

CHILDREN AND YOUNG PEOPLE'S PATIENT EXPERIENCE SURVEY 2020: SAMPLING ERRORS REPORT

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Updates

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This document is available from the NHS Surveys [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).

1. Introduction

Sample files for all 125 trusts participating in the 2020 Children and Young People's Patient Experience Survey (CYP20) were submitted to the Survey Coordination Centre for Existing Methods (SCCEM) for final quality control checks before mailing could begin. This included the trust's sample declaration form and sample data, with the latter being password protected and uploaded to the SCCEM's secure file transfer site. A checklist was also submitted by contractors and in-house trusts which outlined the checks that had been conducted on the sample files.

Data inspections were undertaken by the SCCEM to check that trusts had drawn samples correctly according to the sampling criteria, to aid trusts in avoiding common errors prior to fieldwork commencing. It is important that errors are identified as they can lead to delays in the survey process and/or poor data quality. Such errors are flagged to the trust in order to help them avoid these types of errors in future iterations of the survey.

This report gives a summary of the errors found during the course of the SCCEM's checks of trust sample data. It is important to note that this report only gives details of the errors found by the SCCEM; many samples may have contained further errors which would have been identified and corrected during checks by their approved contractor if the trust used one. For the CYP20 survey, 124 of the 125 trusts had a trust appointed contractor.

There were three¹ types of errors identified during the sample checking undertaken by the SCCEM:

Major errors – errors that require the sample to be redrawn, commonly where ineligible patients have been included or eligible patients have been excluded from the eligible population and/or drawn sample;

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.

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

1.1 Changes to the sampling period for CYP20

In previous years, the sampling period for the CYP survey was November and December, with trusts sampling back into October if they were unable to reach the minimum sample size of 400 patients. However, due to the COVID-19 pandemic, the sampling period for the 2020 survey was extended to include January 2021, with the full sample period being 3 months, to ensure all trusts achieved minimum sample sizes (with trusts still able to sample back into October if required). The pandemic resulted in admissions for children and young people

¹ In previous years, historical errors have been identified where errors relate to a trust's previous survey sample submission(s). These errors might come to light during checks of their current sample and therefore cannot be corrected. Depending on the nature of the historical error, it may not be possible to provide historical data comparisons for the trust in question during the reporting stage of the survey. For CYP20, no historical errors at trust level were identified.

being affected overall by a smaller throughput, alongside a corresponding lower proportion of planned admissions and an increase in elective admissions during this time. Analysis at the national level has also indicated that there is a slightly older cohort of patients for the 2020 survey compared to previous years. The weighting applied to this survey, which accounts for both admission type, age and route of admission, will help to standardise these shifts. Samples were compared to both 2016 and 2018 data to identify any trust level historical sampling errors made in the 2020 survey, however none have been detected this year.

2. Frequency of Errors

During the CYP20 sample checking process, the SCCEM detected 7 major errors, 16 minor errors, 0 historical errors and 1 Section 251 breach. The number of major and minor errors have increased since 2018, whilst the number of historical errors and Section 251 breaches have decreased (see Figure 1).

