SAMPLING HANDBOOK FOR THE 2016 EMERGENCY DEPARTMENT SURVEY

FOR TRUSTS CONDUCTING THE SURVEY IN-HOUSE

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

Last updated: 21 September 2016

Contacts

Key personnel

Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this instruction manual. Please note that Section 251 approval has been sought for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. 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 relevant measures within the CQC assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this instruction manual, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability or impact on Research Ethics Committee or Section 251 approvals (see the instruction manual on http://www.nhssurveys.org/surveys/991).

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 Co-ordination Centre website at:
www.nhssurveys.org

Contents

1 Compiling your patient sample

This section explains how to draw a sample of patients. This task will need to be carried out by a member of staff at the NHS Trust. In hospital trusts, the sample will normally be drawn from the Patient Administration System (PAS). Prior to sending out questionnaires, the list will also have to be checked by the Demographics Batch Service (DBS) to identify deceased patients.

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

Data from the patient surveys are used in an increasing number of outcomes frameworks and indicators. If the sampling guidance issued for the survey is not adhered to, and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use patient survey data for purposes of risk monitoring, and data is also used by NHS England and the Department of Health for Patient Experience Outcome Measures and the NHS Outcomes Framework. If data is excluded because sampling errors are detected, this will impact on the assurances these organisations can have about the experiences of your patients.
It is essential that the person who draws the sample understands the importance of following these instructions carefully. Also, this person's line manager must give them the time and support they need to do the task properly. An incorrectly drawn sample can delay the start of the survey or can result in the questionnaires being sent to the wrong patients, both of which can have serious implications.

The sampling process for the 2016 Emergency Department Survey is different to that used in 2014, and is also different to that used in the other patient surveys.

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

It is vital that you use the correct template workbooks provided for each stage of the process.

Please note: your sample should only be used for the purposes of distributing the Emergency Department Survey 2016 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample nor to contact them as a group either before or after the survey.

1.1 Compile a full list of patients attending emergency services in September 2016 (workbook 1)

1) Download **AE16 Sampling workbook 1** from http://www.nhssurveys.org/surveys/982.

2) In that template (tab *1. Full list)*, compile a full list of patient attendances at all emergency departments at all sites in your trust, in line with the following eligibility criteria:

The list should **include**:
- **ALL** eligible patient attendances at type 1 and type 3 emergency services in your Trust between **1st September 2016 and 30th September 2016**.

  If your trust does not have type 3 emergency services, then you only need to include type 1 attendances.
  - A **type 1 department** is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

  - A **type 3 department** is another type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. Type 3 departments are often Urgent Care Centres (UCC) or Minor Injury Units (MIU). A service that is mainly or entirely appointment-based (for example a GP practice or out-patient clinic) is **excluded** even though it may treat a number of patients with minor illness or injury. **Walk-in centres are not classed as type 3 departments.**

Please note:

- Your list must be a list of **attendances/visits**, rather than a list of patients, so some patients will appear on the list more than once at this stage.

  - Duplicate patients will be removed at a later stage of the process, but it is very important you **do not** remove them now, as this could bias your sample.

- Eligibility should be calculated from the patient's time of *attendance* at A&E. This means patients attending from 00:00 hrs on 1st Sept should be included, but those who arrived prior to this time (i.e. 23:59 or earlier on 31st August) should **not** be included. Likewise, patients should be included who attended up until midnight on 30th Sept, even if their departure time was on 1st October.

- You may only include type 3 departments that are **directly** run by your trust, and exclude any that are run by another provider. If you are unsure about this, please contact the Co-ordination Centre for guidance (ae.cc@pickereurope.ac.uk / 01865 208127).

> **If your trust only has a type 1 department** and has fewer than **1500[1]** eligible attendances in total during September 2016, please **contact the Co-ordination Centre at this stage** (ae.cc@pickereurope.ac.uk / 01865 208127).
>
> **If you trust has both type 1 and type 3 departments** and has fewer than **1100 type 1** attendances and/or fewer than **400 type 3** attendances, please **contact the Co-ordination Centre at this stage** (ae.cc@pickereurope.ac.uk / 01865 208127).

The list should **exclude**:

- **Deceased** patients

- Children or young persons aged **under 16 years** at the date of their attendance at the Emergency Department. For patients born in 2000, you will need to check their day and month of birth to ascertain whether they were aged 16 on the date of their attendance.

- Any attendances at **Walk-in Centres**

- Any patients who were admitted to hospital via **Medical or Surgical Admissions Units** and therefore have not visited the Emergency Department

- Any patients who are known to be **current inpatients** – this is so that we can avoid sending questionnaires to people who are currently inpatients

- Planned attendances at **outpatient clinics which are run within the Emergency Department** (such as fracture clinics)

- Patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy. Please do not exclude pregnant women who attended emergency services for health problems unrelated to pregnancy.

> **Note:** Trusts should be confident that they have made all reasonable efforts to exclude women attending emergency departments for the above reasons (patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy). This should be done using whatever appropriate information the trust holds. Whilst not an exhaustive list, suggested ways to do this include:
>
> - Checking ICD-10 codes for any women admitted to hospital following their attendance at the emergency department, between the ages of 16 and 55, and removing any related to miscarriage etc.
>
> - Checking any obstetric or gynaecology diagnosis codes on records for women between the ages of 16 and 55 attending the emergency department
>
> - Checking the notes on records for women between the ages of 16 and 55 for any information relating to: miscarriage, abortive, abortion, concealed pregnancy, pv bleed, pregnant, pregnancy.

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[1] Please note: the final sample size will be 1250 but the numbers initially sampled are higher than this to take account of possible DBS and duplicate removals.

- Patients **without a UK postal address** (but do not exclude if addresses are incomplete but useable e.g. no postcode).

  o Please note: patients should be **included** if they have an address in any part of the UK, including those not England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel.

- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage)

Please note exclusions should only be made based on the criteria listed above. Patients **should not be excluded** simply because they have other specific medical conditions such as cancer or mental health problems, or because they have safeguarding concerns.

