

SURVEY HANDBOOK

2025 NHS Maternity Survey

Last updated: February 2025

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# Section 1: About this handbook

This handbook details the processes involved in preparing and running the 2025 Maternity Survey. **The information contained in this handbook supersedes all previous versions of the handbook.**

The handbook is designed to be used by trusts delivering the survey in partnership with an approved contractor or for trusts delivering the survey in-house.

There are several documents that should be used in conjunction with this handbook. These are:

* [The Sampling Instructions](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), which contains detailed information about how the sample should be drawn.
* [The Sample Construction Worksheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), which is used by trusts to construct the sample of service users.
* [The Sample Declaration Form](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), which is used to confirm the sample has been drawn correctly before submission.
* [The Data Entry Spreadsheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), which is used to collate the final survey data.

The most recent versions of these [documents can be downloaded from the NHS surveys website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

If you have any queries about the contents of the handbook, please contact your approved contractor in the first instance (where relevant), or the Survey Coordination Centre (SCC) at Picker [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com).

# Section 2: Introduction

## The importance of service user feedback

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

"You have the right to receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences."[[1]](#footnote-2)

Furthermore, taking account of service users' views and priorities can lead to the delivery of real service improvements. It is therefore important that all NHS trusts give service users 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 service user 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 (CQC) programme of reviews and inspections.

## Overview of the Maternity Survey

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

The Maternity Survey has been conducted since 2007 and provides an opportunity for maternity service users to give feedback on their recent care experiences of NHS maternity services. In 2021, the Maternity Survey transitioned from a paper-based method to a mixed mode approach (where maternity service users are able to complete either an online or paper version of the questionnaire).

The 2025 Maternity Survey will be coordinated by the Survey Coordination Centre (SCC) based at Picker. Please note that the Survey Coordination Centre is a completely separate division at Picker from the approved contractor. View the [full list of CQC approved contractors](http://nhssurveys.org/approvedcontractors) on the NHS Surveys website.

## Uses of the Maternity Survey data

Information drawn from the questions in the 2025 Maternity Survey will be used within CQC’s performance monitoring tools and their inspections of maternity services across NHS trusts providing maternity services in England.

In addition to the performance assessment, CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data.

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

* Questions from the survey will be used within CQC’s performance monitoring tools and within CQC’s inspections of maternity services.
* It provides external stakeholders with data for performance assessment and quality improvement purposes.
* Published data from the survey allows for reliable comparisons between trusts.
* Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability.
* A number of survey questions contribute to the [NHS Outcomes Framework](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework), as well as the NHS England’s Three-year Delivery Plan Determining Success Measures and [National Maternity Indicators](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set/maternity-services-dashboard#%3A~%3Atext%3DNational%20maternity%20indicators%26text%3DThese%20indicators%20have%20been%20selected%2Corganisational%20culture%20and%20user%20experience) in the Maternity services dashboard — a broad set of indicators that are reflective of the whole maternity care pathway, using mainly annual data.
* The results are used by NHS England and the Department for Health and Social Care for performance assessment, improvement and regulatory purposes. The survey assists the monitoring of policy initiatives from both the NHS Long Term Plan for maternity services and Better Births – Improving outcomes of maternity services in England.

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 service user confidentiality.

# Section 3: Survey timetable

The following timetables detail the key dates for; approved contractors (Table 1); contractors hosting their own online survey or using the centralised online tool (Table 2); the trusts who are working with approved contractors (Table 3); and trusts who are delivering the survey in-house (Table 4). Please ensure that you refer to the relevant timetable.

Table 1. Timetable for Approved Contractors

|  |  |  |
| --- | --- | --- |
| 1. **Task** | 1. **Responsibility** | 1. **Date** |
| Release draft sampling materials (survey handbook, sampling instructions, sample construction worksheets and sample declaration forms) to contractors for feedback | SCC | 12th December 2024 |
| All draft sampling materials (survey handbook, sampling instructions, sample construction worksheets and sample declaration forms) to be shared prior to S251 approval | SCC | Early February 2025 |
| All final sampling materials (survey handbook, sampling instructions, sample construction worksheets and sample declaration forms) available on the website | SCC | 20th February 2025 |
| All draft public facing materials (cover letters, SMS texts, multilanguage sheet) and the questionnaire to be shared with contractors | SCC | 24th February 2025 |
| Final public-facing materials (cover letters, SMS texts, multilanguage sheet) and the questionnaire available on the website | SCC | 3rd March 2025 |
| Send PDF copies of the questionnaire, cover letter and SMS text to SCC | Approved Contractor | 10th March 2025 |
| Send hard copies of the questionnaire, cover letter and SMS to SCC | Approved Contractor | 25th March 2025 |
| Submit sample data to the SCC | Approved Contractor | 3rd March – 17th April 2025 |
| Fieldwork starts | Approved Contractor | 22nd April 2025 |
| Deadline to have 85% of trust in field and 95% of samples signed off | Approved Contractor | 19th May 2025 (4 weeks after fieldwork starts) |
| Submission of scanned questionnaires | Approved Contractor | 6th June 2025 |
| Send interim data to SCC | Approved Contractor | 20th June 2025 |
| Fieldwork ends | Approved Contractor | 15th July 2025 |
| Send final data to SCC | Approved Contractor | 18th July 2025 |

Detailed timings for the development of the online survey are outlined below, if there are likely to be challenges with meeting these timings this should be flagged at least 10 days in advance to the SCC.

Table 2. Timetable for contractors hosting their own online survey or using the centralised online tool