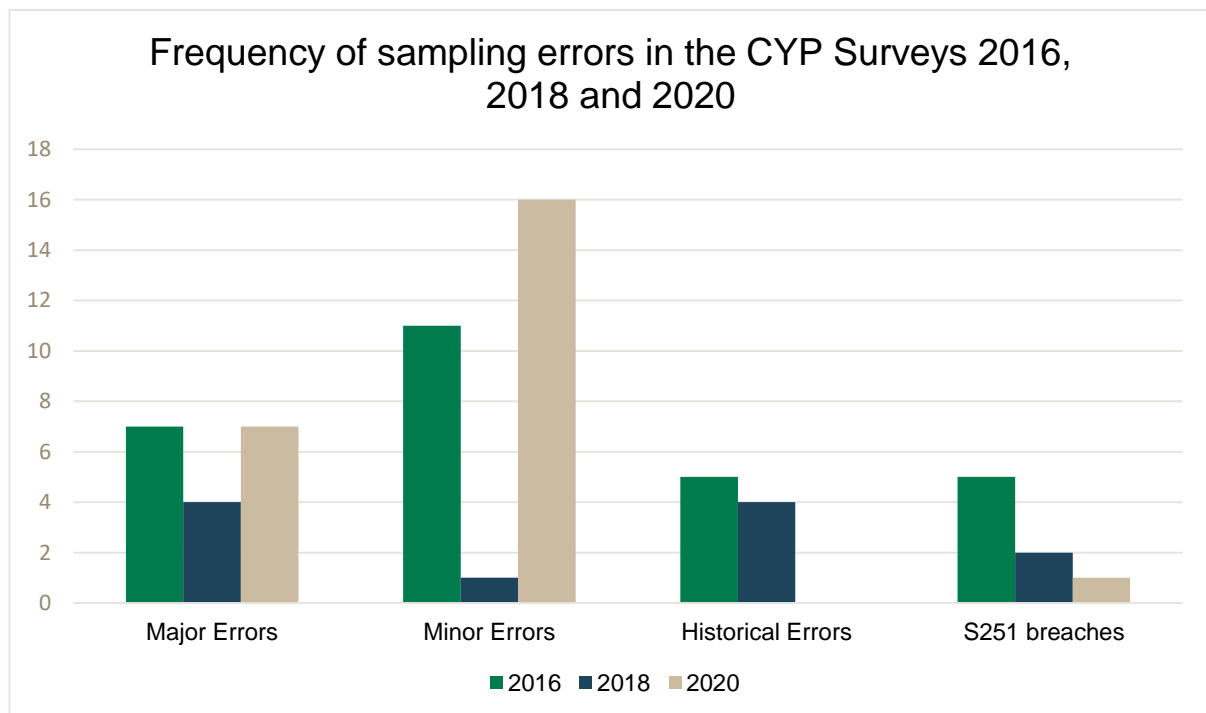


Figure 1: Frequency of errors across each iteration of the CYP Survey

3. Major Errors

Major errors tend to take the form of either extract logic being incorrectly scripted when drawing the eligible population or misunderstanding the survey's eligibility criteria. The sampling frame for CYP20 was admitted patients discharged from 1st November 2020 and 31st January 2021. However, trusts could sample back to include October 2020 to reach the

minimum sample size. All samples should follow the [CYP20 sampling instructions](#) published by the SCCEM.

In total, there were 7 individual major errors made during sampling for CYP20 that resulted in 7 trusts having to redraw their sample.

Below are the details of each of the errors:

- One trust drew their sample from a database that had incomplete clinical coding for the CYP population. This resulted in potentially eligible patients being missed from the original sample frame. Once the clinical coding was completed in the database, the trust pulled another sample which was subsequently approved without any further errors detected.
- Patients who only received neonatal care during their admission are not eligible for the CYP survey. Two trusts incorrectly included patients who had only received neonatal care. One trust incorrectly included 29 ineligible patients who had neonatology treatment function codes. The trust were unable to discern if the patients were only admitted to a special care baby unit (SCBU)/ neonatal intensive care unit (NICU) or had been admitted to another eligible service during their stay. Consequently, the trust resampled and excluded the 29 ineligible patients. The subsequent sample contained no errors and was approved. The second trust incorrectly included 11 patients in the sample that only spent time in SCBU/ NICU. The trust believed that as they were admitted through birth at the hospital and had transferred wards to a SCBU/NICU, they were eligible. These records were removed and the sample resubmitted.
- One trust wrongly excluded patients born in 2021 who are eligible for the 2020 survey due to the extension in the sample period. The trust had accidentally removed those patients when completing their internal checks. The sample was resubmitted with these patients included (N=3) and was approved.
- One trust excluded patients with 0 length of stay (i.e: day case patients) in error. The trust redrew their sample with both inpatient and day case admissions included. The subsequent sample contained no errors and was approved.
- One trust submitted a sample with 13 records that had been flagged as current inpatients. This was identified when the trust ran further DBS checks after the sample had been drawn and submitted to the SCCEM for checks but prior to approval. The trust identified these patients and removed them from the sample.
- One trust did not include any patients with a discharge date of 31st January 2021. The trust resampled and included eligible patients on 31st January 2021 (N=2). The subsequent sample had no further errors and was approved.

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 redrawn.