If you have any questions about the inclusion/exclusion criteria, please contact the Co-ordination Centre on 01865 208127 or at ae.cc@pickereurope.ac.uk.

Please note: if you wish to send a screenshot to the Co-ordination Centre with any queries, you must ensure they **do not** contain any patient identifiable information such as name and/or address, as this would breach the Section 251 approval for this survey.

3) Compile your full list of eligible attendances, including the following information:

- NHS number
  o Please note, this will be used for removing duplicates and for DBS checks – it **must not** be submitted to the Co-ordination Centre. If you are missing the NHS number for any patients who are otherwise eligible, please still include these patients in your list.

- Title (Mr, Mrs, Ms, etc.)

- Patient initials or first name

- Patient surname

- Address, including postcode

- NHS Trust Code

- Department type (only '1' or '3' should be entered)

- Year of birth

- Gender

- Ethnicity is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the 17 item alphabetical coding specified by the Health and Social Care Information Centre (HSCIC). Further information is available at: www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp?query=ethnicity&rank=70&shownav=1.

  Please note that only patients who refuse to provide ethnic category should be coded as "Z" (not stated). If this code is missing for any other reason, ethnic category should be left blank in the sample information. Ethnic codes are as follows:

White

A	British
B	Irish
C	Any other White background

Mixed

D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background

Asian or Asian British

H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background

Black or Black British

M	Caribbean
N	African
P	Any other Black background

Other Ethnic Groups

R	Chinese
S	Any other ethnic group
Z	Not stated

- Date of attendance (separate columns for day, month and year)

- Time of attendance (4 digits in 24-hour format, HH:MM e.g. 09:25, 23:15, **without seconds**)

- NHS site code

- CCG code. This should be the CCG which will be billed for the care of the patient. Please see: http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs.

There is also a column for record number, please leave this blank at this stage. Instructions on how to construct this later are provided below.

If you have **more than 25,000** records at this stage, **please contact the Co-ordination Centre on 01865 208 127 or ae.cc@pickereurope.ac.uk**


1.2 Sorting and cleaning your list of attendances in Workbook 1: Tab 1

Once you have put all data into tab *1 Full list* of **AE16 Sampling workbook 1**, please complete the following steps:

1) **Sort** by department type, then by gender, then by year of birth and finally by CCG.

To do this, select **all** your data starting on row 3 – please **ensure you are not selecting the header rows**. Click on the data menu, then click 'sort'. Then create four sorting levels to

include department type (column L), gender (column O), year of birth (column N) and CCG (column V), in that order. It should look like the image below. Click 'OK' to sort your data.
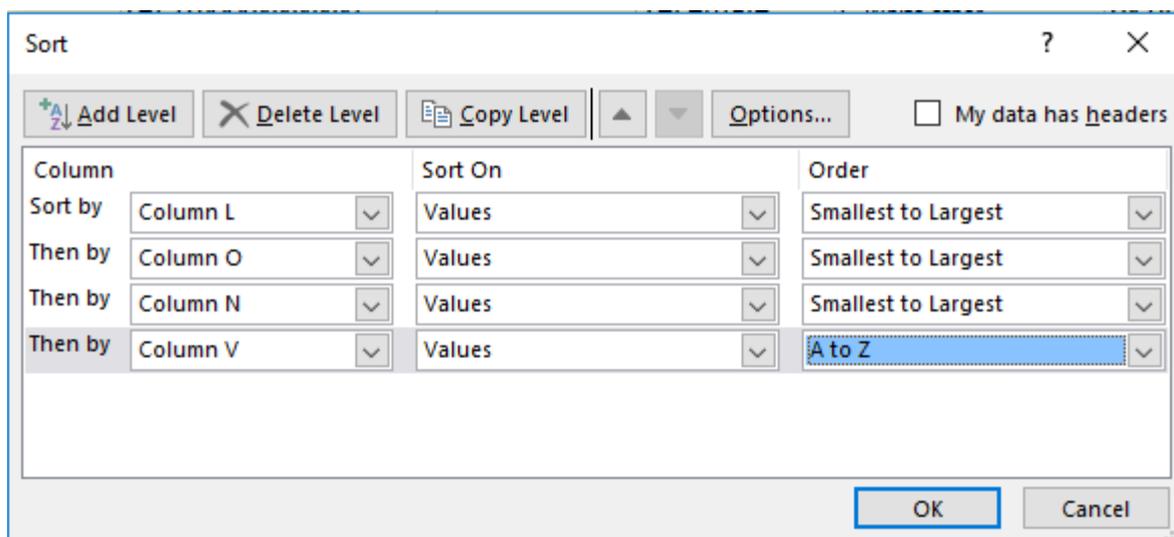
Please note, it is vital that you **select all your data (all columns and rows) except for the header rows (1 and 2) before** sorting, as otherwise the file can become mis-sorted. If the data is mis-sorted, this could result in a major sampling error, which could invalidate your sample or your survey data.

Please check that your file is now sorted in the correct order – this is a key part of the sampling process, so if you are unsure, please contact the Co-ordination Centre for advice.

2) Now add a **record number** in the correct column. The record number should be in the following format: AE16XXXNNNNN where "AE16" is the survey code, "XXX" is your trust code, and "NNNNN" is the number.

At this stage, record numbers will run consecutively from AE16XXX00001 to AE16XXXNNNNN, where NNNNN should match the total number of records you have in your list of attendances. You should not have any duplicate record numbers.

3) Please check that there are no blank rows in your data.

1.3 Selecting your initial sample in Workbook 1: Tab 2

1) Copy all your data from tab *1 Full list* and paste it into corresponding columns in the tab *2 Initial sample selection* of **AE16 Sampling workbook 1.**

Please note that once the data is pasted, it may take time for Microsoft Excel to load it into the file. Wait for the program to finish processing before going onto the next step. Closing any other programs you have running in the background may speed up this processing.

2) Check the "Numbers in list" section (see image below), which is located in columns X and Y, to see if the template has loaded your data properly, and if you have any incorrect department codes. This section will show you how many records you have for type 1 and type 3

attendances: double-check to be sure these figures are in line with what you know about your trust.

