SAMPLING INSTRUCTION MANUAL FOR THE NHS MATERNITY SURVEY 2017

FOR TRUSTS CONDUCTING THE SURVEY IN-HOUSE

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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Contacts

The Patient Survey Co-ordination Centre
Buxton Court
3 West Way
Oxford
OX2 0JB

Tel: 01865 208 127
Fax: 01865 208 101
E-mail: mat.cc@pickereurope.ac.uk
Website: http://www.nhssurveys.org

Key personnel

Chris Graham (Director)

Lewys Brace
Carolina Casañas i Comabella
Rory Corbett
Tiffany Gooden
John Latham-Mollart
Nick Pothecary
Firona Roth
Steve Sizmur
Eliza Swinn
Lizzie Thwaites
Alison Wright

Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this manual, for example by offering 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 (CQC) assessments for that trust. If you want to make any adjustments to the method or materials set out in this guidance, you will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability or impact on Research Ethics Committee or Section 251 approvals (see *Sections 4 & 5* of the full survey instruction manual).

Data from the patient surveys are used in an increasing number of outcomes frameworks and indicators. If the sampling guidance issued for the survey is not adhered to and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use patient survey data for purposes of risk monitoring. If data are excluded because sampling errors are detected, this will impact on the assurances CQC can have about the experiences of your patients.

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.

This document is available from: http://www.nhssurveys.org/survey/1944.

Contents

1 Drawing a sample

This manual explains how to draw a sample of women. This task will need to be carried out by a member of staff at your 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.

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.

If an error in a sample is discovered at the close of fieldwork, data for the trust may not be suitable for inclusion in the survey publication, and, as discussed in *Section 3* of the full survey instruction manual, may incur penalties in the CQC's Intelligence Model.

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 2017 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.

1.1 Compile a list of eligible women

Compile a consecutive list of all women **aged 16 years or over** at the time of delivery who had a live birth between **1st February and 28th February 2017.**

Note: If there are **fewer than 300 eligible women** who had a live birth in February, please consult the additional guidance document at: http://www.nhssurveys.org/survey/1956. This document contains instructions for including January births in the sample.

The information you obtain about each woman will be used both for administering the survey and for sending to the DBS to check for any deaths. It saves time and effort if all the information is gathered at the same time (See *Section 1.6* for a list of the data fields that you will need to include in your sample file for the survey).

Who to include

- **Women who delivered at any unit managed by the trust.** Women who gave birth at a separate maternity unit should still be included in the sample, as long as it is managed by the trust.

- **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.

- **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 have previously had a baby.

- 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 16 years of age at the time of delivery.

- Women who had any of the following ICD10 delivery outcomes or their equivalents[1]:

  - 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 baby has died since delivery[2].

- 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[3].

- Where possible, women whose baby was taken into care (i.e. foster care, adopted)[4].

- Women who gave birth in a private maternity unit or wing.

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

[2] 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.

[3] 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.

[4] 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.

- 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)[5].

- 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).

Note on patients with safeguarding concerns: In general, patients with safeguarding concerns should be included in your list, unless they meet any of the other exclusion criteria. You may want to consider whether certain patients might be placed at risk by being sent a patient survey and discuss with your trust's safeguarding lead whether any of these patients should be removed from your list of eligible patients.

Patients should **only** be removed from the list of eligible patients in extreme circumstances, where the delivery of the questionnaire itself is likely to increase the risk of harm to the individual. We would expect only a very small number of patients to be removed, if any. If you expect to remove more than a handful of patients in these circumstances, please ensure you discuss this with the Co-ordination Centre first.

If you have any queries about the inclusion or exclusion criteria, please contact the Co-ordination centre for advice: mat.cc@pickereurope.ac.uk or 01865 208 127.

Data fields to include in the list of patients

Note: Not all of these fields are required by DBS but it will save time and effort if all the information is gathered at the same time.

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information (more detail can be found in *Section 1.6*).

- Unique Record Number
- Title
- Initials/First name
- Surname
- Address fields
- Postcode
- Year of birth
- Ethnic group
- Day of delivery
- Month of delivery
- Year of delivery
- Actual delivery place
- NHS site code
- CCG code
- Postcode sector

1.2 Check the list of women

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

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

- **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.

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 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**.

- **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.

- **Duplicates**. 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 (given to women aged 16 and 17 years old by midwives).

1.3 Validate 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.

1.4 Submit the patient list to the Demographic Batch Service

Before sending out the questionnaires and reminders, the list of **women and their infants** should be checked for any deaths by the Demographic 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).[6]

Please note: A unique Record Number should be assigned to each woman in your sample **before** you submit your list to DBS. See *Section 1.6* for details on Record Numbers.

