# Survey method and information flow for the NHS Maternity Survey 2023

## Introduction

This document outlines the flow and handling process of the data requested for the 2023 NHS Maternity Survey.

**Stage 1**

- Trusts draw sample and submit to DBS for checking
- Trust completes the sample declaration form and sends to the Coordination Centre for Mixed Methods/their approved contractor
- Sample declaration is approved by the Coordination Centre for Mixed Methods
- File containing the sample and contact data is sent from the trust to the Coordination Centre for Mixed Methods/their approved contractor, who check and then send on to the Coordination Centre for Mixed Methods
- The Coordination Centre for Mixed Methods does their sample checks and approves the sample for fieldwork.

**Stage 1a**

- Trusts provide attribution data showing use of antenatal/postnatal care at the trust directly to the Coordination Centre for Mixed Methods.

**Stage 2**

- Questionnaires are sent via postal/SMS invites by the approved contractors/in-house trusts using the contact data

**Stage 3**

- Completed postal questionnaires are returned to approved contractors/in-house trusts.
- Approved contractors conducting their own online surveys will receive online responses directly. For in-house trusts and contractors using the Coordination Centre for Mixed Methods's online survey, online surveys will be sent to the Coordination Centre, who will provide barcode lists of respondents to the relevant organisations daily and raw data three times throughout fieldwork.
- Returned questionnaires are booked in by in-house trusts and approved contractors the using the sample file, and up to three reminders are sent to non-responders by cross-referencing the sample file with the contact file
- The approved contractors/in-house trusts enter the response data into the sample file to create a response file. The contact file is destroyed upon the completion of fieldwork.

**Stage 4**

- The response file is securely transfered by approved contractors/in-house trusts to the Coordination Centre for Mixed Methods.
- Anonymised data are analysed by the Coordination Centre for Mixed Methods

**Stage 5**

- Anonymised results are shared with trusts and published by CQC

# Stage 1: NHS trust draws the sample

Maternity patients are eligible for the survey if they are 16 years or older and had a live delivery in February (or January, if their trust had fewer than 300 eligible deliveries in February). Additionally, for the 2023 Maternity Survey, all patients from ethnic minority backgrounds[1] that had a live delivery in January or March are also eligible.

The initial core sample consists of at least 300 maternity patients either in February (and, where less than 300 eligible deliveries in February, counting back from the last day of January until 300 eligible births are included). Trusts which are able to draw a core sample from February births, should then additionally sample all patients from ethnic minority backgrounds that had a live delivery in January or March (referred to henceforth as the 'booster sample'). Trusts which sample back to January in order to achieve the minimum of 300 eligible deliveries should not follow that step.

The table below sets out the approach for sampling:

| | SAMPLE MONTH | | |
|---|---|---|---|
| | January 2023 | February 2023 | March 2023 |
| **Trusts with lower birth rates (fewer than 300 eligible persons who gave birth in February)** | All eligible service users | All eligible service users | Not applicable |
| **Trusts with a minimum of 300 eligible persons who gave birth in February** | All eligible service users from ethnic minority groups only | All eligible service users | All eligible service users from ethnic minority groups only |

Trusts are then advised to run a number of checks on the sample, including checking for duplicates, that all maternity patients are at least 16 years old, have sufficient name and address details, are not current inpatients or have subsequently died or been bereaved.

Trusts are then instructed to conduct checks via the Demographic Batch Service (DBS) to remove deceased maternity patients and cases where a baby has passed away since delivery. They should then reduce their core sample to either a census of births from February, or 300, counting back from the last day of January for additional maternity patients after all eligible February births are included.

This will result in a final file of maternity patients in one single file including the **sample data** (of the core and booster sample where applicable) and the **contact data**. Each maternity patient in the **sample** file will be assigned a unique identifier. Trusts are instructed to check the combined **sample** and **contact** file thoroughly. For trusts using an approved contractor, this combined file is then securely transferred to their approved contractor.

