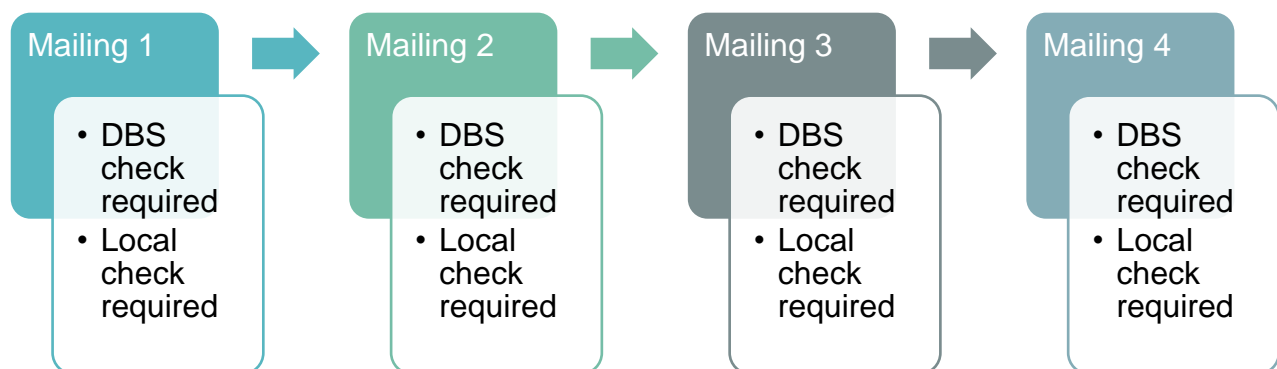
If an error in sampling is detected by the approved contractor, or the CCMM, you will be sent queries and we may ask you to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust and could impact on the success of the survey. If you have any questions regarding the eligibility criteria or how to draw your sample, please contact your approved contractor or the CCMM in plenty of time before the deadline for submitting the sample.

Three members of staff from the CCMM will be included in the sample for each in-house trust and contractor. This will enable the CCMM to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

6.4 Conducting DBS checks

Once you draw the sample of eligible maternity users, the sample must be locally checked for deceased persons and it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any mothers or babies that have died since delivery. These are required before all four mailings.

Please ensure you read the sampling instructions carefully on how to submit your file to DBS and how to remove deceased persons.



Your sample should only be used for the purposes of distributing the described protocol of survey invitation, reminder letters and reminder SMS for the 2021 Maternity Survey. This is because the sample collated for survey only has Section 251 approval for these specific uses. Any additional use of the sample (for example, sending out additional reminders, contacting the sample in advance or reusing the sample for a local survey) would therefore be in breach of Section 251 approval.

6.5 Submitting your sample file

Before submitting the sample file, you must complete the Sample Declaration Form. This asks you to confirm that the sample has been drawn as per the sampling instructions. The trust's Caldicott Guardian is required to sign-off the form. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process.

The completed sample declaration form should be submitted and approved prior to sending your sample data to the approved contractor or CCMM. Failure to follow this protocol would constitute a breach of Section 251 and must be reported to the CCMM and CQC.

The sample must be submitted in an encrypted, password protected file and via the secure method specified in the sampling instructions. **Data should never be sent via email.** Failure to follow this protocol would constitute a breach of Section 251 and must be reported to the CCMM and CQC.

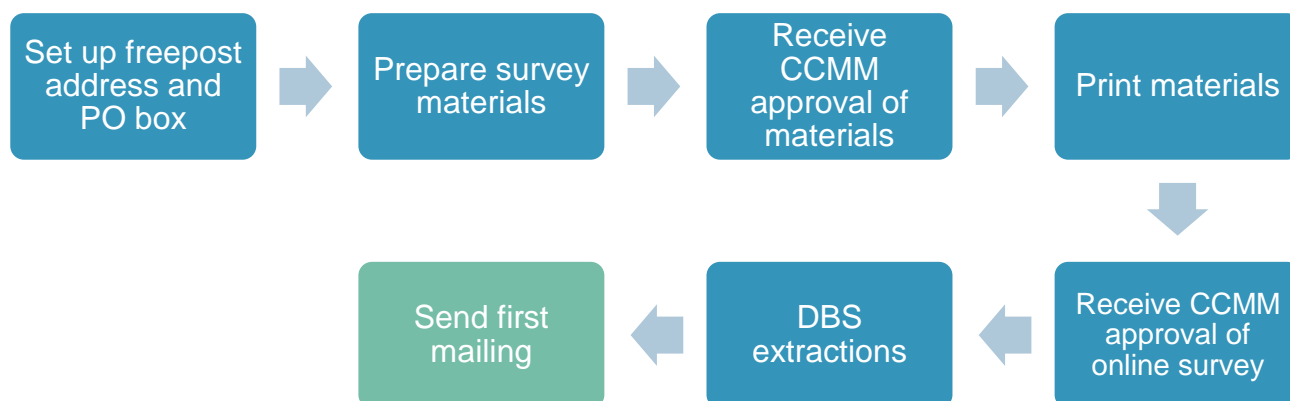
If you are a trust using an approved contractor: your approved contractor will be in touch with details on how to submit your sample securely, once the declaration form has been approved.

