SAMPLING ERRORS REPORT NATIONAL CHILDREN AND YOUNG PEOPLE'S SURVEY 2016

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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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 e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Co-ordination Centre website at:
www.nhssurveys.org/survey/1964

Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Co-ordination Centre using the details provided at the top of this page.

1. Introduction

For the Children and Young People's Survey 2016 (CYP16), all trusts were required to submit their samples to the Co-ordination Centre at Picker for final quality control checks before the mailing out of any questionnaires. Final sample data inspections by the Co-ordination Centre were introduced for the 2006 Adult Inpatient Survey and were found to be useful for identifying errors made when drawing samples; helping trusts to avoid common mistakes that can result in delays to the survey process and problems with poor data quality.

This document outlines the types of errors made when samples have been drawn and submitted to the Co-ordination Centre for checking. Sampling errors are divided into major errors (those requiring the sample to be redrawn) and minor errors (those that could be corrected using the same sample). It is important to note that this report only details the errors caught by the Co-ordination Centre; many samples would have had errors which were identified during contractors' checks. An overview of Section 251 breaches committed during sample checking is also included.

This document should be used by both trusts and contractors to familiarise themselves with past errors and to prevent them from recurring. If further assistance is required, please contact the Co-ordination Centre on 01865 208127.

2. Frequency of errors

All samples from the 132 participating trusts were checked by the Co-ordination Centre. As a result, seven major and twelve minor errors were identified.

3. Major errors

If major errors are not corrected, they can invalidate a trust's participation in the survey, preventing the trust's survey data being used by the Care Quality Commission (CQC) in assessing NHS trusts in England. Major errors fall into two broad, somewhat overlapping categories; either including ineligible patients or excluding eligible patients.

Inclusion of ineligible patients

One trust included a patient with the main speciality code of '501' (obstetrics). Patients treated under the main specialty code '501' are sampled as part of the National Patient Survey Programme's (NPSP) maternity survey and are therefore excluded from other NPSP surveys.

Exclusion of eligible patients

Six trusts made major errors by excluding eligible patients. These errors where all identified following checks on the trusts' first sample data submissions to the Co-ordination Centre, and corrected in subsequent submissions. All six trusts were later approved for fieldwork, once these errors had been corrected.

One trust excluded half their eligible patients from their overall eligible population by excluding all patients who did not have a procedure.

Two trusts excluded patients with the route of admission code '81' (Transfer of any admitted patient from other hospital provider other than in an emergency).

Another trust excluded all emergency patients with a zero length of stay; those who did not stay overnight.

One trust failed to include eligible patients discharged on 31st December 2016 (the last day in the survey's sampling period).

Following a query around the comparatively low proportion of emergency admissions in their first submission, one trust submitted a second sample which indicated a substantial increase of 400 patients in their eligible population. The trust stated that these patients had not been identified as eligible when they drew their first sample, because the trust's patient record system was not up-to-date at that time. Since the second sample was drawn some considerable time after the first, the patient record system contained more complete patient records, thus enabling the trust to identify more eligible patients.

4. 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 re-drawn.

Incorrect CCG code errors

Two trusts were found to have included invalid CCG codes. In both instances a resubmission of the sample data was not required. Instead, amendments to the sample data ahead of final data submission were made once the correct CCG codes were identified.

Incorrect ethnicity code errors

A trust incorrectly submitted data for three patients with the invalid ethnicity code 'V'. Following investigation by the Co-ordination Centre it was found this code was used locally to denote Nepalese patients and was corrected to code 'L' (Any other Asian background) in their sample data.

Incorrect treatment centre admission code errors

It was found one trust had coded all patients in their sample with the treatment centre admission code '1' (admitted via a treatment centre). When compared to other trusts, where very few patients are coded as '1' if at all, this error was clearly identifiable. The trust later amended all patients in the sample to code '0' (not admitted via a treatment centre).

