

CHILDREN AND YOUNG PEOPLE'S PATIENT EXPERIENCE SURVEY 2018: SAMPLING ERRORS REPORT

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Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the unlikely event that there are any major changes, we will email all trust contacts and contractors directly to inform them of the change.

This document is available from the Survey Coordination Centre [website](http://www.nhssurveys.org).

Questions and comments

If you have any questions or concerns regarding this document, please contact the [Survey Coordination Centre](mailto:CYP@surveycoordination.com).

Introduction

Sample files for all 129 trusts participating in the 2018 Children and Young People's Patient Experience Survey (CYP) were submitted to the Survey Coordination Centre (SCC) for final quality control checks before mailing could begin. Sample data inspections of this kind were first introduced by the Survey Coordination Centre in 2007 and were found to aid trusts in avoiding common errors prior to fieldwork commencing. Such mistakes may lead to patients either being incorrectly included or excluded in the sample, compromising data quality.

This report gives a summary of mistakes made and errors found during the course of the Survey Coordination Centre's checks of trusts' sample data. It is important to note that this report only gives details of the errors found by the Survey Coordination Centre; many samples may have contained further errors which would have been identified and corrected during checks by their approved contractor (if they had one).

This document outlines the following types of errors:

- **Major errors** – errors that require the sample to be redrawn, commonly where ineligible patients have been included or eligible patients have been excluded.
- **Minor errors** – errors that do not require the sample to be redrawn, but instead require amendments to be made to the sample data;
- **Section 251 breaches** – these are failures to adhere to the stated processes which give the survey approval for the common law duty of confidentiality to be put aside;
- **Historical errors** – errors relating to a trust's previous survey sample; these errors might come to light during checks of their 2018 sample and therefore cannot be corrected.

Trusts and contractors should use this document to become familiar with previous errors in order to prevent them from recurring in future survey years.

Frequency of Errors

During the 2018 Children and Young Peoples Experience Survey (CYP18) sample checking process, the Survey Coordination Centre detected four major errors, one minor error, four historical errors and two Section 251 breaches (see Figure 1). All have decreased from the 2016 iteration of the survey (see Figure 2).

A number of factors have likely contributed to the decrease in sampling errors for CYP18. First, as CYP18 sampling was completed shortly after the Adult Inpatients Survey 2018 (IP18) and the Urgent and Emergency Care Survey 2018 (UEC18), trusts have had recent experience in drawing a sample according to SCC guidelines. Additionally, the UEC18 survey shared the stratified sampling method of CYP18, which differs from other surveys on the national survey program. Although a number of errors were made during UEC18 sampling as a result of trusts using the non-stratified IP18 sampling method, no such errors occurred during CYP18 sampling.

Secondly, the largest approved contractor introduced an improved sample checking tool for this survey. This resulted in an increased number of errors being picked up at contractor level checks, before reaching SCC.