If you are delivering the survey in-house or are an approved contractor: samples will be submitted to the CCMM using a secure website. A series of checks will be conducted on the sample as you submit it. Log-in details and instructions of how to submit the sample will be provided prior to the sampling period.

7 Fieldwork preparation

This chapter outlines the steps to be taken by approved contractors and in-house trusts prior to the start of fieldwork. The key steps to be undertaken are outlined in the diagram below and detailed within the chapter.

Figure 7.1: Key stages to prepare for fieldwork



Fieldwork timings

Fieldwork officially commences on 19 April 2021. The first mailing for all trusts must be sent by 10 May 2021 (week three of fieldwork) at the latest. Therefore, all activities described within this chapter must be completed before this date.

7.2 Set up postal services

Approved Contractors and in-house trusts must set up both a freepost address and a PO box.

7.2.1 Setting up a freepost address

The freepost address will allow participants to return completed questionnaires at no cost to themselves. After the license is paid, organisations will pay only for the responses received. The freepost address must be printed on the envelopes sent with the questionnaires. Printed envelopes must comply with Royal Mail guidelines.

7.2.2 Setting up a PO Box

The mail-out envelope(s) must not include any indication of the sender address, and a PO Box should be set up for undelivered mail. Approved contractors and trusts conducting the survey in-house must set up a freepost address, as well as a PO address. This will be printed on the envelope and be used to return post to sender if undelivered.

7.3 Prepare the survey materials

The CCMM will provide electronic versions of all survey materials on the NHS Surveys website. These materials have been designed to meet best-practice guidelines and have been extensively cognitively tested with recent mothers to ensure maximum engagement and comprehension. Furthermore, they will have been approved by Section 251 and ethics.

No changes to the wording of survey invitation letters, reminder letters, or questionnaire are permissible (due to ethics and Section 251 requirements) and we advise that amendments made to other materials are minimised.

Specific considerations for preparing the questionnaire and letters are now detailed.

7.3.1 Questionnaire

We recommend using the questionnaire template provided by the CCMM. The template is provided in a word document which can be edited if needed. However, if you intend to copy the questionnaire into your own format you must be careful to replicate it exactly.

This includes:

- The wording of questions and response options
- The numbering and order of questions and response options
- Routing instructions
- Any other instructions to respondents

Questions should be formatted as two columns and set out across the page as per the questionnaire provided by the CCMM. All design and formatting elements of the questionnaire should also be replicated. Questionnaires must be printed in an A4 booklet and centre-stapled.

7.3.2 Invitation and reminder letters

Invitation and reminder letters should be printed on each trust's letterhead paper. There is a different letter for each mailing.

You may not make any modifications to the wording of invitation or reminder letters other than to populate the letters with trust-specific information where required. This is because the letters have been submitted for ethics and Section 251 approval. Once approval has been granted, changes to the wording of invitation and reminder letters are not permissible.

At this point, approval of PDF and hard copies of all materials must be sought from CCMM (see section 7.6 for more information).

7.4 Printing the survey materials

After approval of the digital proofs from CCMM has been received, materials should be printed to the following specifications.

Table 7.1: Print specification

Material	Specification	Personalisation details
Letters	<ul style="list-style-type: none"> • A4 • 1 page • 2 sided • Colour • Personalisation to front and back 	Letters are personalised according to trust, contractor and respondent level information. The letter must be personalised with the individual online survey log-in details.
Multi-language sheet	<ul style="list-style-type: none"> • A4 • 1 page • 2 sided • black and white • No personalisation 	If a contractor is using their own online survey tool, the multi-language sheet will need to be updated to show the links to the translated survey. No individual level personalisation is required.
Questionnaire	<ul style="list-style-type: none"> • A4 • 4-page booklet • 2 sided • Colour • Personalisation to front and back covers 	Each questionnaire needs to be personalised with an identifier to identify the respondent, using either a serial number or a barcode. Details of the freepost/PO box should be printed on the back
Freepost return envelope	<ul style="list-style-type: none"> • Black and White • No personalisation 	Freepost envelopes will be personalised for each contractor and in-house trust to reflect the address completed questionnaires should be sent to. No individual level personalisation is required.
Outer envelope	<ul style="list-style-type: none"> • Black and White • No personalisation 	The PO box on the back of the letter should be personalised for each contractor and in-house trust with their PO box address for undelivered mail.

7.5 Implement the online survey

Respondents can now choose whether they would like to complete the survey online or using the paper questionnaire. Based on the pilot results, we anticipate approximately 77 per cent of responses to the survey will be completed online, rather than by paper.

The online survey is identical in content to the paper questionnaire, and will be available via one of the following options:

1. Using a central online survey tool provided by the CCMM.
2. Contractors may provide their own online survey tool if preferred. This is on the basis that it will follow guidelines to exactly replicate the central tool.

The following guidance is for those using option 1. For more details on option 2, please see the appendix of this document.

7.5.1 Guidance for those using a central online survey tool

There are two routes into the online survey:

- **Using the URL provided in the letters:** the URL and log-in details are provided on the survey invitation letters. These log-in details are personalised for each respondent, to allow identification of who has taken part and their removal from future mailings. The link will follow this format: NHSmaternity.co.uk/login
- **SMS reminder:** there is a shortened URL included in the SMS reminder that is unique to each individual. This will allow access to the survey directly without needing to log-in.

The online log-in details will be generated by the Sample Construction Spreadsheet once populated. The long URLs will also be generated at this point. They will need to be shortened for the SMS reminder, see the following section for more information on this.