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task | Responsibility | Start | Finish | |
| **English online surveys** | | | | |
| Updated English online survey, QA documentation and change log shared with contractors | SCC | 24th February 2025 | | 24th February 2025 |
| SCC submits English **centralised** online tool to CQC | SCC | 27th February 2025 | | 27th February 2025 |
| CCQ to sign off English **centralised** online tool | CQC | 6th March 2025 | | 6th March 2025 |
| Send English online survey to SCC | Approved Contractors | 7th March 2025 | | 7th March 2025 |
| SCC to review English online survey from Approved Contractors | SCC | 10th March 2025 | | 11th March 2025 |
| Amends made by contractors (English versions) | Approved Contractors | 12th March 2025 | | 14th March 2025 |
| SCC to sign off English online survey and send to CQC for testing | SCC | 17th March 2025 | | 18th March 2025 |
| CQC to test English online survey | CQC | 19th March 2025 | | 20th March 2025 |
| Final amends made by contractors to online survey (English versions) | Approved Contractors | 21st March 2025 | | 25th March 2025 |
| English version of online survey signed off by CQC | CQC | 26th March 2025 | | 27th March 2025 |
| **Translated online surveys** | | | | |
| Translations shared with contractors | SCC | 13th March 2025 | | 13th March 2025 |
| SCC submits centralised online survey tool (translated versions) to CQC | SCC | 17th March 2025 | | 17th March 2025 |
| CQC sign off on centralised online survey tool (translated versions) | CQC | 24th March 2025 | | 25th March 2025 |
| Submit online survey (translated versions) to SCC | Approved Contractors | 1st April 2025 | | 1st April 2025 |
| SCC to review online survey (translated versions) | SCC | 2nd April 2025 | | 3rd April 2025 |
| Amends made by contractors (translated versions) | Approved Contractors | 4th April 2025 | | 7th April 2025 |
| SCC to sign off translated online surveys and send to CQC for testing | SCC | 8th April 2025 | | 8th April 2025 |
| CQC to test translated online surveys | CQC | 9th April 2025 | | 10th April 2025 |
| Final amends made by contractors to online survey (translated versions) | Approved Contractors | 11th April 2025 | | 14th April 2025 |
| Translated versions of online survey signed off by CQC | CQC | 15th April 2025 | | 15th April 2025 |

Table 3. Timetable for trusts working with an Approved Contractor

|  |  |  |
| --- | --- | --- |
| 1. **Task** | 1. **Responsibility** | 1. **Date** |
| 1. Dissent posters available on the website | 1. SCC | 1. 6th December 2024 |
| 1. Display dissent posters within Trust | 1. Trust | 1. February 2025 and 2. January 2025 for smaller trusts |
| 1. Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | 1. Trust | 1. December 2024 |
| 1. Provide SCC with contact details of project team | 1. Trust | 1. 13th January 2025 |
| 1. Trust Webinar (2) | 1. SCC | 1. 11th February 2025 |
| 1. Start drawing your sample | 1. Trust | 1. 3rd-31st March 2025 |
| 1. Completed sample declaration form to be signed by Caldicott Guardian | 1. Trust | 1. To be confirmed by approved contractor |
| 1. Submit sample declaration form to Approved Contractor | 1. Trust | 1. To be confirmed by approved contractor |
| 1. Submit sample to Approved Contractor | 1. Trust | 1. To be confirmed by approved contractor |
| 1. Fieldwork starts | 1. Approved contractor | 1. 22nd April 2025 |
| 1. Deadline for submitting attribution data to SCC | 1. Trust | 1. 6th June 2025 |
| 1. Fieldwork ends | 1. Approved contractor | 1. 15th July 2025 |
| 1. **In-house trusts only** – send interim data to SCC | 1. In-house trusts | 1. 20th June 2025 |
| 1. **In-house trusts only** - Send final data to SCC | 1. In-house trusts | 1. 18th July 2025 |

Table 4. Timetable for trusts delivering the survey in-house

|  |  |  |
| --- | --- | --- |
| 1. **Task** | 1. **Responsibility** | 1. **Date** |
| 1. Dissent posters available on the website | 1. SCC | 1. 6th December 2024 |
| 1. Display dissent posters within Trust | 1. Trust | 1. February 2025 and 2. January 2025 for smaller trusts |
| 1. Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | 1. Trust | 1. December 2024 |
| 1. Provide SCC with contact details of project team | 1. Trust | 1. 13th January 2025 |
| 1. Trust webinar (2) | 1. SCC | 1. 11th February 2025 |
| 1. Send completed statement of compliance to SCC | 1. Trust | 1. 6th February 2025 |
| 1. Final sampling materials (survey handbook, sampling instructions, sample construction worksheets and sample declaration forms) available on the website | 1. SCC | 1. 20th February 2025 |
| 1. Final public-facing materials (cover letters, SMS texts, multilanguage sheet) and the questionnaire available on the website | 1. SCC | 1. 3rd March 2025 |
| 1. Send PDF copies of the questionnaire, cover letter and SMS text to Survey Coordination Centre | 1. Trust | 1. 10th March 2025 |
| 1. Send hard copies of the questionnaire, cover letter and SMS to Survey Coordination Centre | 1. Trust | 1. 24th-25th March 2025 |
| 1. Sample to be drawn and checked | 1. Trust | 1. 3rd-31st March 2025 |
| 1. Completed sample declaration form to be signed by Caldicott Guardian | 1. Trust | 1. Between 3rd-27th March |
| 1. Submit sample declaration form to SCC | 1. Trust | 1. Between 3rd-31st March |
| 1. Submit sample data to the SCC | 1. Trust | 1. By 17th April 2025 |
| 1. Fieldwork starts | 1. Trust | 1. 22nd April 2025 |
| 1. Deadline for submitting attribution data to SCC | 1. Trust | 1. 6th June 2025 |
| 1. Send interim data to SCC | 1. Trust | 1. 20th June 2025 |
| 1. Fieldwork ends | 1. Trust | 1. 15th July 2025 |
| 1. Send final data to SCC | 1. Trust | 1. 18th July 2025 |

\*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the SCC, the sample has been loaded into the online survey and the DBS checks are in date.

# Section 4: Survey requirements



## Data protection and confidentiality

This survey has been awarded [approval under Section 251 of the NHS Act 2006.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/)

Any suspected breach of Section 251 approval by your trusts should be raised with your approved contractor, or the SCC, 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 you comply with the General Data Protection Regulation ([GDPR](https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr)) in providing survey respondent information and [ensure that all responses are kept confidential.](http://nhssurveys.org/survey-instructions/data-protection-and-confidentiality/) 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.

**General Data Protection Regulation (GDPR)**

Changes in the law governing the management and use of patient data went into effect 25th May 2018 (known as the GDPR). The Data Protection Act 1998 is the UK’s implementation of [the GDPR and outlines how personal data should be managed by organisations](https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance).

If your trust has implemented operational changes as a consequence of the GDPR and you think these changes will impact how you sample and how you share data, please contact the Survey Coordination Centre: [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com) or call us at 01865 208 127



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 SCC no later than **6 February 2025**. This is to confirm that data shall only be displayed, reported, or disseminated in compliance with guidelines outlined in the Survey Handbook.

**In-house trusts** also need to comply with the [NHS Code of Practice on Confidentiality](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf), which incorporates the [Caldicott eight principles](https://www.ukcgc.uk/manual/principles). You should take particular care to ensure that your use of service user data in carrying out the survey complies with these eight principles. You should be aware of the flows of service user data, and the issues which these present. If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place, we ask you that you get in touch with the SCC.