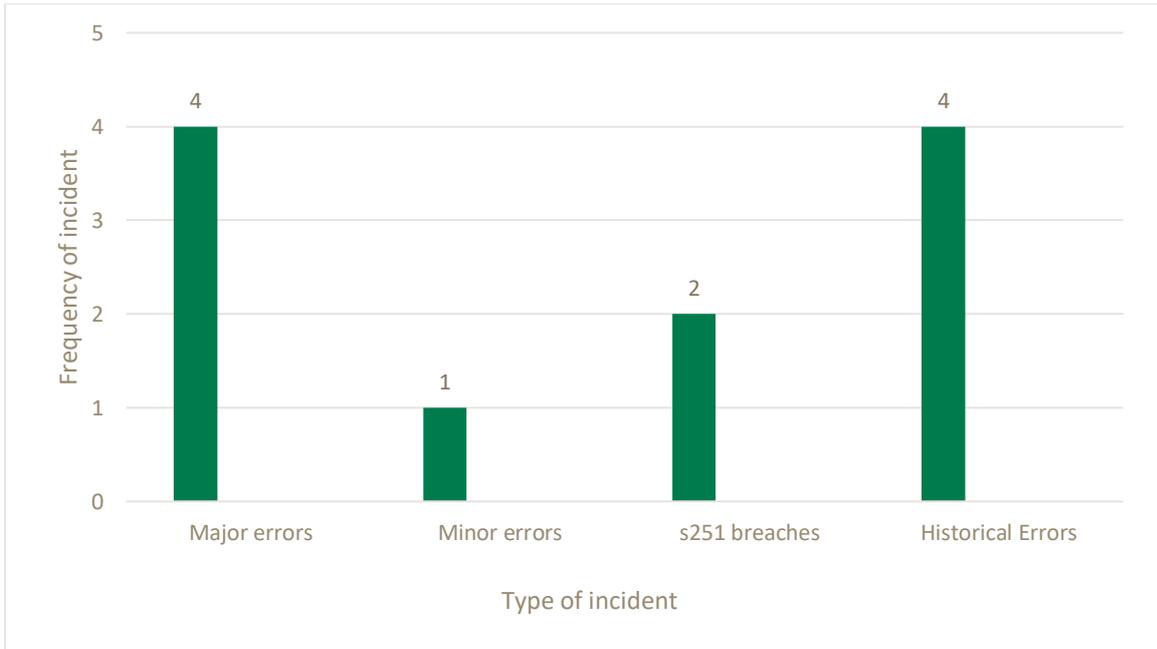


Figure 1: Frequency of errors/breaches in the CYP18 survey

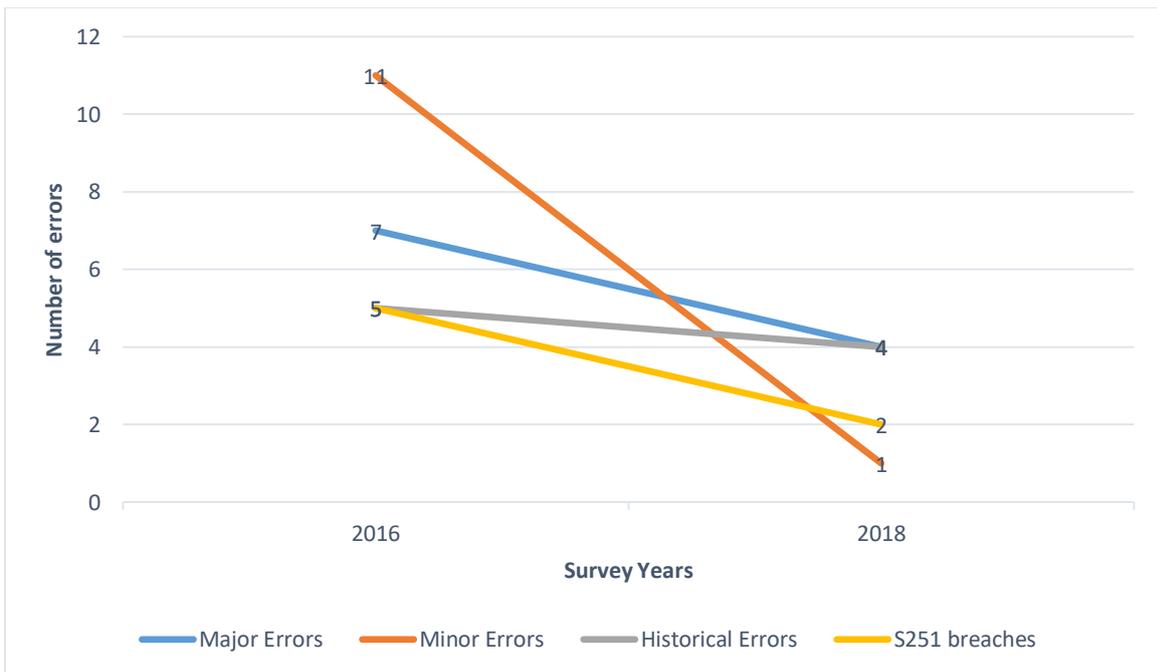


Figure 2: Frequency of errors across the 2016 and 2018 iterations of the CYP Survey

Major Errors

In total, there were 4 individual major errors made during sampling for CYP18 that resulted in 4 trusts having to redraw their sample. These errors tended to take the form of trusts either misunderstanding the survey's sampling methods, resulting in the inclusion of ineligible patients and exclusion of eligible patients.

