INSTRUCTION MANUAL FOR THE NHS MATERNITY SURVEY 2015

FOR TRUSTS USING A CONTRACTOR

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as Section 251 approval has been granted for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Any breach of the conditions of the support will be reported to the CQC and the Confidentiality Advisory Group at the Health Research Authority.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Co-ordination Centre website at:
http://www.nhssurveys.org/surveys/825

Contents

1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The national patient survey programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates care provided by the NHS, private companies and voluntary organisations. The CQC aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

As set out in Voices Into Action[1], the statement on involving people, CQC is committed to involving people who use services in all its work, and ensuring that the providers of care services themselves involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the Care Quality Commission's work: it is the aim of the Care Quality Commission and the Co-ordination Centre to make sure better care is provided for everyone.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for people and for informing commissioners of services. As well as supplying NHS England and the Department of Health with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for CQC's assessments.

1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the NHS Patient Survey Programme, of which the NHS Maternity Survey is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the patient survey programme.

1.3 Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other dimension concerns the quality of care from the perspective of patients. Understanding the way patients experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the patients themselves.

It is important to adopt systematic, appropriate and effective ways to ask patients about their experiences, and use this information to shape and improve the way healthcare is delivered. This manual is designed to help staff in NHS hospital trusts to obtain patient feedback through the national patient survey. It also provides guidance on how you may use the information you gather in quality improvement programmes and for monitoring performance. By following these instructions, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

[1] http://www.cqc.org.uk/sites/default/files/documents/links1_guidance_local_groups.pdf

1.4 Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The national patient survey programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

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

1.5 Care Quality Commission assessments

Information drawn from the questions in the survey will be used by the Care Quality Commission (CQC) in its assessment of acute and specialist trusts in England. Questions from the survey will be used within CQC's Intelligent Monitoring system and within CQC's inspections of maternity services. More information is available on the CQC website at: http://www.cqc.org.uk/content/how-we-inspect

1.6 Measuring performance

In addition to the performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves and national benchmarks based on reliable data. Asking each hospital trust to carry out the Maternity Survey in a consistent way builds a detailed picture of women's experiences in NHS hospital trusts.

Information collected in a nationally consistent way is also essential to support public and parliamentary accountability. The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (Domain 4.5: 'Improving women and their families' experience of maternity services' – this indicator is based on national survey data), the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards

The Care Quality Commission intends to archive the survey data with the UK Data Archive after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

1.7 Basic requirements for the Maternity survey

For comparisons between and within trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee and Section 251 approvals. Those standards are set out in detail later in this document. In summary, they are as follows:

- Please let the Co-ordination Centre know the two trust contacts who will be the key contacts throughout the survey process – their job titles, phone numbers and email addresses – to allow us to communicate vital information about the Maternity Survey 2015 (email to: mat.cc@pickereurope.ac.uk);

- Please read the section on drawing your sample, completing your **Sample Declaration form** and how to submit these to your contractor, as outlined in *Section 7;*

- The sample must consist of all women who gave birth during **February 2015** as outlined in *Section 7 – Compiling a list of women* [If your trust has fewer than 300 births in February, please contact the Co-ordination Centre for further advice on including women who had a baby in January 2015.];

- The sampling procedure set out in this instruction manual must be followed. To do this, you will need to work closely with the person who draws the sample, and check carefully that this guidance has been adhered to. For further details see *Section 7 – Compiling a list of women;*

- **Your Caldicott Guardian must sign off the sample.** You will need to complete the sample declaration form which needs to be sent to your approved contractor and approved by them **before** you send your anonymised sample file and mailing file (separately) – See *Section 7.10;*

- Trusts should facilitate higher response rates by commencing work as soon as possible and publicising the survey to staff, patients and the community;

- Your contractor will be responsible for using all the required survey documents, however, you can access these for information on the NHS Surveys website here: http://www.nhssurveys.org/surveys/825;

- Trusts are not permitted to publish their survey results prior to the official release of CQC national and trust level results as there might be differences which could cause confusion for people. However, trusts can start using their results internally to identify areas for quality improvement.

1.8 Why you need this guide

This guide is designed for use by trusts who have appointed an external contractor; a separate instruction manual has been distributed to approved contractors. Please ensure you are familiar with all aspects of this guidance, but in particular, the sections on drawing the sample, data protection and section 251 requirements.

2 Setting up a project team

We recommend you set up a project team to assist you in running the survey. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on women's experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
  - Caldicott Guardian
  - Board members
  - Doctors, midwives, nurses and other health care staff
  - Managers
  - Medical records personnel or Patient Administration System (PAS) staff
  - Recent mothers and their partners
  - Members of patient groups with a special interest in the trust
  - Staff or directors responsible for:
    - Midwifery
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning.

- **Involving the person responsible for drawing the patient sample in planning meetings.** It is essential that this person, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly.

- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All departments in the trust should be made aware when a survey is being conducted, in case patients contact the trust asking questions about the survey they have received.

- **Not overlooking front-line staff.** These people who have the most frequent direct contact with patients.

3 What's new for 2015?

Sample data: As in 2013, postcode sector will be required as part of the sample data. CCG code will be required instead of GP code for the 2015 survey.

> **Postcode sector:** As in 2013, we will require this additional piece of information in the sample file to make more use of the survey data. This is only the case if your trust does not have data for all women in the sample on their antenatal and postnatal care provider. The information on postcode sector will be used at a later stage, alongside additional information on a trust's geographical boundary, to identify and check which women in the sample are most likely to have also received their antenatal and/or postnatal care from the trust at which they delivered.
>
> Trusts will not be required to carry out this identification process until the sample file has been approved by the Co-ordination Centre. This is to allow trusts more time to undertake this process but it must be submitted to the Co-ordination Centre by **29th May 2015**. The Co-ordination Centre will supply trusts with a guidance document on how to identify those women in their sample that have also received their antenatal and postnatal care from the trust.
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> **CCG code:** This year we are asking you to collect CCG code, rather than GP code, as was collected previously.

Questionnaire: There have been minor changes to the questionnaire. Further information about these will be supplied in the survey development report.

Sample Declaration Form: This form needs to be completed by the person drawing the sample, and the Caldicott Guardian. It needs to be sent to your approved contractor and approved **before** you send your anonymised sample file and separate mailing file to your contractor; your contractor must confirm that they have received the sample declaration form and have checked that it has been completed fully and correctly before you send your anonymised sample file and separate mailing file to them.

CQC Flyer: Also new this year is the CQC flyer to include in mailings. For trusts using a contractor, the flyers will be sent directly to the contractor. The CQC flyer explains the role and purpose of CQC and how the survey data will be used by them.

Free text comments: these are no longer being anonymised by approved contractors. There is a statement on the questionnaire that highlights this to respondents. However, data must be anonymised when it is made publicly available.

3.1 Important information to remember

Sampling months: The sample must contain all women who gave birth at your trust in February 2015. If your trust has fewer than 300 births in February, please contact the Co-ordination Centre for further advice on including women who had a baby in January 2015.

Record number (RN): The format is a twelve character string of the form **MAT15XXXNNNN**, where XXX is the three letter organisation/trust code (e.g. RW1) and NNNN is the unique identifying number e.g. 0001. The Record Number must be assigned **before** going through the DBS check.

