GUIDANCE MANUAL FOR THE NHS MATERNITY SURVEY 2007

THE ACUTE CO-ORDINATION CENTRE FOR THE NHS ACUTE PATIENT SURVEY PROGRAMME

picker INSTITUTE
making patients' views count

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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this guidance manual, for example, by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages. More guidance on how to reach ethnic minority groups can be found in Section 7. 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 Annual Health Check for that trust. If trusts want to make any adjustments to the method set out in this guidance, they will need to seek local research ethics approval, and check with the Acute 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 Acute Co-ordination Centre website at:

www.NHSSurveys.org

Contents

1 Introduction: patient feedback and the NHS Plan

1.1 The Healthcare Commission

The national patient survey programme is owned by the Department of Health and has been operating since 2002. The Healthcare Commission administers the programme on behalf of the Department of Health. The Healthcare Commission is the health watchdog in England and checks that health services are meeting standards in a range of areas, including safety, cleanliness and waiting times. The Healthcare Commission wants to equip patients and the public with the best possible information about their local healthcare providers and to promote improvements in healthcare. Patients' experience of health services is at the heart of the Healthcare Commission's work: it wants health services to be shaped by what matters most to patients and the public.

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 and, with care, to compare the performance of different organisations, change over time, and variations between different patient groups. As well as supplying the Department of Health with data for reporting to Parliament, the survey programme provides an important source of data for screening self assessment declarations as part of the annual health check. Additionally, the surveys are expected to inform local improvement activity; they are seen as an important source of information for people to help them choose between providers and for informing commissioners of services.

1.2 The Acute Co-ordination Centre (ACC)

The Acute Co-ordination Centre for the NHS patient survey programme is based at the Picker Institute and works under contract to the Healthcare Commission to design, test, and co-ordinate the acute survey programme. We ran the Advice Centre for the NHS Patient Survey Programme from 2002 until 2005.

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 acute NHS trusts to obtain patient feedback through patient surveys. It also provides guidance on how you may use the information you gather in quality improvement programmes and for monitoring performance. By following this guidance, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

1.4 Patient feedback and the NHS Plan

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

The NHS Plan (2000) requires all NHS trusts to 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 NHS Survey programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this. Patient surveys can help deliver the NHS Plan commitments 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 Healthcare Commission's programme of reviews and inspections.

1.5 The Annual Health Check and Maternity Services Review

Information drawn from some of the questions in the maternity survey is one of the elements used by the Healthcare Commission to measure performance of trusts against the national core and developmental standards. These indicators will be used in the Annual Health Check of acute and specialist trusts in England, due for publication in summer 2008. The survey will also provide evidence for the national service review of maternity services, which is being conducted by the Healthcare Commission during 2007.

In addition to the performance assessment, the Healthcare Commission will publish benchmarking data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Information collected nationally in a consistent way is also essential to support public and parliamentary accountability. By asking each acute trust to carry out a maternity survey in a consistent way, the Healthcare Commission is building up a detailed picture of womens' experiences in acute NHS trusts.

The Healthcare 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.

1.6 Basic requirements for NHS trust 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 acute NHS trusts. Those standards are set out in detail later in this document. In summary, they are as follows:

- You must contact the Acute Co-ordination Centre by **16th March 2007** and tell them who is carrying out your survey (ie whether it will be carried out by an approved contractor or in-house) (e-mail: maternity.data@pickereurope.ac.uk).
- The survey must be carried out using the standard postal questionnaire.
- If you are conducting the survey in-house then, before drawing the sample, you must submit a formal declaration to the ACC, as outlined in Section 5.1 - *Statements of compliance with data protection*
- The samples must consist of all women who had a baby during **February 2007** as outlined in Section 9 – *Compiling a list of women*. [If your trust has fewer than 200 births in February, please contact the ACC for further advice on including women who had a baby in January 2007.]
- The sampling procedure set out in this guidance 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 9 – *Compiling a list of Women.*

- Sample data must be submitted to the Acute Co-ordination Centre for final checks before mailing as outlined in Section 10 – *Final sampling inspection by the Acute Co-ordination Centre*. We need to receive these sample files between **10th April and 4th May 2007**.
- The first mailing should be sent to women in the first or second week of May 2007, so that woman receive the survey approximately 3 months after giving birth.
- You should aim to obtain the highest response rate possible. For this survey, the target response rate is 60%. Three mailings will be necessary to achieve this target. However, trusts should facilitate higher response rates through maximising their collection period and publicising the survey. See Section 12 – *Publicising the survey.*
- Weekly submissions of details of response rates and helpline calls to the Acute Co-ordination Centre will start from 10th May 2007. A spreadsheet has been created for this purpose. For further details see Section 11 – *Weekly monitoring*.
- The questionnaire, covering letters and reminder letters (which can be found under the Maternity Survey section of the NHSSurveys website) must be used as outlined in Section 13 – *Materials*.
- **Two reminders must be sent to non-responders**, even if a 60% response rate is already achieved, as outlined in Section 14.6 – *Sending out reminders.*
- The data must be checked carefully for errors before submitting it to the Acute Co-ordination Centre. Specific advice on how to carry this out is included in Section *15.2 – Checking for data errors*.
- The data from the questions, and the required information about the patient sample, must be submitted to the Acute Co-ordination Centre in the form outlined in Section 15.3 – *Submitting data to the ACC* by **20th July 2007.**
- Two **paper** copies of the questionnaire and the covering letters used for **each mailing** and the checklist must be submitted to the Acute Co-ordination Centre in the form outlined in Section 15.3 – *Submitting data to the ACC* by **27th July 2007.**
- The Commission requests tha trusts do not publish their survey results prior to the official release of the benchmark reports and national spreadsheets because there might be some differences which could cause confusion for people. However, trusts can start using their results internally to identify areas for quality improvement.
- You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until 30th November 2007 but please **do not** send these to the Acute Co-ordination Centre. These returned questionnaires may be needed to audit the data sent to the ACC.

1.7 Why you need this guide

Trusts have the option of conducting the survey in house or using an approved contractor (see Section 3). Whichever route you take, you will need to address the guidance in sections 1 to 12 and 16 to 18 of this document. Sections 13, 14 and 15 cover the practicalities of mailing out the survey, following-up responses and processing data, and submitting it to the Acute Co-ordination Centre. These sections will be most relevant to approved contractors, or trusts undertaking the surveys themselves.

Handbooks on 'Sampling' and 'Data cleaning' can be found on the NHSSurveys website. These are intended for trust staff who are involved in some aspects of the maternity survey 2007 (eg drawing the patient sample, comparing contractor pricings, etc) but who will not be managing the entire process. Those co-ordinating the survey for the trust (either in-house or an approved contractor) must be familiar with the full version of the guidance as this sets out **ALL** requirements for the survey.

2 Setting up a project team

Whether you choose to do the survey in-house, or to use an approved contractor, we recommend you set up a project team to assist you. 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 patients' 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:
- Board members
- Doctors, midwives, nurses and other health care staff
- Managers
- Medical records personnel or Patient Administration System (PAS) staff
- Patients and carers
- Members of patient groups with a special interest in the trust
- Caldicott Guardian
- 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 ask questions.

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

3 Deciding whether to use an approved contractor or carry out the survey in-house

Trusts may choose to carry out their surveys in-house, or to commission an approved contractor to carry out the work for them. We do not recommend you carry out large-scale surveys such as these in-house. Tracking large surveys with appropriate follow-up is an administratively complex task requiring dedicated resources for several months. Getting systematic feedback from patients requires money, resources and staff time. Considering the following questions can help you decide whether it makes sense for your trust to conduct the survey in-house or to commission an approved contractor:

- Costs
- Internal resources/Expertise
- Timing
- Quality and confidence in the findings

3.1 Costs

The financial resources needed to carry out a survey in-house are often under-estimated. The following is a list of the main items of expenditure for a postal survey, including the two reminders that must be sent out for all NHS trust surveys.

Staff time

This is one of the largest expenditures, but it is sometimes overlooked. Be sure to include the cost of staff time, including salary and fringe benefits, and time spent away from other work. Please note that weekly submission of response rates and helpline monitoring information will be required for each trust taking part in the maternity survey 2007, involving increased staff time for both trusts and contractors.

Stationery and postage

You will need to cover the cost of stationery and postage for three mailings. The first mailing will go out to all eligible women who had a live birth in February and the second and third mailings will be sent only to non-responders. (See Section 13 – *Materials* for more details.) You will need to cover the cost of second class postage for three mailings, two of which will be greater than the standard letter rate, while the second mailing (first reminder slip) will be standard letter rate.

Freepost licence

There is a charge for obtaining a freepost license which enables you to print a freepost address on return envelopes so that respondents can send back completed questionnaires at no cost to themselves. You will also be charged for each returned questionnaire. (For details, see 14.1 - *Setting up a FREEPOST address*).

Freephone service

This service gives patients easy access to advice and staff who can reassure them on any concerns they have about the survey. The cost of setting up such a service needs to be included. (For details, see 14.2 - *Setting up a FREEPHONE line*).

Data entry

If the data are entered manually, you will need to allow enough staff time for this, and for checking the accuracy of the data file. Alternatively, a data processing or scanning company may be contracted to process the data for which there would be a charge. We recommend you allow enough time for agreeing the details of a contract with a company and discussing their specific requirements (such as the size of the response boxes). If you use in-house scanning equipment, allow time for setting it up to read the data correctly from questionnaires.

3.2 Internal resources

To carry out a survey effectively, the following areas of experience and skills are needed:

- Administration of postal surveys
- Communication with and coordination of multi-disciplinary teams
- Data entry, validation and cleaning
- Data analysis and interpretation, and familiarity with a statistical computing package
- Report writing.

3.3 Timing

It is often possible to carry out small, localised surveys quickly in-house. However, even in the best of situations, other demands on staff can side-track them into other work. If you commission an approved contractor to carry out the survey, you should ensure that appropriate and realistic deadlines are set.

3.4 Quality and confidence in the findings

It is important to remember that the results of the survey will be used not only within the trust to identify areas for improvement but also by the Healthcare Commission and DH to contribute to performance assessment and for use in the 'choosing your hospital' booklet.

It is therefore essential that the data are as accurate and reliable as possible and that the information is gathered in the same way for all trusts. Using the expertise of an approved contractor may add credibility to the survey findings in the eyes of staff, patients and the general public.

When you have decided who will carry out your survey, ie an in-house team or an approved contractor, you must inform the Acute Co-ordination Centre by 16th March 2007.