The figure for 'Incorrect department type code' should be zero. If you have any incorrect department type codes (i.e. codes that are not 1 or 3), these will be identified in column A.

Filter your records by 'ineligible department type' in column A and correct the 'department type' at column M for these records.

3) Now you need to enter a random start number in each of the two orange boxes in column Z. This must be a whole number (i.e. not have a decimal place). The red text will give you a number range that you can choose from – for instance, if it says "Enter random start between 1 and 3" you can put a 1, 2, or 3 in the orange box next to it (if the red text says to enter a number 'between 1 and 1', you **must** enter the number 1 in the orange box).

Please allow time for Microsoft Excel to finish processing after you enter a number in each of the orange boxes. This may take some time.

4) After doing this, a random sample of records will be selected and Column A of the spreadsheet will automatically update. **Please allow time for Microsoft Excel to do this.** Records that have been randomly selected will be denoted by a '1'; those that have not been selected will be indicated by a '0'.

	A
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if
1	type is not 1 or 3)
2	0
3	1
4	1
5	0
6	0
7	0
8	1
9	0

5) The "Number in sample" section will automatically update. Depending on your trust, the numbers will be different:

Number in list	
Department type 1:	0
Department type 3:	0
Incorrect department type code:	0
Number in sample	
Department type 1:	0
Department type 3:	0
Total sample size:	0

- If you have enough eligible type 1 and type 3 cases, this should show:
    - 1100 type 1 patients
    - 400 type 3 patients

- If you do not have enough type 3 attendances, then you may have over 1100 type 1 patients and fewer than 400 type 3 patients, totalling 1500 patients. If this is the case, please ensure you have contacted the Co-ordination Centre to confirm this is correct.

- If your trust does not have a type 3 department, all your cases (1500) will be type 1.

- In almost all cases, **the total sample size shown here should be 1500**. If this number is lower than 1500, please contact the Co-ordination Centre.

6) Now filter by column A so that only cases with a "1" in the column are shown. These are the cases that will be included in your sample. You can filter this column by clicking the grey arrow in cell A1 and making sure only "1" is selected, as shown below, then clicking 'OK'.
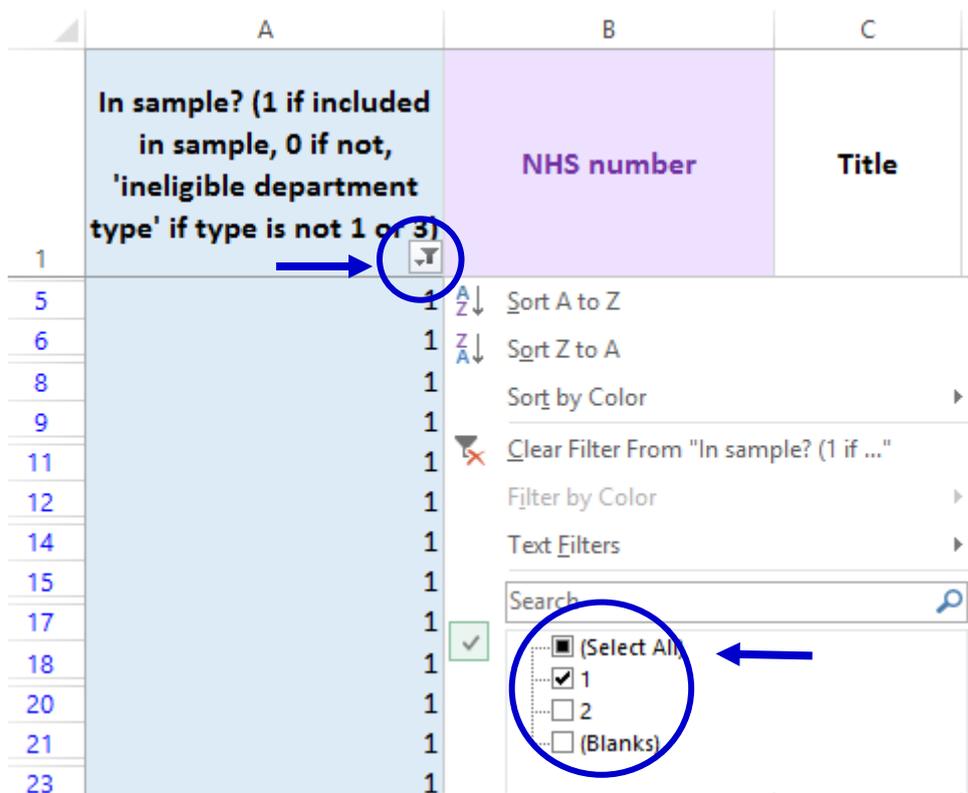
Once you have applied the filter, you should only see "1" in column A.

7) **With the filter still on**, select all data in columns B 'NHS Number' through to W 'CCG code', right click, and press copy.

8) Now paste the data you have just copied into the tab **'3. Initial selected sample'** of **'AE16 Sampling workbook 1'**.

9) Check that the number of records you have pasted into tab '3. Initial selected sample' matches the total number of records in your sample indicated in the 'Total sample size' field of tab 2. For most trusts this will be 1500 (please note that the column titles are in the first row, so the total number of records in tab 3 will be the number of rows minus 1).

1.4 Removing duplicates: Tab 3

The sample that you will submit to the Co-ordination Centre will consist of a list of unique patients. Some patients may have attended the emergency services more than once during the sampling month; in these cases, you may have duplicate patients in the initial selected sample you have just put into tab *3. Initial selected sample*. You need to remove those, so that you have only unique patients.

You should be able to use the NHS number to identify duplicate patients. When removing duplicates, you should remove the earlier attendances and leave the most recent attendance for that patient. When removing duplicate records, please ensure that you do not leave blank rows.