Providing explanations to 16 and 17 year old mothers: It is necessary to meet the requirements for support under section 251 that midwives or other staff provide all younger mothers (aged 16

and 17 years at the time of their baby's birth) with an approved information sheet and discuss the requirements of the survey with them. The information sheet is available to download here: http://www.nhssurveys.org/surveys/829. Any requests from those women to opt out of the survey must be logged at the trust and referred to when drawing the sample.

Posters: Throughout the February (and for some trusts, January) sampling period, posters should be displayed publicising the survey. This is available to download from the NHS Surveys website here http://www.nhssurveys.org/survey/1515. There is space at the bottom of the poster for trusts to insert a contact telephone number for people to call should they wish to opt out. Please be aware that no other changes to the poster are permitted as the content and format has been approved as part of the Section 251 application.

Patients who have requested that their details are not used for any purpose other than their clinical care, such as secondary purposes including research: If your trust has a mechanism in place to flag patients that do not wish their data to be used for secondary purposes, we advise that you refer to this when drawing your sample as these patients will need to be removed from your sample. You also must log any requests to opt out from the survey from women as a result of the posters displayed or from 16 and 17 year olds who have discussed the survey with staff (as above).

Ethnic category: Ethnic category will be requested in the standard 16 + 1 alphabetical format. However, in the past there was some confusion over what data should be coded as "Z" ("not stated"). This code should be used **only** when a person had been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. A blank or full-stop should still be used to indicate where ethnic category is "not known" i.e. where the women had not been asked or was not in a condition to be asked, e.g. unconscious. For most trusts, ethnic category will contain both "Z" codes **and** "blanks". Further information can be found in *Section 7.6 – Create the sample file.*

Embargo on results: Trust-level findings for the national Maternity survey 2015 **must not** be released outside of the trust until the national results are published by the Care Quality Commission. Please continue to use the results from your in-house survey teams, but wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

4 Data protection and confidentiality

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential. **If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott principles[2].

It is your legal responsibility to ensure that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. Your trust's Caldicott Guardian and legal advisors should advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the Co-ordination Centre for the patient survey programme. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Market Research Society's Guidelines for social research (2005).

The website below has further information:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Information about the Data Protection Act 1998 can be found at the ICO – Information Commissioner's Office (http://www.ico.gov.uk)

Further guidance can be found in the Market Research Society document at
http://www.mrs.org.uk/pdf/data_protection_social.pdf

4.1 Section 251 Approval

Approval has been granted for the Maternity Survey 2015 under section 251 of the NHS Act 2006. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority for approval.

However, the section 251 support does not cover the transfer of patient identifiable information where a patient has previously indicated dissent - by this we mean instances where a patient has explicitly indicated that they do not want their information to be shared for purposes such as patient surveys, or specifically stated that they do not want their details shared outside of the Trust.

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[2] Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1** - Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2** - Don't use patient-identifiable information unless it is absolutely necessary
- **Principle 3** – Use the minimum necessary patient-identifiable information
- **Principle 4** - Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5** – Everyone should be aware of their responsibilities
- **Principle 6** - Understand and comply with the law

You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data, and the issues which these present. The Caldicott guidance and principles were incorporated into the NHS code of practice on confidentiality.

Consequently, if any patients have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their address details shared for any reason other than clinical care), please ensure that these patients are excluded from your sample.

This should be done using your local records and also with the Personal Demographics Service (PDS) if your system is compliant (i.e. those patients listed through the PDS service as having an S flag which restricts the patient's location details from being shown in PAS). We understand that some records are S-flagged for data quality reasons and some because of concerns about their contact details being available for wider research or similar uses. We expect that these flagged patients may not eventually be included in the sample drawn from the trust as the address fields will be incomplete.

Please discuss this issue with your Caldicott Guardian to ensure that any women who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample that is submitted to contractors.

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:
http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

It is very important that you follow the instructions set out in the survey instruction manual so as not to breach this approval, or related data protection requirements. All trusts have been made aware of this in a letter sent to survey leads, CEO's and Caldicott Guardians in December 2014. If CQC become aware of a breach of the section 251 approval they are obliged to take the following steps:

- the Confidentiality Advisory Group will be informed of the breach;
- the relevant CQC Inspector will be informed. All breaches will be considered by inspectors as a breach of regulation 20 (Records) and inspectors will make a decision as to whether enforcement activity is required.

4.2 Extending your sample and / or collecting additional sample variables and Section 251

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for a **national standardised survey only**. If your trust would like to do anything in addition to this, such as increasing their sample size, or including extra sample variables outside of the requirements specified in this instruction manual, it is important to note that this is **not covered by the section 251 approval. You must consult your trusts' Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further section 251 approval.** You should also ensure that you have appropriate contractual arrangements in place to ensure the secure transfer of additional data.

In addition to the minimum sample requirement for this survey, you may wish to use this survey as an opportunity to gather further data beyond that required by the Care Quality Commission. Increasing the sample size could be a good way to do this.

If you wish to survey a larger sample of people or collect additional information then we recommend that **you** as data controller must consider the purpose of the data collection and any release of identifiable data. Your Caldicott Guardian should be consulted and will be able to offer advice on whether adequate provisions are in place to permit release of data outside of the national survey programme. You must also ensure that you have appropriate contractual arrangements in place to ensure the secure transfer of additional data.

Increasing the sample size for the survey may be helpful for example, if you wish to analyse or compare results for specific subgroups (for example, people treated at different sites or people of different ethnicities) in more detail than would be possible from your current sample size. By increasing the sample size trusts are more likely to have a large enough sample of people from each group.

Alternatively, if your trust regularly treats very large numbers of people, you may wish to draw an extra sample to survey in addition to those included in the main survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an survey locally at the same time as the national survey you will need to ensure that you sample two distinct and separate groups of people which do not overlap.

If you decide to collect additional data outside of the national survey, this must not under any circumstances be sent by trusts or contractors to the Survey Co-ordination Centre, as it would constitute a breach of the section 251 approval and action would be taken accordingly.

4.3 Keeping patient mailing data and sample data separate

Keeping names and addresses separate from either sample information or respondent data is the best way to ensure that the survey responses cannot easily be matched to the woman who made them. Keeping the two sets of information separate reduces the amount of information disclosed if either file were to be lost or shared with unauthorised individuals. It also means that only the necessary information is shared with those who need it – for example, staff members who deal solely with the mailing need only the mailing file. **For these reasons, please ensure that once the sample has been returned from DBS and the list of women is finalised, women's names, addresses and full postcodes[3] are removed from the sample file to a "MAT15_mailingdata_XXX" file** (where XXX is the Trustcode for your organisation).

Before this is done, it is essential each woman is provided with a unique number (a unique reference number) and that this number is available and correctly matched on both the "MAT15_mailingdata_XXX" file and the sample information file.

Applying this record number is the responsibility of the trust - approved contractors must not do this for trusts. Approved contractors will also not be permitted to draw the sample for trusts - this will be considered a breach of the surveys Section 251 approval and action taken against both the trust and approved contractor will follow.

Please note that the signed sample declaration form that you must fill in includes the separation of the mailing file from the sample file. **By signing the Declaration Form the trust is confirming that no identifiable data is included in the anonymised sample file.** You should only send your approved contractor your sample file and mailing file once they have confirmed to you that they have determined that your form has been completed satisfactorily. This is to help prevent breaches of the section 251 approval and related data protection requirements.