4 Commissioning a survey from an approved contractor

The framework agreement set up by the Healthcare Commission covers the core survey process. Approved contractors are expected to provide the following services:

- Advising on sampling, providing support to trusts for sampling
- Printing questionnaires, covering letters, reminders and providing consumables
- Handling receipt of questionnaires, liaising with trusts re non-responses and reminders
- Support to ensure good response rates, eg FREEPHONE line
- Data entry, cleaning data and providing data to Acute Co-ordination Centre by the deadline
- Preparing standard reports for trusts.

Twelve organisations have been approved by the Healthcare Commission to carry out surveys for the NHS patient survey programme. Trusts may commission any one of these contractors without further tendering the survey work. Before committing to a contractor, you are advised to **check exactly what is covered** within the cost quoted.

Information about each of these organisations, including their prices, can be found on the NHSSurveys website.

4.1 List of approved contractors

The following contractors have approved status for work on the national patient experience surveys programme:

BMG Research

Contacts: Dawn Hands, Jenna Allen and Simon Maydew

Holt Court
Heneage Street West
Aston Science Park
BIRMINGHAM
B7 4AX

Tel: 0121 333 6006
Fax: 0121 333 6800
E-mail: dawn.hands@bmgresearch.co.uk; Jenna Allen@bmgresearch.co.uk; Simon.Maydew@bmgresearch.co.uk
Website: www.bmgresearch.co.uk

GFK NOP

Contact: Sarah McHugh, Joy Mhonda and Lisa Endersbee

GFK NOP
Ludgate House
245 Blackfriars Road
London
SE1 9UL

Tel:	0207 890 9000 (Switchboard)
Fax:	0207 890 9744
E-mail:	sarah.mchugh@gfk.com, joy.mhonda@gfk.com, lisa.endersbee@gfk.com
Website:	www.gfknop.co.uk

Ipsos MORI

Contact: David Henderson

Ipsos MORI
79-81 Borough Road
London
SE1 1FY

Tel:	0207 341 3178
Fax:	0207 347 3800
E-mail:	David.Henderson@ipsos-mori.com
Website:	www.mori.com

Marketing Sciences

Contact: Eileen Sutherland

Marketing Sciences
8 Clement Street
Winchester
Hampshire
SO23 9DR

Tel:	01962 842211
Fax:	01962 840486
E-mail:	esutherland@marketing-sciences.com
Website:	www.marketing-sciences.com/

MSB Ltd

Contact: Don Porter

MSB Ltd
Winslow House
Ashurst Park
Church Lane
Sunninghill
Ascot
Berkshire
SL5 7ED

Tel: 01344 876 300
Fax: 01344 873 677
E-mail: Don@msbconsultancy.com
Website: www.msbconsultancy.com

The National Centre for Social Research

Contacts: Marian Bolden

National Centre for Social Research
Kings House
103-135 Kings Road
Brentwood
Essex
CM14 4LX

Tel: 01277 690101
Fax: 01277 226844
E-mail: M.Bolden@natcen.ac.uk
Website: www.natcen.ac.uk

NHS Partners

Contact: Cheryl Kershaw

NHS Partners
30 Victoria Ave
Harrogate
North Yorkshire
HG1 5PR

Tel: 01423 720212
Fax:
E-mail: Cheryl.kershaw@nhspartners.org.uk
Website: www.nhspartners.org.uk

Patient Dynamics

Contacts: Andrew Smith and Delia Knox

PatientDynamics™
Riverside House
5 Nutfield Lane
High Wycombe
Buckinghamshire
HP11 2ND

Tel: 01494 536346
Fax: 01494 536146
E-mail: andrew@patientdynamics.org.uk; delia@patientdynamics.org.uk
Website: www.patientdynamics.org.uk

Patient Perspective

Contact: Stephen Bruster

3rd Floor
Elms Court
Botley
Oxford
OX2 9LP

Tel: 01865 205100
Fax: 01865 205111
E-mail: Stephen.bruster@PatientPerspective.org
Website: www.patientperspective.org

Picker Institute Europe

Contacts: Tim Markham, Bridget Hopwood, Sheena MacCormick, or Nick Richards

Picker Institute Europe
King's Mead House
Oxpens Road
Oxford
OX1 1RX

Tel: 01865 208100
Fax: 01865 208101
E-mail: surveys@pickereurope.ac.uk
Website: www.pickereurope.org

Quality Health

Contacts: Dr Reg Race and Kerry Hibberd

Quality Health
Sutton Manor
Palterton Lane
Sutton Scarsdale
Chesterfield
Derbyshire
S44 5UT

Tel: 01246 856263
Fax: 01246 851143
Email: Reg.Race@Quality-Health.co.uk; kerry.hibberd@Quality-Health.co.uk
Website: www.quality-health.co.uk

SNAP surveys

Contact: Tamara Gooderham

SNAP Surveys
Mead Court
Cooper Road
Thornbury
Bristol
BS35 3UW

Tel: 01454 280860
Fax: 01454 281216
Email: tgooderman@snapsurveys.com
Website: www.snapsurveys.com

4.2 Contracts

Model honorary contracts have been provided by the Healthcare Commission to be used as templates for agreements between the trust and the approved contractor. These can be found on the NHSSurveys website in both Word document and template formats. The four documents that are available are:

- A briefing note about the honorary contracts
- Guidance about the honorary contracts
- The honorary contract between the trust and the approved contractor
- The honorary contract between the trust and individual staff members of approved contractors

These are designed as model contracts and trusts and approved contractors may agree on the wording and content of their own contracts. We suggest in addition to standard contractual terms and conditions, the contract should specify the following:

- The groups, and numbers, of women to be surveyed
- The survey methodology (ie postal questionnaire with two reminders to non-responders)
- Exactly what the survey provider and the trust are responsible for in carrying out the survey project (division of responsibilities)
- The main contact at the survey provider and the individual at the trust responsible for managing the project
- A timetable showing the dates when each task is to be carried out and by whom
- The outputs of the project. That is, types of and numbers of reports to be delivered and details of any presentations to be carried out by approved contractors
- The costs and a payment schedule.

5 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. You will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott principles*. 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. It will also be necessary to establish appropriate contractual arrangements with any contractors. Your trust's Caldicott guardian and legal advisors will be able to advise you on these matters.

New guidelines on the use and security of the data collected have been agreed by the Healthcare Commission and the co-ordination centres for the national NHS staff and patient survey programmes. 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). They have implications for approved contractors and for NHS trusts conducting surveys in-house.

Their website below has further information:
http://www.dh.gov.uk/PolicyAndGuidance/InformationPolicy/PatientConfidentialityAndCaldicottGuardians/fs/en

Further information about the Data Protection Act 1998 can be found at http://www.ico.gov.uk

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

5.1 Statements of compliance with data protection

In-house surveys

Each NHS trust has a Caldicott Guardian responsible for overseeing proper use of patient data. If you are conducting the survey in-house then, before drawing the sample, you must submit a formal declaration (see Appendix 1), signed by the Caldicott Guardian and survey lead(s) for the trust, to the ACC. This declaration will certify that data shall only be displayed, reported, or disseminated in compliance with the guidelines (see Section 5.5). Templates for these declarations are available on the website containing the survey guidance (www.NHSSurveys.org). You must wait for confirmation of receipt from the Acute Co-ordination Centre before you draw your sample.

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* 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.

If the Caldicott Guardian is unable to make such a declaration, then the trust must use an approved contractor to ensure that appropriate standards of confidentiality data protection are maintained.

Approved contractors

The framework agreement between the approved contractors and the Healthcare Commission contains clauses stating that the approved contractor will comply with the Data Protection Act so no declaration is required if a trust appoints a contractor from the approved list.

5.2 Patients' names and addresses

In order to comply with the Data Protection Act 1998 and common law duty of confidence, NHS trusts should not release the names, addresses or any other personal details of patients to anyone who is not employed by the trust, unless consent has been obtained from each patient. This includes releasing names and addresses for the purpose of mailing survey questionnaires to patients. The honorary contract (see Section 5.3) allows approved contractor staff to view this information without infringing the Data Protection Act 1998. Please note that under the new data protection guidelines for patient surveys, the following principles **must** be followed:

- All of the Caldicott principles must be satisfied
- The personal data should be sent to the approved contractor in the form of a password-protected database or sent to the contractor using a Healthcare Commission approved secure uplink. The password should be verbally given to a named individual at the approved contractor. The trust should save the database onto a CD-ROM or diskette, placed, in a single sealed envelope or other container, annotated "Addressee Only", and sent this to the approved contractor by recorded delivery through the Royal Mail or through a courier service.
- Names and addresses may be sent by Trusts to contractors over the Internet using an encrypted session. Trusts/contractors must gain prior approval from the Healthcare Commission for their particular methods and choice of products, and must undertake to keep their products up to date to ensure that security is effective.
- If the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) is to be used, a key size of 256 bits should be used whenever possible. A key size of at least 128 bits must be used.
- This procedure is in accordance with the guidelines for sharing restricted information as set out in the Healthcare Commission's handbook for staff: *Handling information at the Healthcare Commission.*

Remember: if the data contains patient names and addresses, this can only be sent to the contractor by CD-ROM or diskette, or via a Healthcare Commission approved encrypted method.

Two common methods are practised by trusts, and advised by the Healthcare Commission, working with approved contractors:

1) The contractor delivers pre-packed serial-numbered envelopes containing questionnaires, covering letters and FREEPOST envelopes to the trust. The trust then attaches number-matched address labels to the envelopes and sends 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. This process is described in more detail in Section 14.

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 Healthcare Commission has developed a set of contracts for trusts and approved contractors carrying out the survey. The honorary contract makes named staff members of the approved contractor unpaid employees of the trust, allowing the trust to transfer patient data in a way that does not compromise patient confidentiality, and 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.

5.3 Model contract

A model contract has been drawn up by the Healthcare 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. The model contract also ensures that approved contractor staff members sign and abide by the honorary contract. The honorary contract is set up between the trust and those members of the approved contractor staff who will have access to patients' information. The honorary contract describes how patients' personal data will be sent to the approved contractor, and how the data can be used. It also ensures that only those members of staff named in the contract will have access to the data.

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

5.4 Patient anonymity

In-house surveys

It is important to ensure that any claims you make about patient anonymity are accurate; and you are obliged by law to honour any statements that you do make. In most cases where a survey is carried out in-house, it is not accurate to tell patients that their responses will be anonymous. The person who receives the completed questionnaires is usually able to match these responses to patient names and addresses.

