

May 2021

NHS Adult Inpatient Survey 2020

Sampling Errors Report



Ipsos MORI



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Introduction

Sample files for all 137 trusts participating in the Adult Inpatient Survey 2020 (IP20) were submitted to the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI for confirmation that samples had been drawn correctly. Sample data checks of this kind were first introduced for the Adult Inpatient Survey 2006 and were found to aid trusts in avoiding common errors prior to fieldwork commencing. Such mistakes may lead to delays in the survey process and/or poor data quality.

This report gives a summary of mistakes made and errors found during the course of the CCMM's checks of trust sample data for the 2020 survey. It is important to note that this report only gives details of the errors found by the CCMM; samples may have contained further errors which would have been identified and corrected during checks by approved contractors.

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** – 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 when checking the 2020 sample.

Trusts and contractors should use this document to become familiar with previous errors in order to minimise the chance of similar errors occurring in future survey years.

Frequency of Errors

The CCMM detected 18 major errors, 18 minor errors, one historical error and two Section 251 breaches (see Figure 1). The number of incidences of each type has changed from the previous survey, as shown in Figure 2.

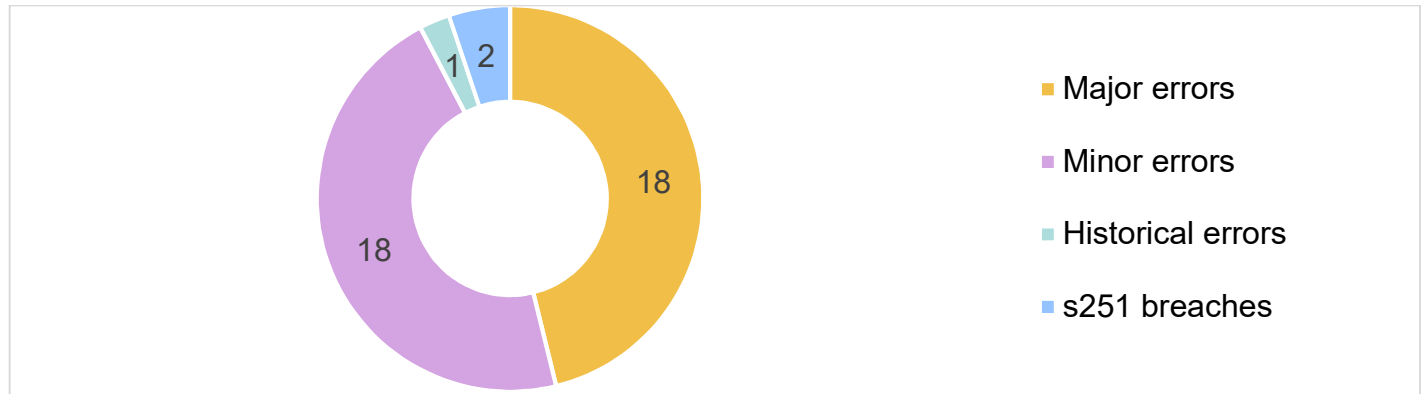


Figure 1: Frequency of errors/breaches in the IP20 survey by type

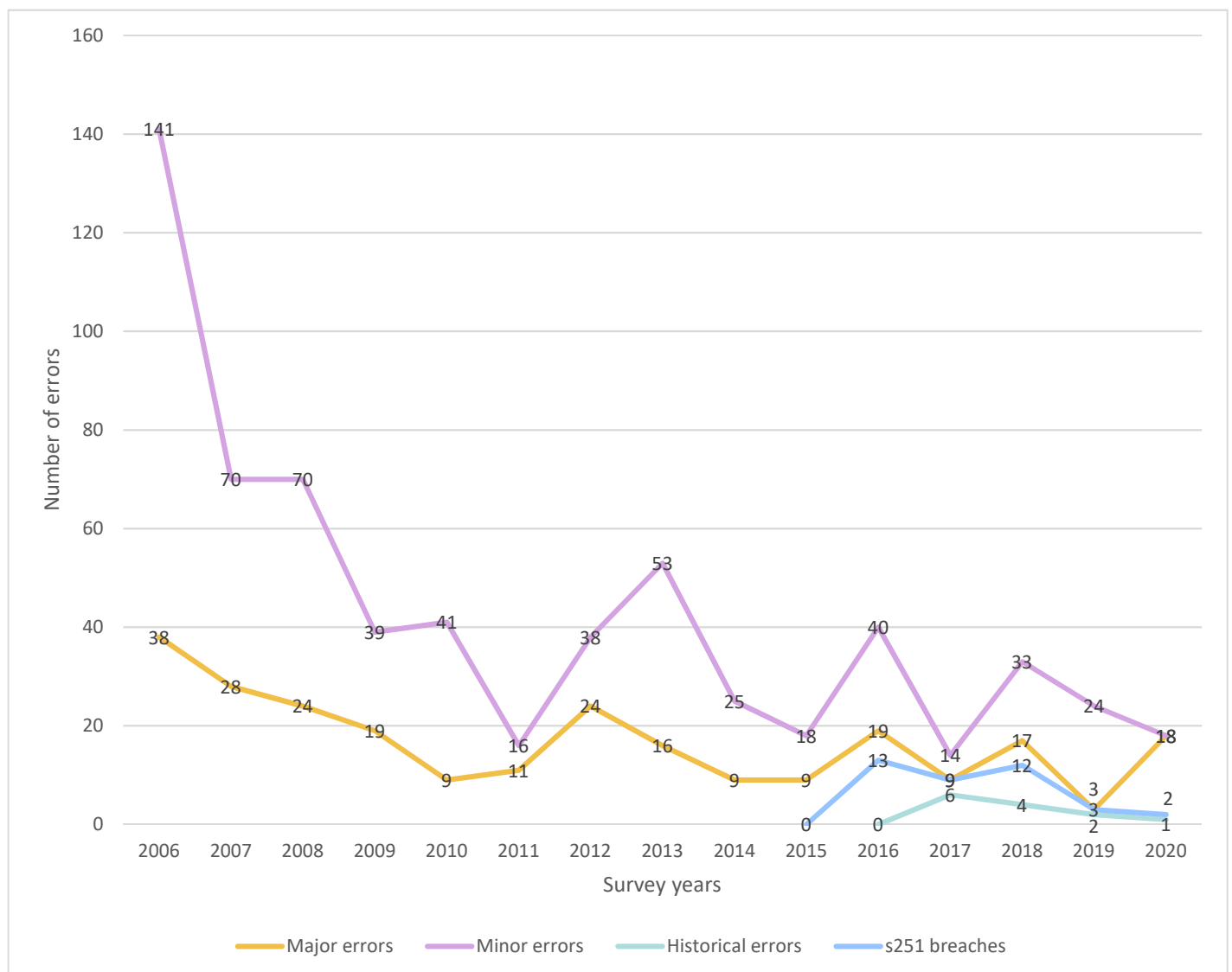


Figure 2: Frequency of errors across each iteration of the Inpatient Survey

Please note:

- The 2020 survey was coordinated by the CCMM at Ipsos MORI, whereas previous surveys were coordinated by the Picker Institute (under the title of Coordination Centre for Existing Methods).
- The lower number of errors in 2020 may be attributable to the sample upload portal, used for the first time this year, which flagged errors before the samples were submitted to the CCMM.
- Historical errors were not included in the sampling errors report prior to the 2016 survey.
- Section 251 breaches were not recorded prior to the 2015 survey.
- Only in-house trusts were checked by the Survey Coordination Centre in the 2011 Survey.

Major Errors

Eighteen major errors were identified by CCMM, which resulted in eight trusts having to redraw their samples. One trust resampled due to a clerical error that meant they originally submitted fewer than 1250 records; seven trusts excluded eligible patients. Ten trusts incorrectly included patients who were admitted for maternity-related care; this was picked up after the initial sample submission once fieldwork had begun, therefore these individuals were sampled but coded as ineligible in the final dataset.