**National Data Opt-out Programme**

The [National Data Opt-out Programme](https://digital.nhs.uk/services/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 2025 Maternity Survey will continue to operate separate opt-out mechanisms as described in the [Sampling Instructions](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/). This means that service users do not have to actively consent to their data being used for the purpose of these surveys.

However, if service users choose to specifically opt-out of the 2025 survey, their wishes should be respected. [Dissent posters](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) 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.



## Data Security and Protection Toolkit

All organisations that have access to NHS service user 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 the [data security and protection toolkit web page](https://www.dsptoolkit.nhs.uk).

## Ethics

NHS organisations in England follow a [process of seeking approval to undertake research.](http://www.hra.nhs.uk/research-community/before-you-apply/) Although the NPSP is considered a service evaluation and therefore does not require approval, every survey within the programme usually applies for ethical approval to comply with best practice.

All elements of the 2025 Maternity Survey, including the approach and the materials, will be reviewed by an independent ethics panel. Organisations will be informed once ethical approval has been granted, so that sampling can commence.

## Research governance requirements

The [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-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. CQC has produced [a table that sets out the responsibilities of organisations providing care](https://nhssurveys.org/survey-instructions/ethical-issues-ethics-committees-and-research-governance/) and the arrangements made by CQC for patient surveys.

# Section 5: Changes to the survey

The questionnaire and materials were reviewed to ensure they reflect any new policies or changes in the way maternity services are delivered, to identify any areas that are no longer relevant, and to incorporate feedback and learnings from the 2024 survey. Priority areas from the 2024 survey were explored to see whether they remain priorities for 2025. New questions were also explored to see whether they are fit for purpose. The table below details changes made to the 2025 survey.

Table 5. Changes to the Maternity Survey in 2025

|  |  |
| --- | --- |
| 1. **Change** | 1. **Rationale** |
| 1. Questionnaire changes | 1. B1 on who the first health care professional service users spoke to when they found out they were pregnant has been removed due to this information being available to trusts elsewhere and to prioritise the addition of new questions. 2. B2 about how many weeks pregnant a service user was when they first spoke to a healthcare professional when they thought they were pregnant has been removed due to this information being available to trusts elsewhere and to prioritise the addition of new questions. 3. The response options for B3 (now B1) about whether service users were offered a choice about where to have their baby have been updated to include a definition of ‘birth centres’: ‘e.g. midwife-led units for low-risk pregnancies in a homely environment. Can be in the same building or separate from a hospital labour ward’. This is to provide clarity to service users about what a birth centre is to help with the accuracy of answers. 4. C5 about being involved in the decision to be induced has been replaced with a question about whether service users were given information about all the options that were available to them (induced labour, increased monitoring, planned caesarean, not being given the information, having no options due to medical reasons or not knowing / not being able to remember). This is based on NHSE feedback that service users would not know their options if they were not told. This means that they may answer ‘Yes’ if asked about informed decision making or being involved in the decision to be induced, when they may not have actually been given the information. By being explicit about what the alternatives are, it can be determined whether their options were explicitly discussed with them. 5. B19, B20 and B21 (triage questions) have been moved to a new ‘Triage: Assessment and Evaluation’ section (section F) (to follow section E ‘Feeding Your Baby’). The definition of triage has been updated to include concerns arising during postnatal care to reflect stakeholder feedback on availability of triage services after birth and to align it with the Royal College of Obstetricians and Gynaecologists’ guidance on maternity triage. Wording has been added to reflect prioritisation of the urgency of concerns, and updating the concerns described to include pain. Reference to blood pressure and pre-term labour have been removed. Reference to ‘Assessment Unit’ has also been removed from the definition to differentiate between maternity triage pathways and assessment unit pathways. The following questions have been changed/added to reflect requests by stakeholders to differentiate between telephone and face-to-face triage:  * F1 (previously B19) asks about whether service users went through triage and has an updated question stem to reflect the new definition. * F2 (previously B20) now asks service users whether they got the advice they needed when they contacted a telephone triage line, instead of asking whether concerns were taken seriously. * F3 (new) asks service users who attended face-to-face triage about whether the midwife or doctor they spoke to listened to them.  1. The following question has been updated to better capture service user perceptions of their experience:  * F4 (previously B21) asks how service users *felt* about the length of time they waited before being seen by a midwife, as opposed to the amount of time they waited in minutes.  1. To make sure that service users answer relevant questions about the type of triage they used (if any), routing has been added to this section accordingly. 2. The ‘You and Your Household’ descriptor text has been updated for the neonatal question to reference ‘further observation’ as opposed to ‘feeding support’. This is because feeding support should be offered to all maternity service users after birth. The heading has also been updated to be ‘About You’ based on stakeholder feedback as to why the heading mentions ‘household’ when questions are about ‘you’. This also now matches and to match other surveys on the programme. 3. G1 (now H1) now asks about whether a service user’s ‘baby or babies’ received neonatal care, as opposed to their ‘baby’. This is to better reflect multiple births. |
| 1. Sample variable changes | In 2024, seven columns were added to the following new variables to allow for up to seven babies per birth:   * Neonatal care * Full date of birth of baby / babies * NHS number of baby / babies   Based on trust and contractor feedback, and no multiple births exceeding four in the 2024 Maternity Survey, this will be reduced to five columns for 2025, to cover up to five babies being born at one time. |

During the questionnaire development process, NHSE and CQC stakeholders, trust representatives, and maternity service users were invited to provide their opinions and experiences. All revisions to the questionnaire were cognitively tested with recent service users to ensure comprehension and relevance. As a result, the questionnaire has been updated to ensure the content reflects the way in which maternity services are delivered and asks the right things in the right way (in line with current policy and practice).

The final version of the questionnaire will be available in late February 2025. Overall, five questions (B1, B2, B20, B21, C5) were removed from the 2025 Maternity Survey following feedback from stakeholders indicating that trusts have already had access to the information gathered by these questions. Additionally, four new questions (C5, F2, F3, F4) were added, five questions (B3 (instructional text), (B1 (B3 in 2024), (F1 (B19 in 2024), H1 (instructional text), H14), were amended to align with priority areas on current policy and practice guidelines, and four questions were amended to improve punctuation (B12, G14, G15, G16).

# Section 6: Managing the survey

This section outlines the key stages involved managing the survey, including drawing and submitting a trust sample as well as submitting attribution data for service users that received their antenatal and / or postnatal care from your trust. Detailed explanations of each of these stages are provided within the [Sampling Instructions](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

Figure 1. Key stages to draw and submit sample.



## Setting up a project team

We recommend you [set up a survey team](http://nhssurveys.org/survey-instructions/setting-up-a-project-team/) in your trust to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on service users’ experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust’s systems. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process. It is also 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.