Once the sample is signed off, log-in details will need to be uploaded to the online survey to allow respondents' access. **Do not send a mailing unless you have confirmation from the CCMM that your sample has been loaded into the online survey** as respondents will not be able to access it.

The online survey will be made live on 19 April 2021 to allow trusts whose samples have been signed off to begin fieldwork.

Once fieldwork has begun, you will receive daily updates with the survey identification numbers of those who have completed the online survey, to allow you to remove them from future reminders.

Each contractor and in-house trust will also be sent an export of the data from the online survey one week after fieldwork starts, and at the mid-point of fieldwork to allow for data processing to begin.

7.6 Quality Assurance of survey materials

In house trusts and contractors are required to submit both PDF and hard copies of the survey materials to the CCMM before the first mailing is sent. The deadline for providing these is included in the timetable section. Approval of each of these is a requirement before the first mailing can be sent.

All proofs created ahead of printing must match the style, format and content of the materials provided on the NHS Surveys website.

Three members of staff from the CCMM will be included in the sample for each in-house trust and contractor. This will enable the CCMM to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

7.7 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 maternity care 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 that you publicise the survey externally. You can learn more about how to promote the survey internally on the website [here](#).

8 Conducting fieldwork

This chapter outlines the steps to be taken by approved contractors and in-house trusts from the first mailing onwards.

8.1 Mailing protocol

The following table outlines the mailing protocol to be followed. This approach has been developed to maximise the proportion of respondents who complete the survey online.

The intervals between each contact must be adhered to once the first mailing has been sent to maximise response rates. Where the timing of an SMS reminder falls on a weekend or Bank Holiday, it should be sent on the next working day.

Table 8.1: Mailing protocol

Contact	Type	Content of contact	Days from first mailing
1	Postal	Invitation letter Multi-language sheet	1
1.1	SMS	SMS reminder (if phone number available)	4
2	Postal	Reminder letter Multilanguage sheet	15
2.1	SMS	SMS reminder (if phone number available)	18
3	Postal	Reminder letter Questionnaire Freepost return envelope Multi-language sheet	29
4	Postal	Reminder letter Multilanguage sheet	43
4.1	SMS	SMS reminder (if phone number available)	46

8.2 SMS reminders

To encourage a higher proportion of online respondents, we will be sending SMS reminders to those for whom we have phone numbers in the sample. There will be three SMS reminders sent – the first three days after contact 1, the second three days after contact 2 and the third three days after contact 4. If the day the reminder is due to be sent is a weekend or bank holiday, it should be sent on the next working day.

The SMS will be sent at different times of day to reach different groups:

- the first SMS should be sent between 3pm and 4pm three days after mailing 1 is sent.
- the second SMS should be sent between 9am and 10am three days after mailing 2 is sent.
- the third SMS should be sent between 7 and 8pm three days after mailing 4 is sent.

The content and sender name will be provided by the Coordination Centre. This guidance must be followed.

Each SMS will be personalised for each respondent, with the name of the hospital they attended, and a unique link which will allow them to enter the survey without their log in details. These unique links will need to be shortened before including the SMS, to ensure they do not exceed 35 characters. Your SMS provider should be able to provide this service.

At the end of the SMS, there should be the phone number of the helpline for the survey. It will not be possible for replies to be sent to the SMS reminder.

To monitor the quality of the phone numbers in the sample, it is a requirement to report on the number of messages which have not been delivered within 72 hours of the SMS being sent as part of the weekly monitoring report.

Any SMS provider can be used for this purpose, but the provider chosen must use technology which supports concatenation and should also confirm they are not using a "grey route" to send SMS reminders. Messages sent without these requirements in place will risk the message being split into two messages and being received in a different order. Text messages sent in this way can get delayed, lost or suddenly blocked.

8.3 DBS and local extractions

Ahead of each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS or local check on the full sample. If anyone has requested to be opted out of further reminders, they should also be removed.

On the day of the mailing, the DBS or local check should aim to be no more than 10 days old.

Contact	Content	Type of check to do on the sample before sending the mailing (DBS or local)	Should online responses be removed from the mailing?	Should anyone who has opted out be removed from the mailing?
1	Postal – Letter only	DBS check	N/A – First mailing	N/A – First mailing
1.1	SMS	No check required	Yes	Yes
2	Postal – Letter only	DBS check	Yes	Yes
2.2	SMS	No check required	Yes	Yes
3	Postal – Letter + Questionnaire	DBS check	Yes	Yes
4	Postal – Letter only	DBS check	Yes	Yes
4.1	SMS	No check required	Yes	Yes

8.4 Weekly monitoring

Contractors and in-house trusts are required to submit a monitoring report to the CCMM each week during fieldwork. This will allow the CCMM to monitor response rates, volume of survey communications and uptake of accessible options across the fieldwork period.

These reports should follow the template provided on the NHS [Survey Website](#) and be submitted each Friday during fieldwork by 2pm, starting on Friday 23 April 2021 until Friday 13 August 2021.

8.5 Reviewing open-ended comments

It is strongly recommended that all free text comments are reviewed by approved contractors and trusts conducting the survey in-house for possible reports of safeguarding issues and followed up with the appropriate authority to allow further investigation. The following text has been included within all cover letters to inform respondents of the possible follow-up action which may be taken. *“If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.”*

8.6 Processing returned paper questionnaires

If using a contractor, your contractor will process the questionnaires received.