Approved contractors

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. Patients' names and addresses should be seen by trust staff only, while individual patients' responses should be seen by contractor staff only. As long as the response data supplied to trusts do not include patient record numbers or any other detail that allows individuals to be identified or linked, it can reasonably be claimed that patients' responses are anonymous.

5.5 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, womens' responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a woman is known to have given birth on a particular ward, and her year of birth and ethnic group are known from their survey responses, it might be possible to use this information to identify her. 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 recommendations are made:

Trust level

1) The raw data set should not be provided to any staff at the trust other than the Caldicott Guardian and survey leads recorded on the declaration of compliance (see Section 5.1)
2) Additional data analysts may be added later by a second submission of the declaration of compliance to the Acute Co-ordination Centre (see Appendix 2). Additional data analysts cannot view the raw data until approval has been received from the ACC.
3) If data are to be presented to trust staff who have not signed the declaration (using the declaration of compliance), 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 20 respondents should be suppressed (replaced by a dash). The data should be presented as in the following example. In this case, responses for the 'Mixed' and 'Asian' ethnic groups are suppressed (though the subgroup totals are shown):

	B6. Were you given a choice of having your baby at home?		
Ethnic group	Yes	No	Total responses
	%	**%**	**n**
White	38	62	261
Mixed	-	-	8
Asian	-	-	18
Black	41	59	52
Chinese or other	85	15	26

4) 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 womens' free text comments in this context.

The electronic file containing the womens' names and addresses should be stored securely (ie password protected). Access to the file should be given only to those individuals who have signed the declaration of compliance.

Approved contractor

1) Approved contractors must 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 must delete the two variables pertaining to **date of delivery** (eg both sample variable and response variable – A3)
    b. The contractor must delete the two variables pertaining to **ethnicity** (eg both sample variable and response variable – J7)
    c. The contractor must delete the responses to question **A2** on whether the woman gave birth to a single baby or more.
    d. The contractor must delete the responses to questions **J1** and **J2** on the woman's reproductive history

e. The contractor must delete the responses to question **J6** pertaining to the language spoken most often at home.
f. The contractor must **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 (J3). The original mother's year of birth variables (eg those specifying an exact year rather than age group) must then be deleted
g. The contractor must **band responses to A4** (the number of weeks pregnant when baby was born) into two groups ('Less than 37 weeks' and '37 weeks or more'). The original variable must then be deleted.
h. The contractor must **band birth weight** (question A5) into two groups ('<= 2500 grams' and '> 2500 grams'). [Note: you will need to convert those responses to 'pounds & ounces' into grams first]. The original birth weight variables (A5a-A5c) which specify exact weight must then be deleted.
i. The contractor must **band responses to C1** (length of labour) into four groups ('Less than 3 hours'; '3 hours or longer, but less than 6 hours'; '6 hours or longer, but less than 10 hours' and '10 hours or longer'.
j. Verbatim comments that could lead to any staff identifying respondents must be removed, eg those mentioning dates and patient, staff, ward or unit names[†]
k. Receive confirmation from the trust that they have destroyed the names and addresses of the sampled women, otherwise they will be able to identify individual women by matching up the patient record number/serial numbers on the name and address list to those in the raw data file.

These steps MUST be followed before supplying raw data to trusts. This is to prevent the disclosure of a patients' identity by specific demographic factors. Different arrangements govern the supply of raw data to the co-ordination centres. The arrangements are described in full in Section 15. The response data will be anonymous when passed to the Acute Coordination Centre and Healthcare Commission, and published and archived results will not identify patients.

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 20 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 sub-group totals are shown):

	B6. Were you given a choice of having your baby at home?		
Ethnic group	Yes	No	Total responses
	%	**%**	**n**
White	38	62	261
Mixed	-	-	8
Asian	-	-	18
Black	41	59	52
Chinese or other	85	15	26

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

[†] Please be aware that there are exemptions allowing disclosure, such as the prevention of crime exemption which **might** allow disclosure of free text describing criminal matters actual or threatened. Neither the Healthcare Commission nor the ACC can offer legal advice on these matters; the contractor or trust must seek its own independent legal advice before disclosing patients' comments to trusts.

reader/audience to identify individual women from their responses, and pay particular attention to the women's free text comments in this context.

The electronic file containing the patients' names and addresses should be stored securely (ie password protected). Access to the file should be given only to those individuals who have signed honorary contracts.

5.6 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of patients' names, and the questionnaires kept until 30th November 2007. All mailing lists of womens' names and addresses should be stored on a separate computer to that containing survey data. Mailing lists of womens' names and addresses should be destroyed when the mailing process is complete.

6 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.

6.1 Ethical approval for the maternity survey

Multi-Centre Research Ethics Committee (MREC) approval has been obtained for the maternity questionnaire and the covering and reminder letters, all of which can be downloaded from the NHSSurveys 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 MREC 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. The MREC letter can be downloaded from the NHSSurveys website.

Further information on the ethical approval process can be found at Central Office for Research Ethics Committees or by e-mailing queries@corec.org.uk.

6.2 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 Healthcare 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 Healthcare 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 Healthcare Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The following table has been prepared by the Healthcare 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 columns sets out the arrangements made by the Healthcare 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.

6.3 Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	Healthcare 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. Similar letter has been sent to the Research and Development Managers of the trusts.*
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 for the Annual Health Check and 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 Healthcare Commission as sponsors of the study have sought ethics approval from MREC. 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 Healthcare 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 the trusts to maintain these links and follow best practice evidence.*
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.[‡]	*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.*

[‡] 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 by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

Research Governance Framework	Healthcare Commission sponsored patient surveys
Put and keep in place systems to identify and learn from errors and failures.	*The Healthcare Commission also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Healthcare 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 Healthcare Commission maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Acute Co-ordination Centre who are commissioned by the Healthcare 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 core and developmental standards in the Annual Health Check.*

7 Collecting data from non-English-speaking populations

The women who respond to your survey should be representative of all of the women who use the trust, so it is important that groups with limited understanding of English are not excluded. The questionnaire has been written in as **plain language** as possible to facilitate optimum understanding by all respondents.

For this survey, translated questionnaires are not being used since it is not possible to identify non-English-speaking patients, or their specific language, from patient records before questionnaires are sent out because language spoken is not usually included on patient administrative systems. Therefore, the first contact with them will have to be in English.

The Healthcare Commission has commissioned further work to assess alternative methods for seeking the views of ethnic minority groups for future surveys. There are a number of strategies you can adopt in the meantime to facilitate the process of collecting ethnic minority views within this survey:

- It is good practice to offer help or interpretation services to those who might require them. You can do this by subscribing to a specialist interpreting service, most of who offer telephone interpretation on a pay-as-you-go basis. This normally involves a three-way conversation between you (or your helpline operator), the patient and the interpreter. (Note that trusts may already have arrangements with such a service.)
- A multi-language leaflet template is available on our site, and this can be included with your first and third mailings. Trusts and approved contractors can use this leaflet by inserting their appropriate helpline number. This gives directions in the 20 most common non-English languages spoken in England and also in EasyRead (routed to a separate number run by Mencap to help those with learning disabilities).
- Many households include at least **one competent English speaker** who can help the patient to fill in a questionnaire. In practice, this is often the most efficient way of gathering data from non-English-speakers, although it is not ideal, as there is no control over the way in which a patient's family or friends translate questions or interpret their responses, and it does not allow the patient to answer the questions for themselves.

8 Timetable

The time taken to complete the survey process will depend on many factors. The survey period has been extended by four weeks for the maternity survey, now allowing a total of 19 weeks, to allow enough time for the sample to be validated by midwives. Dissemination of the results to all staff will take considerably longer. If you commission 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, marked in **bold** in the timetable below.

Week	Task	See Section
1	**Inform Acute Co-ordination Centre who is carrying out your survey by 16th March 2007 (name of approved contractor or in-house)**	3
1-2	**Draw sample of women to be included in the survey**	9
1-2	**Check sample for deceased women and infants using hospital records**	9.2
2-3	**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**	9.3
3-4	**Submit sample list to NSTS to check for deceased women AND infants**	9.6 & 9.7
5-8	**Submit anonymised sample to Acute Co-ordination Centre before starting mailing process**	10
1	**If using an approved contractor, supply them with trust headed paper and a signature of a senior executive and, if appropriate, ensure that the honorary contract is signed**	5 &13.2
1-2	Print questionnaires and covering letters	13
2	Set up FREEPOST address and helpline	14.1 & 14.2
2	Establish system for responding to telephone enquiries	14.2
3	Establish system for booking in questionnaires	14.5
8	**Check your own trust's records again for any maternal or infant deaths**	9.2
6 - 8	**Stick labels on pre-packed numbered questionnaires and reminders supplied by approved contractor (if NOT using honorary contract)**	4 &14.6
8-9	Send out first questionnaires in the first or second week in May 2007	14.4
9	Send first weekly response rate and helpline monitoring form to Acute Co-ordination Centre	11
8 -18	Continue to respond to telephone enquiries	
8 -18	Log and process returned questionnaires	14.5
8 -18	Enter data	15
10	**Check your own trust's records again for any deaths**	**9.2**
10-11	Send out first reminders to non-responders	14.6

11-12	Be prepared for a small peak in telephone calls as first reminders received	
12	**Check your own trust's records for any deaths**	9.2
13-14	Send out second reminders to non-responders	14.6
18	Complete data entry	15
18	Check data for errors	15.2
19	Send data to Acute Co-ordination Centre (by **20th July 2007** at the latest)	15.3
20	Send two copies of the questionnaire, all covering letters and a copy of the checklist to the Acute Co-ordination Centre (by **27th July 2007** at the latest)	15.3 & 15.4
19	Begin analysing trust's results and writing report	16 & 17
20	**Disseminate results to staff**	17 & 18
	You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until 30th November 2007	5.6

Timetable for maternity survey 2007

	March				April				May					June				July			
		W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	W 9	W 10	W 11	W 12	W 13	W 14	W 15	W 16	W 17	W 18	W 19	W 20
Publish guidance to trusts and contractors																					
Date by which the ACC must be notified which approved contractor is being used																					
Draw sample and carry out necessary checks																					
Submission of samples to ACC for checking																					
Send out first mailing in first or second week of May																					
First submission of outcome and helpline monitoring to ACC																					
Survey fieldwork																					
Final data due																					

9 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 the 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 NHS Strategic Tracing Service (NSTS) to identify deceased women and infants.