If there are any changes to the project team from previous years, please inform the SCC at [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com).

As timing is crucial in implementing the survey, you might want to map planned leave of the members of the project team 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 SCC 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

## Displaying dissent posters

It is a requirement as per [Section 251 approval](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) that your trust advertises the upcoming survey during the sampling period. This is done by putting up [dissent posters](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) in all the relevant places. 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 English and the 22[[2]](#footnote-3) most commonly spoken languages in England. Trusts should display the posters most relevant to their own service user populations.

Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 February until 28 February 2025. **Trusts with lower birth rates who are drawing ‘core’ samples from January and February deliveries, will be required to display the posters during** **January to February**.

## Informing 16-17-year-olds about the survey

Throughout the sample month, trust staff (usually midwives) must inform all 16- and 17- year-olds who give birth in their trust about the Maternity Survey and give them details on how to opt out if they so wish. The 16–17-year-olds leaflet is provided for this purpose. The leaflet can be found on the [NHS Surveys website](https://nhssurveys.org/surveys/survey/04-maternity/), alongside a briefing note with more detailed information regarding this leaflet and how it should be used.

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-olds 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 2024 sample data showed that there was on average one maternity service user 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 when they are being discharged from hospital (or in the case of home births, at a time considered most appropriate following the birth).

## Compiling a list of service users

You are required to follow the [sampling instructions](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) published for this survey. The core sampling eligibility criteria is consistent with previous years of the survey, with the main sampling month of February 2025. The exception is trusts with lower birth rates who already sample back to January – their core months will be January and February.

If an error in sampling is detected, queries will be raised, and you may be required 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. A shorter fieldwork period could impact on response rates as previous research has shown that any delay entering fieldwork can have an impact on demographic groups (such as those from non-white ethnic categories) who tend to take longer to respond to surveys.

If you have any questions regarding the eligibility criteria or how to draw your sample, be sure to contact your Approved Contractor or the SCC in plenty of time before drawing your sample and / or the deadline for submitting the sample.

Please ensure you provide service users’ mobile numbers, as this allows us to send SMS reminders. The Section 251 approval grants “the legal basis to allow access to the specified confidential service user information without consent.” This allows for trusts to provide details like service users’ postal addresses and applies to mobile numbers too.

Two members of staff from SCC will be included in the sample for each in-house trust and contractor. This will enable SCC 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.

## Conducting DBS checks

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

If there is more than two weeks between the DBS check and the first mailing, additional local and DBS checks must be conducted.

Before mailing two, a local check **must** be completed (unless your contractor is running DBS checks on your behalf), and we would recommend doing another DBS check. Before mailing three and mailing four, another local check **must** be conducted (unless your contractor is running DBS checks on your behalf), and we would recommend doing another DBS check. Please ensure you read the [sampling instructions](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) carefully on how the file is submitted to DBS and how deceased service users are removed.



**Contractors running DBS Checks**

**on behalf of trusts**

Some contractors have the capability of running DBS checks during fieldwork on the trusts’ behalf. This removes the requirement for trusts to run DBS checks ahead of mailings two, three and four. However, trusts are required to run local checks ahead of mailings two, three and four. **Trusts are still expected to run the initial DBS checks when drawing the initial sample.**

**Please contact your contractor to discuss this further.**

Please contact your contractor to discuss this further.

Table 6. DBS and local checks requirements

|  |  |
| --- | --- |
| **DBS & local checks requirements** | |
| Before mailing 1 | Local checks **AND** DBS checks at the time of drawing your sample **(This must be conducted by the trust).**  (further deceased checks may be needed if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1 – this can be conducted by your contractor if they have the capability). |
| Before SMS 1 | No checks. |
| Before mailing 2 | Local checks **AND** DBS checks.  DBS checks can be conducted by your contractor if they have the capability. However, trusts are still required to run local checks.. Please check with your contractor. |
| Before SMS 2 | No checks. |
| Before mailing 3 (Letter & Questionnaire) | Local checks **AND** DBS checks.  DBS checks can be conducted by your contractor if they have the capability. However, trusts are still required to run local checks. Please check with your contractor. |
| Before mailing 4 | Local checks **AND** DBS checks.  DBS checks can be conducted by your contractor if they have the capability. However, trusts are still required to run local checks. Please check with your contractor. |
| Before SMS 3 | No checks. |

Your sample should only be used for the purposes of distributing the described protocol of invitation, reminder letters and reminder SMS for the Maternity Survey. This is because the sample collated for the 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.

## Submitting your sample file

Before [submitting your sample file](http://nhssurveys.org/survey-instructions/submitting-samples/), you must complete the [sample declaration form](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is required to sign off on the form. Please provide your Caldicott Guardian with advanced notice of this requirement to avoid delays in the sign-off process.

Your completed sample declaration form should be submitted (copying in the Caldicott Guardian) and approved prior to sending your sample data. [Your sample file must be transferred over a secure encrypted link](http://nhssurveys.org/survey-instructions/submitting-samples/), meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected (unless your contractor uses a file transfer site with inbuilt encryption).

**DATA SHOULD NEVER BE SENT VIA EMAIL AS THIS WOULD CONSTITUTE A BREACH OF SECTION 251 APPROVal.**

**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. Your sample data and mailing data should be submitted all in one file to your approved contractor **via their secure transfer site.**

Following receipt of the sample from trusts, contractors will conduct additional checks and separate out the sample data from the mailing information.

**If you are delivering the survey in-house or you are an approved contractor**: In-house trusts and approved contractors are to submit their samples to the SCC using a secure online sample checking 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.

## Submitting your attribution data

The attribution data identifies maternity service users that received their antenatal and / or postnatal care from your trust.

The attribution data file is submitted **after** the original sample has been approved. This is because there are often delays associated with the final data being available. It does not need approval before mailings begin, so does not need to delay fieldwork, and because it needs to be submitted directly to the SCC, rather than to an approved contractor.

**The attribution data file must be submitted by 6 June 2025 and should be** [**transferred over a secure encrypted link**](https://nhssurveys.org/survey-instructions/submitting-samples/)**,** meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected. (

More detailed instructions relating to the attribution data as well as the submission spreadsheet are available separately from the [NHS Surveys Website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

# Section 7: Fieldwork preparation

This section 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 throughout this section.

Figure 2. Key stages to prepare for fieldwork

You 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.](http://nhssurveys.org/survey-instructions/implementing-the-survey-the-practicalities/)



## Setting up freepost address and PO box

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

**Setting up a freepost address** - The freepost address will allow participants to return completed questionnaires at no cost to themselves. After the licence 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.