If conducting the survey in-house, when paper questionnaires are received, match up the Patient Record Number against the list of individuals so that you can record (in the outcome column of your ‘sample file’) who has completed a paper questionnaire and will not therefore need to be sent reminders.

Keep paper copies (or scanned pictures of all the pages of the questionnaires, including the front page) of any questionnaires that are returned to you by post until further notice – but do not send these to the Coordination Centre unless requested.

If a paper questionnaire is returned with the Patient Record Number removed, please enter the response information in an additional row at the bottom of the data file when submitting it to the Coordination Centre.

9 Survey communications

Each contractor or in-house trust should have both a freephone line and an email address for respondents to contact in the event of queries. Details of both the freephone number and email address should be provided in the invitation and reminder letters.

All staff who are likely to respond to queries should be properly briefed about the details of the survey and be aware of the questions or complaints they are likely to receive.

The freephone line and email inbox should be monitored between 9am and 5pm on weekdays as a minimum.

9.1 Managing and recording respondent communications

All communication with respondents should be logged and included in the weekly monitoring report. Wherever relevant, the following information should be logged for each contact with a respondent:

- Patient Record Number
- Date of contact
- Reason for contact
- Action to be taken

10 Survey Accessibility

The accessibility of the maternity survey has been reviewed to ensure it conforms to regulations. The accessible formats that will be offered for the 2021 survey are detailed in the table below, alongside guidance on how to administer and process these formats.

It is important to monitor the number of requests and returns for these accessible formats in the Weekly Monitoring Spreadsheet.

Please note if a large print, Easy Read or Braille format is requested, you **do not** need to wait until the third mailing to provide this format to the participant.

Table 10.1: Guidance on providing accessible formats of the survey

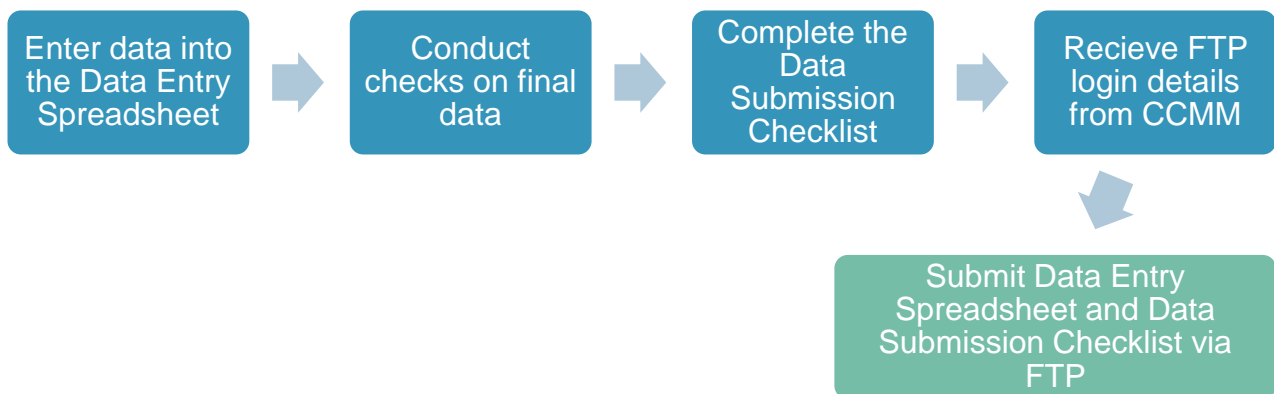
Accessible format	Administering the format	Processing the return
<p>Online survey: Ability to change font size and background colour; screen reader compatible.</p>	<p>This will be provided by the Coordination Centre for Mixed Methods.</p> <p>If using a contractor-provided online survey tool, guidance on scripting the online survey to meet these accessibility standards is included in the appendix of this document.</p>	<p>Processed through the online survey.</p>
<p>Online survey: non-English language completes (9 languages).</p>	<p>Excel templates with translations will be provided to contractors. Guidance on scripting the online survey in 9 languages will be included in the online survey specification for contractor.</p>	<p>Processed through the online survey.</p>

<p>Telephone assisted complete: In English or in a non-English language using a service such as Language Line.</p>	<p>Contractor or in-house trust helpline staff to complete survey over the phone with participant, entering their responses into the online survey (or on paper if that is preferable).</p>	<p>Processed through the online survey and noted as a telephone assisted complete in the weekly monitoring report and in the final dataset.</p>
<p>Large print: Signposted on the letters and administered at the request of the participant.</p>	<p>Large print invitation letter will be provided by the CCMM (using font size 18). Contractor or in-house trust to print invitation letter on A4 paper and standard questionnaire on A3 paper, and post these to participant.</p>	<p>Large print return processed manually and entered into the data entry sheet for that participant.</p>
<p>Easy Read: Signposted on the letter and administered at the request of the participant.</p>	<p>Easy Read questionnaire will be available on the website. Contractor or in-house trust to print both documents on A4 paper and post these to the participant.</p>	<p>Easy Read return processed manually into data entry spreadsheet provided by the CCMM. These returns will not be combined with the main dataset due to differences in question wording and answer codes.</p>
<p>Braille: Signposted on the letter and administered at the request of the participant.</p>	<p>Braille questionnaire and invitation letter to be set up centrally by CCMM. Contractor or in-house trust to request both documents from external Braille supplier and post these to participant. Supplier should be advised to personalise the documents with participant log-in details.</p>	<p>Braille questionnaires cannot be completed in Braille, and invitation letter would advise the participant to complete this online (using a screen reader or with the help of a friend/family member) or as a telephone assisted complete.</p>