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

We strongly advise that you read all of this section BEFORE you start to compile your list.

9.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2007.**

Note

If there are **less than 200 eligible women** who had a live birth in February, then please contact the Acute Co-ordination Centre on 01865 208127 for advice on how to sample back to include women who gave birth in January 2007.

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

The list should **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.[§] Women who give birth at a separate maternity unit should still be included in the sample. 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 [Appendix 3 lists all relevant ICD codes for delivery]. If you do not use ICD10 codes in your systems, please use the appropriate equivalents to identify eligible women.
- **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.
- Women who are in hospital, or whose baby is in hospital, should still be included in the sample.
- Include women even if their addresses are incomplete but still useable (eg no postcode).

[§] Exclude any women whose baby was born in a unit managed by a Primary Care Trust if these cases are also included on your hosptial databases.

Exclusion criteria

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 have died during, or since, delivery
- women who had any of the following ICD10 delivery outcomes **or their equivalents**[**]:
  - 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[††]
- women who had a concealed pregnancy[‡‡]
- women whose baby was taken into care (ie foster care, adopted)[§§]
- women who gave birth in a private maternity unit or wing
- women who gave birth in a maternity unit managed by a Primary Care Trust (PCT)
- women without a UK postal address

9.2 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 NSTS 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.**

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

[††] 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 NSTS to ensure that deaths occurring both within the trust and outside trusts are detected.

[‡‡] 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.

[§§] 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.

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

You are also advised to repeat this check before the second and third mailings, and to 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.

9.3 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.

9.4 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 Acute Co-ordination Centre and so it will be advantageous for you to use this spreadsheet.

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 10th May 2007 until the closing date of the survey.
3) The anonymous data in this file (ie all the data **except** patient name and address information) will form part of the file that you will submit to the Acute Co-ordination Centre when the survey is completed.

Table 1 – Sample Excel file

Record number	Title	Initials	Surname	Address1		Address5	Postcode	*Mother's Year of birth*	*Ethnic Group*	*Day of delivery*	*Month of delivery*	*Year of delivery*	*Place of birth: NHS Trust Site code*	*Place of birth: Consultant-led unit or midwifery-led unit*	*PCT of Residence*	*Day of questionnaire being received*	*Month of questionnaire being received*	*Year of questionnaire being received*	*Outcome*	Comments
1001	Miss	AM	Abbot		---		AB1 1YZ	1969	1	1	2	2007	RR115	C	5LS				3	Informed that woman's baby had died
1002	Mrs	EC	Ahmed		---		AB2 6XZ	1978	3	3	2	2007	RTE03	M	5LT	14	05	2007	1	

1339	Ms	K	Yoo		---		AB4 7MX	1982	5	27	2	2007	RTE03	C	5LS					
1340	Ms	F	Young		---		AB9 5ZX	1975	1	28	2	2007	55555		5GT	19	06	2007	1	

Important note about table 1

The headings of Table 1 are in three different colours:
Bold black headings: these columns contain information on womens' names, addresses and comments that may allow them to be identified. This information should be deleted from all files sent to the Acute Co-ordination Centre
Red italic headings: these columns should be completed during the sampling phase and submitted to the Acute Co-ordination Centre prior to mailing for final inspection (see Section 10) and at the conclusion of the survey
Green italic headings: these columns should be completed when the woman responds to the survey, either by returning a completed questionnaire, or the trust is notified the woman will not be participating (deceased, moved address, too ill, or called to opt out).

The following information is compiled using hospital records:

- Title (Ms, Mrs, Miss etc...)
- Initials (or First name)
- Surname
- Address Fields [***]
- Postcode
- The mother's **Year of Birth** should be included in the form of NNNN.
- **Ethnic Group** should be coded using the broad categories 1 = White; 2 = Mixed; 3 = Asian or Asian British; 4 = Black or Black British; 5 = Chinese; 6 = any other ethnic Group. These are *derived from* the standard categories introduced by the NHS Information Authority from 1st April 2001, but if your trust is not using these categories, the data will need to be re-coded to these numeric codes.

Note

If the ethnic group is unknown, this cell should be left blank. Do NOT automatically code unknown ethnic groups as 6 – this code is reserved for patients whose ethnic group is known, but does not fall into one of the categories labelled 1-5 above.

- **Day** of delivery (1 or 2 digits; eg 7 or 26)[*]
- **Month** of delivery (1 digit; ie 1 or 2)[*]
- **Year** of delivery (4 digits; ie 2007)[*]
- **Place of birth:** the **NHS Trust Site Code** of where the baby was delivered (ie which hospital or maternity unit) should be coded using the five character NHS Trust Site Codes (maintained by the National Administrative Codes Service)[†††]. Any home births should be coded as 55555.
- **Place of birth:** (ie. in a **consultant-led or midwifery-led unit)** should be coded as C=Consultant-led unit or M=Midwife-led unit. If a baby was born at home, this cell should be left blank.
- **PCT of Residence** should be coded using the ***first three*** characters of the PCT character codes (maintained by the National Administrative Codes Service). They provide postcode files which link postcodes to the PCTs.

[***] The address should be held as separate fields (eg street, area, town, and county), consistent with the address format required by the NSTS.

[*] Date of delivery fields must be supplied in separate columns (eg date, month, and year).

[†††] A data file of NHS Trust Site Codes can be downloaded from the National Administrative Codes Service website (www.nhs.uk/nacs)

Note: Place of birth

The NHS Trust Site Codes will not necessarily identify the **type** of unit a baby was born in as some hospital sites have both consultant-led and midwife-led units. Therefore, it is important to also identify the type of unit where a baby was born (ie consultant or midwife-led) so that women's experiences of care can be compared by the structure of maternity services.

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

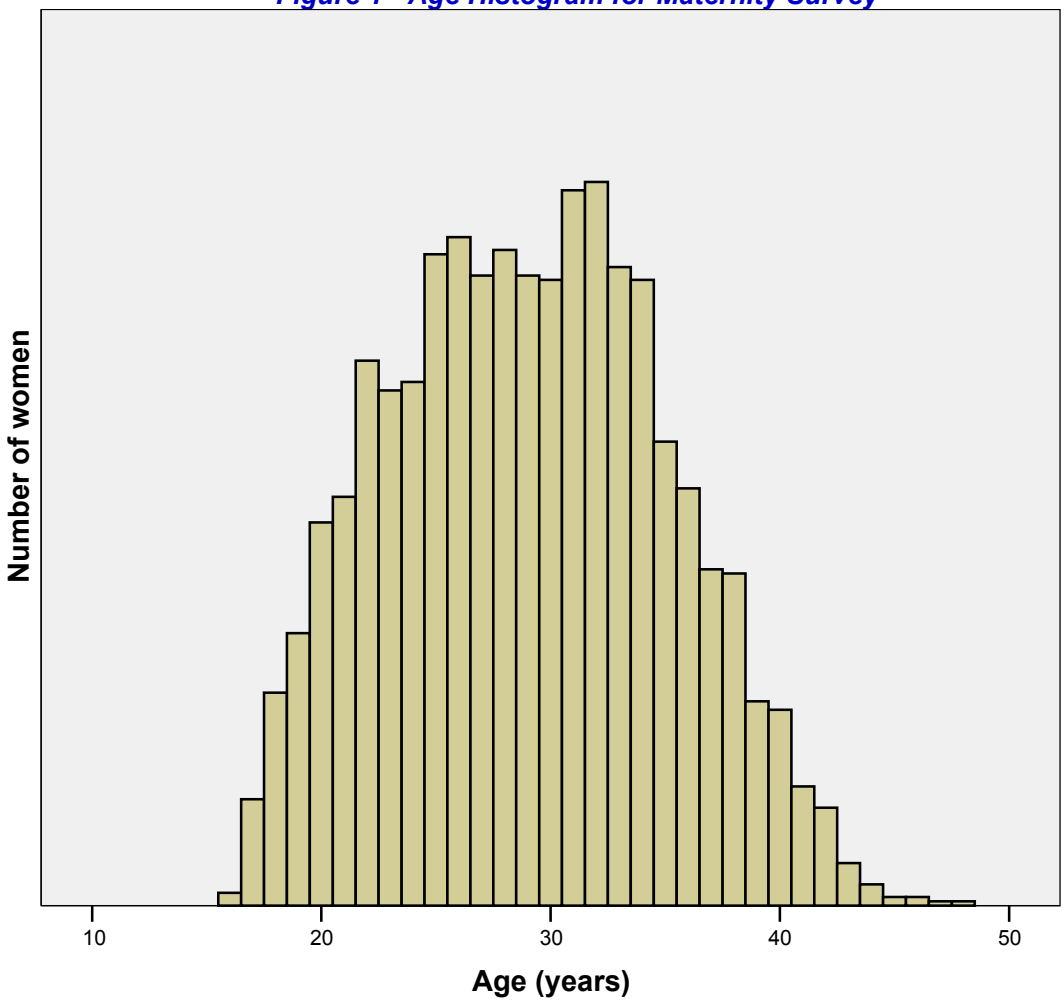
1) **Record number.** This field will be a series of consecutive whole numbers (for example, 1001 through to 1340). This number is unique for each woman. It can be seen in the example that the numbers are in ascending order, starting at 1001 at the top of the list, through to 1340 at the bottom. The patient record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you (or the approved 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. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your women.
2) **Day of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trust or approved contractor. It should be a one or two digit numerical response eg N or NN, **not** a date format eg 12/07/07.
3) **Month of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a one or two digit numerical response, **not** a date format.
4) **Year of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a four digit numerical response, **not** a date format.
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 – for example, to inform you that the respondent has died or is no longer living at this address.

9.5 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 womens' 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 Maternity Survey



9.6 Submit the sample list to the NHS Strategic Tracing Service (NSTS)

Before sending out the questionnaires, the list of **women and their infants** must be checked for any deaths by the NHS Strategic Tracing Service (NSTS). NSTS will return your sample file with deceased patients clearly identified.

The NSTS contact details are as follows:

Help desk telephone number: 0121 788 4001
Website: http://www.connectingforhealth.nhs.uk/nsts/

The time required to carry out the checks depends partly on the compatibility of the patient list you submit to the NSTS with their system requirements. NSTS tracing takes between 12 to 48 hours if submitted correctly. To avoid any delay, check carefully that your list is in the correct format for NSTS. The Caldicott Guardian for your trust will be able to provide you with details on how to carry out a "batch trace" for deceased patients.