**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.

## Length of fieldwork

The fieldwork period is 13 weeks. It is important that your trust enters fieldwork on time to maximise response rate and responses from younger service users and service users from ethnic minority backgrounds. [Previous research](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2007/f) shows that these populations take longer to respond.

The best way to optimise the length of available fieldwork is:

1. To map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.
2. To inform the SCC and your contractor immediately of changes of survey lead.
3. To ensure that you generate your sample promptly - within the recommended sample checking period.
4. Please note that you might need to resubmit the sample following queries from the SCC. This should be considered when planning your sampling.
5. Respond to queries as quickly as possible to avoid unnecessary delays.
6. Adhere to the [key dates](#_Section_3:_Survey_1) listed above.

## Prepare the survey materials

The SCC will provide electronic versions of all survey materials on the [NHS surveys website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/). These materials have been designed to meet best-practice guidelines and have been extensively cognitively tested with service users to ensure maximum engagement and comprehension. Furthermore, they have been approved by Section 251 and ethics.

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

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

### Paper questionnaire

1. The questionnaire template will be provided by the SCC. The template is provided in a Word document which can be edited if needed. 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.

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

### Invitation and reminder letters

1. Invitation and reminder letters should be printed on each trust’s letterhead paper. There is a different letter for each mailing.
2. Do 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.
3. At this point, approval of PDF and hard copies of all materials must be sought from SCC (see [section 7.4](#_Printing_the_survey) for more information).

### Multilanguage sheet

The online survey will be translated into nine non-English languages that are most frequently spoken in the UK. The multilanguage sheet, which should be included in all mailings, includes a link and a QR code 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

## Printing the survey materials

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

Table 7. Print specification

|  |  |  |
| --- | --- | --- |
| 1. **Material** | 1. **Specification** | 1. **Personalisation details** |
| 1. Letters | * A4 * 1 page * 2 sided * Colour * Personalisation to front and back | 1. Letters are personalised according to trust, contractor and respondent level information.The letter must be personalised with the service user online survey log-in details and QR code. |
| 1. Multi-language sheet | * A4 * 1 page * 2 sided * black and white * No personalisation | 1. 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 and QR codes. No service user level personalisation is required. |
| 1. Paper Questionnaire | * A4 * 4-page booklet * 2 sided * Colour * Personalisation to front and back covers | 1. 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. |
| 1. Freepost return envelope | * Black and White * No personalisation | 1. Freepost envelopes will be personalised for each contractor and in-house trust to reflect the address completed questionnaires should be sent to. No service user level personalisation is required. |
| 1. Outer envelope | * Black and White * No personalisation | 1. 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. |

## Implementing the online survey

1. **This section is for Approved contractors and in-house trusts only.**
2. Respondents can now choose whether they would like to complete the survey online or using the paper questionnaire. Based on the results from 2024, we anticipate that almost 90 per cent of responses to the survey will be completed online, rather than by paper.
3. There are two options available for the provision of the online survey to service users:
4. Using a central online survey tool provided by the SCC.
5. Contractors may provide their own online survey tool if preferred. This is on the basis that it meets the requirements set out in the [Online Tool Specification](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

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

### Guidance for those using the Survey Coordination Centre’s central online survey tool

There are four 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 which service users have taken part and their removal from future mailings. The link will follow this format: nhsmaternity.co.uk/login
* **QR codes**: QR codes should be included within the survey invitation letters. Each respondent has the option to scan the QR code which will take them directly to the online survey, without needing their log-in details.
* **SMS reminder**: there is a shortened URL included in the SMS reminder that is unique to each service user. This will allow service users to access the survey directly without needing their log-in details.
* **Using the URL or QR code provided on the multi**-**language sheet:** there are separate links for each language provided on the multi-language sheet which will take service users to a translated log-in page in their chosen language. QR codes will also be included next to the nine languages offered online which should take service users to a translated log-in page in their chosen language.

The online log-in details will be generated by the [sample construction sheet for central online tool](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) 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 the service user access.

**Do not send a mailing unless you have confirmation from the SCC that your sample has been loaded into the online survey as service users will not be able to access it.**

The online survey will be made live on **Monday 15 April 2025** to allow trusts whose samples have been signed off to begin fieldwork early.

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.

## Quality Assurance of survey materials

**In-house trusts and approved contractors** are required to submit PDF and hard copies of the survey materials to the SCC before any mailings take place. The deadline for providing these is included in the [timetable section.](#_Section_3:_Survey_1) 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.

Members of staff from SCC will be included in the sample for each in-house trust and contractor. This will enable the SCC 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.

## 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 service users’ 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](https://nhssurveys.org/survey-instructions/publicising-surveys/).

Complementary documents will be shared with your trust before and during fieldwork to help you raise awareness of the survey, boost engagement and response rates to your survey. These are:

* **Press Release template,** which explains the purpose, value of participation, how to participate and what happens to the feedback. We welcome your trust to add to this template to explain how your trust will use the data or what actions have previously been taken as a result of the survey.
* **Social Media Cards,** which provide information about the purpose, value and dates of the survey, these can be shared on your social media platform, such as Facebook, X (formerly Twitter) and LinkedIn.
* **Website banners,** will accompany the social media cards that organisations could add to their website or use on social media channels. The banners will contain a short, condensed version to highlight awareness of the survey.

In addition, it is a requirement as per [Section 251 approval](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) that your trust advertise the upcoming survey during the sampling period. This is done by putting up [dissent posters](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) in all the relevant places (e.g. maternity wards, waiting areas, trust website etc.). The poster is available in the 22 most commonly spoken languages in England. Trusts should display the posters most relevant to their own service user populations.

A separate [16-17 year olds information leaflet](https://nhssurveys.org/wp-content/surveys/04-maternity/02-survey-materials/2025/MAT25%2016-17-year-olds%20leaflet.docx) has also been produced that trusts should share with all service users who are aged 16 or 17 years old when they give birth. The aim is for the members of staff to raise awareness of the survey, to briefly discuss it with individuals (if necessary) and refer individuals to the helpline or email address provided, if they have any queries or concerns. Service users have the opportunity to give dissent if they wish to opt out from taking part.

# Section 8: Conducting fieldwork

This section outlines the **steps to be taken by Approved Contractors and in-house trusts** from the first mailing onwards. The key steps to be undertaken are outlined in the diagram below and detailed within the section.