You can follow the instructions below to remove duplicate patients based on NHS number:

1) Select all the values in column A 'NHS number', then click on 'conditional formatting', 'highlight cell rules' then 'duplicate values'. This will colour all duplicate values in that column.
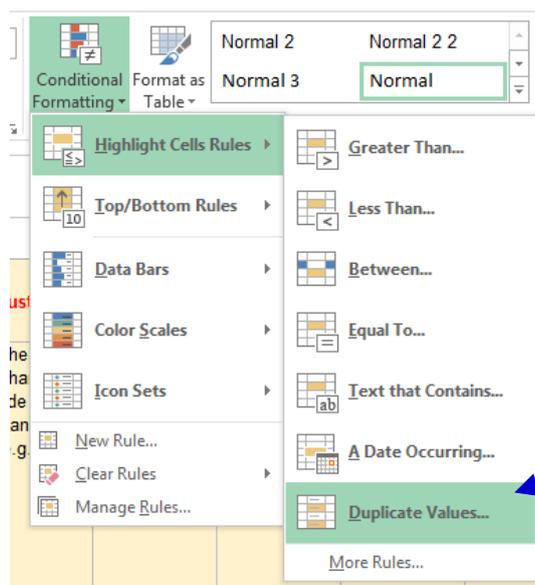
2) Go through the list looking at the coloured values to identify duplicate patients. You can filter the records to show only highlighted cases by clicking the filter arrow on column A, then selecting 'filter by colour' then clicking the cell colour listed.

3) When removing duplicates, you should remove the earlier attendances and leave the most recent attendance for that patient.

4) When you remove duplicate records, you should also ensure that you **do not leave blank rows**.

If you are missing NHS number for any patients in your list, please use their name and address information to check that they appear only once in your list and remove any duplicates.

1.5   Checks to be carried out by the trust

Once you have compiled your list of 1500 patients and have removed duplicates, you should carry out the following checks *before* you send the list to the DBS (who will carry out a further check for deceased patients):

- **Deceased patients**. Check hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital. More information on checking for deceased patients is shown in the text box below.

- **Current inpatients**. Check that none of the patients are known to be current inpatients in your trust. This should be the only time current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times. This improves the comparability of samples between trusts and thus reduces bias.

- **Patient ages**. Check that all patients are aged 16 or over on the date of their attendance at the emergency department.

- **Check that you have excluded**: patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy. (Please do not exclude pregnant women who attended emergency services for health problems unrelated to pregnancy).

- **Patients admitted to hospital via Medical or Surgical Admissions Units** who have therefore not visited the Emergency Department should not be included in the sample.

- **Planned attendances at outpatient clinics which are run within the Emergency Department** (e.g. fracture clinics) should not be included in your sample.

- **Attendances at Walk-in Centres** should not be included in your sample, as these are not classified as Type 1 or Type 3 emergency departments.

- **Postal addresses**. Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Equally patients whose address is a military base, care home or prison establishment are also eligible.

- **Incomplete information**. Check for any records with incomplete information on key fields (such as surname and address) and remove those patients. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a patient 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 patient has not been included more than once.

- **Dissent**. Any patient known to have requested their details are not used for any purpose other than their clinical care including requests made following sight of survey pre-publicity (you must ensure that you remove these patients from your sample list at this stage).

Checks for deceased patients

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 patient selected for the survey 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, patients may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

The methodology for this survey requires three stages of checks for deceased patients before the first mailing is sent out. The checks are carried out sequentially by:

1)   the trust

2)   DBS

3)   again by the trust (for patients who may have died in hospital after submission of the sample to DBS).

You are also advised to check your hospital records for any further deaths prior to posting the second and third mailings, and to ensure that approved contractors are advised immediately if any patients in the sample die during the survey period.

1.6 Submit the patient list to the Demographics Batch Service

Before sending out the questionnaires, the list of patients should be checked for any deaths by the Demographics Batch Service (DBS). The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS)[2].

Create a trace request file

Using your list of patients, you need to create a correctly formatted batch trace request file to send to DBS. You should take advice from your local Trust PAS team on the correct format to submit files. Technical details on the file format are available from http://www.hscic.gov.uk/demographics/.

For each patient you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach

    OR

- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

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[2] The PDS is a national electronic database of NHS patient demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Submitting the trace request file

Please note that the DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: demographics@nhs.net and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

The response file

The DBS will return a header row, response body and trailer row. The response row will be in two parts:
- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response column, which is returned only when there is a single unique match. It is on this additional response column that patients found to be deceased will be indicated (by a letter 'D').

Further information is available from www.hscic.gov.uk/demographics/

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

1.7 When the patient file is returned from DBS

1) The trace response file returned from DBS can be used to identify any patients that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. You should remove these patients from tab *3. Initial selected sample* in **'AE16 Sampling workbook 1'**. This will reduce the numbers in your sample list slightly.

   You should not exclude patients just because it was not possible for DBS to match them on their records. If you did this, you would bias the sample.

   When removing deceased patients from tab *3. Initial selected sample* in **'AE16 Sampling workbook 1'**, please make sure you **do not leave blank rows**.

2) After removing deceased patients and ensuring you do not have any blank rows between records, please check how many patients remain in tab *3. Initial selected sample* of **'AE16 Sampling workbook 1'**, and follow the below instructions accordingly (please note that the column titles are in the first row, so the total number of remaining records in tab 3 will be the number of rows minus 1).

- If you have *fewer* **than 950 type 1 patients and/or** *fewer* **than 300 type 3 patients** remaining on your list:
  If your patient list has fewer than 950 type 1 patients and/or fewer than 300 type 3 patients at this stage, you **MUST** contact the Co-ordination Centre on 01865 208127 or email ae.cc@pickereurope.ac.uk.

- If you have *exactly* **950 type 1 patients** and *exactly* **300 type 3 patients** remaining on your list:
  It is very unlikely that you will have exactly 950 type 1 patients and exactly 300 type 3 patients on your list at this stage. If you do have exactly this number, you **MUST** contact the Co-ordination Centre on 01865 208127 or email ae.cc@pickereurope.ac.uk.

- If you have *more* **than 950 type 1 patients** and *more* **than 300 type 3 patients** remaining on your list:

  Most trusts will have more than 950 type 1 patients and more than 300 type 3 patients remaining on their list at this stage. Please proceed to next section for instructions.