> Note
>
> Infant details should be recorded on separate rows on the spreadsheet that is submitted to NSTS. If a woman gave birth to more than one baby (ie 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.

Remember to keep a copy of the file you send to NSTS!

- Specific details are required by the NHS Strategic Tracing Service (NSTS). These should not be submitted to the Acute Co-ordination Centre. One of these is the women's and infant's NHS number. The NHS number can assist more accurate tracing, especially if addresses are incomplete. It is advisable to liaise with the registered NSTS batch trace user to ensure that you have extracted all the required fields.

For further help on batch tracing for patients, please view the document:

http://www.connectingforhealth.nhs.uk/nsts/docs/trace_out.pdf

> Note
>
> Please be aware that tracing services are not foolproof and even after your sample list has been checked for deaths, some women and/or infants may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased women or infants remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

9.7 When the patient file is returned from the NSTS

The file returned from NSTS can be used to identify any records that 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 patient list.** This may reduce the numbers in your sample list slightly.

9.8 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have an honorary contract, the full sample information **and** the name and address information should be sent to those contractor staff covered by the honorary contract. If you are working with an approved contractor, but **not** using an honorary contract to share patients' name and address details, you should supply them with a version of the list shown in **Table 1 – Sample Excel file** , with names and addresses removed. The contractor can use this list to record the outcome codes, and you should ensure that the contractor is kept up to date with any information that comes directly to the trust about deaths, etc.

9.9 Creating the mailing and response spreadsheets

At this point, you should generate two copies of your sample file and name them "<NHStrustName>_Maternity2007.xls" and "Maternity 2007 mailing spreadsheet". The following changes should be made:

- <NHStrustName>_ Maternity2007.xls: delete all name, address and comment columns ie all columns in bold black in **Table 1 – Sample Excel file** (on our website www.NHSSurveys.org), which has all the required columns for the sample information, as well as columns for the response data from returned questionnaires. Only this "anonymised" version can be used to record patient responses. It is this version of the spreadsheet that must be submitted to the Acute Co-ordination Centre.
- Maternity 2007 mailing spreadsheet: this spreadsheet is used for mailing purposes. It is essential that the "Outcome" column (about whether women have responded, or why they have not responded) is kept accurate and up-to-date. Reminders can then be sent to women who have not yet responded.

For patient confidentiality reasons, **it is essential that you do not keep patient name and address details in the same file as their survey response data**.

9.10 Increasing sample size beyond minimum requirement

Your trust may wish to use the acute patient survey programme as an opportunity to gather data in addition to that required by the Healthcare Commission. One way to do this is to increase the number of women you sample, and ensuring that you target sufficient numbers from each of the units you want to compare so that you can get enough responses to make comparisons. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2007 maternity survey must be drawn as specified in this guide. It is essential that any additional sample drawn can 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.
- We would not recommend trusts sample back into December 2006 as we do not know what the effect will be on women's recall etc. and the questionnaire was designed to be sent to women approximately 3 months after they had given birth. Furthermore, the staffing and experiences may be very different in December when compared with other months.

To summarise

If you do choose to increase your sample size, it is essential that you ensure that the sample of women you draw according to the requirements for the national survey can be easily distinguished from any additional women you include in the sample.

You must **only** send the Acute Co-ordination Centre data for the women sampled according to these guidelines. Any additional women selected to increase your survey beyond the minimum requirements of the 2007 maternity survey must have given birth **earlier** than the core sampling period (ie February 2007).

10 Final sampling inspection by the Acute Co-ordination Centre

Trust data should still be checked for errors and received back from NSTS before being forwarded to the Acute Co-ordination Centre. An anonymised sample file[‡‡‡] **must** be submitted to the Acute Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns *in red italics* must be submitted, but name, address and postcode details must be removed.

If you are using an **approved contractor**, the sample should be checked as normal by the trust and by NSTS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous surveys, but will then submit the file to the Acute Co-ordination Centre. The Acute Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

The Acute 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. Files that arrive Monday to Thursday (inclusive) will be returned to the trusts or approved contractors they were received from on the following Monday afternoon. A timetable has been included below:

Date sample received	Date sample returned
10th-13th April 2007[§§§&****]	16th April 2007
16th-20th April 2007	**23rd April 2007**
23rd-27th April 2007	**30th April 2007**
30thApril - 4th May 2007	8th May 2007[††††]

As there are two bank holidays over this period, we recommend that trusts and contractors submit the files to the Acute Co-ordination Centre in the weeks commencing 16th April or the 23rd April 2007. Samples must reach the Acute Co-ordination Centre by 4th May or your trust will not have enough time to correct any problems in the sample and and complete the survey with an acceptable response rate. Please note this checking process will be more effective if the files are submitted in the correct format and if contractors send collated files (ie if they are carrying out the survey for more than one trust.)

[‡‡‡] By removing the womens' names, addresses and postcodes.

[§§§] Please note Monday 9th April is a **bank holiday (Easter Monday)**

[****] Note: If your sample is sent to us on or before this date, you should re-check your sample for any deaths using trust records due to the two week time lag before the first mailing can be sent out in the first week of May 2007.

[††††] Please note Monday 7th May is a **bank holiday**

11 Weekly monitoring

The Acute Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2007 maternity survey. The first mailing should be sent out to women in the first or second week of May. First submission of data must be made on Thursday 10th May 2007[‡‡‡‡], and every Thursday thereafter until the final date of submission. An Excel spreadsheet is available on www.NHSSurveys.org which **must** be used to return this information to the ACC. This information should be emailed to the ACC (maternity.data@pickereurope.ac.uk) by midday every Thursday throughout the survey.

Important note

It is important that the structure of the Excel weekly monitoring spreadsheet is not altered and that the correct file name is used when submitting the data.

For trusts carrying out the survey in-house:

When the data is submitted, the file name **must** be in the following format:
MAT07_<trust code>_<week of submission>.xls

e.g. MAT07_RAC_1.xls (first submission of monitoring data on 10th May)
MAT07_RY2_4.xls (fourth submission of monitoring data on 31st May)

For approved contractors:

When the data is submitted, the file name **must** be in the following format:
MAT07_<contractor code>_<week of submission>.xls

e.g. MAT07_CDP_1.xls (first submission of monitoring data on 10th May)
MAT07_CYH_4.xls (fourth submission of monitoring data on 31st May)

The ACC will notify each approved survey contractor of their unique 'contractor code'

11.1 Response rate

The information submitted should contain the following data:

- The total number of women in your sample ie the total number of all those included in the first mailing
- The number of women in each outcome field

This will allow the Acute Co-ordination Centre to monitor progress at a trust level and to identify trusts that may need assistance.

[‡‡‡‡] This submission must be made regardless of whether mailing has commenced.

11.2 Helpline monitoring

The information you submit should contain the following data for each trust:

1. The **overall** total number of calls received by the helpline for this survey. This total should also include the calls listed below:

2. The total number of calls that led to **completion of the questionnaire** using the helpline (this should include completions via translation services)

3. The total number of calls seeking **assistance with language and translation** (this should include completions via translation services)

4. The total number of calls that led to **completion of the questionnaire using translation services**

Examples

If a caller rang the helpline and completed the questionnaire over the phone using translation services, then this call should be recorded in all four 'categories'.

If a caller rang the helpline to opt out of the survey (and did not require translation services), this call should just be recorded in the 'overall total' number of calls' (ie first category).

If a caller completed the questionnaire over the phone (and did not require translation services) this call should be recorded in the 'overall total' and the 'total number of calls that led to completion' (ie first and second categories)

This information allows the Acute Co-ordination Centre to identify areas of concern to patients and to improve future surveys.

12 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:

- Women can be expected to ask midwives, 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.
- Heighten awareness of the survey and the importance the trust places on patient feedback through posters in the hospital. Also, it is sometimes a good idea to send a press release to the local media to gain publicity before the survey takes place.
- Template staff briefings and information for use in press releases can be downloaded from the NHSSurveys website.

13 Materials

13.1 Printing questionnaires

Number of pages

It is practical to ensure that the number of pages in a questionnaire is a multiple of four so that sheets can be printed double-sided on A3 paper and folded to make an A4 booklet, stapled in the middle. If pages are stapled at the corner, there is a greater chance that some pages will become detached and get lost. The questionnaire, available in PDF format on the NHSSurveys website, is designed to fit onto 16 sides of A4 paper.

Number of questionnaires

When calculating the number of questionnaires to be printed, you will need to allow for sending out duplicate questionnaires with second reminders. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, multiply the number of women in the sample by 1.7 to obtain the total number of questionnaires required. So, if the number of first mailing questionnaires you intend to send out is 350, then you might want to print 1.7 x 350, or approximately 600 copies.

13.2 Trust headed paper

You will need headed paper from your trust for covering letters for the first and third mailing. A reminder letter is used for the second mailing. If an approved contractor is being used to carry out the survey work, it is preferable that the paper does not include a telephone number for the trust, as patients should call the contractor's FREEPHONE line, rather than the trust.

13.3 First mailing

You will need each of the following items for each woman in the sample:

- Printed questionnaires
- Large envelopes for mailing questionnaires to women
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- FREEPOST envelopes for return of questionnaires
- Covering letters using the trust's letterhead
- Multi-language helpline sheet (recommended).

13.4 Second mailing (first reminder)

First reminders are sent to all women who do not respond to the first mailing (except, of course, those who withdraw). Usually you will need to send first reminders to around 55-75% of the original sample. The following items are needed:

- Reminder letters
- Envelopes
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes.

13.5 Third mailing (second reminder)

The second reminder should replicate the first mailing, and you will need to send this to around 45-65% of the original sample, depending on the number of responses to the previous two mailings. The following items are needed:

- Printed questionnaires
- Large envelopes for mailing questionnaires to women
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- FREEPOST envelopes for returning questionnaires
- Reminder letters
- Multi-language helpline sheet (if used in first mailing).

14 Implementing the survey - practicalities

14.1 Setting up a FREEPOST address

A FREEPOST address allows patients to return completed questionnaires at no cost to themselves. After you have paid for the licence, you will only pay for the responses you receive. The FREEPOST address can be printed on the envelopes you send out with the questionnaires. Printed envelopes must comply with Royal Mail guidelines. Details of how to apply for a FREEPOST licence can be found at the Royal Mail website: http://www.royalmail.com

Alternatively, you can call your local Sales Centre on 0845 7950 950.