Figure 3. Key stages to conduct fieldwork

1st mailing

Send SMS

DBS and local checks

2nd mailing

DBS and local checks

Send SMS

3rd mailing

Weekly monitoring

Review open-ended comments

Process paper questionnaires (after third mailing)

Process returned paper questionnaires (fourth mailing onwards)

DBS and local checks

4th mailing

Send SMS

*\*DBS checks can be conducted by contractors if they have the capability, however, trusts are required to run local checks.*



## Mailing protocol

The following table outlines the mailing protocol to be followed. This approach has been developed to maximise the proportion of service users 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.

Please ensure DBS and local checks are provided in plenty of time to send the mailings on time. Contractors and trusts should work together to agree dates for these in advance of fieldwork start.

**After the initial full DBS check, trusts may have the option of allowing their contractor to conduct the DBS checks on their behalf, this depends on contractor access to the DBS. Please liaise with your contractor.**

Table 8. Mailing protocol

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact** | **Type** | **Content of contact** | **Calendar days from first mailing** | **Example of mailing day** |
| 1 | Postal | Invitation letter with URL and QR code for online survey  Multi-language sheet with QR codes | 0 | Tuesday |
| 1.1 | SMS | SMS reminder (if phone number available) | 3 | Friday |
| 2 | Postal | Reminder letter with URL and QR code for online survey  Multilanguage sheet with QR codes | 14 | Tuesday |
| 2.1 | SMS | SMS reminder (if phone number available) | 17 | Friday |
| 3 | Postal | Reminder letter with URL and QR code for online survey  Paper Questionnaire  Freepost return envelope  Multilanguage sheet with QR codes | 28 | Tuesday |
| 4 | Postal | Reminder letter with URL and QR code for online survey  Multilanguage sheet with QR codes | 42 | Tuesday |
| 4.1 | SMS | SMS reminder (if phone number available) | 45 | Friday |

## 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. The SMS reminders will arrive three calendar 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 was developed through cognitive testing with maternity service users prior to the 2021 Maternity Survey and the timings were reviewed as part of the development process for the 2023 Maternity Survey.

There will be three SMS reminders sent – the first three calendar days after contact 1, the second three calendar days after contact 2 and the third three calendar days after contact 4.

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

**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 content and sender name will be provided by the SCC and will be available on the [NHS Surveys website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/). This guidance must be followed.

Each SMS will be personalised for each service user, 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 will be a contact phone number provided. This should be the phone number of the helpline provided for service users who will receive this survey. It will not be possible for service users to reply to the SMS reminder.

**Note for approved contractors and in house trusts – if it will help with processing respondent comms, you may add the survey ID number to the SMS which is sent. Please see the SMS guidance on the survey website for more information and exact text to include.**

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.

## 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 and local check on the full sample[[3]](#footnote-4). If anyone has requested to be opted out of further reminders, they should also be removed.

On the day of the mailing, the DBS and local check should aim to be no more than 2 weeks old. If the check expires before the mailing is sent, a local check should be undertaken before the mailing begins.

Table 9. DBS protocol

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

## Weekly monitoring (for contractors and in-house trusts)

Contractors and in-house trusts are required to submit a monitoring report to SCC each week during fieldwork. This will allow the SCC and CQC to monitor response rates and volume of service user communications. Uptake of accessible options is supplied by in-house trusts and contractors at the end of fieldwork, which will then be reviewed by SCC and CQC.

These reports should follow the template provided on the [NHS Survey Website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) and be submitted each Thursday during fieldwork by 12 noon once fieldwork has started. The first report is due on 24April 2025. Please send reports to maternity@surveycoordination.com, using the file naming format “MAT25\_Weekly monitoring report\_DATE\_CONTRACTOR”.

Please note that if the first mailing is sent in advance of the 22 April, weekly monitoring reports must be sent to the SCC from the first Thursday of fieldwork. For example, if the first mailing is sent on 14 April, the first weekly monitoring report should be sent on 24 April.

## Reviewing open-ended comments

It is strongly recommended that all free text comments are reviewed by approved contractors and in-house trusts 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.”*

## Processing returned paper questionnaires

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

**If conducting the survey in-house,** when questionnaires are received, match up the Patient Record Number (PRN) against the list of service users so that you can record (in the outcome column of your ‘sample file’) which service users have returned questionnaires 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 until further notice – but do not send these to the SCC unless requested.

If a questionnaire is returned with the PRN removed, please enter the response information in an additional row at the bottom of the data file when submitting it to the SCC.

## Asking participants about re-contact

Since 2024, there has been a question which asks participants about whether they are happy for their responses to be linked to their contact details for the purposes of being contacted about future research.

*Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your maternity experience? This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research.*

*Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research*

*No, I would not like to be contacted*

The SCC will share this information with CQC who may contact some of the participants who agreed for their details to be shared and used for future research.

# Section 9: Survey communications

Each approved contractor or in-house trust should have both a freephone line and an email address for service users 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 service user communications 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.



## Managing and recording service user communications

1. Throughout fieldwork, all communication with service users should be logged and included in the weekly monitoring report. Wherever relevant, the following information should be logged for each contact with a service user:

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

# Section 10: Survey Accessibility

The accessible options to be provided for the survey are the same as for the 2024 survey. These options are outlined below, with guidance on how they should be administered, recorded and processed.

It is important to monitor the number of requests and returns for these accessible formats in the Weekly Monitoring Spreadsheet. The SCC will ask you to provide the numbers for the accessible format requests in the final submission of 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. Guidance on providing accessible formats of the survey