11 Submitting final data

Final data must be entered into the Data Entry Spreadsheet and checked before being submitted to the CCMM. This chapter details the steps that should be taken in order to submit the data. These instructions are complemented by the Data Entry Spreadsheet, and Data Submission Spreadsheet. These can be downloaded from the NHS Survey Website (<https://nhssurveys.org/surveys/survey/04-maternity/>).

Figure 11.1: Key stages to submit final data



11.1 Entering final data

Final data must be entered into the Data Entry Spreadsheet provided, following the coding rules described below. Survey responses received through online and paper methods must follow the same coding rules and be provided in a single spreadsheet.

Nothing more should be done to amend or clean the data.

11.1.1 Coding final data

Response data must be entered following these coding rules:

- Each row records one mother's response to the survey. If duplicate responses are received for the same participant (e.g. they have completed both on paper and online), please submit both sets of responses for that participant, one set on each row.
- If a response is missing for any reason, it should be coded as a full stop (.).
- If two boxes are crossed on a single response question, the response should be coded as '98'. **Please note this is a change to the data entry method, as incorrect multi-coding was previously entered as a full stop.**

- Where a respondent has given their response inconsistently with the routing 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, if the respondent answered “A vaginal birth (no forceps or ventouse suction cup)” at C1 but provides a response at C2, their response to both C1 and C2 should be included in the data entry spreadsheet.
- Where a participant has provided a response that seems illogical please submit these responses in line with the above coding rules.
 - For example, at D7 “Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?” participants can choose multiple answers, including a combination of Yes and No answers. Whilst a combination of both Yes and No answers may appear to be illogical or incorrect, all responses must be submitted without amendment.
- Unlike the paper survey, the combination of answers that can be given at multiple choice questions are controlled for in the online survey. This means that there will be some blanks for the online entries where it won't have been possible for people to choose certain answers in combination.

- For example, at B3, online survey participants can select multiple answers **except** if they choose codes 4, 5 or 7.
- For the paper survey, it is not possible to control multiple choice responses. You may therefore observe cases at B3 where participants have selected codes 1 and 4 for example. Although this combination of answers may seem illogical, please submit all responses without amendment.

B3 Were you offered a choice about where to have your baby?

Please cross **X** in all the boxes that apply to you.

- 1 Yes – a choice of hospitals
- 2 Yes – at home
- 3 Yes – other
- 4 No – I was not offered any choices
- 5 No – I had no choices due to medical reasons
- 6 No – I had limited choices due to coronavirus
- 7 Don't know / can't remember

- If the respondent provides an unrealistic year of birth (e.g. the current survey year), this should be recorded without amendment unless the respondent has unambiguously indicated their actual year of birth elsewhere.

- Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response but indicated a second response option, this second choice should be entered in the data.
- For most questions, each column corresponds to one survey question. However, this is not the case for multiple response questions which will have a separate column per response. Multiple response questions are coded '1' if the box is crossed and '0' if the box is not crossed. Please note: If a respondent does not answer any part of a multiple response question (i.e. does not cross any of the response options) then it should be coded as a full stop.
- If a respondent returns their paper questionnaire but it's not possible to determine the Survey Number (e.g. it has been removed by the participant), this should still be entered into the data entry spreadsheet. For these participants, the Patient Record Number (PRN) column of the spreadsheet should be entered as "99999999", to enable the CCMM to distinguish between accidentally missing PRNs and those removed by the participant.

11.1.2 Coding free-text data

All free-text comments are required to be submitted to the CCMM. 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, including any comments on additional sheets of paper. Comments should be recorded verbatim with sensitive information included. The only exception to the above is that names of individual staff members may be redacted at your discretion or on advice from a trust. Redacted characters should be replaced with 'X'.

Comments that are submitted in a language other than English should be sent to the CQC in the language they are submitted in at the end of fieldwork, alongside a flag which confirms which language this is (i.e. which online survey was used). The CQC will be responsible for translating any non-English free-text data into English. Once translated, the comments will be shared and can be combined with the remainder of the dataset.

11.1.3 Entering easy read responses

The easy read questions and answer codes are different to the main questionnaire and are therefore listed in columns **FV to GI** of the data entry spreadsheet (corresponding to Q1 to Q14 of the easy read questionnaire) under the heading "responses to easy read questionnaire".

For easy read completes, please also complete:

- **Columns A to W** (from the sample construction spreadsheet)
- **Columns FT to FU** (mode of completion)

The remaining sections of the data entry spreadsheet (responses to questionnaire and online survey paradata) are not applicable – these columns should be left blank

Use the outcome of “returned useable” for any easy read returns (column W).

11.2 Checking final data

You are required to submit raw (“uncleaned”) data to the Coordination Centre for Mixed Methods. Final data should be entered exactly as stated in the previous section. Before submitting your data, you must carry out the checks outlined in the Final Data Checklist which is available on the survey website (<https://nhssurveys.org/surveys/survey/04-maternity/>). Please refer to this checklist when preparing the data throughout fieldwork to ensure all the checks are included in your data processing processes.