Incorrect admission and / or discharge dates

A trust, already in fieldwork following Co-ordination Centre approval of their sample data, discovered their sample's admission dates were inaccurate due to an unknown error. As the error only affected patient's admission dates, not discharge dates, the sample's eligibility for the survey was not brought into question and the trust allowed to continue participating in the survey.

A query around another trust's high proportion of emergency admissions who did not stay overnight was raised by the Co-ordination Centre. Following extensive investigation by the trust's contractor, it was found that patients on a ward at one of the trust's hospital sites had not been recorded as discharged until 7-14 days after their actual discharge dates. As a result patient's discharge dates, and by extension their lengths of stay, were incorrect with some patients actually being discharged in mid-late October. Although the eligibility criteria for the 2016 survey stated the eligible population should be drawn from patients discharged in November and December 2016, trusts with low eligible populations were allowed to sample into October. Therefore the trust's sample was comparable to other participating trusts and eligible for the survey. On this basis the trust were approved to undertake fieldwork. As the sample data could not be corrected, thorough analysis of their final data would be undertaken to identify if the error had adversely affected respondent data.

Treatment function code errors

One trust coded patients with the invalid treatment function codes ‘145’ and ‘810’. Following a resubmission of sample data due to the identification of separate major error, these codes were corrected.

Route of admission code errors

Two trusts had incorrectly coded patients as Route of Admission (RoA) code ‘82’ (The birth of a baby at the trust). The first trust had six patients with the RoA code ‘82’ but a length of stay of less than 14 days. Such patients have a high likelihood of being ineligible as eligible patients must be at least 14 days old at the time of discharge and are therefore queried. Consequently, the trust corrected these patients’ RoA codes to code ‘21’ (Accident and emergency or dental casualty department admissions) in their second sample data submission. The second trust included a patient with a RoA code ‘82’ and a length of stay of zero days; the RoA code was later corrected to code ‘22’ (GP referral admission).

Two trusts provided ‘Source of Admission’ codes instead of the requested ‘Route of Admission’ codes and were required to resubmit their sample data with the correct codes.

Incorrectly calculated length of stay

One trust was found to have incorrectly calculated the lengths of stay for 24% of patients in their first sample data submission. This was corrected for their second submission.

5. Historical Errors

Part of the sample checking process involves comparing a trust's sample data to their previous submissions for a survey, to help understand whether a trust has carried out the sampling process correctly. On occasion, this can reveal errors committed during previous iterations of a survey. If classified as major errors, these historical errors can invalidate a trust's historical comparisons to previous surveys.

Due to changes to the sampling methodology for CYP16, it is not appropriate to make historical comparisons to the previous survey. It was therefore not necessary to undertake a detailed investigation into potential historical errors, beyond what was needed in order to establish the accuracy of this year's sample.

Historical errors noted during the course of the CYP16 survey include:

- The exclusion of emergency admitted patients with a length of stay of zero days.
- The exclusion of patients with the ethnicity code 'Z' (Not stated or unknown) in the 2014 survey.
- The inclusion of duplicate patients in the 2014 survey.
- The exclusion of day-case patients that did not stay overnight, as a result of the trust basing the extract logic for the 2014 survey on that used for the 2014 Inpatient Survey.
- The incorrect submission of treatment function codes instead of main speciality codes in the 2014 survey.

6. Section 251 Breaches

Approval for the CYP16 survey was sought under Section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to enable the processing of patient identifiable information without consent. Any breaches of the conditions for Section 251 approval are communicated to CQC, who in turn notify the Confidentiality Advisory Group (CAG) of said breach.

Five Section 251 breaches occurred during the course of CYP 2016. These errors consisted of one or more of the following breaches of information security guidelines:

- Transferred mailing and sampling data in a combined file, in contravention of the instructions
- Transferred data as email attachments and/or without the sufficient level of encryption/password protection.
- Including non-authorised people in emails that have complete data sets, including patient identifiable information, attached.
- Uploading files containing all of the information for a patient, including that which is not required for the survey.