If your trust has **only type 1** patients:

- If you have *fewer* **than 1250** patients remaining on your list:
  If your patient list has fewer than 1250 patients at this stage, you **MUST** contact the Co-ordination Centre on 01865 208127 or email ae.cc@pickereurope.ac.uk.

- If you have *exactly* **1250 patients** remaining on your list:
  It is very unlikely that you will have exactly 1250 patients on your list at this stage. If you do have exactly this number, you **MUST** contact the Co-ordination Centre on 01865 208127 or email ae.cc@pickereurope.ac.uk.

- If you have *more* **than 1250** patients remaining on your list:
  Most trusts will have more than 1250 patients remaining on their list at this stage. Please proceed to next section for instructions.

1.8 Creating the final sample

Following the removal of deceased patients and duplicate records, as explained in the sections above, you need to remove extra patients to reduce your sample size to exactly 1250, as detailed in the following instructions.

1) Please select **all your data** in workbook 1, tab *3. Initial selected sample,* **except for column A, 'NHS number'**, then copy and paste this into the corresponding columns in the tab *4. Final sample selection* of **'AE16 Sampling workbook 1'.**

2) Now you need to enter a random start number in the orange boxes in column Y. This must be a whole number (i.e. not have a decimal place). The red text will give you a number range that you can choose from – for instance, if it says "Enter random start between 1 and 3" you can put a 1, 2, or 3 in the orange box next to it. (If the red text says to enter a number 'between 1 and 1', you **must** enter the number 1 in the orange box).

Please allow time for Microsoft Excel to finish processing after you enter a number in each of the orange boxes. This may take some time.

3) After doing this, a random sample of records will be selected and Column A of the spreadsheet will automatically update. **Please allow time for Microsoft Excel to do this.** Records that have been randomly selected will be denoted by a '1'; those that have not been selected will be indicated by a '0'.

	A
1	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3)
2	0
3	1
4	1
5	0
6	0
7	0
8	1
9	0

4) The "Number in sample" section will automatically update.

Number in list	
Department type 1:	0
Department type 3:	0
Incorrect department type code:	0
Number in sample	
Department type 1:	0
Department type 3:	0
Total sample size:	0

For trusts with **both type 1 and type 3** departments the numbers in sample should be:

Department type 1:   950
Department type 3:   300
Total sample size: 1250

For trusts with **only type 1** departments, the numbers in sample should be:

Department type 1:   1250
Department type 3:   0
Total sample size: 1250

If your total sample size is larger than 1250, please ensure you have entered numbers in the orange random start boxes (as detailed in step 2, above).

If your sample size differs from the relevant numbers listed above, and you have not already been advised by the Co-ordination Centre on the appropriate sample size for your trust, please contact us to ensure your sample is correct (01865 208127 / ae.cc@pickereurope.ac.uk).

5) Now **save this file** for future reference. Note that you will **not send 'AE16 Sampling workbook 1''** to the Co-ordination Centre, but you will use it to create the final sample file and may need to refer back to the file in the next few months if the Co-ordination Centre have any queries, so please make sure that the person that will deal with it in the next few months is aware of its location.

1.9 Creating your final sample file in Workbook 2

1) Download **'AE16 Sampling workbook 2'** from http://www.nhssurveys.org/surveys/982.

2) In **'AE16 Sampling workbook 1'**, in tab *4. Final sample selection*, filter by column A so that only cases with a "1" in the column are shown. These are the cases that will be included in your sample. You can filter this column by clicking the grey arrow in cell A1 and making sure only "1" is selected, as shown below, then clicking 'OK'.
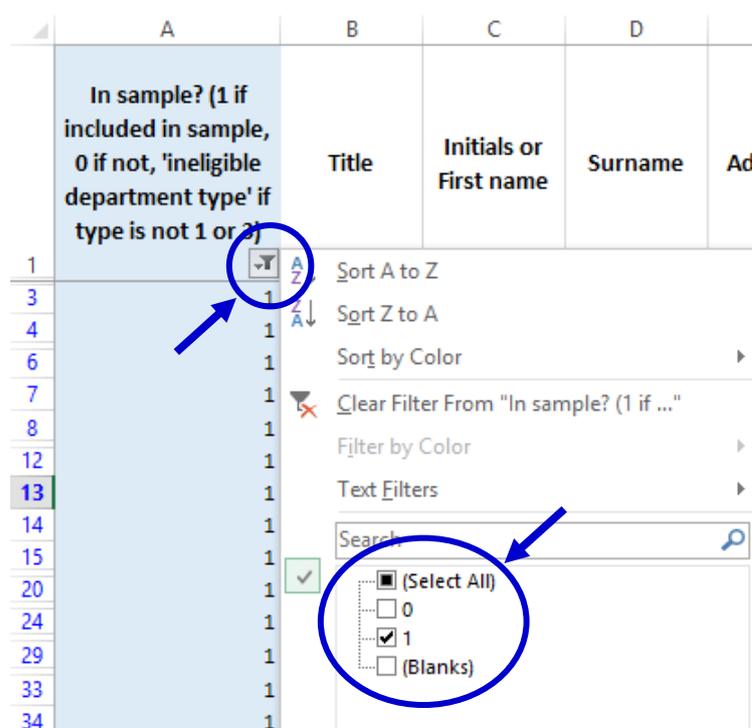
Once you have applied the filter, you should only see "1" in column A.

3) **With the filter still on**, select all data in columns B "Title" to V "CCG code" (but do not select the header row 1), right click, and press copy.

4) Now paste this into the corresponding columns (A to U) in the tab named "*Sample*" of **'AE16 Sampling workbook 2'.**

5) Check that the number of records you have pasted into the tab named *"Sample"* of **'AE16 Sampling workbook 2'** matches the total number of records in your sample indicated at the 'Number in sample' section of tab *4. Final sample selection* of **'AE16 Sampling workbook 1.'** For almost all trusts this will be 1250 – if this is not the case for your trust, this should already have been discussed with the Co-ordination Centre. (Please note that the column titles are in

the first two rows, so the total number of records in the workbook 2 "sample" tab will be the number of rows minus 2).

6) Save the workbook.