It is essential that the checks are carried out thoroughly. The Coordination Centre for Mixed Methods is not responsible for correcting any errors in the data. If errors are identified, the Approved Contractor or trust will be required to correct and resubmit the final data.

Having conducted the checks, please complete the Data Submission Checklist, including the contact details of two team members. The data checking form must be uploaded when submitting the data to the CCMM.

11.3 Submitting data

The completed Data Entry Spreadsheet must be submitted to the CCMM as a single file. It must include all anonymised sample information as well as the survey responses.

The Data Entry Spreadsheet should be submitted to the CCMM using the dedicated application programming interface (API). Final data **must not** be sent via email.

Following the final weekly monitoring report, the CCMM will provide you with details on how to submit your data files via the secure API.

12 Appendix – online survey guidelines

12.1 Introduction to online survey guidelines

This guidance is for any contractor wishing to **host their own online survey** as agreed with CCMM by 30 September 2020. If any of the requirements outlined in this chapter cannot be met, the central tool should be used. Use of any internal online tool is subject to sign-off from CQC that it can sufficiently replicate the format of the CCMM tool and provide all accessibility options.

If you would like to **use the central online survey tool** provided by the CCMM, please refer to chapter 5.4 of this document.

12.2 Requirements

For the 2021 survey, the set-up process for the online survey timetable will start in late October. There will be 2 phases of development:

- 1 **Scripting the English survey** – this will be the full questionnaire in English and will include all accessibility, formatting and design elements of the survey, with examples of each type of question (single code, multi code, free text).
- 2 **Scripting the translated versions of the survey** – all languages will be scripted at this stage

Inputs from the CCMM

The contractor will be provided with the following documentation by the CCMM to support with set up of the online survey:

- Guidance on set up and requirements (this document)
- Online questionnaire with routing and scripting instructions included
- Quality assurance declaration to be returned to the CCMM alongside links for sign off
- Translations
- NHS and CQC logos

Routes into the online survey

There are 3 routes into the online survey:

- **Using the link on the letters** - there is a link and online log in details provided in the survey invitation letters. These details are personalised for each respondent, so you can be sure who has taken part and remove them from future mailings. The link will follow this format: NHSmaternity.co.uk/QH (for Quality Health) and NHSmaternity.co.uk/PR (for Picker)
- **SMS reminder** – there is a link included in the SMS reminder which will be unique to that respondent. This will allow them to go straight into the survey without needing their log in details. The links for the SMS can be in any format but cannot exceed 35 characters and must be unique to that respondent. If respondents enter the survey through this route, they should be asked which language they would like to complete the survey in before proceeding to the main survey.
- **From the multilanguage sheet** – there will be specific links for each language included on the multi-language sheet. These will take the respondent to a version of the online survey that has been translated into their chosen language. This link should follow this format: NHSmaternity.co.uk/contractor identifier/language. For example NHSmaternity.co.uk/QH/Arabic.

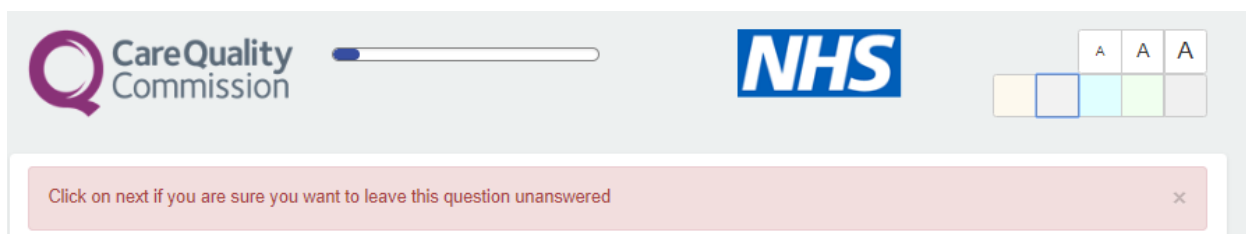
Log in details

The online log in details will be generated using the sample construction sheet when the sample is populated. The log in details must be a combination of the Patient Record Number and a five letter, upper case password.

The Patient Record Number will follow this structure: **ENNNNXXX**. **E** identifies a maternity survey respondent, **XXX** denotes trust code and **1111** will be a unique number for that respondent.

Non-response and navigation

Any question can be left blank by the respondent. The message below should be shown and the respondent will be allowed to move on if they click next.



Respondents are able to go back to previous questions and change their responses if required using the back button.

Para data

There are several metrics which will need to be collected for everyone who has entered the online survey:

- Time and date of survey access
- Mode of survey access (type of device used)
- Time and date of survey submissions
- Access mode – short or unique link
- Operating system for mobile devices – iOS, android etc
- Active participation in the survey – how long they were actively taking part in the survey, excluding breaks
- Drop out question for those who do not complete the survey
- Time and date of drop-outs
- Language the survey was completed in

The para data will be included in the Data Entry Spreadsheet to be submitted to the CCMM at the end of fieldwork. The CCMM will provide examples of this data from the pilot survey to support with set up of these variables.

Free text questions

For free text questions, a character count of 1000 should be included to show how many characters are available and how many respondents have used. It should not be possible to type more than the characters available, so respondents do not get frustrated.