Where identifiable data is inadvertently transferred, the trust will be required to review the severity of the data breach using the Serious Incident Requiring Investigation' (SIRI) guidance, which forms part of Information Governance Toolkit Approval. Breaches are reviewed by CQC and the Confidentiality Advisory Group also.

[3] **Please note**: trusts will be required to include the woman's **postcode SECTOR** in a different field within their sample information file

4.4 Mailing questionnaires

There are two methods available to trusts for getting questionnaires mailed out:

1. If a trust is unwillingly to share names and addresses with a contractor, despite the section 251 approval, the contractor could deliver pre-packed serial-numbered envelopes containing questionnaires, covering letters and FREEPOST envelopes to the trust. The trust then would attach number-matched address labels to the envelopes and send them out to patients. Completed questionnaires can then be returned to the contractor and, by checking the record numbers on returned questionnaires, they can inform the trust which patients need to be sent reminders.

2. Alternatively, with the agreement of the trust's Caldicott Guardian, you may set up a written agreement between the trust and the external contractor. The Care Quality Commission has provided the template service contract for trusts and approved contractors carrying out the survey, to avoid the need for each trust to develop its own arrangements. It is strongly recommended that these documents are reviewed by each trust and approved contractor to ensure they are satisfied with them, and to amend where required.

4.5 Patients' names and addresses

Please note that under the data protection guidelines for patient surveys, the following principles **must** be followed:

- Trusts must undertake to keep their products up to date to ensure that security is effective and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

- As the owners of the data, the method for transferring patient data is ultimately your decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf

4.6 Contractor responsibilities (service contract)

A service contract has been drafted by the Care Quality Commission. This is an agreement between the approved contractor and the trust contracting them. By signing it, the approved contractor is obliged to keep the information confidential at all times, and to comply with the Data Protection Act 1998. It provides the trust with some recourse if any breach of the Data Protection Act were to occur, as a result of the actions of the approved contractor. The document also ensures that approved contractor staff members sign and abide by the service contract. The service contract is set up between the trust and the approved contractor who will have access to women's information. The service contract describes how women's personal data will be sent to the approved contractor, and how the data can be used. The CQC strongly recommend that the

clauses contained in the template service contract are reviewed by qualified staff at each trust to ensure they are appropriate.

The service contract in Word format is available under the Maternity survey section of the website (www.NHSSurveys.org).

The service contract is designed to be used as a template contract; trusts and approved contractors may agree on amendments to the wording and content when using them, and we recommend that Caldicott Guardians are involved in this process.

4.7 Patient anonymity

Patient anonymity can be achieved if there is a clear separation between the information seen by an approved contractor and the information held by the trust. Women's names and full addresses will be seen by trust staff when generating the sample, while contractor staff will usually possess both sample member details and women's responses. As long as the response data supplied to trusts do not include unique record numbers or any other detail that allows individuals to be identified or linked, it can reasonably be claimed, with regard to the trust and trust staff, that women's responses are anonymous.

4.8 Patient confidentiality

It is essential that any patient survey is conducted in such a way that patient confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform women that their name and address will never be linked to their responses. Furthermore, women's responses must not be presented to anyone in a way that allows individuals to be identified. For example, if an individual is known to have stayed on a particular ward, and her year of birth, sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. It would be unlawful to provide staff who may have had contact with respondents any information that would allow these respondents to be identified.

The following requirements are made:

1) Approved contractors will not provide raw data to the trust as a matter of course;

2) If the trust has a particular need for the raw data from the survey from the approved contractor, the contractor may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first:

    a. The contractor will delete the variable pertaining to **date of delivery;**

    b. The contractor will delete the two variables pertaining to **ethnicity** (e.g. both sample variable and response variable – **G8**);

    c. The contractor will delete the responses to question **A1** on whether the woman gave birth to a single baby or more;

    d. The contractor will delete the responses to questions **G2 and G3** on the woman's reproductive history;

    e. The contractor will delete the responses to question **G5 and G6** pertaining to the respondents' religion and sexual orientation;

    f. The contractor will **band the mother's year of birth** into five age groups (16-19, 20-24, 25-29, 30-34, 35+). This process should be repeated separately for both sample and

response variables (**G1**). The original mother's year of birth variables (e.g. those specifying an exact year rather than age group) must then be deleted;

g. Prior to releasing the raw data, your approved contractor will ask for confirmation that you have destroyed the names and addresses of the sampled women, otherwise you will potentially be able to identify women by matching up the patient record number/serial numbers on the name and address list to those in the raw data file.

If data are to be presented to trust staff, only the aggregated totals for each question should be provided. If analysis by subgroup is carried out (such as by ethnic group or maternity unit), the results for any group consisting of fewer than **30 respondents** should be suppressed. The data should be presented as in the following example. In this case responses for the 'Mixed' and 'Asian' ethnic groups are suppressed (though other sub-group totals are shown):

	E3. Did you ever put your baby to the breast (even if it was only once)?		
Ethnic group	Yes	No	Total responses
	%	**%**	**n**
White	38	62	261
Mixed	-	-	8
Asian	-	-	18
Black	41	59	52
Chinese or other	85	15	36

Furthermore, do not present response information (including comments) in a form that allows an individual woman to be identified by the group receiving the information. For example, if you are presenting the results of a small number of women, make sure that it will not be possible for the reader/audience to identify individual women from their responses, and pay particular attention to the women's free text comments in this context.

4.9 Sharing of survey data between contractors

If a trust will be using a different approved contractor than in the last survey year, contractors are permitted to receive an unabridged version of the data set if there is a clear need to use the data from the previous year's surveys to allow year-on-year comparison. You will need to give your new contractor written permission to request this data from the Co-ordination Centre.

5 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and patient anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to patients.

5.1 Ethical approval for the maternity survey

Research Ethics Committee (REC) approval has been obtained for the maternity survey and a substantial amendment submitted for changes regarding the questionnaire, the covering and reminder letters, all of which can be downloaded from the NHS Surveys website. In order to comply with the ethical approval, the survey must be carried out according to the guidelines set out in this document.

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey.

Your trust should notify the relevant Research and Development R&D office that ethical approval has been obtained for the 2015 Maternity Survey. The REC letter can be downloaded from the NHS Surveys website.

Further information on the ethical approval process can be found at the Health Research Authority website http://www.hra.nhs.uk/

5.2 Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) 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. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this national survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A standard core questionnaire and guidance notes are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the Care Quality Commission that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this national patient survey has multi-centre research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The following table has been prepared by the Care Quality Commission and is taken from Section 3.10 of the *Research Governance Framework for health and social care (2005).* The left-hand column sets out the responsibilities of organisations providing care and the right-hand column sets

out the arrangements made by the Care Quality Commission for patient surveys. If you are required to seek approval from your research governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

5.3 Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	**Care Quality Commission sponsored patient surveys**
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	*The survey is carried out on the experiences of patients after they have received the care so this does not apply.*
Be aware and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	*All Chief Executives are informed of the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.*
Ensure patients or users and carers are provided with information on research that may affect their care.	*The survey does not affect the care of the patients. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and for local quality improvement initiatives. Detailed guidance is issued to survey leads regarding the publicity of the results and its impact on patient care.*
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	*This requirement is not specific to this survey.*
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	*The Care Quality Commission as sponsors of the study have sought ethics approval from a REC. There is a designated lead for each survey who is appointed by the Chief Executive.*
Ensure that no research with human participants, their organs, tissue or data, begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	*The Care Quality Commission as sponsors have undertaken steps to ensure that all the duties of the sponsors listed in Section 3.8 of the Research Governance Framework are followed thoroughly.*
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	*Detailed guidance is issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.*
Maintain the necessary links with clinical governance and/or best value processes.	*The guidance notes very strongly recommend that trusts maintain these links and follow best practice evidence.*