14.2 Setting up a FREEPHONE line

The covering letter to patients should include a telephone number for patients to call if they have any questions or complaints about the survey. All staff who are likely to take calls should be properly briefed about the details of the survey, and be aware of the questions or complaints they are likely to receive. If you run the survey in-house, you might want to set up a FREEPHONE line for this purpose. Alternatively, many approved contractors offer this service.

Where appropriate, ask the patients who call to tell you their patient record number, which should be on the address label of the envelope they received, and on the questionnaire itself. You can then use this number to identify people who do not want to receive any further reminders.

Below are some questions and comments commonly asked by patients and some advice on how they can be handled:

I have a specific comment, complaint or question about my care or treatment. Who can I contact at the trust?

Women can be referred to the trust's PALS, the complaints manager or patient services manager. Approved contractors should be given the contact details of the PALS office or an appropriate member of trust staff so that they can refer callers to that person.

The person to whom the questionnaire is addressed is unable to understand the questionnaire.

Relatives or carers may call to pass on this information. In some cases, they may offer to complete the questionnaire for the woman, but this is only advisable if there is a good chance that the responses are a true reflection of the womans' views.

The woman (or her baby) to whom the questionnaire is addressed has died

Even with the use of a deceased patients tracing service, and sample validation, it may not be possible to identify all deceased women or their babies, particularly those who have died most recently. It is very important that staff who take the calls are aware of this possibility and are prepared to respond sensitively to such calls. These women should be logged as outcome = three (ie woman or baby deceased).

I would like to take part but English is not my first language.

If a woman's spoken English is better than their written English, they may be willing to have someone, such as a family member, fill in a form on their behalf. It is also strongly recommended that you offer access to a telephone interpretation service, where the questionnaire can be filled in over the telephone. A multi-language sheet template in the twenty most commonly spoken languages in England is available on our website, and trusts or contractors can make use of this by inserting the appropriate number for their helpline and/or translation service.

I do not wish to participate in this survey

A few women might call to say that they do not want to be involved in the survey, and fewer still may object to being sent the questionnaire in the first place. Staff should apologise to the woman and reiterate the statement in the covering letter - that taking part in the survey is voluntary, and that their care will not be affected in any way if they do not respond. It might be helpful to point out the purpose of the survey, and to emphasise the potential value of the woman's responses. If the woman is willing to tell the staff member the identification number (patient record number) written on their survey, it might also be possible to prevent any further reminders being sent to that person. It is also advisable to ask the woman to ignore any future reminders that they might receive. These women should be logged as outcome = four (opt out).

Making a record of the calls

It is important to keep a record of the reasons women called, as this can help to make improvements to future surveys and can provide useful additional information on patients' concerns. A standard form should be produced for completion by those taking the calls. The relevant details of each call can be recorded so that survey organisers can monitor any problems and remove patients who wish to be excluded from the mailing list.

We are also asking for weekly submissions of helpline use for each trust to the Acute Co-ordination Centre. This is discussed in detail in Section 11.2.

14.3 Covering letters

The standard covering letter is available in Microsoft Word format on the maternity survey section of the NHSSurveys website for you to download and add your own trust's details. This letter has been given ethical approval for use in the NHS Maternity Survey and changes are not permissible. It should be printed on the trust's letterhead paper. Two paper copies of the letter you use must be sent to the Acute Co-ordination Centre when you submit your data at the end of the survey.

14.4 Sending out questionnaires

Mailing labels

Three mailing labels are needed for each woman. One set of labels will be used for the first mailing, one for the first reminder and one for the second reminder.
We recommend using the mail merge feature in a word processing package to create the mailing labels from the database of patient names and addresses. **It is essential that the patient record number is on each address label,** as this has to be matched with the number on the front of the questionnaire. The label should not include any other information except the patients' names, address and postcode details, and the patient record number.

Questionnaire packs

The envelope sent to each woman at the first mailing should include the following:

1) A questionnaire numbered with the patient record number. The number must match (or correspond to) the number on the address label and the number on the list of patient details.
2) A covering letter.
3) The multi-language helpline sheet (recommended)
4) A large envelope, labelled with the FREEPOST address on it.
5) These items should be packed into an envelope that has a return address on the outside. This should be the contact at the NHS trust, or the approved contractor.

Postage

> Note
>
> The postage may exceed the standard letter rate. It is essential that the appropriate postage rate is paid. The Royal Mail has recently published revised mailing prices; previous quotes for mailing may be out-of-date.

Approved contractors – honorary contract

If an approved contractor is carrying out the work under an honorary contract, they will send out questionnaires directly to the patient, and the return address label will be the approved contractor's address.

Approved contractors – no honorary contract

If an approved contractor is carrying out most of the work but not operating under an honorary contract, they should send pre-packed questionnaires to the trust for mailing out. The envelopes should be clearly marked with the patient record numbers so that trust staff can match these with their patient list and put on appropriate patient address labels.

14.5 Booking in questionnaires

When questionnaires are received, match up the patient record numbers against the list of patients, so that you can record (in the *outcome* column) which patients have returned questionnaires and will not therefore need to be sent reminders. You will need to keep paper copies (or scanned pictures of all of the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until 30th November 2007, but please **do not** send these to the Acute Co-ordination Centre.

Approved contractors

If an approved contractor carries out the work, questionnaires will be returned directly to them, so they will be able to record these returns against the list of patient record numbers. Trusts should inform the contractor of any questionnaires that were returned to the trust undelivered, and of any patients who inform the trust that they do not wish to be included in the survey, or if any patient dies during the period of the survey. The contractor can then record these details in their own patient list, and ensure that reminders are not sent out to those patients.

14.6 Sending out reminders

For results to be representative, it is essential to get a good response rate. To achieve this, you must send out two reminders to non-responders. **Remember, it is essential that you send out both reminders, even if you already have achieved a 60% response rate.**

Depending on the time that has elapsed since you first checked your patient list for deaths, it might be necessary to send your list back to the tracing service for a further check before you send out reminders.

Approved contractors

When reminders are due to be sent out, approved contractors should send the pre-packed envelopes bearing the patient record numbers of the non-responders. Again, the envelopes should be clearly marked with the patient record number so that those carrying out the mailing can match these with their patient list and put on appropriate address labels.

First reminders

The first reminder should be sent to women who have not responded after one to two weeks. The standard first reminder is available in Microsoft Word format on the NHSSurveys website for you to download. It can be printed on A5. It has been given ethical approval so no changes are permitted. Two paper copies of the reminder letter you use must be sent to the Acute Co-ordination Centre when you submit your data at the end of the survey.

Second reminders

Second reminders should be sent out after a further two to three weeks to women who have not yet responded. The envelopes should include the following:

1) A questionnaire numbered with the patient record number. The number must match (or correspond to) the number on the address label and the number on the list of patient details.
2) A covering letter.
3) A multi-language helpline sheet (if used in first mailing)
4) A large envelope, labelled with the FREEPOST address on it.

The standard second reminder letter is available in Microsoft Word format on the NHSSurveys website for you to download and add your trust's details. It has been given ethical approval so no changes are permitted. Two paper copies of the second reminder letter you use must be sent to the Acute Co-ordination Centre when you submit your data at the end of the survey.

Remember that you should check your trust's own records for deaths before sending out reminders.

15 Entering data

The data must be submitted to the Acute Co-ordination Centre in the appropriate format by the deadline of **20th July 2007**. If an approved contractor is used, they will be responsible for all of the data entry and checking, and when the survey is completed they should submit the data to the Acute Co-ordination Centre in the correct format and supply the trust with an anonymised data set (see Section 5 on data protection issues).

15.1 Entering and coding data from the questionnaire

The data should be entered into the pre-designed Excel file, which can be found in the maternity survey section of the NHSSurveys website.

You will see that, at the bottom of the Excel screen, there are labelled tabs for each of the worksheets within the workbook. The first of these tabs is labelled "Data". Click on this tab to show the data entry window. Data should be entered using the following guidelines:

- Each row records one woman's responses to the survey.
- For each question, the small number next to the box ticked should be entered as the response. (However, there are some exceptions to this rule – see last bullet point below).
- If a response is missing for any reason, it should be left blank, or coded as a full stop (.).[§§§§]
- If two boxes are ticked (where only one should be ticked), the response should be left blank or coded as a full stop (.).
- For most questions, each column corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions C3, C7 and J5 that gives the instruction "Please tick all that apply", each response option is treated as a separate question.

Example

C3. If your labour was induced, were any of the following used? *Please tick all that apply*

1 ☑ I was given a vaginal gel or pessary to induce (start) my labour

2 ☐ My waters were broken by a doctor or a midwife (amniotomy)

3 ☑ I was given a drip (in my hand or arm) to induce (start) my labour

Responses to each part of this question are coded: **1 if the box is ticked**
0 if the box is not ticked[±]

Question C3 takes up three columns in the data file, labelled as follows:

Column headings	**C3_1**	**C3_2**	**C3_3**
Codings for this example	1	0	1

[§§§§] If you want to use this data input file on the website to display frequencies on the other pages of the workbook, you will need to fill in the blank cells with a full stop (.).

[±] Please note: if a respondent does not answer any part of a multiple response question, (ie does not tick any of the response options) then it should be left blank or coded as a full stop (.)

- When saving this file to submit data to the Acute Co-ordination Centre, please save only the first sheet as a worksheet, rather than saving the whole file as a workbook.

15.2 Checking the data for errors

For the 2007 maternity survey, trusts and contractors are required to submit raw ('uncleaned') data to the Acute Coordination Centre. For clarification, raw data is created by the following:

1) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (eg where women answer questions that they have been directed to skip past, these responses should still be entered).
2) Where a respondent has ticked more than one response category on a question, this should be set to missing in the data. The **exception** to this is for the 'multiple response' questions C3, C7 and J5 where respondents may tick more than one response option.
3) Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead ticked a second response option, this second choice should be entered into the data.
4) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a woman has written their date of birth in the boxes for question J3, but written their year of birth in at the side of this, then the respondent's year of birth should be entered.
5) For the year of birth question, unrealistic responses should still be entered except following rule 4) above). For example, if a respondent enters '2007' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.
6) Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must not be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Acute Coordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

15.3 Submitting data to the Acute Co-ordination Centre

The data from the 2007 maternity survey must be supplied to the Acute Co-ordination Centre as one anonymised Excel file that includes information about the patient sample and responses. To comply with the Data Protection Act, name and address details must not be sent to the Acute Co-ordination Centre.