|  |  |  |
| --- | --- | --- |
| 1. **Accessible format** | 1. **Administering the format** | 1. **Processing the return** |
| 1. **Online survey:** Ability to change font size and background colour; screen reader compatible. | 1. This will be provided by the SCC 2. If using a contractor-provided online survey tool, guidance on scripting the online survey to meet these accessibility standards is included in the [appendix](#_Section_13:_Appendix) of this document. | 1. Processed through the online survey. |
| 1. **Online survey:** non-English language completes (9 languages). | 1. Excel templates with translations will be provided to contractors. 2. All contractors and in-house trusts will need to update the multilanguage sheet with online survey links, QR codes and helpline details. | 1. Processed through the online survey or via Language Line. 2. For non-English online survey completes, open-ended comments will be translated by CQC. |
| 1. **Telephone assisted complete:** In English or in a non-English language using a service such as Language Line. | 1. 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). 2. Offer support on 22 languages. | 1. Processed through the online survey and noted as a telephone assisted complete in the weekly monitoring report and in the final dataset. 2. The sample construction worksheet records whether a telephone assisted completion is requested. |
| 1. **Large print:** Signposted on the letters and administered at the request of the service user. | 1. Large print invitation letter will be available on the [NHS Surveys website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/). Contractor or in-house trust to print invitation letter on A4 paper (adding service user contact details and survey number) and standard PDF questionnaire on A3 paper (adding service user survey number), and post these to service user alongside a return envelope. 2. Further instructions can be found on the [Large print covering letter.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) | 1. Large print return processed manually (e.g. responses entered into the data entry sheet for that service user). 2. The sample construction worksheet records whether a Large print format is requested. |
| 1. **Easy Read:** Signposted on the letter and administered at the request of the service user. | 1. Easy Read invitation letter and questionnaire will be available on the [NHS Surveys website.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) Contractor or in-house trust to print both documents on A4 paper and post these to service user (adding service user log-in details to the questionnaire for processing) alongside a return envelope. 2. Further instructions can be found on the [Easy Read questionnaire](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/). | 1. Easy Read return processed manually into the separate data entry sheet. These returns will **not** be combined with the main dataset due to differences in question wording and answer codes. 2. The sample construction worksheet records whether an Easy read format is requested. |
| 1. **Braille:** Signposted on the letter and administered at the request of the participant. | 1. Braille questionnaire and invitation letter to be set up centrally by SCC. Contractor or in-house trust to request both documents from external Braille supplier (personalising letter with service user log-in details). Supplier should not be provided with service user contact details but can post these to the contractor or in-house trust, who will then post documents to the service user. 2. Further instructions can be found on the [Braille covering letter.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) | 1. 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. 2. The sample construction worksheet records whether a Braille format is requested. |

# Section 11: Submitting interim data

During fieldwork an interim data file will be required, to aid data management set up and allow early checks to be conducted. Interim data should be submitted in the [Data Entry Spreadsheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/), and should include raw, uncleaned data of both paper and online responses.

**Your interim data file should be submitted to the Survey Coordination Centre on 20 June 2025.**

Responses from all trusts should be included, as well as all outcome codes, not just those that have responded. The total number of records submitted should match the sample for each trust. The data file should not include free text comments.

# Section 12: Submitting final data

Figure 4. Key stages to submit final data

Final data must be submitted to the SCC uncleaned and checked using the [final data checklist](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) and [data entry spreadsheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) provided in the [Instructions and Guidance section](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

Response data must be entered following the coding rules described in the [entering and submitting final data guidance.](http://nhssurveys.org/survey-instructions/entering-and-submitting-final-data/) This includes guidelines on how to code missing responses, free-text comments and multiple response questions. **The completed data entry spreadsheet must not be emailed, instead it must be password protected and submitted via our secure transfer site**.

Free-text comments should be entered verbatim and in full. More details on how to code final data is detailed in the [data entry spreadsheet.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/)

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.

Information on how to code the data is detailed in the [Data Cleaning Guidance.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/)



## Free-text data

All free-text comments are required to be submitted to the SCC. 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 SCC 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). 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.

Contractors are required to share free-text comments with their trusts upon close of fieldwork.

## Entering easy read responses

The Easy Read questions and answer codes are different to the main questionnaire and should be inputted into the [Easy Read Data Entry Spreadsheet.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/)

For easy read completes, please also complete:

* Columns from the sample construction worksheet
* Columns about mode of completion

Use the outcome of “returned completed” for any easy read returns (outcome 1).

## Checking final data

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.](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) It is essential that these checks are carried out thoroughly. Please refer to this checklist when preparing the data throughout fieldwork to ensure all the checks are included in your data processing processes.

**The Survey Coordination Centre 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 in the checklist, please ensure the relevant information is populated, including the contact details of two team members. The data entry checklist must be uploaded when submitting the data to the SCC.

## Submitting data

The completed [Data Entry Spreadsheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) must be submitted to the SCC 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 Survey Coordination Centre by secure transfer. Final data **must not** be sent via email.

**Following the closure of fieldwork, the SCC will provide you with a link to upload the data via secure transfer.**

## Making sense of the data

CQC will provide **full benchmark reports** based on each individual trust’s results from the survey. This report provides the score for each trust for each question and section and whether it performs ’much better’, ‘better’, ‘somewhat better’, ‘about the same’ ‘somewhat worse’, ‘worse’ or ‘much worse’ compared to other participating trusts. These results will also be made public on the [NHS Patient Survey website](https://nhssurveys.org/) and on [CQC’s website](https://www.cqc.org.uk/) under the organisation’s search tool.

Approved contractors might provide trusts with additional analysis of the data as part of their contractual agreement with the trust. Please note that CQC does not see these outputs and cannot comment on these.

The usefulness of trusts 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:

1. Examining the number and percentage of service users giving each response to a question.
2. Analysing the data by particular groups of service users (age, ethnicity, socioeconomic background), or other information (e.g. different sites within your trust). This type of analysis requires additional data not delivered by CQC as standard.
3. Look at the comments from the last question in the survey – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

You can find further advice and suggestions tailored to the surveys within the NPSP in the [making sense of the data document.](http://nhssurveys.org/survey-instructions/making-sense-of-the-data/)

# Section 13: Appendix – online survey guidelines



## Introduction to online survey guidelines

This guidance is for any contractor wishing to host their own online survey. If you would like to use your own internal online tool, you must be able to meet each of the below requirements. Use of any internal online tool is subject to sign-off from CQC that it can sufficiently replicate the format of the SCC tool and provide all accessibility options.

If you would like to use the central online survey tool provided by the SCC, please refer to [section 7.5](#_Implementing_the_online) of this document.

## Requirements

1. The set-up process for the online survey timetable will start in February 2025. There will be two phases of development:
2. **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).
3. **Scripting the translated versions of the survey** – all languages will be scripted at this stage.

### Inputs from the SCC

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

* Online Survey Specification for NHS Patient Survey Programme;
* Guidance on set up and requirements (this document);
* Online questionnaire with routing and scripting instructions included;
* Change log outlining changes since 2024;
* Quality assurance declaration to be returned to the Survey Coordination Centre alongside links for sign off;
* Translations for all new or changed questions;
* NHS and CQC logos (if contractor does not already have copies of these).