Research Governance Framework	Care Quality Commission sponsored patient surveys
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities.[4]	*In situations where trusts opt to use the services of an external contractor to draw the sample for the survey, the contractor is required to enter into an honorary contract with the trust. These procedures are specifically detailed in the guidance notes.*
Put and keep in place systems to identify and learn from errors and failures.	*The Care Quality Commission also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in the light of these.*
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	*This requirement is not specific to this survey.*
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	*The Care Quality Commission maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the patient surveys.*
Ensure that any research-related adverse events are included in reports to the National Patient Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	*Not applicable to the patient survey. Patient safety is not compromised, this being a postal survey.*
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	*The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission*

[4] When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills, Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

6 Timetable

The survey fieldwork period for the maternity survey is 18 weeks. The time taken to complete the survey process will depend on many factors. We very strongly recommend making full use of this to maximise responses from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond[5]. If your trusts population has high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these people. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly which will enable your approved contractor to mail out your questionnaire packs promptly.

As you are using an approved contractor, much of the work will be done by them, but you will still have to be involved in some of the stages of the process. The approved contractor may provide you with a timetable that differs slightly to the one below.

Week	Task	See Section
-	Inform the Co-ordination Centre which contractor will be conducting the survey on your behalf, and provide names and contact details of two key contacts who will manage the survey on behalf of your trust	
1	**Draw sample of women to be included in the survey**	7
1	**Check sample for deceased women and infants using hospital records**	7.2
1	**Depending on the accuracy of your hospital information systems, check sample with member(s) of the clinical midwifery team to ensure all women are eligible to participate in survey**	7.3
1	**Submit sample list to DBS to check for deceased women AND infants**	7.4
1-4	**Have sample declaration form signed off and send to your survey contractor, before submitting the sample file**	7.10
1	**Supply approved contractor with trust headed paper and a signature of a senior executive and, if appropriate, ensure that the service contract is signed**	4.6
2-6	**Check your own trust's records again for any maternal or infant deaths**	7.2
2-6	Stick labels on pre-packed numbered questionnaires and reminders supplied by approved contractor (if NOT using service contract)	4.4
8	**Send data indicating whether women in your sample received their antenatal and postnatal care from the trust (29th May 2015)** The Co-ordination centre will provide additional guidance to help trusts carry out this process	To follow in separate guidance

[5] For details of this research carried out by the Picker Institute Europe see http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf

5-8	**Prior to first reminder mailing, submit sample again to DBS to check for deceased mothers and infants, and also check trust records again for any deaths, then inform your contractor.**	7.2
7-10	**Prior to second reminder mailing, submit sample again to DBS to check for deceased mothers and infants, and also check trust records again for any deaths, then inform your contractor.**	7.2
22+	Review results and / or report provided by your approved contractor **but please do not release outside of the trust until published by CQC**	-
	Disseminate results to staff and patients, once published by CQC	-

Key dates

Submission of sample data (to contractors)	6th April – 1st May 2015
Fieldwork starts	27th April 2015
Submission of data indicating which women received their antenatal and postnatal care from the trust	29th May 2015
Fieldwork closes	28th August 2015
Contractor will send final data to Co-ordination Centre	4th September 2015

7 Compiling a list of women

This section explains how to draw a sample of women. This task will need to be carried out by a member of staff at your NHS Trust. The sample will normally be drawn from the Patient Administration System (PAS). Depending on your trust's hospital information systems, it may be that sample information will need to be linked between the Patient Administration System (PAS) and the clinical maternity databases. In addition, maternal records will need to be linked to infants' records to apply some of the exclusion criteria, in which case support from an IT specialist may be required. The sample list will also need to be checked to make sure that the necessary exclusions have been applied and the list will also have to be checked by the Demographic Batch Service (DBS) to identify deceased women and infants.

Please follow the instructions below carefully and allocate sufficient work time to check the sample with DBS and within the trust prior to each mailing.

Please note: It is essential that the person who draws the sample understands the importance of following these instructions carefully. Also, this person's line manager must give them the time and support they need to do the task properly. An incorrectly drawn sample can delay the start of the survey or can result in the questionnaires being sent to the wrong patients, both of which can have serious implications.

Please read all of this section before you start to compile your list of women.

Please note: your sample should only be used for the purposes of distributing the Maternity Survey 2015 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey, and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample, nor to contact them as a group either before or after the survey.

Please note: Approved contractors are not permitted to draw the sample for trusts, this is the responsibility of the trust. If a contractor draws the sample on behalf of the trust it will be considered a breach of the surveys Section 251 approval and action taken against both the trust and approved contractor will follow.

7.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2015.**

Note

If there are **fewer than 300 eligible women** who had a live birth in February, then please contact the Co-ordination Centre on 01865 208127 for advice on including women who gave birth in January 2015. Please note that the *minimum* sample size is 300

The information you obtain about each woman will be used both for administering the survey and for sending to the tracing service (DBS) to check for any deaths. It saves time and effort if all the

information is gathered at the same time (See *Section 7.6 – Create the Sample File* for a list of the data fields that you will need to include in your sample file for the survey).

Who to include:

- All women **aged 16 years or over** at the time of delivery, who have had a live birth within the trust, irrespective of which facility they use.[6] Women who gave birth at a separate maternity unit should still be included in the sample.

- **All types of deliveries**: It is important that all women who had a baby in the time period are included in the survey, not just the ones with normal vaginal deliveries with no complications.

- **Multiparous and primiparous women**: Your sample should include both first-time mothers and women who had previously had a baby.

- **Women who delivered at home.** If home births are not recorded on the hospital information system, it will require a manual check of the records held by midwives.

- Include women even if their addresses are incomplete but still useable (e.g. no postcode).

Who to exclude:

The following women are **not** eligible to participate in the survey and should be **excluded** from your sample list:

- women who are under age 16 at the time of delivery;
- women who had any of the following ICD10 delivery outcomes **or their equivalents**[7]:
  - Z37.1 Single stillbirth;
  - Z37.3 Twins, one live; one stillbirth;
  - Z37.4 Twins, both stillbirths;
  - Z37.6 Other multiple births; some live; some stillbirths;
  - Z37.7 Other multiple births, all stillbirths;

- women whose infants have died since delivery[8];

- women who have died during, or since, delivery;

- women who are in hospital, or whose baby is in hospital, at the time of drawing the sample;

- where possible, women who had a concealed pregnancy[9];

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[6] Exclude any women whose baby was born in a unit managed by a community provider if these cases are also included on your hospital databases.

[7] If you do not use ICD10 codes in your systems, please use the appropriate equivalents to the codes listed above

[8] In order to apply this criterion, it is essential that maternal and infant records are linked. Death checks for infants will need to be run within the trust and by the DBS to ensure that deaths occurring both within the trust and outside trusts are detected.