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, 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

Infant details should be recorded on separate rows on the file that is submitted to DBS. If a woman gave birth to more than one baby (i.e. twins or more), then the details of each baby should be given on a separate row. The number of rows in the spreadsheet will therefore be at least double the number of women in the sample.

[6] 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.

Submit the trace request file

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, if you are registered, 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 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 you may receive some calls from bereaved relatives, so you need to be prepared for this. Special sensitivity is required when dealing with these calls.

1.5 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 208 127).

1.6 Create the sample file

The spreadsheet you should use to create your sample file is available to download from: http://www.nhssurveys.org/surveys/1074. An example of how the spreadsheet should be filled out has been included below in Table 1. Save this file as **'MAT17_samplefile_XXX'** (where XXX is the trust code 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 must be forwarded to the Co-ordination Centre every Thursday from the **4th May 2017** 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 you 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	MAT17RNH0001	Miss	AM	Abbot			AB1 1YZ	1969	A	1	2	2017	2	RNH15	03S	AB1 1				3	Informed that woman's baby had died
RNH	MAT17RNH0002	Ms	EC	Ahmed			AB2 6XZ	1978	J	3	2	2017	0	RNH03	03T	AB2 6	14	05	2017	1	
RNH	MAT17RNH0003		P	Lane			AB3 8PL	1989	B	3	2	2017	2	RNH15		AB3 8				4	
RNH	MAT17RNH0339	Mrs	K	Yoo			AB4 7MX	1982	R	27	2	2017	1		03T	AB4 7					

Important note about Table 1

The headings of Table 1 are in three different colours:

Black headings: these columns contain information on women's names, addresses and comments that may allow them to be identified. **This information should be deleted from all files sent to the Co-ordination Centre.** This data, along with a copy of the Record Numbers should be removed from the file after the sample is finalised to create the mailing file.
Red headings: these columns should be completed during the sampling phase and submitted to the Co-ordination Centre prior to mailing for final inspection (see *Section 9* of the full survey instruction manual) and at the conclusion of the survey.
Green headings: these columns should be completed when the woman responds to the survey, either by returning a completed questionnaire, or the woman will not be participating (e.g. deceased, moved address, too ill, or called to opt out).

Please follow the additional instructions in the Sample Construction Spreadsheet file.

The following information is compiled using hospital records:

- **Trust code** (the three character code of your organisation e.g. RNH[7])
- **Title** (Ms, Mrs, Miss, etc.)
- **Initials** (or first name)
- **Surname**
- **Address** fields[8]
- **Postcode**
- The mother's **Year of birth** should be included in the form of NNNN
- The mother's **Ethnic group**[9] as reported by the mother should be coded using the 17 item alphabetical coding specified by NHS Digital[10]. The codes are as follow:

<u>White</u>
A British
B Irish
C Any other White background

<u>Mixed</u>
D White and Black Caribbean
E White and Black African
F White and Asian
G Any other mixed background

<u>Asian or Asian British</u>
H Indian
J Pakistani
K Bangladeshi
L Any other Asian background

<u>Black or Black British</u>
M Caribbean
N African
P Any other Black background

[7] A data file of NHS Organisation Codes can be downloaded from: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.

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

[9] It is acknowledged that patient records might not always contain complete data on patients' 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 CQC and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[10] These codes can be found in the NHS Data Dictionary on the following website: http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp.

Other Ethnic Groups
R Chinese
S Any other ethnic group

Z Not stated

Please note: 'Z' codes should be used where (a) a woman refuses to provide her ethnicity **AND** (b) when ethnicity is unknown (previously recorded as blanks). See *Section 3* of the full survey instruction manual for details.

- **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. 2017)

- **Actual delivery place** should be coded using the National Codes[11]:

  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[12]. 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** should be three characters. This should be the CCG which will be billed for the care of the person using service. Please see: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.

- **Postcode sector** is the first part of the mother's 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.

The following additional information should also be entered on this spreadsheet:

1) The **Record Number (RN)** is a unique serial number which must be allocated to each woman by the trust. It should take the following format: **MAT17XXXNNNN** where XXX is your trust's

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

[12] A data file of NHS Trust Site Codes can be downloaded from: https://digital.nhs.uk/organisation-data-service/data-downloads/other-nhs.

three digit trust code and NNNN is the unique four digit number assigned to each of your sampled women, e.g., 0001, 0002 etc.

Please note: Record Numbers should be assigned **before** the sample is submitted to DBS.