Required file format

Please submit the file to the following specifications:

- Use Microsoft Excel Worksheet (not Workbook). Any version of Excel is acceptable.
- The file name must be in the form <NHStrustName>_Maternity2007.xls.
- Use one row of data for each woman in the sample.
- Use one column of data for each item of information or response.
- Missing data should be left blank or coded as a full stop (.). *****

Table 2 shows the information that must be provided for each of women in the original sample.

Table 2 - Data fields to be included in file submitted to Acute Co-ordination Centre

Field	Format	Data codes	Comments
Record number	N, NN, NNN or NNNN		The unique serial number allocated to each woman by the trust or approved contractor administering the survey.
Mother's Year of birth	NNNN		Format this simply as a number, not in date format.
Mother's Ethnic Group	N	1 = White 2 = Mixed 3 = Asian or Asian British 4 = Black or Black British 5 = Chinese 6 = Other ethnic group	Ethnic Group should be included if the information is available. Do NOT automatically code unknown ethnic groups as 6 – this group is only for those women who are known not to belong to any of the other 5 named groups.
Day of delivery	N or NN		For example, if the woman gave birth on February 15th 2007, this column should read 15.
Month of delivery	N or NN		For example, if the woman gave birth on February 15th 2007, this column should read 2.
Year of delivery	NNNN		For example, if the woman gave birth on February 15th 2007, this column should read 2007.
Place of birth: NHS Trust Site Code	NNNNN	Use the NHS Trust Site Codes maintained by the National Administrative Codes Service	For example, RR115. Home births should be coded 55555
Place of birth: Consultant-led or Midwifery-led unit	N	C=Consultant-led M=Midwifery-led	(If the baby was born at home this should be left blank)
PCT of Residence	NNN	Use the character codes maintained by the National Administrative Codes Service	Only use the FIRST three characters of the PCT of residence code

***** Data may be missing for a number of reasons. The patient may have skipped a question or a set of questions by following instructions; a patient may have not answered for some other reason. However, all missing data should be left blank or coded as a full stop (.), regardless of the reason for the omission.

Field	Format	Data codes	Comments
Day of receiving questionnaire	N or NN	This is the day you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on May 17th 2007, this column should read 17.
Month of receiving questionnaire	N or NN	This is the month you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on May 17th 2007, this column should read 5.
Year of receiving questionnaire	NNNN	This is the year you received a returned questionnaire from a respondent, or are notified that the woman will not be participating in the survey (mother or baby deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on May17th 2007, this column should read 2007.
Outcome of sending questionnaire	N	1 = Returned useable questionnaire 2 = Returned undelivered by the mail service or patient moved house 3 = Patient died 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire 5 = Patient was not eligible to fill in questionnaire 6 = Questionnaire not returned (reason not known)	Remember to fill in all the blank cells with 6s when the survey is complete.
Responses to each of the survey questions	N or NN or NNNN		Each column must be clearly headed with the questionnaire question number. Data should be coded using the numbers next to the response boxes on the printed surveys. There is no need to send the comments to the Acute Co-ordination Centre.

N.B. To comply with the Data Protection Act, name and address details must not be sent to the Acute Co-ordination Centre.

Table 3 is an example of the columns of data to be included in the file. Your file should have one row for each woman included in your sample. You will notice that there are several blank cells in the response section of the file. This is because the file includes a row for every woman in the sample, but you will only have responses from about 60% of the women (that is, those who have returned a completed questionnaire, and who will therefore have an outcome code "1").

Table 3 – Example of data file to be submitted to Acute Co-ordination Centre

Patient Sample Information									Patient Response Information												
Record number	Year of birth	Ethnic Group	Day of delivery	Month of delivery	Year of delivery	Place of birth: Trust site code	Place of birth: Consultant or Midwifery-led unit	PCT of Residence	Day of receiving questionnaire	Month of receiving questionnaire	Year of receiving questionnaire	Outcome	A1_day	A1_month	A1_year	A2		J7	J8	J9	J10
1001	1969	1	1	2	2007	RR115	C	5LS	7	5	2007	3									
1002	1976	3	2	2	2007	RTE03	M	5LT	13	6	2007	1	11	6	2007	1		2	1	2	2
1003	1972	1	2	2	2007	RR115	C	5T4	3	7	2007	6									
1004	1967	1	3	2	2007	RTE03	C	5J3	4	6	2007	1	2	6	2007	1		1	2	3	1
1005	1990	1	3	2	2007	55555		5PP	31	5	2007	1	29	5	2007	2		12	1	3	4
1006	1981	4	4	2	2007	RTE03	M	5PP	12	5	2007	2									
1339	1978	5	27	2	2007	RR115	C	5LS	9	7	2007	6									
1340	1984	1	28	2	2007	55555		5GT	20	5	2007	1	17	5	2007	1		6	3	1	3

You should not send any of the womens' written comments to the Acute Co-ordination Centre.

Additional information required

The following information should also be included when submitting the data file to the ACC:

- **Contact details** (telephone numbers and e-mail addresses) of at least two members of trust staff (usually the main and secondary contacts) who will be available to answer any queries about the data
- Two blank **paper copies** of the questionnaires, the covering letters and the reminder letters you used
- A completed copy of the **checklist** (See Section 15.4 - *Checklist*).

Delivery

Hard copy documents should be posted to the address below. Data may be sent on floppy disc or by e-mail:

Postal address:

Maternity Survey 2007
Acute Co-ordination Centre for NHS Patient Survey Programme
Picker Institute Europe
King's Mead House
Oxpens Road
Oxford
OX1 1RX

E-mail: maternity.data@pickereurope.ac.uk

Deadline for submission

The data must be supplied by **20th July 2007**.

15.4 Checklist

Before sending your data to the Acute Co-ordination Centre, carry out the checks listed below, and include this checklist when you submit paper copies of the questionnaire and covering letters. This checklist can be downloaded from the website (www.NHSSurveys.org).

It is essential that these checks are carried out thoroughly. The Acute Co-ordination Centre is not obliged to make any corrections to data supplied by trusts or approved contractors.

If incorrect data are submitted, it is likely that the data will be considered unreliable and will not be used by the Healthcare Commission in your trust's performance assessment and your trust's scores will be set to a minimum value. We cannot accept re-submissions of data after the deadline.

Check	Done?
1) Check that your **file name** follows the naming convention: <NHStrustName>_Maternity2007.xls)	
2) Check that you have saved the data sheet only as an Excel **worksheet**, rather than a workbook. (The frequency and percentage counts on the other pages of the workbook on the website are intended for your use only)	
3) Check that you have included data columns for **all questions**	
4) Check that all **data are correct**, and that all values are in range	
5) If you have increased your sample size beyond the minimum requirement, only send data for the women who consecutively gave birth in your trust in February 2007 (or January and February 2007 if you had to sample back further)	
6) Check that all the data are in **numeric format** only (except for question C9_name)	
7) Check that you have completed the columns for the day, month and year you received the questionnaire back from women	
8) To comply with Data Protection regulations, any womens **name and address details** must be removed before the file is sent to the Acute Co-ordination Centre	
9) Remove any **passwords**	
10) Include **two paper copies** of the questionnaire you used	
11) Include **two paper copies** of the covering letters you used for the first, the second and third mailing.	
12) Include **telephone and e-mail contact details of two people** who will be available to respond to any queries about the data	
13) **Check again** that all data are correct, and that all values are in range	

16 Making sense of the data

The usefulness of your survey data will depend on how well you plan the survey process and on how effectively you analyse the data. Standard data analysis usually involves examination of the frequency of responses to each question and some cross-tabulation of responses against demographic and other information.

16.1 Using the NHSSurveys website to look at your results

Once you have entered the data from the questions into the Excel file on the website (the Data Entry Spreadsheet), the counts and percentages of responses to each of the questions are automatically computed and displayed on the other sheets of the Excel workbook, which correspond to sections of the inpatient core questionnaire (excluding the “Other Comments” section). For each question, the numbers and percentages of respondents who gave each answer is shown. The number of missing responses will also be shown, as long as you have coded missing responses on the data sheet as a full stop (.).

16.2 Suggestions on data analysis

The following suggestions may help you make the data analysis more useful and focused.

Use the data to help pinpoint problems

It is often tempting to focus on organisational strengths. This may be important for public relations and employee morale. However, if you emphasise only the positive, you may miss a critical opportunity to use the data to spur improvement.

One way to focus attention on where improvements are needed is to analyse responses in terms of the proportion of answers that suggest a problem with care. Try to maintain high standards in determining what constitutes a problem. For example, if questions allow respondents moderate response categories (such as "to some extent" or "sometimes"), in addition to more extreme ones ("always" or "never"), your analysis will be more powerful if you identify these moderate responses, as also indicating a problem.

"Drill down" into the data

It is impossible to analyse absolutely every issue a patient survey raises. One reasonable way to control the number of analytical questions is to conduct a staged analysis.

The **first** level of analysis should be the most general - for example, summary measures or measures of overall performance. The next level should delve into particular issues that underlie the summary measures - performance along particular dimensions of care, for example, or of particular units or staff. The final level should entail statistical or cross-tab analysis to get at the causes of the particular issues.

Group similar questions together to provide summary analysis

Analysing questions and presenting findings in a way that is comprehensive, logical and not overwhelming is a significant challenge. To make the data more compelling for others, and to speed up the analysis, we suggest:

- Linking questions that cover similar topics or processes
- Combining several questions into a single composite measure (by averaging responses, for example)

Use statistical tests to make comparisons and subgroup analyses

Statistical tests can be used to examine relationships and associations between groups (for example age, sex or ethnic groups). These tests take into account the number of responses, the variation in responses, and values of the items you are comparing (such as average responses). If tests show that the differences between two groups are not statistically significant, you should view the patterns of responses as only suggestive.

Calculate confidence intervals to give an indication of the uncertainty surrounding your results

Although there are many methods of describing uncertainty, confidence intervals are used most often. By taking into account the number of responses, the variation in response, and the magnitude and direction of the estimate, the confidence interval describes the range of plausible values within which the "true" value for the population is likely to fall. Remember that the estimate itself is the most likely result, and this is therefore your best estimate, not the limits of the confidence interval.

Use patient feedback data with other data

Patient feedback data provides one valuable source of information about how patients experience and feel about the health services they receive. Linking feedback data with clinical data, outcomes data, and routinely collected data, when done appropriately, can provide useful insights.

17 Reporting results

> **Note**
>
> The Commission requests that trusts do not publish their survey results prior to the official release of the benchmark reports and national spreadsheets because there might be some differences which could cause confusion for people. However, trusts can use their results internally to identify areas for quality improvement.