This workbook has three main purposes:

1. It will be used to keep a record of which patients 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 27th October 2016 until the closing date of the survey.
3. The anonymous data in this file (i.e. all the data **except** patient name and address information) will form part of the file that you will submit to the Co-ordination Centre when the survey is completed.

An example of the final sample worksheet you will complete has been included below:

Table 1 – Sample Excel file of patient details

Title	Initials or first name	Surname	Address1	Address5	Postcode	Trust Code	Department type	Patient record number	Year of birth	Gender	Ethnicity	Day of attendance	Month of attendance	Year of attendance	Time of attendance	NHS Site code	CCG code	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome	Comments
Mrs	AM	Abbot		--	AB1 1YZ	R1X	1	AE16 RX100 001	1934	2	A	5	9	2016	10:30	RR115	A12				3	Informed that patient had died
Mr	EC	Ahmed		--	AB2 6XZ	R1X	1	AE16 R1X00 002	1970	1	J	20	9	2016	13.45	RTE03	B12	04	11	2016	1	
				--																		
Ms	K	Yoo		--	AB4 7MX	R1X	3	AE16 R1X24 999	1950	2	R	17	9	2016	11.10	RR115	F56					
Ms	F	Young		--	AB9 5ZX	R1X	1	AE16 R1X25 000	1946	2	A	14	9	2016	23.55	RR117	G56	16	11	2016	1	

The headings of Table 1 are in three different colours:

Bold black headings: These columns contain information on patients' names, addresses and comments that may allow them to be identified. This information should be DELETED from all files sent to the Co-ordination Centre.

Red italic headings: These columns should be completed during the sampling phase and submitted to the Co-ordination Centre for final inspection prior to mailing (see the Instruction Manual) and at the conclusion of the survey.

Green italic headings: These columns should be completed after a patient has responded to the survey. If you are working with an approved contractor they will complete these columns on your behalf.

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

1) **Day of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trust. It should be a one or two digit numerical response **not** a date format, e.g. N or NN not 20/12/16.

2) **Month of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts. It should be a one or two digit numerical response, **not** a date format.

3) **Year of questionnaire being received**. This can only be completed if and when a questionnaire is received by the trusts. It should be a four digit numerical response, **not** a date format.

4) **Outcome**. This field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which patients opt out of the survey, etc.
   1 = Returned useable questionnaire
   2 = Returned undelivered by the mail service or patient moved house
   3 = Patient died (after fieldwork had commenced)
   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)
   7 = Patient deceased prior to fieldwork

   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).

5) **Comments**. This 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.

1.10 Checking the distribution of patient ages in your sample

You should check that patients of all ages are included in your sample, especially those aged 16, 17, 18 or over 75 years. We have found these age groups are the most likely to be excluded due to poor sampling. It is possible there may not be any young adults or very old adults 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 patients' 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). The histogram for your trust will likely resemble the shape of the histogram below.

Figure 1 - Age Histogram for 2014 Emergency Department Survey sample information
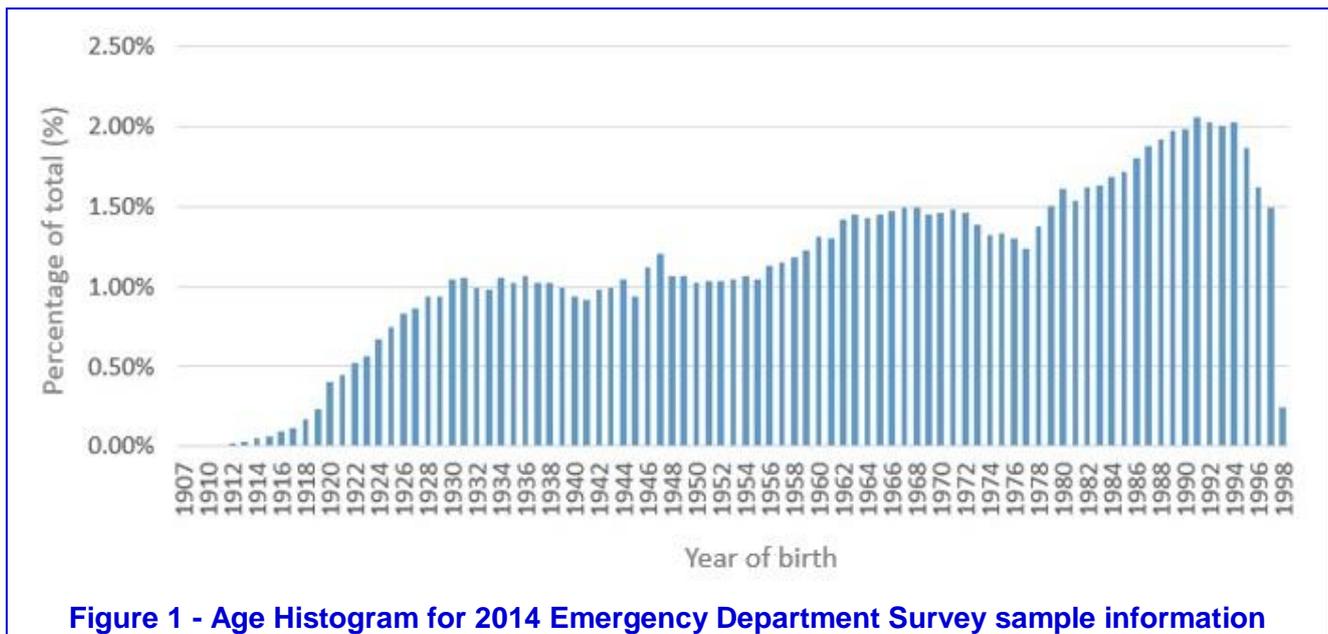
1.11   Checking the distribution of patient gender

Your sample will probably have similar proportions of men and women - unless your trust treats men or women only. You should check both of these genders are included and that you can explain if the sample is skewed toward male or female patients.