The RN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you 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** can only be completed if and when a questionnaire is received. It should be a **one or two** digit numerical response, **not** a date format.

3) **Month of questionnaire being received** can only be completed if and when a questionnaire is received. It should be a **one or two** digit numerical response, **not** a date format.

4) **Year of questionnaire being received** can only be completed if and when a questionnaire is received. It should be a **four** digit numerical response, **not** a date format.

5) The **Outcome** is for recording 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 after fieldwork commenced
   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)
   7 = Woman or baby died prior to fieldwork commencing

   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).

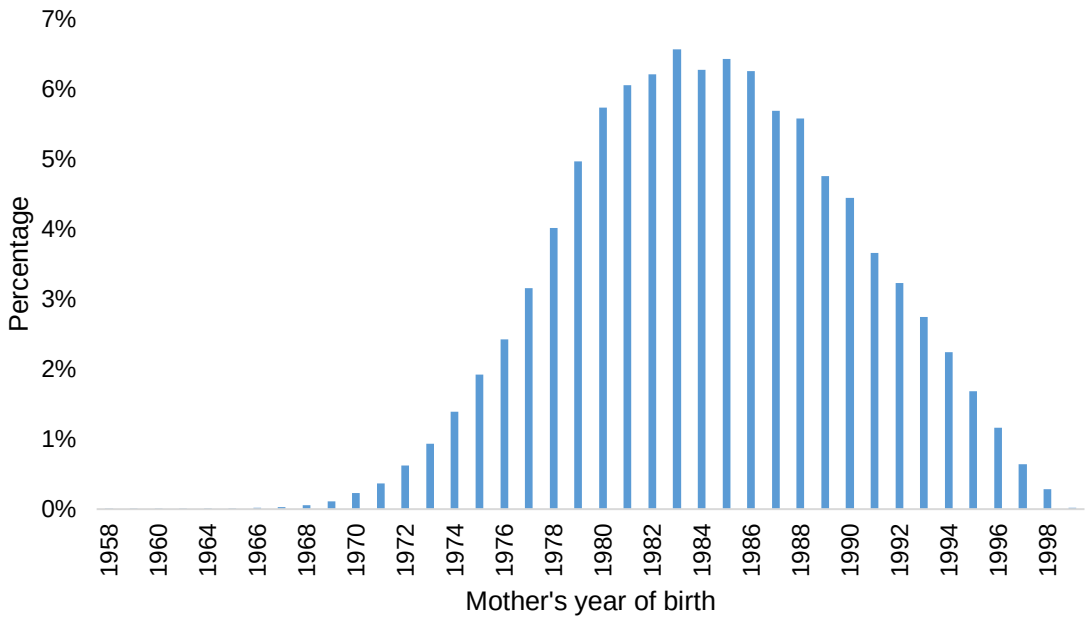
6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline, for example to inform you that the respondent has died or is no longer living at this address.

1.7 Check the distribution of ages

You should check that women of all ages are included in your sample, especially 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 2015 Maternity Survey



1.8 Check for other sampling 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
- Coding ethnicity incorrectly
- Missing some sample information, such as year of birth data
- Entering postcode in incorrect format or with too many digits
- Submitting incorrect site codes

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

1.9 Separate mailing details from sample information

At this point you should transfer the name, 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 the new file as **'MAT17_mailingdata_XXX'** (where XXX is your trust code).

This file should be used for mailing purposes. It will be used to check for deceased women and infants prior to reminder mailings and will be cross-referenced with the sample file (**MAT17_samplefile_XXX**) to identify women who will need to be sent reminders.

As this '**MAT17_mailingdata_XXX**' file will only be used occasionally during the survey, we recommend that you keep this file encrypted. The mailing file should be destroyed when the survey is complete. This should be done along 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 (except for postcode sector) in the same file as their survey response data**.

1.10 Making more use of the survey locally

Up to this point, this section of the guidance has described how sampling must be undertaken to provide the sample of women for the national survey. In addition to this minimum requirement though, your trust may wish to use the 2017 Maternity Survey as an opportunity to gather further data beyond that required by the CQC. Increasing the sample size is a good way to do this. However, you should consider the sampling period and determine whether posters have been displayed in the relevant hospital settings during this time. The posters allow women to opt out from the survey in advance, and it is advisable that you provide such an opportunity to them.