17.1 Prioritising your findings

Patient surveys can raise many compelling and important issues. To help you decide which issues to focus on first, you may like to consider the following suggestions:

Rank results by their magnitude

The most straightforward method of prioritising is to rank issues in order of the size of the problem and to focus first on those that are the greatest.

Compare your results against outside norms or benchmarks

A common method of prioritising is to select issues that compare unfavourably with national, regional, or local norms or with benchmark institutions. This allows you to focus on areas of comparative weakness. Compare your trust's results with the benchmarks on the Healthcare Commission and NHSSurveys website to find out where your trust performs better or worse than other trusts.

Compare results within your organisation

Comparisons within organisations can facilitate networking among units or departments and the sharing of information about effective practices. Internal 'competitiveness' may also fuel improvement efforts.

Comparison with predefined goals

Another way to identify priorities is to set threshold or target goals or national standards prior to the survey. You would then focus on issues where performance does not meet these goals. This method is particularly effective when there is clear consensus on what those goals should be.

Correlation with overall measures

Correlating patient responses to specific questions with responses to the question about overall quality of care can help focus attention on issues that are important for patients.

Predictive value on overall measures (regression analysis)

Similar to correlation, regression analysis also gives a sense of the issues that most sharply affect patients' overall assessments of care. Regression analysis is superior to simple correlation, in that it can adjust for other things that have an impact on the overall measure, and it provides more precise estimates of how overall measures will change in response to improvement on individual items. Regression analysis is also more complex but in essence, it allows for a more level 'playing field'. There are limits to a univariate (crude) analysis and so regression analysis is an attractive option.

Ease of action

Many organisations focus initially on the issues that are easiest to improve. By demonstrating successful interventions, this prioritisation method can rally support for more difficult improvement efforts later on.

Areas of excellence

An organisation may also want to maintain excellence in areas where it is already perceived to be doing well. This approach can provide a clear and positive focus for clinical and administrative staff.

17.2 Writing the report

User-friendly reports that enable readers to understand and begin to take action on key issues are critical to the success of any survey project. The following suggestions will help you produce useful reports:

Tailor the document to the audience

- Use brief, succinct summaries for executive audiences.
- Use comprehensive summaries for those who will generate action and implement improvements.
- A separate resource booklet or data disks/CD-ROMs with full details may be important if staff or researchers have questions.

Use graphics

- Data that are displayed visually can be easier to interpret.
- Display trends or comparisons in bar charts, pie charts, and line charts.
- Remember that colours don't photocopy or fax very well.

Keep the format succinct and consistent

- Graphics, bullets, tables, and other visuals help guide the reader.
- Choose a few of these elements and use them consistently.
- Too many types of visual elements can detract from the message.
- Be consistent in the use and appearance of headers, fonts, graphic styles and placement of information.

Emphasise priorities clearly

- Emphasise the highest priority items for action or commendation in executive summaries and major findings sections.
- Highlight the most important items - for example, use bold type.

18 Using results for quality improvement

Arguably the most important aspect of the survey process is making use of the results to bring about improvements. It is essential that this patient feedback is used to set priorities for quality improvement programmes and to create a more responsive, patient-centred service. It should then be possible to measure progress when the survey is repeated.

18.1 Prepare in advance

The most important way to ensure that the survey will result in improvement is to plan for improvement work before the survey is conducted.

- We recommend the survey lead / team take responsibility for developing a communication/dissemination plan to inform all of the relevant stakeholders about the survey findings
- Publicise the survey before it happens. Engaging staff from the start will help to ensure their support later on with any improvement initiatives. Involving the local media and informing the public may encourage a good response rate from patients

18.2 Dissemination of survey results

Engage key stakeholders

By communicating your survey results to key stakeholders you will help to ensure they are used effectively and not forgotten. Consider the following groups:

- Staff throughout the trust as they will be responsible for tackling any problems identified by patients.
- Board members as they are involved in prioritising areas for improvement and shaping action plans. Their support is often crucial for the successful implementation of change.
- Patients have taken time to report their experiences so it is important they are informed of the results via local meetings, newsletters and articles in the local press.
- Patient groups with special interest in the trust who may have a key role to play in initiating discussions with the board about priorities for improvement and be keen to monitor progress as it occurs.
- When reporting the results it is a good idea to also invite staff and patients to contribute their ideas on how services could be improved and to suggest ways in which they can become involved if they wish to.

Spread the Word

Consider how to share the survey results in training sessions, staff and public meetings, employee newsletters, executive communications, improvement teams, patient care conferences, and other communications channels. You may wish to consider the following:

- Determine whether information should be shared initially with only senior-level people, or whether (and when) it should be spread further afield
- Make presentations to your trust board and to as many groups of staff as possible, each tailored appropriately for the audience
- Organise an event to publicise the results and invite staff and patients to contribute to improvement plans

- Encourage staff at all levels in the organisation to contribute their ideas for improving patients' experience
- Publish the survey results on your website, including any intranet site and give readers the opportunity to feed back their ideas
- Email staff to tell them about the survey results and the action plan
- Share information with other NHS organisations in your area and other partner organisations including local authorities
- Give the results to community organisations and ask them for their views and suggestions
- Publicise results via local press, radio and community newsletters
- Publish results in your trust newsletter along with details of improvement plans

Promote understanding

To assist others in understanding the results, we recommend the following:

- Present results in user-friendly formats. Remember not everyone will be an expert in reading graphs and deciphering data
- Communicate information in a visual way, perhaps in the form of posters which can be displayed around your organisation.
- Focus on key messages arising from the results and emphasise both the positive and negative themes
- Illustrate themes with relevant patient comments or other forms of patient feedback to put the results in context

18.3 Identify key "change agents"

The people who can motivate others to bring about change and who hold the 'keys' to improvement in the organisation are not necessarily the most senior people. Identify these individuals and involve them as "change agents" early in the survey process.

18.4 Develop an action plan

Having used your survey results to identify areas for improvement, we recommend you work with staff and patients to prioritise and then identify the actions required. Decide on achievable timescales and on the individuals who will be responsible for taking this work forward. This will form the basis of an action plan which can be updated on a regular basis.

Wherever possible, link the information from the patient survey results with other activities in the trust. You can also use other sources of patient feedback from:

- Patient Advice and Liaison Service (PALS)
- Complaints
- Service Improvement/Modernisation Teams

Initially it is a good idea to focus on one or two key areas for improvement and not to attempt to tackle all of the issues at once. Publishing regular progress reports widely throughout your trust and the local area will help to enlist ongoing support. Repeat surveys can then be used to monitor any improvements.

18.5 Use small follow-up surveys or focus groups to delve deeper

Your initial survey can help you identify areas in need of improvement, but you might need more detailed information to focus your improvement effort. It can be time-consuming and expensive to gather this information on a large scale. Small follow-up surveys focusing on selected groups of patients can provide valuable information and faster feedback.

Appendix 1: Declarations of data protection compliance

Declaration of compliance with the Data Protection Act 1998

DECLARATION
RELATING TO THE

[Name of survey eg 2007 Maternity Survey]

FOR TRUSTS USING IN-HOUSE SURVEY TEAMS

While carrying out the [**insert survey name**], all trusts need to comply with:

- the Data Protection Act 1998,
- the NHS Code of Practice on Confidentiality, and
- the Caldicott principles.

Due to the large amount of patient information requested by the NHS patient survey programme, it has become necessary to regulate which individuals at a trust are able to view the raw data and some of the processed data. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise access to patient identifiable information, all declarations must be co-signed by the trust's Caldicott Guardian. If the trust's Caldicott Guardian does not authorise this, the trust must carry out the survey using an approved contractor.

For further information on the new guidelines, please see the "Data protection" section in the Guidance Manual for the [**insert survey name**].

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

I, [**insert name of first survey lead**] the first Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the [**insert survey name here**] and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

I, [**insert name of second survey lead**] the second Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the [**insert survey name here**] and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

Appendix 2: Declarations for additional data analysts

Declaration of compliance with the Data Protection Act 1998

DECLARATION
RELATING TO THE

[Name of survey eg 2007 Maternity Survey]

Additional data analysts

If the trust requires additional data analysts to have access to the raw data set, this form must be completed and sent to the Coordination Centre, and a response received before access to the data set is granted. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise this access, all declarations must be co-signed by the Caldicott Guardian. If the Caldicott Guardian does not authorise this, the raw data set and responses from subgroups numbering less than twenty can only be viewed by the authorised survey leads.

For further information on the new guidelines, please see the "Data protection" section in the Guidance Manual for the [**insert survey name**].

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

I, [**first additional data analyst**] the first additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the [**insert survey name here**] and will conform to these requirements and the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

I, [**second additional data analyst**] the second additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the [**insert survey name here**] and will conform to these requirements and the guidelines set out under the section "Data protection" in the Guidance Manual for the [**insert survey name here**].

Signature: …….. Date: ……

Appendix 3: Delivery codes and their descriptions

ICD10 Code	Description
080	**Single spontaneous delivery**
O80.0	Spontaneous vertex delivery
O80.1	Spontaneous breech delivery
O80.8	Other single spontaneous delivery
O80.9	Sing spontaneous delivery, unspecified
O81	**Single delivery by forceps and vacuum extractor**
O81.0	Low forceps delivery
O81.1	Mid-cavity forceps delivery
O81.2	Mid-cavity forceps with rotation
O81.3	Other and unspecified forceps delivery
O81.4	Vacuum extractor delivery
O81.5	Delivery by combination of forceps and vacuum extractor
O82	**Single delivery by caesarean section**
O82.0	Delivery by elective caesarean section
O82.1	Delivery by emergency caesarean section
O82.2	Delivery by caesarean hysterectomy
O82.8	Other single delivery by caesarean section
O82.9	Delivery by caesarean section, unspecified
O83	**Other assisted single delivery**
O83.0	Breech extraction
O82.1	Other assisted breech delivery
O83.2	Other manipulation-assisted delivery
O83.3	Delivery of viable foetus in abdominal pregnancy
O83.4	Destructive operation for delivery
O83.8	Other specified assisted single delivery
O83.9	Assisted single delivery, unspecified
O84	**Multiple delivery**
O84.0	Multiple delivery, all spontaneous
O84.1	Multiple delivery, all by forceps and vacuum extractor
O84.2	Multiple delivery, all by caesarean section
O84.8	Other multiple delivery
O84.9	Multiple delivery, unspecified