[9] If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

- where possible, women whose baby was taken into care (i.e. foster care, adopted)[10];
- women who gave birth in a private maternity unit or wing;
- women who gave birth in a maternity unit managed by another provider;
- women without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)[11];
- any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).

7.2 Checks carried out by the trust

Once you have compiled your list of women, you should carry out the following checks before you send the list to the Demographic Batch Service to carry out a further check for deceased women or infants.

- **Delivery outcome**. Check that all women in the sample had a live birth;
- **Deceased mothers or infants.** Check that all women and their infants were discharged from the trust alive and that the trust does not have a record of either person's death from a subsequent admission or visit to the hospital. **This is an essential step to ensure that women and/or their families are not further traumatised by receiving a questionnaire asking about their pregnancy;**

[10] If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

[11] Women whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible for inclusion in the survey.

Checks for deceased women and infants

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a woman or her baby having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, women or their baby may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

The methodology for this survey requires three stages of checks for deceased women/infants before the first mailing is sent out. The checks are carried out sequentially by:

1) the trust
2) DBS
3) again by the trust (for women or infants who may have died in hospital after submission of the sample to DBS).

Please note: Due to the sensitivity of the maternity survey, you **must** repeat these checks before the second and third mailings, and ensure that approved contractors are advised immediately if any women in the sample – or their baby - die during the survey period.

- **Women's ages.** Check that all women are aged 16 or over at the time of delivery**;**
- **Concealed pregnancy**. Exclude any women who are known to have had a concealed pregnancy;
- **Babies taken into care**. Exclude any women who are known to have had their baby taken into care;
- **Private maternity care**. Remove any women treated as private patients from the sample;
- **Postal addresses.** Exclude any women with addresses that are outside the UK;
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those women. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a woman if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias;
- **Duplications.** Check that the same woman has not been included more than once;
- **Dissent.** Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage);
- **Opt-out following publicity / contact with 16 and 17 year olds:** Any women that were recorded by staff members to have decided to opt-out after seeing the publicity poster and/or the information sheet (i.e. given to women aged 16 and 17 years old by midwives).

7.3 Validating the sample

There is always a possibility that a patient's record has been incorrectly coded on the hospital's information system. To ensure that all women in the sample are eligible to participate in the survey, we recommend that once the list is drawn it is given to member(s) of the clinical midwifery team to check that the following women are not included: women who had a stillbirth; women whose baby has died following the birth; women who had a concealed pregnancy and/or women whose baby was taken into care.

7.4 Submit the patient list to the Demographics Batch Service (DBS)

Before sending out the questionnaires and reminders, the list of **women and their infants** should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS).[12]

Create a trace request file

Using your list of women and infants, you need to create a correctly-formatted batch trace request file to send to DBS. You should take advice from your local Trust PAS team on the correct format to submit files. Technical details on the file format are available from:
http://systems.hscic.gov.uk/demographics

For each woman and their infant(s) you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach *OR*
- Surname, first name, gender and date of birth and postcode (can be wildcarded e.g. LS1*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

> **Note**
>
> Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, and despite the checks also carried out by your trust, some mothers and/or infants may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased mothers and/or infants remain in your sample. If this happens it is possible your trust may receive some calls from bereaved relatives, so you need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

[12] The PDS is a national electronic database of NHS patient demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Submitting the trace request file

Please note that the DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: demographics@hscic.gov.uk and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and you will receive an email to say that file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

The response file

The DBS will return a header row, response body and trailer row. The response will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response, which is returned only when there is a single unique match. It is on this additional response that patients found to be deceased will be indicated.

Further information is available from: http://systems.hscic.gov.uk/demographics

Note

Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, and despite the checks also carried out by your trust, some patients may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

7.5 When the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any women and/or babies that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. **If an infant has died but their mother is still alive, that record must be removed from the list.** This may reduce the numbers in your sample list slightly.

Important note: Due to the sensitivity of the maternity survey, please **exclude** any women from the sample if they (or their baby) could not be traced. If there are more than 5 records which are untraced, and therefore need to be removed from the sample, please contact the Co-ordination Centre for advice (mat.cc@pickereurope.ac.uk or 01865 208127).

7.6 Create the sample file

An example of the spreadsheet you should complete has been included below. This is available to be downloaded from our site (www.NHSSurveys.org) and is entitled "*Sample construction spreadsheet*". The column headings will match to the validated spreadsheet for final submission of data produced by the Co-ordination Centre and so it will be advantageous for you to use this spreadsheet. Save this file as **'MAT15_samplefile_XXX'** (where XXX is the Trustcode for your organisation).

This file has three purposes:

1) It will be used to keep a record of which women have not returned questionnaires so that reminders can be sent to them.

2) It will be used to generate weekly response rates for your trust that will be forwarded to the Co-ordination Centre, by your contractor, every Thursday from the **30th April 2015** until the closing date of the survey.

3) The anonymous data in this file (i.e. all the data **except** women's name and address information) will form part of the file that your contractor will submit to the Co-ordination Centre when the survey is completed.

More details about the information required in this file are provided below.

Table 1 – Example: Sample construction spreadsheet

Trust code	*Record number*	Title	Initials (or first name)	Surname	Address 1	Address 5	Full Postcode	*Mother's Year of birth*	*Mother's Ethnic Group*	*Day of delivery*	*Month of delivery*	*Year of delivery*	*Actual Delivery Place*	*Place of birth: NHS Site code*	*CCG code*	*Postcode sector*	*Day of questionnaire being received*	*Month of questionnaire being received*	*Year of questionnaire being received*	*Outcome*	Comments
RNH	MAT15RTE0001	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2015	2	RR115	03S	AB1 1				3	Informed that woman's baby had died
RNH	MAT15RTE0002	Ms	EC	Ahmed			AB2 6XZ	1978	J	3	2	2015	0	RTE03	03T	AB2 6	14	05	2015	1	
RNH	MAT15RTE0003		P	Lane			AB3 8PL	1989	B	3	2	2015	2	RR115		AB3 8				4	
RNH	MAT15RTE0339	Mrs	K	Yoo			AB4 7MX	1982	R	27	2	2015	1		03T	AB4 7					
RNH	MAT15RTE0340	Ms	F	Young			AB9 5ZX	1975	A	28	2	2015	0	RTE03	05G	AB9 5	19	06	2015	1	

Important note about Table 1

The headings of Table 1 are in three different colours:

Black headings: these columns contain information on patients' names, addresses and comments that may allow them to be identified. This information must not appear in any files sent to the Co-ordination Centre. This information, along with a copy of the patient record number should be removed from the sample file as soon as your sample is finalised and saved to a new file (your "mailing data" file).

Red italic headings: these columns should be completed during the sampling phase and submitted to your contractor who will submit them to the Co-ordination Centre prior to mailing (to allow for final inspection by the Co-ordination Centre).

Green italic headings: these columns will be completed when the patient responds to the survey by your contractor (e.g. by returning a completed questionnaire), or when the trust is notified the patient will not be participating (patient deceased, moved address, too ill, or called to opt out).

The following information is compiled using hospital records:

- **Trust code** should be the three character code of your organisation (e.g. RNH), maintained by NHS Connecting for Health[13];
- Title (Ms, Mrs, Miss, etc.);
- Initials (or First name);
- Surname;
- Address Fields[14];
- Postcode

Note

The **Record Number, Title**, **Initials**, **Surname**, **Address** fields and **Postcode** are used for printing out address labels. You or your contractor can use the mail merge function in a word processing package for this purpose.