Including ineligible patients

Exclusion criteria for the Adult Inpatient Survey is specified in the sampling handbook each year. One of the criteria is that obstetrics/maternity service users should not be sampled. The below list is provided to help trusts identify patients who were treated as an obstetric/maternity patient and should be checked with special attention. Patients should not be automatically excluded if they fit these criteria, but trusts may need to cross-reference with notes on the patient file.

- Admission method code (AMC) of 31 (ante-partum) and 32 (post-partum)
- Treatment function code (TFC) 502 (gynaecology) at discharge
- ICD-10 chapter codes of XV (pregnancy, childbirth and the puerperium) or ICD-11 chapter code 18

Seven trusts excluded eligible patients with a TFC of 502, which relates to gynaecology, assuming they were part of an ineligible patient group. When queried, the trusts confirmed these were not obstetrics/maternity patients. The trusts were asked to redraw their samples to include these patients.

One of these seven trusts also incorrectly included two records discharged on dates earlier in the year. The exact cause of the error is unknown but is likely due to a clerical error such as data being mis-sorted. This error was rectified when the sample was redrawn.

At the time of sampling, it was agreed that if enough ICD-10/11 coding had been done to apply the inclusion and exclusion criteria, trusts could submit their sample without the full coding. Trusts were provided with a later deadline to submit their full ICD-10/11 coding. At the point of reviewing this additional submission, it was noted that twenty-three trusts had included the chapter code XV for patients, which can indicate a maternity-related admission. Twelve of these trusts confirmed that all patients were eligible, and one additional trust was unable to review the patients' notes again in full but indicated they were likely eligible. However, 10 trusts confirmed that some or all of the identified patients were ineligible, and these were marked as ineligible for the final data upload.

Minor Errors

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

In total, there were 18 minor errors identified during the sample checking process by the CCMM. The majority of these were in relation to invalid Clinical Commissioning Group (CCG) codes.

CCG codes

The CCMM identified eight trusts with incorrect CCG coding. The CCMM requested that the contractor or in-house trust amended the invalid codes and submit the sample file to the CCMM again.

Site codes

One trust submitted incorrect site codes as part of its sample. This was due to a coding error and as such the contractor was asked to rectify the coding in the sample file and resubmit to the CCMM. Another trust submitted its site codes with incorrect formatting. This was rectified by the trust without the need to redraw the sample.

COVID-19 variables

For the 2020 survey trusts were asked to provide two new COVID-19 variables (COVID-19 diagnosis and COVID-19 treatment). The CQC planned to use these to compare experiences of those patients whose hospital experience was due to COVID-19 with those who were treated for reasons unrelated to COVID-19.

Seven trusts misinterpreted the sampling guidance and submitted COVID-19 diagnosis and/or treatment data that were not in accordance with the coding guidance. These codes were corrected and resubmitted.

One trust miscoded seven patients' COVID-19 diagnosis as positive, due to those patients having a procedure code that was identical to a positive Covid-19 diagnosis code. These patients were recoded as COVID-19 diagnosis negative, and the data resubmitted.

Section 251 Breaches

Approval for the survey 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 consent. Any breaches of the terms and conditions of Section 251 approval are immediately communicated to the Care Quality Commission (CQC), who in turn, notify the Confidentiality Advisory Group (CAG). Two S251 breaches occurred during the sample submission and checking process in 2020:

1. One trust emailed the CCMM while attempting to remediate a problem involving broken survey links being sent via SMS to patients. Inadvertently attached to the email was an unprotected spreadsheet containing 450 patients' mobile numbers and respective survey number, password and link for the IP20 survey.
2. One trust uploaded the sample file before its contractor had confirmed that the sample declaration form has been approved.

Historical Errors

When checking samples, the CCMM compares submitted sample data against the previous two years' data for each trust. Having this comparison is useful to show what is 'normal' for the trust, assuming no major changes have taken place in the interim that could affect the trust's inpatient population (such as a merger). Occasionally, the previous year's data profile will be out of sync which suggests a historical error has been made.

One historical error was identified during this year's sample checking. One trust included patients in 2019 who were attributed to a site code that was not included in the sample in 2020. The trust confirmed in 2020 that the code used in 2019 was incorrect and does not exist.

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