1.12   Checking for other sample errors

The most common sampling errors made by trusts include:

- Including patients aged under 16 at the time of their attendance
- Excluding patients aged 16 (this will happen if you exclude all patients with a year of birth of 2000).
- Excluding patients born before a particular year (e.g. 1930)
- Incorrect ethnicity coding
- Missing year of birth data
- Incorrect age distribution due to incorrect following of the instructions
- In addition, for this year's survey please be careful to include all eligible type 3 patients

Please also check to ensure your data has not become mis-sorted. Mis-sorting can occur if data has been sorted while only part of the data has been selected (e.g. if some columns were not selected). To check this, please look at several patient records spread throughout your data and ensure the data in every column is correct for these patients.

1.13 Separating mailing details from sample information

Once you are confident your sample is correct, please follow the below instructions to split the file in two separate Excel files: one for you to use for your mailing, another one for you to submit to the Co-ordination Centre.

Sample file – for submission to the Co-ordination Centre

1) Open your saved version of workbook 2, and save a **new version** of this file by going to 'file' > 'save as' and then saving as: **'AE16_<trust code>_sampledata'** (e.g. AE16_RTH_sampledata).

2) In this sample data file, **delete the mailing data columns**. To do this, in the 'sample' tab, select columns A 'Title' to I 'Postcode' by clicking on the 'A' at the top of the column and then sliding the mouse over to the 'I'. Then right click and press delete.

3) Save your sample data file, and double check that it **does not contain any of the mailing data columns (title, name, address, postcode)**.

Mailing file

1) Rename your **original** saved version of **workbook 2** to: **'AE16_mailingdata'**.

2) Now **delete the sample data**, **keeping only the mailing data and patient record number**. To do this, in the 'sample' tab, select columns J 'Trust code' to K 'Department type' by clicking on the 'J' at the top of the column and then sliding the mouse over to the 'K'. Then right click and press delete. Then do the same to delete the 'Year of birth' (now column K) to 'Comments' (now column X).

3) Save the mailing data file and check it **only** contains the mailing information columns and the patient record number, as shown below. It is essential that the patient record number matches that used in the sample file as this is used to link the two datasets.

Your 'AE16_mailingdata' file should be used for mailing purposes: it will be used to check for deceased service users prior to reminder mailings and will be cross-referenced with the sample file ('AE16_<trust code>_sampledata') to identify service users who will need to be sent reminders.[3]

As this "AE2016_mailing data" file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing data file should be destroyed when the survey is complete, along with all other files created for the survey (aside from the survey response file).

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**.

1.14   Sample declaration form

For this survey, there is a sample declaration form that needs to be completed by the person preparing the sample (see appendix). The sample declaration form is available on the NHS Surveys website to download at http://www.nhssurveys.org/surveys/986. The form has a number of compliance statements that both the person drawing the sample and also the Caldicott Guardian must sign.

An online version of the sample declaration is available. If you wish to use the online form, please follow these steps:

1) Inform the Co-ordination Centre, and provide the email addresses and telephone numbers of your Caldicott Guardian and the person drawing the sample.
2) The Co-ordination Centre will send an email with the link to the form. Follow the instructions and sign.
3) The Co-ordination Centre will reply after reviewing the form. Please wait for the Co-ordination Centre to authorise the form **before** submitting your sample.

If you would prefer not to use the online form, you can complete the form by hand and email it to the Co-ordination Centre at ae.cc@pickereurope.ac.uk instead.

In both cases (paper and online), the form **must** be completed and submitted to the Co-ordination Centre **prior to submitting your** anonymised sample file for checking. You will receive notification when you are permitted to submit your data. The form has a separate compliance statement for you to sign to confirm that there are no patient identifiable data (names and addresses) in the sample file before it is submitted to the Co-ordination Centre. This is a key element of the survey methodology as approved under section 251, and must be followed in order to minimise the risk of any data breaches occurring.

Trusts must submit the sample data to the Co-ordination Centre for checking no later than **Friday 28th October 2016**. If you do not meet this deadline, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors may result in the data from the trust being excluded from the relevant CQC assessments.

Samples that have not been submitted for checking by the **Friday 28th October 2016** will be followed up by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **Friday 4th November 2016**, then we are required to notify the CQC of this and they will contact you to discuss any implications for inclusion in CQC produced data.

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[3] As shown in table 1, the 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out, and so on.

Please see the instruction manual on http://www.nhssurveys.org/surveys/991 for further details on how to submit your sample to the Co-ordination Centre for checking.

1.15   Making more use of the survey locally

Up to this point, this section of the instruction manual has described in detail how sampling must be undertaken to provide the basic required sample of 1250 patients for the emergency department survey. However, in addition to this minimum requirement, your trust may wish to use this survey as an opportunity to gather further data beyond that required by the CQC. Increasing the sample size is a good way to do this.

Increasing the sample size for the survey may be helpful if, for example, you wish to analyse or compare results for specific subgroups (for example, patients treated at different sites or patients of different ethnicities) in more detail than would be possible from a sample of 1250 patients. By increasing the sample size you can ensure that you have a large enough sample of patients from each group.

Alternatively, if your trust regularly treats very large numbers of patients, you may wish to draw an extra sample of patients to survey additionally to those included in the main survey. For example, you could select patients discharged in a different time period from those in the national survey and send them questionnaires either at the same time as or at some point after the national survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an Emergency Department Survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap. Guidance for carrying out a local survey is available at http://www.nhssurveys.org/localsurveys.

However, before you decide to do this, there are some important points to consider:

- Please note that the section 251 approval obtained for the 2016 Emergency Department Survey only covers the national standardised survey. If you wish to collect any additional sample information please contact your trust's Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further approval.

- The core sample for the 2016 Emergency Department Survey **must** be drawn as specified in this instruction manual; any deviation from the instructions may make it impossible for the CQC to use the data that you collect. It is therefore 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.

- If you are planning to undertake surveys more frequently than the NHS patient survey programme, then you should consider how any increased sample here will fit with the additional surveys you will be undertaking.