There were 16 minor errors that occurred during sampling for CYP20 as shown in table 1:

Frequency of minor errors	
Type of error	Frequency
Mobile phone indicator incorrectly coded	8
COVID-19 indicator incorrectly coded	4
Attribution data submitted with incorrect patient record numbers	1
Sample resubmission without new declaration form	1
Treatment Centre admission incorrectly coded	1
Length of Stay incorrectly coded	1

Table 1: Frequency of minor errors in CYP20

4.1 Mobile phone indicator

One trust coded 96% of the mobile phone indicator cases as '0' (no contact details held for patient). When queried, the trust confirmed that 25% of cases should have been coded '0'. The trust amended the data and were asked to submit as attribution data.

One trust coded the mobile phone indicator as '9' (unsure) for all records. When queried, the trust confirmed they could not differentiate between numbers held for child or parent/carer. The trust confirmed the data should have been coded '99' (unable to identify whether contact details recorded are parent's/carer's or child's) and the data were corrected.

Six trusts coded the mobile phone indicator as '1' (contact details held for parent/carer) for all records in the sample. When queried, each trust confirmed that the data should have been coded '99' (unable to identify whether contact details recorded are parent's/carer's or child's).

4.2 COVID-19 Indicator

One trust submitted data for the COVID-19 diagnosis variable indicating that 73% of the sample were tested for COVID-19 and that these test results were inconclusive (code 2). When queried during sample checking, the trust could not confirm these findings therefore, they were asked to resubmit attribution data for the COVID-19 variables.

One trust submitted data for the COVID-19 treatment variable indicating that 100% of the sample had 'unknown' (code 3) COVID-19 status despite 97% of the COVID-19 diagnosis variable cases being coded as '4' (COVID-19 negative confirmed via testing). The trust resubmitted the COVID-19 variables as attribution data.

One trust coded 39% of patients as code '1' (treated as confirmed or suspected COVID-19) for COVID-19 treatment variable, however only 1% of the sample tested positive. When queried, the trust were asked to resubmit the COVID-19 indicator variables as attribution data.

One trust coded 13% of patients as code '4' for COVID-19 diagnosis variable, this code is not valid. When queried, the trust resubmitted their COVID-19 indicator variables.

4.2.1 Attribution data submitted with incorrect patient record numbers

Two trusts submitted COVID-19 indicator attribution data with a number of record numbers that did not match up to record numbers in the main dataset. SCCEM queried this with the trusts and both resubmitted COVID-19 indicator variables with record numbers that matched up to those in the main dataset.

4.3 Sample resubmission without new declaration form

For one of the samples that required resubmission to the SCCEM, the sample was provided to the SCCEM without a new sample declaration form being completed and sent in advance for approval. The SCCEM flagged this to the contractor and the sample was not checked until an updated declaration form had been received by the SCCEM and approved.

4.4 Treatment Centre Admission

One trust incorrectly coded all patients within the sample as having a treatment centre admission. The trust should have coded the full sample as '0' (not admitted to a treatment centre). These data were corrected with the variable recoded and resubmitted. No other errors were present and the sample was approved.

4.5 Length of Stay

One trust had an administrative error in the data relating to length of stay with a much lower proportion of overnight stays being included in the sample compared to previous years. An administrative error had occurred where the patient discharge date was put into the admission column. Whilst all patients remained eligible, the trust corrected the error and resubmitted the sample with the same respondents.

5. Section 251 breaches

Approval for CYP20 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.

The following section 251 breach occurred where the procedures laid out in the Section 251 application for CYP20 were not adhered to:

One trust shared via email with the SCCEM patient identifiable information (full name, full address) and an unapproved sample declaration form, unchecked by the contractor. This was a breach of Section 251 as patient level data was incorrectly shared with SSCEM, data were sent without a sample declaration form being approved by the contractor and data were sent via email. The data files were not opened by the SCCEM and were securely deleted. This incident was reported and investigated in conjunction with the [Data Security and Protection Tool kit \(DSPT\)](#).

6. Historical errors

The sample checking process carried out by the SCCEM involves comparing the trust's current sample data to previous year's sample data. This is for two reasons: 1) to ensure the sample has been drawn correctly; and 2) to assess whether 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. No historical errors were identified during the CYP20 sample checking process.