Major Error Type	Total Frequency	Frequency from in-house trusts
Sampling methods	1	0
Included ineligible patients	2	0
Excluded eligible patients	1	0

Table 1. Frequency of major error types in total and by in-house trusts

Sampling methods

One trust had a large volume of queries around a number of variables. For example, their first submission contained no day cases, the average patient age had dropped by 3 years, sample size had dropped and there was a large increase in emergency admissions. Although the trust had no specific explanation as to what happened in drawing their initial sample, they felt the need to resample due to the magnitude of queries. The trusts second sample was drawn and submitted without error and subsequently approved.

Including ineligible patients

The CYP Survey does not include patients over the age of 15 at time of discharge.

For the CYP18 survey, one trust incorrectly included 6 ineligible patients, who were over the age of 15 at time of discharge. The trust was asked to resample and resubmit. The subsequent sample contained no errors and was approved.

Additionally, the CYP Survey does not include patients who attended hospital receiving neonatal care only.

One trust incorrectly sampled an ineligible patient who had a neonatology treatment function code. The trust were asked to resubmit. The next sample contained no errors, and was approved.

Excluded eligible patients

An issue with a trusts sample was first noted during sample checking, where the sample contained no patients born in 2002 and only 3 patients born in 2003. After querying it appears that the trust drew their sample incorrectly as there was an error in their SQL script criteria. This meant that 67 eligible patients were excluded. The error in the SQL script used to extract data was fixed, and the sample redrawn.

Minor errors

Errors are considered to be minor if the trust's sample is comprised of eligible patients and can be corrected without the need for the sample to be redrawn.

There was one minor error that occurred during sampling for CYP18.

A trust recorded a 145 day length of stay in their submitted sample. This was queried by SCC, and after checks by the trust it was found that 145 day stay was entered in error for what was in fact a 1 day stay.

As this was a minor error confirmed by the trust, the length of stay for this sample was corrected and the sample resubmitted to the SCC.

Section 251 breaches

Approval for CYP18 was sought and gained under Section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to allow for the processing of patient identifiable data without active consent. Any breaches of the terms and conditions of Section 251 approval are immediately communicated to the CQC, who in turn, notify the Confidentiality Advisory Group (CAG) of the breach in question. Letters were sent by CQC to all relevant contacts at the trusts. Trusts were required to investigate the error and report back to CQC on how this happened and any new processes to prevent this happening in the future.

Two such breaches occurred during sample checking for CYP18.

One trust drew two different samples for CYP18 and submitted these separate samples to two approved contractors. These two samples were then both submitted to the Survey Coordination Centre, which is when the error was first noted. As only one approved contractor should receive data and the data in the sample should only be drawn and transferred without consent for the sole purpose of a survey being mailed to them (in line with the Section 251 approval requirements) the additional data sent in error to another contractor is considered a Section 251 breach. This data again breached Section 251 guidelines when it was sent to the Survey Coordination Centre.

Another trust provided an approved contractor with a patient's full date of birth, rather than month and year of birth, when requesting that this patient's records be removed from sample following DBS checks. The transfer of this information breached Section 251 guidelines when it was sent from the trust to an approved contractor.

Historical errors

The sample checking process carried out by the Survey Coordination Centre involves comparing the trust's current sample data to the previous survey year's sample data. This is for two reasons: 1) to ensure the sample has been drawn correctly; and 2) to ensure historical comparisons can be made in the analyses. On occasion, these checks can

uncover errors made during previous survey iterations that had gone unnoticed despite the checks completed in previous years. Four such errors were identified during the CYP18 sample checking process.

Excluded eligible patients

A trust excluded approximately 350 potentially eligible patients from their 2016 sample. This occurred because patients who had not given the trust explicit consent to contact them, were excluded from the eligible population. As a result of this error, the trust will not be receiving historical comparisons.

Another trust, due to an admin error, excluded patients admitted and discharged on the final two days of the sampling period (the 30th and 31st of December 2016). As a result, 13 potentially eligible patients were excluded from sampling. Although a sampling error, this trust will receive historical comparisons, as the impact on comparability between the two survey years was deemed to be negligible.

In another case, clinical coding in 2016 was not up to date, resulting in a total of 1192 eligible patients being excluded from the eligible population. As a result of this error, the trust will not be receiving historical comparisons.

Other errors

A 2016 sampling error was identified for one trust where the proportion of emergency vs planned admissions in the sample submitted did not match the proportion in the eligible population (a difference of nearly 20% was found).