[1] All ethnicities with exception of White British, White Irish, any other White background, or Not stated.

Once the checks are complete, in-house trusts and approved contractors separate the files into the **sample data** and the **contact data** files. The only variables consistent across both files are the unique identifier and maternity patient postcode. The unique identifier enables two reminders to be sent to non-respondents. The **contact** file is encrypted and must be kept separately from survey responses so that personal information and survey responses are never linked.

The **sample data** file must then be securely transmitted to the Coordination Centre for Mixed Methods.

## Contact file contains:

- Trust code
- A unique identifier code, to be constructed as survey identifier, the whole number and the trust code:

e.g. ENNNNXXX where XXX is the trusts 3 digit trust code and NNNN is the 4 digit serial number relating to sampled patients, e.g., 0001, 1250)

- Title
- Initials or full name
- Surname
- Address
- Postcode (where available)
- Mobile phone number (where available)

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- Trust code
- A unique identifier code, to be constructed as survey identifier, the whole number and the trust code:

e.g. ENNNNXXX where XXX is the trusts 3 digit trust code and NNNN is the 4 digit serial number relating to sampled patients, e.g., 0001, 1250)

- Postcode
- Mobile phone identifier
- Mother's year of birth
- Mother's gender
- Mother's ethnic group
- Time of delivery

- Day of delivery
- Month of delivery
- Year of delivery
- Actual delivery place
- NHS Site code
- Booster sample variable

To be completed once questionnaires are returned/notification received:

- Day of questionnaire being received
- Month of questionnaire being received
- Year of questionnaire being received
- Day of online survey being completed
- Month of online survey being completed
- Year of online survey being completed
- Outcome of sending questionnaire (if returned questionnaire/opted out/undeliverable/ not eligible/not returned)
- Hard copy translation requested
- Comments (where additional information is provided during helpline call, such as where the patient has passed away)

# Stage 1a: Attribution data

During fieldwork, trusts are also asked to provide attribution data, which confirms whether maternity patients received antenatal and/or postnatal care at the trust. To do this, trusts take their final approved sample and add a small number of these **sample** variables to the attribution spreadsheet. The attribution spreadsheet has additional columns indicating whether the maternity patient received antenatal and/or postnatal care at the trust, and how this was derived (whether it was from electronic records or patient postcode). This file is then securely submitted directly to the Coordination Centre for Mixed Methods, using the same approach as adopted in 2022.

# Stage 2: Mailing

The in-house trusts/approved contractors will use the contact data to send the initial mailing and up to three postal reminders (plus SMS reminders) to non-responders.

# Stage 3: Data collection

The completed questionnaire is returned to the approved contractor or in-house trust – except where the Coordination Centre for Mixed Methods is managing the online survey. Where this is the case, online responses will be received by the Coordination Centre for Mixed Methods. Barcode files, including lists of the unique IDs that have completed the online survey for each trust will be shared with the relevant in-house trust or contractor on a daily basis. This will enable in-house trusts and contractors to keep a record of who has taken part, and ensure reminders are only sent to non-responders. Full responses will be shared with the relevant in-house trusts and contractors securely three times during fieldwork, to ensure that free-text comments can be reviewed and reporting processes set-up.

Once fieldwork is complete, all survey responses are then collated to create the **response** file. At this stage, the response file will contain **sample** data alongside the information provided by respondents. This will then be securely shared with the Coordination Centre for Mixed Methods.

Data cleaning is undertaken by the Coordination Centre for Mixed Methods.

The separate **contact** data must be securely destroyed by the in-house trusts/approved contractors upon completion of the survey.

# Stage 4: Data analysis

The Coordination Centre for Mixed Methods analyses the survey responses to provide comparative trust results, in the form of scores for each question, standardised by the age of respondents.

# Stage 5: Sharing the data

The findings of the survey – including trust and national level findings – will be shared with trusts and made publicly available on the CQC and NHS Surveys websites.