- The mother's **Year of Birth** should be included in the form of NNNN;
- The mother's **Ethnic Group** [15]should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health[16]. The codes are as follow:

National Codes:

White

A	British
B	Irish
C	Any other White background

Mixed

D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background

Asian or Asian British

H	Indian
J	Pakistani

[13] A data file of NHS Organisation Codes can be downloaded from the Health and Social Care Information Centre (HSCIC) website: http://systems.hscic.gov.uk/data/ods/datadownloads

[14] The address should be held as separate fields (e.g. street, area, town, and county), consistent with the address format required by the DBS (formally NSTS).

[15] It is acknowledged that hospital records might not always contain complete data on women's ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[16] These codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:
http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp?shownav=1

K Bangladeshi
L Any other Asian background

Black or Black British
M Caribbean
N African
P Any other Black background

Other Ethnic Groups
R Chinese
S Any other ethnic group

Z Not stated

- **Day** of delivery (1 or 2 digits, e.g. 7 or 26);
- **Month** of delivery (1 digit, i.e. 1 or 2);
- **Year** of delivery (4 digits; i.e. 2015);
- **Actual delivery place:** should be coded using the National Codes[17]:

1 At a domestic address

2 In NHS hospital - delivery facilities associated with CONSULTANT ward

3 In NHS hospital - delivery facilities associated with GENERAL MEDICAL PRACTITIONER ward

0 In NHS hospital - delivery facilities associated with MIDWIFE ward

4 In NHS hospital - delivery facilities associated with CONSULTANT/ GENERAL MEDICAL PRACTITIONER/ MIDWIFE ward inclusive of any combination of two of the professionals mentioned

7 In NHS hospital - ward or unit without delivery facilities

6 In other hospital or institution

8 None of the above

9 Not known

- **NHS Site Code** of where the baby was delivered (i.e. to identify which hospital or maternity unit) should be coded using the five character NHS Trust Site Codes (maintained by the Health & Social Care Information Centre)[18]. This cell should be left blank for any deliveries that were not in hospital (i.e. where the 'actual delivery place' is coded 1 or 8). NHS Site Code should be left blank if 'actual delivery place' is coded 9, unless it is known that the delivery took place in hospital;
- **CCG code** – please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the person using service. Please see: http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs;

[17] The 'Actual place of delivery' codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website: http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/actual_delivery_place_de.asp?shownav=1

[18] A data file of NHS Trust Site Codes can be downloaded from the Health and Social Care Information Centre website: http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs

- **Postcode sector:** Please record the mother's postcode **'sector'**. This is the first part of the postcode (i.e. the postcode 'area' and 'district' e.g. MK18) and just the number in the second part of the postcode (e.g. MK18 4). Please **do not include** the two alpha characters in the second part of the postcode

Additional information should also be entered on this spreadsheet. The details of this information are discussed below:

1) **Record Number (RN)**. This is a unique serial number which must be allocated to each woman by the trust. It should take the following format: **MAT15XXXNNNN** where XXX is your trust's 3 digit trust code and NNNN is the unique 4 digit number relating to your sampled women, e.g., 0001, 0002…. The RN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), your contractor will be able to use these numbers to monitor which women have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. Please note: this number should be available in, and correctly referenced for, every patient dataset for this survey (e.g. sample file, mailing file, final data);

2) **Day of questionnaire being received**. This can only be completed by your contractor if and when a questionnaire is received.

3) **Month of questionnaire being received**. This can only be completed by your contractor if and when a questionnaire is received..

4) **Year of questionnaire being received**. This can only be completed by your contractor if and when a questionnaire is received.

5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which women opt out of the survey, etc.

   1 = Returned useable questionnaire
   2 = Returned undelivered by the mail service or woman moved house
   3 = Woman or baby died
   4 = Woman reported too ill to complete questionnaire, opted out or returned blank questionnaire
   5 = Woman was not eligible to fill in questionnaire
   6 = Questionnaire not returned (reason not known).

   The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire);

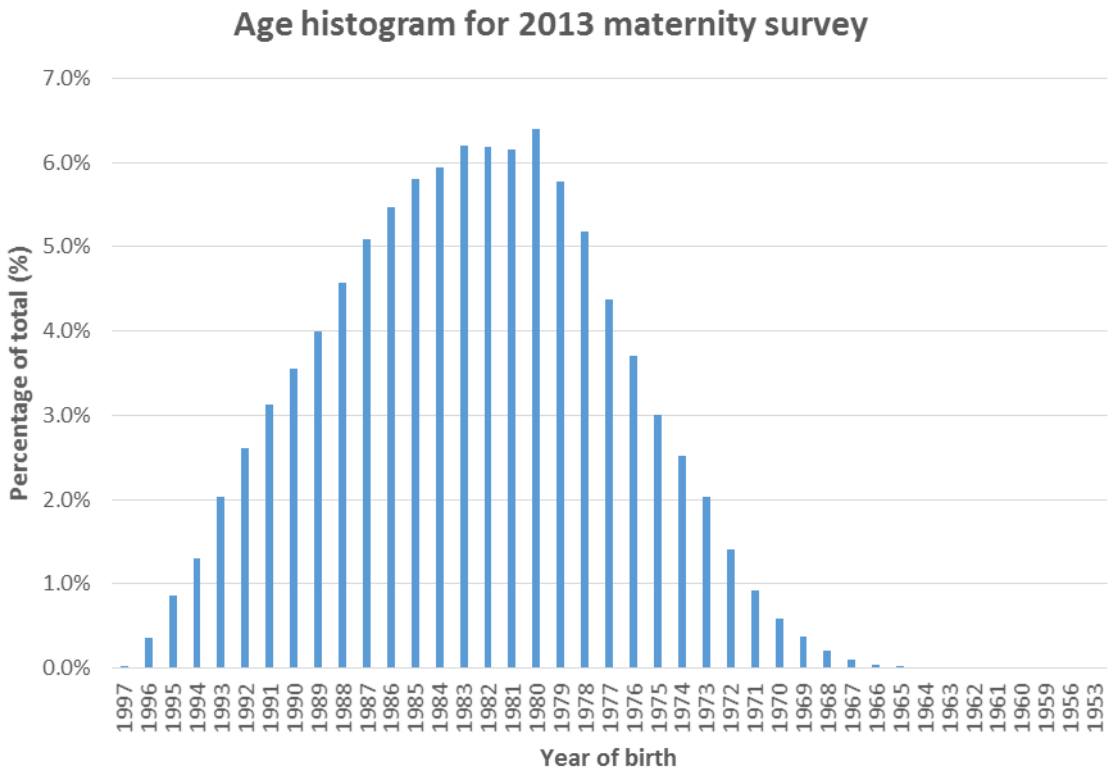
6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline.

7.7 Distribution of ages

You should check that women of all ages are included in your sample, especially for those aged 16, 17 or 18 years. We have found this age group is the most likely to be excluded due to poor sampling. It is possible there may not be any young women in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

Check that your sampled women's ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (See Figure 1). For most trusts the histogram is likely to start with a relatively small number of women aged under 20 years, and then rise steeply and form a plateau (representing a large number of women aged between 25 and 35 years) before entering a fairly gradual decline, with a small number of women aged over 40 years.