Translations

The online survey will be offered in the 9 non-English languages listed below:

- Arabic
- Bengali
- French
- Gujarati
- Polish
- Portuguese
- Punjabi
- Spanish
- Urdu

The translations for these languages will be provided in an Excel format, which will include all translations in one document for all questions, respondent instructions and supporting text.

12.3 English online survey and functionality requirements

The English version of the online survey will need the full questionnaire content included, alongside accessibility and functionality requirements.

At this stage all content, design, accessibility, para data, formatting and log in screens should be scripted. This includes the following:

- All questions and survey content as per the online questionnaire document.
- Set up of the log in page, including a drop-down menu for languages.
- Mobile optimisation – the content of the screen should automatically adapt to the size of the screen on the device the respondent is using.
- Progress bar at the top of the page (after the log in screen)
- Accessibility:
 - o The ability to increase and decrease the font size. Exact sizes are included below to ensure consistency across all tools.
 - Smallest size: Question and headers 15.4 pixels, answer options 14 pixels
 - Medium size: Question and headers 19.8 pixels, answer options 18 pixels
 - Largest size: Question and headers 24.2 pixels, answer options 22 pixels
 - o The ability to change the colour of the screen behind the question text. The HEX and RGB codes for the colours are included below to ensure a colour match across online survey tools.

	HEX codes	RGB codes
Cream	HEX: #FDF9EE	RGB: 253,249,238
Light grey	HEX: #F2F2F2	RGB: 242,242,242
Light blue	HEX: #E0FFFF	RGB: 224,255,255
Light green	HEX: #F0FFEF	RGB: 240,255,239
Gray	HEX: #F0F0F0	RGB: 240,240,240

- o Screen reader functionality
 - Functionality where respondents can choose to leave a response blank if they wish- they should be prompted to confirm they would like to leave it blank
 - Set up of each route into the survey – via short link, language short links and unique links in SMS
 - Para data as outlined in section 12.2 above.

All of this functionality should be in place before the links are submitted to the CCMM for review.

12.4 Translated online survey

Once the English survey is signed off, the translations for the survey will be provided. There will be 9 non-English languages. The translations will be provided in excel format with all languages in one document.

12.5 Quality Assurance

Quality assurance documentation will be provided to contractors to submit to the CCMM along with the survey links for review at each stage.

There are several stages at which sign off by the Coordination Centre for Mixed Methods and CQC is required:

- **The online survey tool:**
 - Full English version, including all functionality
 - Full translated versions
 - Live version loaded with sample

- **The online survey data:**
 - First week of fieldwork – to check data is being captured correctly. This should be submitted to the Coordination Centre for Mixed Methods no more than 1 week after the first mailing is sent.
 - Mid-point of fieldwork – This should be submitted to the Coordination Centre for Mixed Methods no more than 1 week after the third mailing is sent.

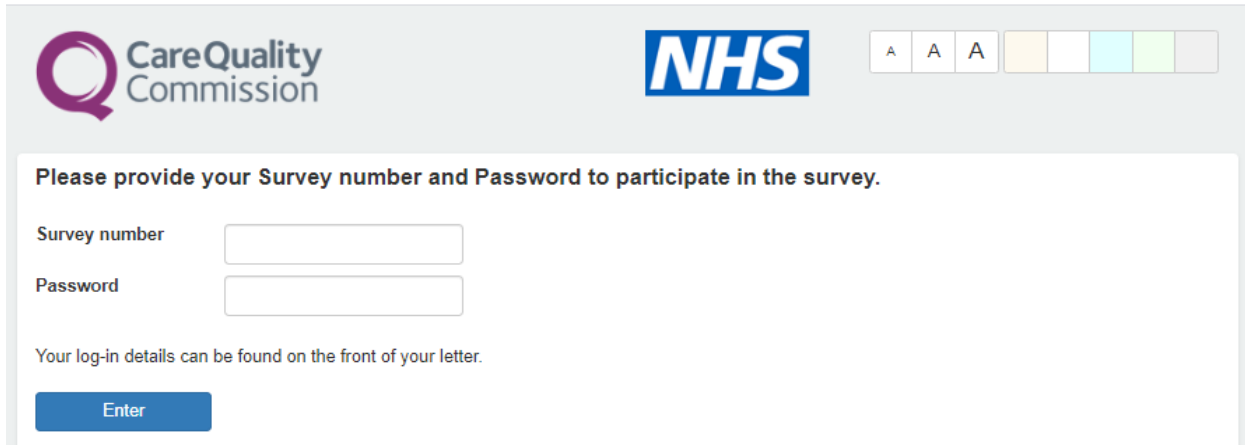
12.6 Timetable for development

Task Name	Start	Finish
Contractors English online survey		
Online questionnaire shared with contractors, with guidance and central version used for cognitive testing	Thu 05/11/20	Thu 05/11/20
Contractor online survey scripting	Fri 06/11/20	Thu 19/11/20
Checking of contractor online surveys	Fri 20/11/20	Thu 26/11/20
Contractors making amends based on feedback	Fri 27/11/20	Tue 01/12/20
CCMM sign off on contractor online surveys (before cog testing is finished)	Wed 02/12/20	Tue 08/12/20
Making updates after cognitive interview amends and checking	Tue 05/01/21	Fri 08/01/21
CCMM reviewing updates	Mon 11/01/21	Wed 13/01/21
Contractors making amends based on feedback	Thu 14/01/21	Mon 18/01/21
CCMM review and sign off	Tue 19/01/21	Wed 20/01/21
CQC to review and sign off	Thu 21/01/21	Fri 22/01/21
Contractors - translated versions		
Translations export shared with contractors	Tue 16/02/21	Tue 16/02/21
Contractors translating online survey and checking	Wed 17/02/21	Tue 23/02/21
CCMM review and feedback on translated versions	Wed 24/02/21	Mon 01/03/21
Contractors make updates	Tue 02/03/21	Thu 04/03/21
CCMM review and sign off	Fri 05/03/21	Tue 09/03/21