The Co-ordination Centre will be able to advise on any queries you might have via mat.cc@pickereurope.ac.uk or 01865 208 127. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2017 Maternity Survey **must be drawn as specified in this guide**; any deviation from the instructions may make it impossible for the CQC to use the data that you collect. It is therefore essential that **any additional sample drawn must be easily distinguished from the core sample**, and that it is drawn in such a way as to not interfere with selection of the core sample.

- **You must not send the additional sample file information to the Co-ordination Centre**, only the sample information required for the national survey. If any sensitive or identifiable data is sent to the Co-ordination Centre in error, appropriate action will be taken against the trust.

- If you are planning to undertake surveys more frequently than the national programme, you should consider how any increased sample here will fit with the additional surveys you will be undertaking, and if you have a sufficient number of service users to sample. Guidance for carrying out local surveys is available on our website at: www.nhssurveys.org/localsurveys.

Increasing the sample size for the survey may be helpful if, for example, you wish to:

- Analyse or compare results for specific subgroups (for example, women who gave birth at different maternity units or women of different ethnicities) in more detail than would be possible from this sample. By increasing the sample size you can ensure that you have a large enough sample of women from each group.

- Alternatively, if your trust manages a large number of deliveries, you may wish to draw an extra sample of women to survey additionally to those included in the main survey. For example, you could select women who gave birth in a different time period from those in the national survey and send them questionnaires either at the same time as or at some point after the national 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 Maternity Survey locally at the same time as the national survey you will need to **ensure that you are sampling two distinct and separate groups of women which do not overlap**. You must also ensure that the sample for the national survey is drawn as specified.

Please make sure that you do not send the Co-ordination Centre any additional sample members or sample variables.

2 Final sample inspection by the Co-ordination Centre

2.1 The sample declaration form

Before you submit your sample for checking, there is a sample declaration form with a number of compliance statements that needs to be completed by both the person drawing the sample and the trust's Caldicott Guardian. The completed form must then be sent to the Co-ordination Centre from either (a) the email address of the Caldicott Guardian, or (b) the email address of the person who drew the sample with the Caldicott Guardian copied in.

The sample declaration form is available from: http://www.nhssurveys.org/survey/1959.

The form must be submitted to the Co-ordination Centre prior to submitting your anonymised sample file for checking. The form has a separate compliance statement where you must indicate that you confirm that there are no patient identifiable data (names and full addresses) in the sample file before it is submitted to the Co-ordination Centre. This is a key element of the survey methodology as approved under Section 251, and must be followed in order to minimise the risk of any data breaches occurring. The Co-ordination Centre will confirm receipt of the form and check that it is fully completed and correct before requesting that you send your sample file to them. **Do not send your sample file until the Co-ordination Centre have confirmed they have approved the sample declaration form.**

2.2 Sample checking by the Co-ordination Centre

Once the Co-ordination Centre has approved your sample declaration form, you will provided with details on how to submit your sample to the Co-ordination Centre **via our secure FTP server.**

Trust data should still be checked for errors and a DBS check completed before the sample file is forwarded to the Co-ordination Centre. An anonymised sample file **must** be submitted to the Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns in red in Table 1 must be submitted, but **name, address and full postcode details must be removed**. (The 'postcode sector' should have been entered as an additional field, and the original full postcode entry, used for mailing, should be removed).

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. Emails discussing any sample anomalies will be returned to you within four working days of receiving of the sample.

Samples should be submitted to the Co-ordination Centre by the **28th April 2017**. If they are not, there is a risk that you will not have enough time to correct any problems in the sample and therefore may not complete the survey with an acceptable response rate. Major errors may then result in the data from the trust being excluded from the relevant CQC assessments.

Trusts which have not submitted their sample for checking by the **28th April 2017** will be contacted by the Co-ordination Centre to discuss any problems and how we can help with the process. However, if samples are not received by the **12th May 2017**, we are required to notify the CQC and they will contact you to discuss any implications for inclusion in CQC-produced data.

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre but **must not be later than seven days** after this. A large time lag increases the likelihood of women (or their babies) having died between the sample file being

received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

2.3 Making the most of the fieldwork period

Because certain demographic groups (specifically younger people and those from non-white ethnic categories) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking. The best way to ensure you can do this is to prepare before the start date of the sample checking period (**3rd – 28th April**). You can do this by:

1) Allocating sufficient time to the individual who will generate your sample to allow them to generate it, get it checked by midwifery staff, dispatch it to DBS, and to respond to queries or corrections specified by the Co-ordination Centre.

2) Discussing the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey.

3) Ensuring your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.

4) Printing of questionnaires and assembly of mailing packs before the sample is signed off. However, please ensure that the envelopes are left open so that you can check that the correct label is applied to the correct questionnaire.