1.16 Summary of steps

Before submitting your sample to the Co-ordination Centre, please ensure you followed the instructions in this section:

1.   Compiled a list of eligible patients (Section *1.1*).

2. Selected an initial patient sample, closely following the instructions in sections *1.2* through to *1.4*.

3. Checked your patient list to make sure it meets requirements and only includes eligible patients (Section *1.1*).

4. Sent the list to the DBS to check for deceased patients and removed these patients from your list (Section *1.6*).

5. Created the final sample file (Section *1.9*).

6. Checked the distribution of patient age and gender in your sample file (Sections *1.10* and *1.11*).

7. Checked for other errors that may have occurred when drawing your sample (Section *1.12*).

8. Removed personal data from the sample file and created a mailing file (Section *1.13*).

9. **Complete the sample declaration form** (*Appendix: Emergency Department survey 2016 sampling declaration: in house trusts*) and send this to the Co-ordination Centre **before** sending them your sample file. **Do not send the sample file before your sample declaration form has been approved.**

10. Submit your anonymised file to the Co-ordination Centre.

PLEASE NOTE: trusts will NOT be permitted to submit any files to the Co-ordination Centre with more than 1250 records (maximum), from which the Co-ordination Centre would draw the sample on behalf of the trust. If trusts do this, it will be considered a breach of the Section 251 Approval for the survey, resulting in follow up action being taken. It is not permissible for the Co-ordination Centre to draw the post DBS sample on behalf of the trust.

2 Appendix: Emergency Department survey 2016 sampling declaration: in house trusts

This declaration is to be signed by your trust's Caldicott Guardian and the member of staff responsible for drawing the sample of patients as set out in the Emergency Department Survey 2016 Instruction Manual. **This checklist will be used for audit purposes to ensure that the sample conforms to the instructions and if all steps are completed will greatly help avoid any breaches of confidentiality occurring.**

This declaration is also available to complete online. Trusts wishing to complete the declaration online will need to provide the Co-ordination Centre with the names and email addresses for the person drawing their sample and the trust's Caldicott Guardian. Unique links will be sent to these named individuals by email.

The survey has received 'section 251 approval' from the Health Research Authority to enable data to be transferred to survey contractors for the purposes of this survey only. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre. In order to be operating under that approval, you must follow the steps outlined below, otherwise the 'approval' will not apply. For more information on the approval requirements and confidentiality please refer to the survey instruction manual.

For staff drawing the sample:

Please complete this form once you have drawn your sample of patients. You must send this checklist to the Co-ordination Centre (ae.cc@PickerEurope.ac.uk) **before** you submit your sample file. The Co-ordination Centre will confirm that you are able to send your sample file to them once they have checked this form. **PLEASE NOTE: the sample file will not be opened unless this form is submitted fully complete.**

Please confirm that the following tasks have been completed by **initialling and ticking the boxes** and **signing the declaration**:

Item	Fill in:
A sample of up to 1250 patients who attended in September 2016 has been drawn according to the instructions in this sampling instruction manual.	Initials: ……………
Confirm that you have <u>excluded</u> the following groups:	**Confirmed (tick box)**
• Deceased patients	☐
• Patients known to be current inpatients	☐
• Patients under the age of 16 on the date of their attendance	☐
• Attendances at walk-in centres	☐
• Patients admitted to hospital via medical or surgical admissions units who have therefore not visited the emergency department	☐
• Planned attendances at outpatient clinics which are run within the emergency department (such as fracture clinics)	☐
• Patients attending primarily to obtain contraception, patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at hospital, and patients with a concealed pregnancy.	☐
• Patients without a UK postal address	☐
• Any patient known to have requested their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity	☐
Confirm that you have <u>included</u> the following groups:	**Confirmed (tick box)**
• Patients who attended type 3 department/s in your trust (if applicable)	☐
• Patients born in 2000 who were 16 on the date of their attendance	☐
• Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered	☐
• Patients with an address in the UK, but not England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel	☐
Please check your extraction code/data logic, to ensure you **do not exclude** ANY patients simply because they are missing an item of data or are NULL for a sample data field.	Initials: ……………
Please check your extraction code/data logic again, to ensure you have not accidentally excluded any eligible patient groups, or any other patient groups not specified in the sampling instructions.	Initials: ……………
Please check that your sample does not contain duplicate patients.	Initials: ……………
Please check that your data has not become mis-sorted	Initials: ……………
Patients who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).	Initials: ……………

Please record how many dissenting patients were removed: **(If none were removed, please record as 0)**	Number: …………
The sample has been checked by the Demographic Batch Service (DBS)	Initials & date: …………… ………
How many records were **submitted to DBS** for checking, in total?	Number: …………
How many records **could not be matched** by DBS?	Number: …………
The sample has been checked by Trust staff as outlined in the instruction manual.	Initials & Date: …………… ………
The sample and mailing files have been separated, with no identifiable information (patient name and address) in the sample file.	Initials: …………
The sample file does **not** contain patients' NHS numbers	Initials: …………
The sample file has been prepared and is ready to submit to the Co-ordination Centre for the sample checking, and no name or address details are contained within the sample file. The only fields within the sample file are: - NHS trust code - Department type - Patient record number (this is NOT THE NHS NUMBER – it is a unique reference for this survey only) - Year of birth - Gender - Ethnic category - Day, month, and year of attendance - Time of attendance - NHS Site Code - CCG code	Initials: …………

Please note you will be required to amend or update the sample and mailing files if any errors or deviations are identified during the sample check conducted by the Survey Co-ordination Centre.

If sample files are sent to the Survey Co-ordination Centre mistakenly containing patients' names and addresses, or any other directly identifiable data, the Co-ordination Centre is obliged to report this to the Care Quality Commission.

Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit - see the 'Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation'. The Confidentiality Advisory Group at the Heath Research Authority will also be notified by CQC.

Declaration by trust staff drawing the sample

I understand that any errors with the way the sample has been drawn may limit, or prevent, the use of the survey data. Where data cannot be used, this would mean survey results would not be available for my trust in 2016 and may increase my trust's level of risk within CQC's risk monitoring tools.

I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name:

Contact name

Contact signature

Contact email address   Contact phone number

Declaration by Caldicott Guardian

I confirm that the above steps have been completed and all steps have been followed.
Name

Signature

Contact email address   Contact phone number