Figure 1 - Age Histogram for 2013 Maternity Survey



7.8 Check for other sample errors

The most common sampling errors made in previous maternity surveys resulted from trusts:

- Excluding women aged 16-17 years;
- Excluding women who had a home birth;
- Incorrect ethnicity coding;
- Missing some sample information, such as year of birth data;
- Postcode in incorrect format or with too many digits;
- Incorrect site codes submitted.

Using the guidance correctly will prevent any errors and may reduce delays caused by mis-sampling.

7.9 Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each woman in the sample to a new file. The record number for each woman should be copied to the new file, so that the two datasets are connected using the unique record number. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as "**MAT15_mailingdata_XXX**" (where XXX is your Trustcode).

This file should be used for mailing purposes: it will be used to check for deceased women & infants prior to reminder mailings and will be cross-referenced with the sample file (**MAT15_samplefile_XXX**) to identify women who will need to be sent reminders[19]

As this "**MAT15_mailingdata_XXX**" file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing data file should be destroyed when the survey is complete. This should be done with all other files created for the survey (aside from the survey response file).

Remember

For patient confidentiality reasons, **it is essential that you do not keep patient name and full address details in the same file as their survey response data**. (Please note: the postcode sector field should be kept in the sample file).

Table 2 – Example mailing file

Record number	Title	Initials (or First name)	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
MAT15RTE1001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
MAT15RTE1002	Ms	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
					--				
MAT15RTE1338	Miss	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
MAT15RTE1339	Ms	F	Young	634 Tyne Road	Moorfields	Tyne and Wear			AB9 5ZX

[19] As shown in Table 1, the 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which women opt out, etc.

7.10 The sample declaration form

As per the other surveys within the patient survey programme, one of the requirements of the Section 251 Approval for the Maternity Survey 2015 is the completion of a Sample Declaration Form (see Appendix 3). This form is to be completed by the person drawing the sample and must be counter signed by the Caldicott Guardian: it is a checklist of different steps that must be actioned before the sample is ready for submission.

You must submit your sample declaration form to your contractor **before** you submit your sample file and separate mailing file to your contractor. Your contractor will confirm that they are happy to receive these files before you send them. **Do not send your sample file (or separate mailing file) until your contractor has confirmed they have approved the sample declaration form.**

7.11 Sharing the sample file with an approved contractor

If you are working with an approved contractor and have a contract in place relating to the transfer of patient identifiable information (i.e. women's names and addresses) both the sample file ("**MAT15_samplefile_XXX**") **and** the mailing file ("**MAT15_mailingdata_XXX**") file should be sent to the contractor staff in encrypted format (see *Section 4.5 – Patients' names and addresses*).

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, within the trust, you should supply them with just the sample file (this will resemble *Table 1 – Sample construction spreadsheet* but with the women's names, addresses and postcodes removed). The contractor can use this list to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about maternal or infant deaths, etc.

You should not be transferring all the data in one file: separate files are required for the transfer of patient identifiable data (the mailing file) and the anonymised sample file. **If you transfer one file containing both mailing and sample information to your approved contractor, this will constitute a breach of Section 251 and action will be taken against your trust including reporting this matter to the Confidentiality Advisory Group.**

7.12 Sample checking

Once you have submitted your sample declaration form to your contractor, and they are happy to receive your separate sample and mailing files, the contractor will undertake their own internal checks on the data. You may well get some queries from your contractor so please respond to these quickly as they cannot submit the sample file to us in the Co-ordination Centre until they have resolved those queries with you.

The Co-ordination Centre will then check the sample file, sent to us by your contractor, and we will respond to them with any queries. They may come back to you for clarification, and please respond quickly to those queries so the sample can be approved and mailing can begin.

Contractors will set deadlines for when they will need your sample file by, however, the Co-ordination Centre will be checking these files between **6th April and 1st May so we must have received your file from your contractor within this time frame.**

Trusts which have not submitted their sample for checking by the **8th May 2015** will be contacted by the Co-ordination Centre directly to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **15th May 2015**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

8 Publicising the survey

The following measures will help to increase response rates and reduce the number of questions and any complaints received about a survey:

8.1 Pre-survey communication with staff

The best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on women's maternity experiences and who will be responsible for responding to the results of the survey. We suggest you put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

- Caldicott Guardian;
- Board members;
- Midwives, doctors, nurses and other health care staff;
- Members of patient groups with a special interest in the trust;
- Recent mothers and their partners;
- Medical records personnel or Patient Administration System (PAS) staff;
- Managers;
- Staff or directors responsible for:
    - Midwifery;
    - Clinical governance;
    - Patient advice and liaison service (PALS);
    - Quality improvement;
    - Strategic planning.

Keeping everyone informed

Notify as many staff members as possible about the survey, in case women contact the trust asking questions about the questionnaire they have received, or who have seen the pre-survey publicity and would like to opt out of receiving a questionnaire in the first instance. Women can be expected to ask midwives, receptionists, doctors, nurses, patient liaison officers, or the Chief Executive's office about the survey, even when your covering letters give contact details for the survey manager(s) and the dedicated helpline. Notify front line staff and executive offices that a survey is being conducted, and give them the name and number of a contact person. Survey manager(s) should be prepared to respond to these calls quickly.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet);
- Paper-based (e.g. staff briefings, newsletters, flyers, posters);
- Face-to-face (e.g. meetings, presentations and events).

Appendix 1 includes information which you can tailor for publicising the survey to staff.

8.2 Publicising the survey externally

To help promote involvement, maximise response rates, and to offer the opportunity to opt out, the survey can be publicised to recent mothers and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Talk to your hospital's press office for more ways in which you can gain publicity locally. *Appendix 2* includes information which you can tailor for publicising the survey externally.

- Put up posters which show the importance the trust places on gathering feedback. To be most effective at increasing your response rate, posters should be put up during the fieldwork period. A poster is available on the NHS surveys website at http://www.nhssurveys.org/surveys/828
- Consider using social media such as Twitter or Facebook for example or other local social media to publicise the survey.

We also recommend that posters publicising the survey should allow women to **opt out** if they do not wish to take part by providing a survey helpline phone number they can call. You can then remove any women who wish to opt out of the survey.

To encourage women to respond, we recommend you illustrate how the trust has acted on the results of the previous Maternity Survey (2013) carried out by the trust. Women are likely to be more motivated to take part in the survey if they can see tangible outcomes from a previous survey.

9 Survey materials

9.1 Questionnaire & Covering letters

The questionnaire has been rigorously tested in the format on the website at http://www.nhssurveys.org/surveys/825. Your contractor will be responsible for printing your questionnaires for you, but please note, **there are to be no additional questions added to the survey or layout request changes. Logos are also not to be added to the questionnaire.**

The covering letters are also available for information: http://www.nhssurveys.org/surveys/825. Please note that your contractor will be responsible for printing these but you will need to provide your contractor with your trust letter head and CEO signature. No deviation from the wording in these letters is possible due to the ethical approval given to the survey materials.

9.2 Mailing packs and reminders

Your contractor will prepare the mailing packs but these will typically include (first and third mailing), the following items:

- Questionnaire;
- Covering letter;
- Multi language sheet;
- Freepost envelope;
- CQC flyer.

As per the standard methodology for this survey, two reminders will be sent to non-responders throughout the course of fieldwork. Your contractor will manage this process for you but you will need to check your sample list against local records for deceased mothers and infants before each of these reminder mailings – your contractor will advise you when to do this.