12.7 Example screenshots

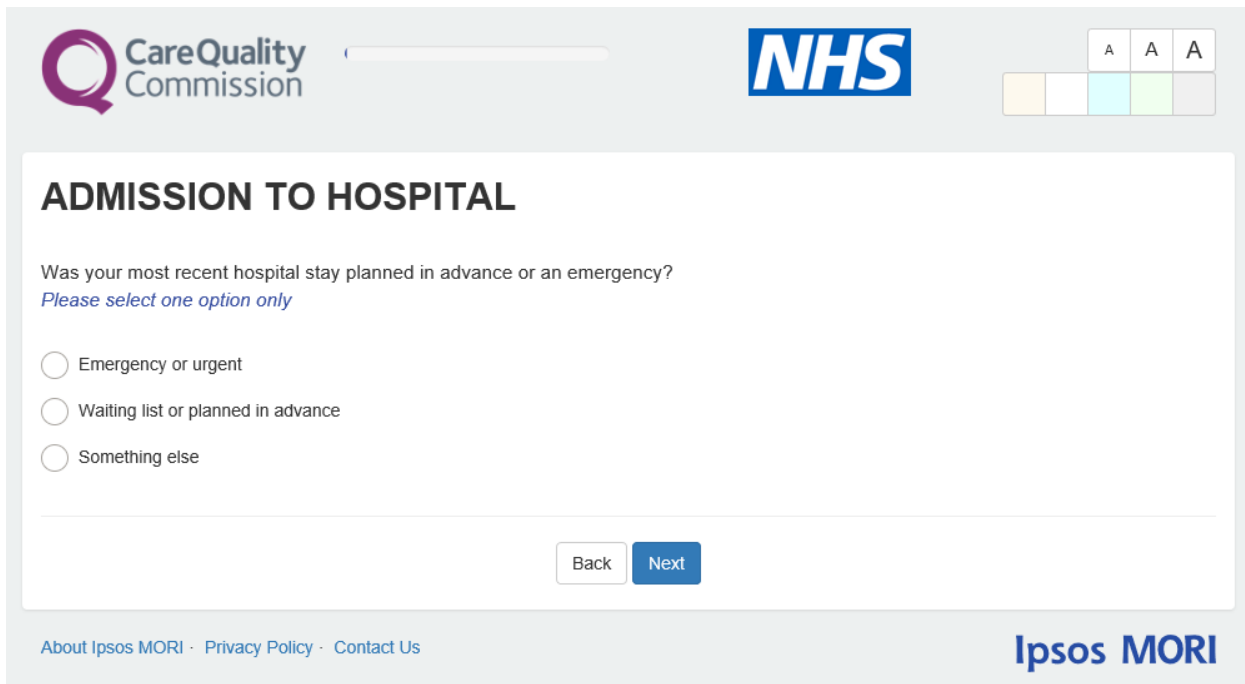
The below screenshots are intended as a guide only, test links will be provided to use as live examples for scripting purposes.

Example of the log in screen:



The screenshot shows the Care Quality Commission login interface. At the top left is the Care Quality Commission logo, and at the top right is the NHS logo. To the right of the NHS logo are three accessibility icons labeled 'A' and a row of five colored squares (yellow, white, cyan, green, grey). Below the logos, the text reads: "Please provide your Survey number and Password to participate in the survey." There are two input fields: "Survey number" and "Password". Below the fields, it says: "Your log-in details can be found on the front of your letter." At the bottom left is a blue "Enter" button.

Example of a question page:



The screenshot shows a survey question page. At the top left is the Care Quality Commission logo, and at the top right is the NHS logo. To the right of the NHS logo are three accessibility icons labeled 'A' and a row of five colored squares (yellow, white, cyan, green, grey). The main heading is "ADMISSION TO HOSPITAL". Below the heading, the question is: "Was your most recent hospital stay planned in advance or an emergency?" followed by the instruction "Please select one option only". There are three radio button options: "Emergency or urgent", "Waiting list or planned in advance", and "Something else". At the bottom center are two buttons: "Back" and "Next". At the bottom left, there are links: "About Ipsos MORI", "Privacy Policy", and "Contact Us". At the bottom right is the Ipsos MORI logo.

Example of a background colour change:

CareQuality Commission **NHS**

A A A

ADMISSION TO HOSPITAL

Was your most recent hospital stay planned in advance or an emergency?
Please select one option only

Emergency or urgent

Waiting list or planned in advance

Something else

[Back](#) [Next](#)

About Ipsos MORI · Privacy Policy · Contact Us **Ipsos MORI**

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/ipsosMORI>

About the Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.250 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.

Ipsos MORI