### 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 **NNNN** will be a unique number for that respondent.

### Log in screen

The log in page should look and function as per the signed off online survey shell, screenshot included below. Respondents must be able to:

* Change font size (see ‘[Accessibility](#Accessibility)’ section)
* Change background colour (see ‘[Accessibility](#Accessibility)’ section)
* Access the ‘About this survey’ page on the NHS Surveys website using the hyperlink at the bottom of the page.
  + NOTE: this is the following page [Received a questionnaire? - NHS Surveys](https://nhssurveys.org/received-a-questionnaire/)
* Access the ‘Privacy Policy’ for the contractor.
  + NOTE: the SCC will provide the skeleton text for the privacy policy. However, contractors will need to include the correct hyperlinks for their own company privacy policy, and the privacy policy links for their clients (which will need to be dynamic so that the correct Trust privacy policy displays).
* For contractors using SCC central online survey tool – privacy policy for your organisation and each participating trusts must be shared with SCC.
* The ‘Contact us’, ‘Privacy Policy’ and ‘About this survey’ should all open as new windows when clicked on.
* This also applies to links within those pages: they should also open as new pages.
* The ‘About the survey’, ‘Privacy Policy’ and ‘contact us’ links should be visible on every page in the survey.
* The three links should be formatted in blue:
  + HEX codes: #007AC0 | RGB codes: 0, 122, 192

Login page example:

Graphical user interface, application

Description automatically generated

### 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 – iOS, android etc
* Active participation in the survey – how long were they actively taking part in the survey, excluding breaks
* Drop out question for those who do not complete
* Time and date of drop-outs

### 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

1. The online survey will be offered in nine non-English languages. The non-English languages are:

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

1. 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.

### 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:

* Design must be mobile optimised: the content of the screen should automatically adapt to the size of the screen on the device the respondent is using.
* Authenticator page.
* Introductory page which follows the script on the paper questionnaire.
* Respondents must land on the authenticator page when accessing the survey using the generic survey URL (included in covering letters and multi-language sheet).
* The generic QR code included in multi-language sheets must also land on the authenticator page.
* Respondents must enter their login details on the authenticator page if they access the survey using the generic survey URL or QR code.
* If accessing the survey using the link in the SMS or by scanning the unique QR code in the covering letters, the respondent bypasses the authenticator page and goes straight to the introductory page.
* If respondents are accessing the survey via a generic link (English, generic URL or generic QR code), the authenticator page must include the ability to change the language they want to complete the survey in.
* If respondents are accessing the survey via unique SMS URL or unique QR code (on the covering letters), the introduction page must include the ability to change the language they want to complete the survey in.
* A language selection drop-down menu covering the required languages (outlined in the ‘[Translations](#Translations)’ section above) must be provided:
* The language selection menu will appear only once: on the authenticator page OR introduction page depending how the respondent accessed the survey.
* There is no specific placement of the language drop-down menu.
* Respondents must be able to complete the survey across different sessions, and across different devices (i.e.: use a different device to continue with their previous session).
* Respondents must be able to return to the point they left off in a previous session.
  + NOTE: There is no time limit on returning to the survey, i.e.: a respondent has the full fieldwork period to submit their survey even if there are large time breaks between sessions.
* Respondents are to be able to move backwards through the survey at any point, via the use of a ‘back’ button to be displayed on every page except the introductory page.
* Respondents should be able to skip a question if they do not wish to answer it. No questions are mandatory.
  + NOTE: There is no longer a requirement to prompt respondents who choose to skip a question.
* A single progress bar should be shown for all surveys. This is to be at the top of the page.
* Every survey is to have two ‘Thank You’ pages which will be consistent across the NPSP.
* The first ‘thank you’ page should appear after the final question in the survey, asking the respondent to submit their responses:
  + THANK YOU VERY MUCH FOR YOUR HELP.
  + Please click 'Submit' below to submit your responses.
    - * + A second ‘thank you’ page should come after the recontact question:
  + Your responses have been submitted, thank you for your time.
  + If the survey raises issues or questions of concern, please contact Care Quality Commission (CQC) on 03000 61 61 61
  + For surveys that include the recontact question, this question should appear after a respondent has submitted their survey responses.
* Partially completed questionnaires are to be allowed for the Maternity survey.
* For a survey to be counted as a partial complete, all questions up to the free text comments need to have been clicked on.

### Layout

* Each question should appear on a single page.
* The name of the questionnaire section should appear as a header for every question in that section.
* Respondents must be able to:
  + Change font size at any point throughout the survey (see ‘[Accessibility](#Accessibility)’ section below)
  + Change background colour at any point throughout the survey (see ‘[Accessibility](#Accessibility)’ section below)
* Question layout should replicate the paper questionnaire (i.e: use of explanatory text, response option scale).
* Response options, on a multi-code question, which are mutually exclusive will be flagged on the paper questionnaire given to contractors to enable this logic to be programmed in the online survey.
* For any questions left blank by the respondent, they should be able to see the next question in the survey:
  + NOTE: this also applies for routed questions- if the filter question is left blank, the next question in the question set should appear to respondents.
* The SCC will provide the survey flow from the SCC centralised tool survey platform to contractors using their own platform which will also highlight where response options are mutually exclusive.
* Free-text response options, as part of a quantitative code frame (i.e: for the ethnicity and gender questions), must be displayed.

### Question format

* The section header name will be fully capitalised, font size 14 and be black. Font style should be Arial.
* Question and response option text:
  + Will be black
  + Font size will be 12.
  + Font style should be Arial.
* Explanatory text:
  + Will be non-italicised and will be blue.
  + HEX code: #2F469C | RGB: 47, 70, 156
  + Font size for explanatory text will be 12.
  + Font style should be Arial.

### Accessibility

* Online tool should have screen reader functionality.
* 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.
* 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.

Text, table

Description automatically generated

## English online survey

The full questionnaire along with routing instructions and scripting information will be provided to all contractors who wish to use their own online survey tool. Changes vs the 2024 survey will be highlighted and logged in a change log for quick reference.

## Translated online survey

Survey translations will be provided to contractors in nine non-English languages. The translations will be provided in excel format with all languages in one document.

## Quality Assurance

Quality assurance documentation will be provided to contractors, this must be completed on production of the online tool and submitted to the Survey Coordination Centre along with the survey links for testing.

There are several stages at which sign off by the SCC 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 SCC no more than 1 week after the first mailing is sent.
  + Mid-point of fieldwork – This should be submitted to the SCC no more than 1 week after the third mailing is sent.



1. 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 10 December 2024]. [↑](#footnote-ref-2)
2. These are: Arabic, Bengali, Bulgarian, , French, Gujarati, Italian, Kurdish Sorani, Lithuanian, Nepali, Polish, Portuguese, Pakistani Punjabi, Romanian, Russian, Somali, Spanish, Tamil, Tetum, Traditional Chinese, Turkish, Ukrainian, Urdu. [↑](#footnote-ref-3)
3. You now have the option of asking your contractor to conduct DBS that are required after the initial first full DBS check. Please liaise with your contractor to arrange this. [↑](#footnote-ref-4)