As standard, before the second and third mailings are sent out, you should check the sample list for any further deceased records. It is likely that your approved contractor will inform you of the mailing dates for your trust: you must send the full sample list to DBS prior to the second and third mailings and inform your approved contractor of any deceased records. **Please ensure that you allow sufficient time to provide this information to your contractor otherwise the mailings for your trust may be delayed.**

Appendix 1: Suggested text for pre-survey communication with staff

Example titles: **What do women think about our maternity services?**

National maternity survey

Understanding women's experiences of maternity services

Women's views vital to drive service improvements in maternity care

[We / NHS Trust name / Hospital name] are carrying out a survey to find out what women think about their maternity care. Every NHS hospital trust in England that provides maternity care is carrying out this survey as part of the national patient survey programme led by the Care Quality Commission.

Why are we doing another patient survey?
Maternity surveys were carried out as part of the national patient survey programme in 2007, 2010 and 2013. We are carrying out another survey, using a similar questionnaire and methodology, to [track any changes in women's experiences over time so we can continue to improve services / or to evaluate the success of quality improvement initiatives implemented since the last survey] Obtaining feedback from women and taking account of their views and priorities is vital for bringing about improvements in the quality of care.

When is the survey taking place?
Questionnaires will be posted to women between April and August. Up to two reminders will be sent to those who have not responded between these months.

Women are being asked about various aspects of their care, including antenatal check-ups during pregnancy, care during labour and birth, communication with health professionals, involvement, care in hospital after the birth, feeding the baby, and care at home after the birth.

Who is the survey being sent to?
The survey will be sent to [number] women, aged 16 years and over, who gave birth during {January and} February 2015.

How have the results from previous survey been used?
Results from the 2013 maternity survey helped to identify areas where there was most room for improvement [a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here]

When will the results of this survey be available?
The results of this survey will be available in [month/date] in [location of where results will be published or shared with staff]. The survey findings will be reported in [format, e.g. a summary report, at a meeting etc…]. By working with both staff and patients we will use the feedback from this survey to further help improve women's experiences at the trust.

Where can I find out more?

For more information about the survey, please contact [lead survey name and contact details]

Appendix 2: Suggested template text for pre-survey article for external media

Title: **[NHS Trust name] seeks women's views or**

Women's views vital to drive service improvements

Your chance to tell [NHS Trust name] about the quality of maternity care

[NHS Trust name] is carrying out a survey to find out what women think about the maternity care they have received. The trust plans to use this feedback to improve women's experiences of care. The results will be used to help [NHS Trust name] highlight areas where they perform well and to identify the areas where there is most room for improvement.

Women who had a baby at [Hospital/unit A and Hospital/unit B / and at home] during {January and} February may receive a questionnaire by post in [month], asking about their experiences. They will be asked about various aspects of their care, including check-ups during pregnancy, care during labour and birth, communication with health professionals, involvement, care in hospital after the birth, infant feeding, and care at home after the birth.

[NHS Trust name] believes that taking account of women's views and priorities is vital for bringing about improvements in the quality of care. Results from the survey will be used to [*insert purpose of survey here,* e.g. to track women's experiences of maternity care since the last survey was undertaken in [2013] / or to measure the impact of changes made to improve maternity services based on feedback from the 2013 survey / or to find out if recent changes made to the service has led to an improvement in women's experiences]

Every NHS hospital trust in England that provides maternity services is carrying out this survey as part of a national programme led by the Care Quality Commission. This survey is part of the commitment, set out in the *NHS Plan*, to design a health service around the needs of patients.

Results from the previous 2013 maternity survey helped to identify areas where there was most room for improvement [*a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here*]

To ensure confidentiality, the results of the survey will be presented in a form that does not allow any individual's answers to be identified. The results will be published in the autumn on the Care Quality Commission's website: http://www.cqc.org.uk

[A senior executive at the trust] says "We hope that women will take the time to help us with this survey. Their views are vital in helping us to find out how we are doing and how we can improve. This is an excellent way for women to help shape the services we provide in the future."

Please contact [NHS trust staff name/us] on [{freephone} telephone number] or email [email address] if you have any queries or concerns about the survey.

Appendix 3: Sample declaration form

NHS Maternity Survey 2015

This declaration is to be signed by your trust's Caldicott Guardian, and the member of staff responsible for drawing the sample of women who gave birth at your trust as set out in the 'Instruction manual for the NHS National Maternity Survey 2015'. This checklist will be used for audit purposes to ensure that the sample conforms to the instructions and if all steps are completed, will greatly help avoid any breaches of confidentiality occurring.

The national survey has received 'Section 251 approval' from the Health Research Authority to enable data to be transferred to survey contractors for the purposes of this survey only. In order to be operating under that approval, you must follow the steps outlined below, otherwise the 'approval' will not apply. For more information on the approval requirements and confidentiality, please refer to the survey instruction manual (http://www.nhssurveys.org/surveys/).

For staff drawing the sample:
Please complete this form once you have drawn your sample of women who gave birth at your trust. You must send this form to your approved contractor **before** you send your anonymised sample file and separate mailing file. Your approved contractor will check the form and confirm that you can submit your sample to them. Following checking of your sample file, your contractor will complete the final two questions on the form (titled "section for approved contractors"), and will send both the form and sample file to the Co-ordination Centre on your behalf.

Please confirm that the following tasks have been completed on behalf of your NHS trust by **initialling the boxes** and **signing the declaration**:

A sample of all women who gave birth at your trust during February 2015 (as well as some women who gave birth in January 2015 if appropriate) has been drawn according to the instructions in the instruction manual.	Initials
Women who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).	Initials
PLEASE WRITE IN HOW MANY WERE REMOVED:	
The sample has been checked by the Demographic Batch Service (DBS)	Initials & Date
The sample has been checked by Trust staff as outlined in the instruction manual.	Initials & Date
The sample and mailing files have been separated, with no identifiable information (name and address) in the sample file.	Initials
The sample file has been prepared and is ready to send to your approved contractor alongside this form for the sample checking, and no name or address details are contained within the sample file. The only fields within the sample file are: NHS Trust code Patient Record Number (THIS IS NOT THE NHS NUMBER – the URN for the survey) Mother's year of birth Mother's ethnic category Day, month, and year of delivery Actual delivery place Place of birth: NHS site code CCG Code Postcode sector (e.g. AB12 3 – Do not include the final two letters of the full postcode)	Initials

Please note you will be required to amend or update the sample and mailing files if any errors or deviations are identified during the sample check conducted by your approved contractor and then by the Survey Co-ordination Centre.

You will also be sending a separate mailing file to your contractor – that file will contain the names and addresses. If sample files are sent to your approved contractor mistakenly containing patients' names and addresses, or any other directly identifiable data, your contractor is obliged to report this to the Care Quality Commission. Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit - see the 'Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation'. The Confidentiality Advisory Group at the Heath Research Authority will also be notified by CQC.

Declaration by trust staff drawing the sample
I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name

Contact name

Contact signature

Contact email address and phone number

Declaration by Caldicott Guardian
I confirm that the above steps have been completed and all steps have been followed.

Name

Signature

Contact email address and phone number

Section for **approved contractors**:

Please write in how many women in the sample were replaced:

Please note the reason(s) for these replacements: