INSTRUCTION MANUAL FOR THE EMERGENCY DEPARTMENT SURVEY 2016

FOR APPROVED CONTRACTORS

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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Contacts

The Co-ordination Centre for the Patient Survey Programme
Buxton Court
3 West Way
Oxford
OX2 0JB

Tel: 01865 208127
Fax: 01865 208101
E-mail: ae.cc@pickereurope.ac.uk
Website: www.nhssurveys.org

Key personnel

Chris Graham (Director)

Carolina Casañas i Comabella
John Latham-Mollart
Meda Rana
Steve Sizmur
Lizzie Thwaites
Maeve Waite
Rory Corbett
Nick Pothecary
Eliza Swinn
Paul Wagner
Alison Wright

Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this guidance manual, for example, by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the 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 guidance, 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 sections *4* and *5*).

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.

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 Introduction: The importance of patient feedback

1.1. The Care Quality Commission

The NHS Patient Survey Programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC regulates care provided by the NHS, private companies and voluntary organisations. CQC aims to ensure that better care is provided for everyone – in hospitals, care homes and people's own homes.

CQC is committed to involving people who use services in all its work, and ensuring that the providers of care services themselves involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the Care Quality Commission's work.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a picture of people's experience across England and to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for people to help them choose between providers and for informing commissioners of services. As well as supplying NHS England and the Department of Health with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for CQC's assessments.

1.2. The Co-ordination Centre for patient surveys

The Co-ordination Centre for the Patient Survey Programme is based at the Picker Institute and works under contract to the CQC to design, test, and co-ordinate the patient survey programme.

1.3. Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other concerns the quality of care from the perspective of patients. Understanding the way patients experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the patients themselves.

It is important to adopt systematic, appropriate and effective ways to ask patients about their experiences, and use this information to shape and improve the way healthcare is delivered. This instruction manual is designed to help approved contractor organisations help NHS hospital trusts to obtain patient feedback through the patient survey. By following this guidance, you will also help to ensure that the survey results from all trusts are comparable.

1.4. Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys

asking patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- providing information to support local quality improvement initiatives
- tracking changes in patient experience locally over time
- providing information for active performance management
- providing information to support public and parliamentary accountability
- providing information for the CQC to inspect and regulate services

1.5. CQC assessments

Information drawn from the questions in the Emergency Department Survey will be used by the CQC in its assessment of trusts in England. Questions from the survey will be used within CQC's risk monitoring tools and within CQC's inspections of emergency services.

1.6. Measuring performance over time

In addition to performance assessment, the CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data, while providing a detailed picture of patients' experiences. Information collected nationally in a consistent way is also essential to support public and parliamentary accountability.

The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience) and the Patient Experience Overall Measure. Results can also be used for NICE Quality Standards.

The CQC intends to archive the survey data with the UK Data Archive after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

1.7. Embargo on results

Trust-level findings for the 2016 Emergency Department Survey should not be released outside of the trust until the national results are published by the Care Quality Commission.

Trusts and contractors must wait until the survey results for all trusts are published by the CQC before promoting results in any way (either on their website, in press releases or any other external publicity) to the local community and media. Trusts and contractors will receive advance notice of the publication date and will have time to prepare for their local announcements once the embargo is lifted.

2 Basic requirements for the Emergency Department Survey

For comparisons between and within trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee and Section 251 approvals. Those standards are set out in detail later in this document. In summary, they are as follows:

- The survey must be carried out using a postal questionnaire.
- The sampling procedure set out in this instruction manual **must** be followed. The trust lead will need to work closely with the person who draws the sample and check carefully that these instructions have been followed. Please note that a new sampling method is being implemented in 2016, so please read the instructions very carefully. For further details see Section 7 *Compiling a list of patients*.
- The trust's Caldicott Guardian must sign off the sample by completing and signing the sample declaration form which needs to be sent to the approved contractor and approved by the contractor before the trust sends their sample file to the contractor. This does not need to be split in two (sampling file and mailing file), but can be sent to the contractor as one single file containing both sample and mailing data.
- Sample data must be submitted to the Co-ordination Centre for final checks before mailing as outlined in Section 7.18 *Submitting the file to the Co-ordination Centre*. Sample files should be submitted to us between **Monday 3rd October and Friday 28th October 2016.** Submitting at the start of this period will allow sufficient fieldwork period to maximise your response rates**.**
- You must also submit a sampling declaration form when your sample is submitted to the Co-ordination Centre. You may submit the Sample Declaration Form online or as a hard copy – see Section 7.17 *Sample declaration form* for details.
- You should aim to obtain the highest response rate possible. Three mailings will be necessary for most trusts to achieve this target. However, trusts should facilitate higher response rates through maximising their collection period by commencing work as soon as possible and by publicising the survey to staff, patients and the community.
- Weekly submissions of details of response rates and helpline calls to the Co-ordination Centre will start from **Thursday 27th October 2016**. A spreadsheet has been created for this purpose. For further details see Section 9 *Weekly monitoring*.
- Changes to the questionnaire and/or mailing letters are not allowed. See Section 8 *Materials*.
- The standard covering letters and reminder letters (which can be found at http://www.nhssurveys.org/surveys/983) must be used as outlined in Section 8 *Materials*.
- Two reminders must be sent to non-responders. These procedures are outlined in Sections *8.6 and 8.7*.

- Copies of the questionnaire and covering letters you used must be submitted to the Co-ordination Centre by **Friday 18th November 2016**.

- The data from the questionnaire, including the free text comments, and the required information about the patient sample, must be submitted to the Co-ordination Centre in the form outlined in Section 10.4 *Submitting data to the Co-ordination Centre* - by **Friday 24th March 2017**.

- The data must be checked carefully for errors before submitting it to the Co-ordination Centre. Specific advice on how to carry this out is included in Section *10.5*.

- You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until **24th September 2017** but please do not send these to the Co-ordination Centre. These returned questionnaires may be needed to audit the data sent to the Co-ordination Centre.

- You must not delete the sample file from your records until **24th September 2017** in case there are any queries from the Co-ordination Centre.

- Trusts are not permitted to publish their survey results prior to the official release of CQC results for England and trust level results as there might be differences which could cause confusion. However, trusts can start using their results internally to identify areas for quality improvement.

2.1. Why you need these instructions

This instruction manual explains what approved contractors need to do for the preparation and implementation of the survey. This manual primarily covers the parts of the survey process that the approved contractors are involved in. For further information, please see the instruction manual for trusts using a contractor.

3 What's new for 2016?

Sampling month for 2016

The sampling month for the Emergency Department Survey will be **September** 2016. Please note for the Emergency Department Survey, trusts need to take a systematic sample of 1250 patients from a list sorted by department, year of birth, gender and referring CCG.

The change in the sampling month, and the inclusion of type 3 attendances, means that **historical comparisons will not be possible** for this year's Emergency Department Survey.

Increase the sample size to 1250 patients per trust

The sample size was 850 patients per trust in the 2014 survey. The survey was not implemented in 2015. In 2016, all participating trusts are required to draw a sample of 1250 patients. This change is in line the approach followed in the Inpatient Survey since 2015, and is designed to protect data reliability and allow more useful granular analysis.

Inclusion of type 3 departments in the sample

In previous years, this survey has focussed solely on type 1 departments. Type 1 departments are major, consultant led A&E Departments with full resuscitation facilities operating 24 hours a day, 7 days a week.

Following feedback from CQC and NHS England, the 2016 Emergency Department survey will also include type 3 departments. Type 3 departments comprise other types 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.

Trusts that do not have any type 3 departments will continue to submit type 1 attendances only; trusts that have type 1 and type 3 departments will submit a sample containing both types of patients (950 type 1 patients, and 300 type 3 patients).

Collecting data from both type of departments will allow organisations with both type 1 and type 3 departments to more effectively monitor patient experience across the whole of their emergency provision and target service improvement activity more effectively. This will also allow CQC and NHS England to monitor the experience of patients at type 3 departments across the country.

To accommodate the addition of type 3 departments to the survey, the title of the survey used this year is the 'Emergency Department Survey' rather than the 'Accident and Emergency (A&E) Department Survey' as in 2014.

Outcome Code

A new code has been added to the 'Outcome' field to indicate patients who have been traced as being deceased after the sample file has been signed off by the persons who drew and checked the sample within your organisation and your Caldicott Guardian, and submitted to the Co-ordination Centre, but **before any mailings have been sent out**. In these instances, records are

not to be removed from either the sample or mailing files. Instead, the new code of '7 – patient deceased prior to fieldwork' should be used under the 'Outcome' field.

Note that in instances where the first mailing has been sent out and a service user is subsequently identified as having died, then the outcome code of '3 – service user died' should be used.

Changes to the questionnaire

A small number of changes have been made to the questionnaire for 2016. A survey development report will be published on the NHS Surveys website (http://www.nhssurveys.org/surveys/957) detailing the changes made and the reasons for these. A summary of the changes to the questionnaire is listed below:

Three questions have been added to the 2016 questionnaire:

Q1. Was this emergency department the **first** place you went to, or contacted, for help with your condition?

Q2. Before going to this emergency department, where did you go to, or contact, for help with your condition?

Q3. Why did you go to the emergency department following your contact with the service above?

One question from the 2014 questionnaire was removed for 2016:

Q2. Who advised you to go to the A&E Department?

Question 9 was amended from 2014 to 2016:

Q9. From the time you first arrived at the A&E Department, how long did you wait **before being examined** by a doctor or nurse?

To:

Q9. Sometimes, people will first talk to a nurse or doctor and be examined later. **From the time you arrived**, how long did you wait **before being examined** by a doctor or nurse?

A number of other questions and instructions throughout the questionnaire were also amended to accommodate the inclusion of respondents who attended type 3 departments.

Finally, further information was added to the questionnaire on how to contact CQC with concerns and on the use of responses provided in the comments section.

CQC Intelligence Model

CQC is redeveloping our method of monitoring trust performance. Where trusts fail to submit a sample for the Emergency Department Survey, or if it becomes evident at a later date that an error has been made in drawing the sample that renders the data unusable, this will be flagged as a concern within the CQC monitoring tools, which may in turn have an adverse effect on the conclusions CQC draw based on the lack of patient experience data.

Errors that impact on CQC's use of data may be 'minor' or 'major':

- A **minor error** means that data is still able to be used despite the error.
- A **major error** is so serious that data for a trust is unable to be used, and would be excluded from the CQC publication and all other uses, such as in CQC's monitoring tools, as well as by other organisations such as NHS England for use in their national statistics.

Making errors in drawing the sample, for example, neglecting to include a core group of eligible patients, effectively biases the sample, meaning an individual trust's results are not comparable to other trusts. If major errors are spotted during the sample checking phase then the Co-ordination Centre will request that a fresh sample be drawn, however, errors are not always easy to spot in an anonymised file. If it only later becomes evident that a major error has been made and there is no time to submit a new sample for inclusion in the survey, the survey response data **will be excluded from the CQC dataset and will negatively impact on CQC assessment of your performance for this survey.**

4 Data protection and confidentiality

4.1. Approval under section 251 of the NHS Act 2006

Approval for the NHS Emergency Survey 2016 was sought this year, as it was in 2014, 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. The survey methodology was reviewed by the Health Research Authority (HRA), and the Confidentiality Advisory Group (CAG) of the Health Research Authority (previously NIGB) has granted a recommendation of support. **Please note that any deviation from the methodology outlined in this instruction manual may render the approval invalid and would lead to action being taken against an NHS trust.**

The recommendation of support does not cover the transfer of patient identifiable information where a patient has previously indicated dissent - by this we mean instances where a patient has indicated that they do not want their information to be shared for purposes such as patient surveys, or specifically stated that they do not want their details shared outside of the trust.

Consequently, if any patients have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their address details shared for any reason other than clinical care), please ensure that these patients are excluded from your sample. This should be done using your local records.

There is, however, evidence available from research to suggest that a considerable degree of bias is likely to be introduced depending on the stage at which dissent is recorded, the severity of patients' conditions, and their understanding of the aim and purpose of the research or evaluation. Such bias would negatively impact on the results for a trust.

Due to the requirements of this surveys Section 251 Approval, approved contractors will be required to process any opt outs from parents/carers in a particular way:

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If a mailing is underway the caller will need to be advised that it might not be possible to prevent this mailing but assured that they will receive no future mailings.
2. People wishing to receive no further questionnaires can be identified with a flag/ code/ number on the mailing file. Where an individual objects to their data being held by the contractor, their name and address information will be overwritten.
3. When speaking to callers wishing to opt-out of future survey mailings, it is **not appropriate to try and dissuade them from their intent**. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, this needs to be respected and acted upon immediately to avoid upset and misunderstanding.
4. Callers are advised they are being removed from the mailing list for this survey only and that if they wish to register their dissent against wider research participation at their trust, they need to speak to their trust (via PALS or the Trust Information Governance Team to do this).

Please discuss this issue with the trust's Caldicott Guardian to ensure that any patients who have indicated that they do not wish to have their details shared for purposes

such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample that is submitted to contractors/the Co-ordination Centre.

It is very important that you follow the instructions set out in the survey instruction manual so as not to breach this approval, or related data protection requirements. If CQC become aware of a breach of the section 251 approval they are obliged to inform the Confidentiality Advisory Group and the relevant CQC Inspector. All breaches will be considered by inspectors as a breach of regulation 20 (Records) and inspectors will make a decision as to whether enforcement activity is required.

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:
http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf.

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for the standardised survey only. If trusts you are working with would like to do anything in addition to this, such as increasing their sample size or including extra sample variables outside of the requirements specified in the guidance, it is important to note that this is not covered by the section 251 approval. Trusts must consult their Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further section 251 approval.

Trusts and contractors must also ensure that they have appropriate contractual arrangements in place to ensure the secure transfer of data additional to the survey.

In those instances, it is the responsibility of both the trust and contractor to ensure that they have the relevant processes in place for this to happen. As the data controller, it is the trust's responsibility to ensure that they are comfortable with those mechanisms- in the majority of cases, it would be advisable for the trust to contact the HRA to discuss these matters. Contractors will need to confirm with trusts that they have done this- if a breach occurs then it could be viewed as being the responsibility of both the trust and contractor if the contractor has failed to discuss this with the trust.

4.2. Keeping patient mailing data and response data separate

For patient confidentiality reasons, patient responses must never be matched to the patients that made them. The best way to ensure this is to store patient names and address details separately from sample information and survey response data. **For this reason, we strongly recommend that once the sample has been returned from DBS and the 1250 patients are finalised, patient names, addresses and postcodes are removed from the sample file to a 'mailing file'.**

In previous years, it has been a requirement for trusts to separate the mailing and sample information before sending this to their contractor. As this led to a number of errors in trust data, it has now been agreed with the Confidentiality Advisory Group that this separation of mailing and sample data will be done by the contractor rather than the trust. This means that you will receive a single file containing all the mailing and sample information from your trusts. It is contractors' responsibility to separate out these files after receiving them from trusts – to provide the Co-ordination Centre with the sample data only, and to ensure that response data are not stored in the same file as mailing data.

4.3. Mailing questionnaires to patients

Another important issue regarding mailing questionnaires and data protection relates to the envelopes used to mail out questionnaires to patients. Some patients may not have told family or friends that they have gone to hospital and, under data protection regulations, it is important that

this information remains confidential to the patient. Therefore it is important that the envelope(s) used to mail out your survey materials to patients does not show any indication of the NHS Trust name.

4.4. Sharing personal data (patients' names and addresses)

Please note that under the data protection guidelines for patient surveys, the following principles **must** be followed:

- Contractors must undertake to keep their products up to date to ensure that security is effective and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf.
- Personal data such as names and addresses must be sent by trusts to contractors securely (please see further details below).
- As the owners of the data, the method for transferring patient samples is ultimately the trust's decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf.
- Please ensure that the relevant members of staff at your trust have completed the sampling declaration and checklist, and signed them. These documents are to be sent to your approved contractor **before** you are able to submit your sample. Once your approved contractor has checked your sample, both the sample declaration form and the anonymised sample file will be submitted to the Co-ordination Centre by your approved contractor. Samples files will not be accepted without the signed sample declaration form. The Co-ordination Centre will use these documents to help check your sample file.

4.5. Encryption of personal data

Any patient identifiable information sent between trusts and contractors must be in an encrypted format with password protection to help ensure good standards of information security. When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of patients' details.
Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the CQC very strongly recommend the use of the **256-bit AES** (Advanced Encryption Standard) algorithm. There are several software tools that can be used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above)[1]. Approved contractors should be able to provide guidance to trusts on the use of an encrypted session.

4.6. Contractor responsibilities (service contract)

A service contract has been drafted by the CQC for use in the NHS Patient Survey Programme. By signing it, the approved contractor is obliged to keep information confidential at all times and to comply with the Data Protection Act 1998. The contract describes how patients' personal data will be sent to the approved contractor and how the data can be used. It provides the trust with some

[1] http://www.winzip.com/

recourse if any breach of the Data Protection Act were to occur, as a result of the actions of the approved contractor. The document also ensures that approved contractor staff members sign and abide by the contract.

The service contract in Word format is available on the NHS Surveys website: http://www.nhssurveys.org/surveys/983.

The service contract is designed to be used as a template contract; trusts and approved contractors may agree on amendments to the wording and content when using them.

4.7. Assurances of patient anonymity

It is important to ensure that any claims you make about patient anonymity are accurate; you are obliged by law to honour any statements that you make.

Patient anonymity can be achieved if there is a clear separation between the information seen by an approved contractor and the information held by the trust. Patient names and full addresses will be seen by trust staff when generating the sample, while contractor staff will usually possess both sample member details and patient responses. As long as the response data supplied to trusts do not include unique record numbers or any other detail that allows patients to be identified or linked, it can reasonably be claimed, with regard to the trust and trust staff, that patients' responses are anonymous.

4.8. Patient confidentiality

It is essential that any patient survey is conducted in such a way that patient confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform patients that their name and address will never be linked to their responses. Furthermore, patients' responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a patient's year of birth, sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. It would be unlawful to provide staff who may have had contact with respondents any information that would allow these respondents to be identified. The following recommendations are made:

1) Approved contractors must not provide raw data to the trust as a matter of course.

2) If the trust have a particular need for the raw data collected by the survey, the contractor may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first:

   a. The contractor must delete the two variables pertaining to ethnicity (e.g. both sample and response variables).

   b. The contractor must delete the responses to questions Q49 and Q50 pertaining to the respondents' religion and sexual orientation.

   c. The contractor must band year of birth into five age groups (16-35, 36-50, 51-65, 66-80, 81+). This process should be repeated separately for both sample and response variables. The original year of birth variables (e.g. those specifying an exact year rather than age group) must then be deleted.

   d. Additional information specific to a survey that can be used to identify individual patients must be removed. For example, department type, CCG, and NHS site code must be removed.

   e. Free text comments do not need to be anonymised, as a statement has been added to the questionnaire stating that any information provided in the free text box will be shared. This enables results to be looked at in full by trusts, the CQC and researchers. PLEASE NOTE: This does not apply if the trust(s) you are working with are publishing the comments, any comments that are published must have any identifiable

information removed such as a patients or members of staff names, ethnicity, condition or health details.

f. The contractor must have received confirmation from the trust that the names and addresses of the sampled patients have been destroyed; otherwise they will be able to identify individual patients by matching up the patient record numbers on the name and address list to those in the raw data file.

These steps MUST be followed before supplying raw data to trusts. This is to prevent the disclosure of a patients' identity by specific demographic factors. Different arrangements govern the supply of raw data to the Co-ordination Centre. The response data will be anonymous when passed to the Co-ordination Centre and Care Quality Commission, and published and archived results will not identify patients.

If data are to be presented to trust staff, only the aggregated totals for each question should be provided. If analysis by subgroup is carried out, the results for any group consisting of fewer than **30 respondents** should be suppressed. The data should be presented as in the following example. In this case, responses for the 'Mixed / Multiple' and 'Asian' ethnic categories are suppressed (though sub-group totals are shown):

Ethnic category	Q37.Before you left the emergency department, were any **new** medications prescribed for you?		
	Yes	**No**	**Total responses**
	%	**%**	**n**
White	81	19	261
Mixed / Multiple	-	-	8
Asian	-	-	18
Black / African / Caribbean	79	21	52
Other	85	15	36

3) Do not present response information (including comments) in a form that allows an individual patient to be identified by the group receiving the information. For example, if you are presenting the results of a small number of patients, make sure that it will not be possible for the reader/audience to identify individual patients from their responses.

The electronic file containing the patients' names and addresses should be stored securely (i.e. password protected). Access to the file should be given only to those individuals who have signed the service contract.

4.9. Sharing of survey data between contractors

If a trust will be using a different approved contractor than in the last survey year, contractors are permitted to transfer an unabridged version of the data set if there is a clear need to use the data from the previous year's surveys to allow year-on-year comparison. You will need to give your new contractor written permission to request this data from the Co-ordination Centre.

4.10. Storing sample and mailing information

All mailing lists of patients' names and addresses should be stored on a separate computer to that containing survey data. Mailing lists of patients' names and addresses should be destroyed when the mailing process is complete.

Completed questionnaires must be stored in a separate location to lists of patients' names, and the questionnaires kept until **24th September 2017**.

5 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and patient anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to patients.

5.1. Ethical approval for the Emergency Department Survey

Research Ethics Committee (REC) approval has been obtained for the Emergency Department questionnaire and the covering and reminder letters, all of which can be downloaded from the NHS Surveys website (http://www.nhssurveys.org/surveys/978). In order to comply with the ethical approval, the survey must be carried out according to the guidelines set out in this document.

Further information on the ethical approval process can be found on the NHS Health Research Authority website: http://www.hra.nhs.uk/ or by e-mailing HRA.Queries@nhs.net.

5.2. Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A standard questionnaire and guidance notes are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the CQC that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this patient survey has multi-centre research ethics committee approval and the CQC takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

6 Timetable

The survey fieldwork period for 2016 is 21 weeks. We strongly recommend making full use of this time to maximise response from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond. If your patient population has high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these patients. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly (i.e. and have this sent to the Co-ordination Centre for checking between 3rd and 28th October) and mail out your questionnaire packs promptly once permission has been received. Ensuring your survey results are representative of your patients will create more value for the survey.

Inform Co-ordination Centre who is carrying out survey	15th September 2016
Submission of sample data	3rd - 28th October 2016
Fieldwork starts	24th October 2016
Weekly monitoring starts	27th October 2016
Close of fieldwork	17th March 2017
Submission of data to the Co-ordination Centre	24th March 2017

Please remember to leave no more than 2- 3 weeks between each mailing

7 Sampling

The sampling process for the 2016 Emergency Survey is different to that used in 2014, and is also different to that used in other patient surveys. For 2016, a systematic stratified sampling method is being used, to incorporate the introduction of 'Type 3' departments into the A&E survey.

- 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.**

Trusts with both type 1 and type 3 departments will sample 950 type 1 patients and 300 type 3 patients.

Trusts that do not have type 3 departments will sample type 1250 type 1 patients.

Detailed instructions are provided in the instruction manual for trusts using an approved contractor on how to draw their sample, which will need to be followed very closely. These are available at: http://www.nhssurveys.org/surveys/989. Contractors are advised to familiarise themselves with these sampling instructions to enable them to assist trusts who may have queries about the process, and also to ensure you are able to check the samples correctly.

Please contact the Co-ordination Centre if you have any queries about the sampling approach (ae.cc@pickereurope.ac.uk / 01865 208127).

Please note:

- **Approved contractors are not permitted to draw the sample for trusts, this is the responsibility of the trust. If a contractor draws the sample on behalf of the trust it will be considered a breach of the surveys Section 251 approval and action taken against both the trust and approved contractor will follow.**
- Data from the Emergency Department Survey are used in an increasing number of outcomes frameworks and indicators and have now achieved National Statistics status. 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 patients.
- It is essential that the person who draws the sample understands the importance of following the sampling instructions carefully. 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. **If a contractor identifies a breach of Section 251, the contractor is obliged to notify the Co-ordination Centre immediately**.

- The 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.

7.1. Eligibility criteria

Trust samples are drawn from a list of emergency department attendances comprising the following:

The list should **include**:

- **ALL** eligible patient attendances at type 1 and type 3 emergency services in the Trust between **1st September 2016 and 30th September 2016**.

  If the trust does not have type 3 emergency services, then they 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:

    - The 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 the beginning of the sampling process.
      - Duplicate patients will be removed at a later stage of the process, but it is very important trusts **do not** remove them when initially compiling their list, as this could bias the 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 September, even if their departure time was on 1st October.
    - Trusts may only include type 3 departments that are **directly** run by their trust, and exclude any that are run by another provider.

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, the trust 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.

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

7.2. Sample declaration form

As per other surveys in the programme, trusts will be required to complete a sample declaration form prior to providing you with their sample data. An online version of the sample declaration form is available. Contractors need to find out from trusts if they wish to submit the sample declaration form online or by post and provide this information to the Co-ordination Centre. If trusts wish to complete the online version, they should provide you with the contact details for the person drawing the sample and for their Caldicott Guardian – please pass these contact details on to the Co-ordination Centre and we will send the online form directly to these individuals.

Once a trust has finalised their sample they must complete the sample declaration form **before** they submit the sample to you for checking. You should check this form has been completed satisfactorily before asking trusts to submit their sample to you. If a trust completes the online version of the form, you will be advised by the Co-ordination Centre when you may accept the submission of their sample. The purpose of this is to try and prevent breaches of the section 251 approval by trusts when they submit their data to you, and ensures that a number of data protection requirements are addressed.

The form covers a number of purposes:

- Reminds trusts of the key steps in sampling
- Ensures that the Caldicott Guardian is content with the sample and mailing information leaving the trust.

The form is to be completed by the person drawing the sample and then counter signed by the Caldicott Guardian. There is also a section at the end of the form for you, as an approved contractor, to write in how many people in the sample were replaced, and to note the reason(s) for these replacements. For trusts completing the form online, this information must be provided to the Co-ordination Centre when you submit their data for checking.

The sample declaration form can be found within the Emergency Department 2016 section of the NHS Surveys website: http://www.nhssurveys.org/surveys/986.

7.3. If records need to be replaced following contractor checks

If any records need to be replaced by the trust following contractor checks (before the sample has been submitted by the contractor to the Co-ordination Centre), for instance, if the contractor notices any records with insufficient address details, the trust should follow the below process to identify the replacement record:

1. Look at their saved version of workbook 1 tab 4
2. If this tab has a filter applied to column A, change this so that all records are visible (both 1s and 0s in column A)
3. Locate the record that has to be removed from their sample
4. Find the next record down the list from this that has a 0 in column A (i.e. was not included in the sample the first time around)
5. Add this record into their sample file to replace the one they needed to remove.

7.4. Separating mailing details from sample information

In previous years, it has been a requirement for trusts to separate the mailing and sample information before sending this to their contractor. As this led to a number of errors in trust data, it has now been agreed with the Confidentiality Advisory Group that this separation of mailing and sample data will be done by the contractor rather than the trust. This means that **trusts will send you contractors a single file containing all the mailing and sample information**.

However, if trusts are working with you but have chosen to mail out the questionnaires themselves, in-house, they should supply them with a copy of this sample file with all personal data (names, surnames, addresses) **removed.**

Please note: trusts must only send the sample and mailing data for their final sample to their contractor. Approved contractors are not permitted to draw the sample for trusts - this will be considered a breach of the survey's Section 251 approval and action taken against both the trust and approved contractor will follow.

Before submitting trust samples to the Co-ordination Centre for approval, contractors must remove the mailing data (patient titles, names, addresses and postcodes) from the file. The Co-ordination Centre do not have approval to receive this data, so submitting it to us would be a serious breach of Section 251.

7.5. Submitting the sample file to the Co-ordination Centre

As noted above, you are required to submit the sample declaration form to the Co-ordination Centre **before** you submit any sample files. The Co-ordination Centre will confirm that they are happy to receive the sample files. This is to prevent any breaches of Section 251.

When confirmed by the Co-ordination Centre, please submit your sample files / batches by email (ae.cc@pickereurope.ac.uk). It is important that whilst the files contain anonymised data, you should still password-protect them and inform the Co-ordination Centre of the password.

Please ensure the sample file does not contain name, address or postcode details.

As with all other surveys, please ensure sample files are fully checked before submitting to the Co-ordination Centre. Please refer to the 2014 Emergency Department Survey sampling errors report for more detailed information about previous sampling errors (http://www.nhssurveys.org/survey/1809), and also consider the requirements of the new sampling approach outlined in the trust version of the instruction manual.

7.6. Sample checking dates

Sample checking for this survey will take place **3rd October – 28th October 2016**. Samples should be submitted to the Co-ordination Centre no later than **Friday 28th October 2016**.

During this period, the Co-ordination Centre will aim to check samples **within 4 working days** of confirmed receipt and respond to you with any queries (or approvals). The first mailing should take place as soon as possible after the sample has been approved by the Co-ordination Centre but **must not be later than seven calendar days** after this.

Please note that if samples are not received by Friday 4th November 2016, then the Co-ordination Centre is required to notify the CQC of this and they will contact the trust to discuss any implications for inclusion in the CQC-produced data.

Please submit a weekly sample checking update throughout out the sample checking period: this can be done via email and be sent to the Co-ordination Centre. The first update should be sent to

the Co-ordination Centre on the **10th October 2016**. This is to consist of updates on the number of sample files that have been submitted to the contractor to help us keep on top of any potential problems that trusts might be facing when submitting their sample file.

8 Materials

8.1. Printing questionnaires

Questionnaire layout

The questionnaire is rigorously tested in the current format. All questionnaires used by trusts must replicate this format as any differences can impact on the responses patients give. The format should be comprised of the following:

- Two columns of questions on each page
- Questions should be presented with a consecutive question number, followed by the exact question wording used in the questionnaire, and then each of the response options presented on a separate line beneath the question, for example:

  Q17. Did doctors or nurses talk to each other about you as if you weren't there?

  1 ☐ Yes, definitely

  2 ☐ Yes, to some extent

  3 ☐ No

- Please do not arrange the response options horizontally across the page, rearrange the question options, or change the order of the questions in the questionnaire.
- Please ensure all routing instructions are accurate as any errors might impact on the use of ensuing data.

Number of pages

It is practical to ensure that the number of pages in a questionnaire is a multiple of four so that sheets can be printed double-sided on A3 paper and folded to make an A4 booklet, stapled in the middle. If pages are stapled at the corner, there is a greater chance that some pages will become detached and get lost. The questionnaire, available in PDF format on the NHS Surveys website, is designed to fit onto 8 sides of A4 paper (http://www.nhssurveys.org/surveys/985).

Number of questionnaires

When calculating the number of questionnaires to be printed, you will need to allow for sending out duplicate questionnaires with second reminders. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, multiply the number of patients in the sample by 1.7 to obtain the total number of questionnaires required. So, if the number of first mailing questionnaires you intend to send out is 1250, then you might want to print 1.7 x 1250, or approximately 2,125 copies.

Other mailings and inclusion of other information in the mailing packs

Trusts should only use their sample information to mail out the three official survey mailings. The sample list should not be used for any other type of mailing i.e. Trusts should not mail their own letter to the sample list prior to the first mailing being despatched.

Furthermore, only the materials described below should be included in the mailings because of the unmeasurable impact upon response rates to the survey.

8.2. Trust headed paper

You will need headed paper from the trust for covering letters for the first and third mailing. A reminder letter is used for the second mailing. Therefore, depending on your response to the initial mailings, you will need approximately 1,200 to 1,600 sheets of trust headed notepaper. If an approved contractor is being used to carry out the survey work, it is preferable that the paper does not include a telephone number for the trust, as patients should call the contractor's FREEPHONE line, rather than the trust.

8.3. Survey Flyer

For the 2016 survey, a survey flyer has been produced by the CQC. This flyer explains who the CQC are, the importance of gathering patient feedback and what will be done with the data collected. The flyer will be included in both the first and third mailings. It is hoped that it will highlight the importance and purpose of the survey to patients and provide evidence of how their feedback contributes to monitoring the performance of the NHS. The Co-ordination Centre will provide you with these flyers free of cost. The flyers will be printed on 120gsm uncoated A5 paper.

8.4. Mail out envelopes

It is important that the envelope(s) which you use to mail out your survey materials to patients does not show any indication of the NHS Trust. Some patients may not have told family or friends that they have gone to hospital and, under data protection regulations, it is important that this information remains confidential to the patient. We would therefore recommend that the return address used on any mail out envelope(s) does not indicate Trust name or address. It is, however, important that we record questionnaires which are returned undelivered as this affects response rate. We would therefore advise that, where necessary, a PO Box address is set up for envelopes which are returned undelivered.

Please note that the above does not apply to the address on the reply paid envelope (which can be a hospital address) as we assume that the patient is responsible for opening his or her own mail.

8.5. First mailing

You will need 1250 of each of the following items:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patient
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes (PO Box address if necessary)
- FREEPOST envelopes for return of questionnaires
- Covering letters using the trust's letterhead
- Multi-language helpline sheet (recommended)[2]
- CQC flyer

[2] This document can be found on our website alongside the cover letters. The languages covered by this document are: Arabic, Bengali, Chinese (Cantonese), Farsi /Persian, Guajarati, Hindi, Kurdish, Chinese (Mandarin), Punjabi, Tamil, Thai, Turkish, Urdu, French, Italian, Polish, Portuguese, Russian, Somali, Spanish.

8.6. Second mailing (first reminder)

First reminders are sent to all patients who do not respond to the first mailing (except, of course, those who withdraw). Usually you will need to send first reminders to around 55-75% of the original patient sample. The following items are needed:

- Reminder letters
- Envelopes
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house Trusts)

8.7. Third mailing (second reminder)

The second reminder should replicate the first mailing, and you will need to send this to around 45-65% of the original sample, depending on the number of responses to the previous two mailings. The following items are needed:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patient
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- FREEPOST envelopes for returning questionnaires
- Reminder letters
- Multi-language helpline sheet (if used in first mailing).
- CQC flyer

8.8. Submitting hard copies of the questionnaire and covering letters

Hard copies of the questionnaire and cover letters must be submitted to the Co-ordination Centre by **18th November 2016**. As standard, please submit:

- Two paper copies of the questionnaire;
- Two paper copies of the first mailing covering letter;
- Two paper copies of the first reminder letter;
- Two paper copies of the second reminder letter.

Please ensure that you completely redact any patient names and/or addresses from hard copies of covering letters; failure to do so will constitute a breach of patient confidentiality.

These must be sent to:

Emergency Department Survey 2016
Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

9 Weekly monitoring

The Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2016 Emergency Department Survey. First submission of data must be made on **27th October 2016**[3], and every Thursday thereafter until the final date of submission. An Excel spreadsheet is available at http://www.nhssurveys.org/surveys/987, which **must** be used to return this information to the Co-ordination Centre.

This information should be emailed to the Co-ordination Centre (ae.cc@pickereurope.ac.uk) by the end of the workday every Thursday throughout the survey. Please note that weekly monitoring forms do not have to be returned over the Christmas holiday period (23rd December 2016). Submissions should be resumed for the following week (5th January 2017) for all trusts.

Weekly submissions only apply to the core sample of patients

Important note

It is important that the structure of the Excel weekly monitoring spreadsheet is not altered and that the correct file name is used when submitting the data.

When the data is submitted, the file name **must** be in the following format:
AE16_<contractor code>_<week of submission>.xls

e.g. AE16_ACP_1.xls (first submission of monitoring data on 27th October 2016)
AE16_ACL_4.xls (fourth submission of monitoring data on 17th November 2016)

Each approved survey contractor should use their unique 'contractor code'. If you do not know your contractor code, please contact the Co-ordination centre.

9.1. Monitoring response rates

The information submitted to the Co-ordination Centre should contain the following data:

- The total number of patients in the sample i.e. the total number of all those included in the first mailing.
- The number of patients in each outcome field.

This will allow the Co-ordination Centre to monitor progress at a trust level and to identify trusts that may need assistance. It will also allow us to provide the CQC with regular updates on response rate at a trust level.

9.2. Helpline monitoring

Each approved contractor must submit the following information to the Co-ordination Centre:

- The overall total number of calls received by the helpline for this survey.
- A breakdown of this overall total number of calls, into:

[3] This submission must be made regardless of whether mailing has commenced.

- The number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services)
- The number of calls seeking assistance with language and translation (this should include completions via translation services)
- The number of calls that led to completion of the questionnaire using translation services

Example: How to record calls

If a caller rang the helpline and completed the questionnaire over the phone using translation services, then this call should be recorded in all four 'categories' detailed above.

If a caller completed the questionnaire over the phone (and did not require translation services) this call should be recorded in the 'overall total' and the 'total number of calls that led to completion' (i.e. first and second categories detailed above).

If a caller rang the helpline to opt out of the survey or to ask a question (and did not require translation services), this call should just be recorded in the 'overall total' number of calls' (i.e. first category detailed above).

This information allows the Co-ordination Centre to identify areas of concern to patients and to improve future surveys.

10 Entering data and submission to the Co-ordination Centre

The data should be entered into the pre-designed Excel file, which can be found in the Emergency Department Survey 2016 survey section of the NHS Surveys website (http://www.nhssurveys.org/surveys/988).

You will see that, at the bottom of the Excel screen, there are labelled tabs for each of the worksheets within the workbook. The first of these tabs is labelled "Data". Click on this tab to show the data entry window. Data should be entered using the following guidelines:

- Each row records one patient's responses to the survey.
- Patients who are missing their patient record numbers should be added to the bottom of the list, and not matched to patients with similar demographics.
- For each question, the small number next to the box crossed by the patient should be entered as the response.
- If a response is missing for any reason, it should be coded as a full stop (.).
- If two boxes are crossed (where only one should be crossed), the response should be coded as a full stop (.).
- For most questions, each column corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions (Q3, Q51 and Q52) that give the instruction “Cross all that apply", each response option is treated as a separate question.
  If the questionnaires are being scanned, it is important to check the visual image of Q45 against the data file. If there is a discrepancy between the visual image and the response reported in the dataset, change the answer in the dataset to match the visual image.

Example

Q51. Do you have any of the following long-standing conditions? (Cross all that apply)

1 ☒ Deafness or severe hearing impairment
2 ☐ Blindness or partially sighted
3 ☐ A long-standing physical condition
4 ☐ A learning disability
5 ☒ A mental health condition
6 ☒ Dementia
7 ☐ I have a long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
8 ☐ No, I do not have a long-standing condition

Responses to each part of this question are coded: **1 if the box is crossed**
0 if the box is not crossed[4]

Q51 takes up eight columns in the data file, labelled as follows:

Column headings	**Q51_1**	**Q51_2**	**Q51_3**	**Q51_4**	**Q51_5**	**Q51_6**	**Q51_7**	**Q51_8**
Codes for this example	1	0	0	0	1	1	0	0

When saving this file to submit data to the Co-ordination Centre, please save only the first sheet as a worksheet, rather than saving the whole file as a workbook; the Co-ordination Centre does not need the additional formula pages.

10.1. Entering the patients' written comments ("free text")

The CQC has asked the Co-ordination Centre to request all free text comments provided by respondents to the 2016 Emergency Department Survey. Any analysis of these free text comments will be conducted in a way that would not allow individuals to be identified.

The questionnaire includes a note to respondents to inform them that the comments will **not** be anonymised, to ensure that full use can be made of the detailed feedback. You may want to exercise discretion if a particular trust staff member is named in the comments, though we request that all patient feedback is respected and noted accordingly.

The comments should be entered in the main data file alongside the responses to the 53 questions and submitted to the Co-ordination Centre by **Friday 24th March 2017**.

[4] Please note: if a respondent does not answer any part of a multiple response question, (i.e. does not cross any of the response options) then it should be coded as a full stop (.)

10.2. Coding data

For the 2016 Emergency Department survey, trusts and contractors are required to submit raw ('uncleaned') data to the Co-ordination Centre. For clarification, raw data is created by the following:

1) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (e.g. where patients answer questions that they have been directed to skip past, these responses should still be entered).

2) Where a respondent has crossed more than one response category on a question, this should be set to missing in the data. The **exception** to this is for the 'multiple response' questions Q3, Q51 and Q52, where respondents may cross more than one response option.

3) Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead crossed a second response option, this second choice should be entered into the data.

4) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a patient has written their date of birth in the boxes for Q46, but written their year of birth in at the side of this, then the respondent's year of birth should be entered.

5) For the year of birth question, unrealistic responses should still be entered except following rule 4 above. For example, if a respondent enters '2016' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.

6) Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must not be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

A data cleaning document will be made available on our website (http://www.nhssurveys.org/surveys/989), which documents all filtering and cleaning that will be carried out on the collated dataset by the Co-ordination Centre so that trusts and approved contractors can duplicate this process after submitting the raw data to the Co-ordination Centre.

10.3. Coding Q45 'Overall' question

Please follow the rules detailed above for all questions with the exception of Q45. This is the 'Overall' question where patients, instead of being asked to cross a box, are asked to circle a number on an 11 point scale from 0-10. We recommend that this question is entered manually (rather than scanning it) and should only be entered where the response is unambiguous.

If two boxes are circled or if patients have provided an answer which is in any manner difficult to interpret e.g. they have drawn a mark between two of the numbers, please code this as '98'. If the question is left entirely blank, the response should be coded as a full stop (.).

10.4. Submitting data to the Co-ordination Centre

The data from the 2016 Emergency Department Survey must be supplied to the Co-ordination Centre as one anonymised, password protected Excel file that includes information about the patient sample and responses. To comply with the Data Protection Act, name and address details must not be sent to the Co-ordination Centre.

Required file format

Please submit the file to the following specifications:

- Use Microsoft Excel Worksheet (not Workbook). Any version of Excel is acceptable.
- The file name must be in the form <NHStrustName>_A&E2016.xls
- Use one row of data for each patient in the sample.
- Use one column of data for each item of patient information or response.
- Patients who are missing their Patient Record Numbers should be added to the bottom of the list, and not matched to patients with similar demographics.
- Missing data should be coded as a full stop (.). [5]

Table 2 shows the information that must be provided for each of the 1250 patients in the original sample.

Table 2 - Data fields to be included in file submitted to Co-ordination Centre

Field	Format	Data codes	Comments
Patient record number	AE16XX XNNNNN		The unique serial number allocated to each patient by the trust
Year of birth	NNNN		Format this simply as a number, not in date format.
Gender	N	1 = male 2 = female	If gender is not known or unspecified, this field should be coded as a full stop (.)
Ethnic category	N	**National Codes:** **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	Ethnic category should be included if the information is available.

[5] Data may be missing for a number of reasons. The patient may have skipped a question or a set of questions by following instructions; a patient may have not answered for some other reason. However, all missing data should be coded as a full stop (.), regardless of the reason for the omission.

Field	Format	Data codes	Comments
		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	
Day of attendance	N or NN	Format this field as a **number**, not a date	For example, if the patient attended on 10th September 2016, this column should read '10'.
Month of attendance	N or NN	Format this field as a **number**, not a date	For example, if the patient attended on 10th September 2016, this column should read '09'.
Year of attendance	NNNN	Format this field as a **number**, not a date	For example, if the patient attended on 10th September 2016, this column should read '2016'.
Time of attendance	HH:MM	Format this field in 24 hour time: hours and minutes separated by a colon (HH:MM). Please **do not include seconds**.	For example, if the patient attended at 3.45pm, this column should read '15:45'
NHS Site Code	NNNNN	Use the character codes provided by Connecting for Health to complete this field.	Use the five characters of the NHS site code
CCG	NNN	Use the character codes provided by HSCIC to complete this field	Use the three characters of the CCG
Type of department	N		Type 1 or Type 3
Day questionnaire received	N or NN	This is the day you receive a returned questionnaire from a respondent, or you are notified that the patient will not	For example, if the questionnaire was received on 17th December 2016,

Field	Format	Data codes	Comments
		be participating in the survey (patient deceased, moved address, too ill, or called to opt out)	this column should read '17'.
Month of receiving questionnaire	N or NN	This is the month you received a returned questionnaire from a respondent, or are notified that the patient will not be participating in the survey (patient deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on 17th December 2016, this column should read '12' (as December is the 12th month of the year).
Year of receiving questionnaire	NNNN	This is the year you received a returned questionnaire from a respondent, or are notified that the patient will not be participating in the survey (patient deceased, moved address, too ill, or called to opt out)	For example, if the questionnaire was received on 17th December 2016, this column should read '2016'.
Outcome of sending questionnaire	N	1 = Returned useable questionnaire 2 = Returned undelivered by the mail service or patient moved house 3 = Patient died after fieldwork 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	Remember to fill in all the blank cells with 6s when the survey is complete.
Responses to each of the 53 cross-box questions	N or NN or NNNN		Each column must be clearly headed with the question number. Data should be coded using the numbers next to the response boxes on the printed surveys.
Patients' free text written comments: If there is anything else you would like to tell us about your experiences in the Emergency	Text		Free text comments are not anonymised. You may want to exercise discretion if a particular staff member is named in the comments, though we request that **all patient feedback is respected and noted** accordingly.

Field	Format	Data codes	Comments
Department, please do so here.			

To comply with the Data Protection Act,
name and address details must NOT be sent to the Co-ordination Centre.

Table 3 below is an example of the columns of data to be included in the file. Your file should have 1250 rows (one for each patient included in your sample). You will notice that there are several blank cells in the response section of the file. This is because the file includes a row for every patient in the sample, but you will only have responses from patients who have returned a completed questionnaire, and who will therefore have an outcome code “1”).

Table 3 – Example of data file to be submitted to Co-ordination Centre

Patient Sample Information | **Patient Response Information**

Trust code	Department type	Patient record number	Year of birth	Gender	Ethnic category	Day of attendance	Month of attendance	Year of attendance	Time of attendance	NHS Site code	CCG code	Day questionnaire received	Month questionnaire received	Year questionnaire received	Outcome	Q1	Q2	Q51_7	Q51_8	Q53	If there is anything else that you would like to tell us about your experiences in the Emergency Department, please do so here
RXX	1	AE16RXX0001	1934	2	A	04	09	2016	14:23	RXX01	XXX	.	.	.	3	.	.	.	.	.	.
RXX	1	AE16RXX0002	1970	1	C	16	09	2016	08:45	RXX01	XXX	17	11	2016	1	3	1	0	1	A	I was seen straight away …
RXX	3	AE16RXX0003	1965	2	A	09	09	2016	11:25	RXX01	XXX	.	.	.	6	.	.	.	.	.	.

RXX	1	AE16RXX0000004	1935	2	A	12	09	2016	07:15	RXX01	XXX	03	12	2016	1	2	2	0	0	E	.
RXX	3	AE16RXX0000005	1929	2	C	23	09	2016	18:30	RXX01	XXX	29	01	2017	1	1	5	.	.	A	Excellent care and…
RXX	3	AE16RXX0000006	1923	1	J	29	09	2016	23:50	RXX01	XXX	12	11	2016	2	.	.	.	.	.	.
RXX	1	AE16RXX0000007	1950	2	R	02	09	2016	04:35	RXX01	XXX	.	.	.	6	.	.	.	.	.	.
RXX	1	AE16RXX0000008	1946	2	A	19	09	2016	12:10	RXX01	XXX	18	02	2017	1	6	1	1	0	A	.

Additional information required

The following information should also be included when submitting the data file to the Co-ordination Centre:

- **Contact details** (telephone numbers and e-mail addresses) of at least two members of trust staff (usually the main and secondary contacts) who will be available to answer any queries about the data.
- **Two blank paper copies** of the questionnaires, the covering letters and the reminder letters you used. Please ensure that you completely redact any patient names and/or addresses from hard copies of covering letters; failure to do so will constitute a breach of patient confidentiality.
- A completed copy of the **checklist** (See Section 10.5 - Checklist).

Delivery

Data may be sent using our secure facility via our secure File Transfer Protocol (FTP) facility. Please contact us directly in order to set up your access to the secure FTP by telephone on 01865 208127 or via email at ae.cc@PickerEurope.ac.uk.

Hard copy documents should be posted to the address below:

Postal address:

Emergency Department Survey 2016
Co-ordination Centre for Patient Survey Programme
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

Deadline for submission

The data must be supplied by Friday 24th March 2017

10.5. Checklist

Before sending data to the Co-ordination Centre, please carry out the checks listed below, and include this checklist when you submit a trust's final data (you can download a printable version of the checklist from our website at http://www.nhssurveys.org/surveys/983).

It is essential that these checks are carried out thoroughly. The Co-ordination Centre is not obliged to make any corrections to data supplied by approved contractors.

If incorrect data are submitted, it is possible that the data will be considered unreliable and will not be used by the Care Quality Commission in its assessment for you trust. We cannot accept re-submissions of data after the deadline, and likewise data is unlikely to then be included in the Care Quality Commission assessment.

Check	Done?
1) Check that your file name follows the naming convention: <contractor name>_A&E2016.xls)	
2) Check that you have saved the data sheet only as an Excel worksheet, rather than a workbook. (The frequency and percentage counts on the other pages of the workbook on the website are intended for your use only)	
3) Check that you have included data columns for **all 53 questions** and **patient written comments**	
4) Check that all data are correct, and that all values are in range	
5) Send data only for the **1250 patients** sampled from your trust	
6) Check that all the data for the 53 questions are in **NUMERIC** format only (including dates)	
7) Check that you have completed the columns for the day, month and year you received the questionnaire back from patients	
8) To comply with Data Protection regulations, any patient name and address details must be removed before the file is sent to the Co-ordination Centre	
9) Zip, encrypt and password protect your data before uploading it to the Co-ordination Centre **secure FTP site** (please contact the Co-ordination Centre if you need help doing this).	
10) Notify the Co-ordination Centre of the **password separately** from the data file	
11) Include **telephone and e-mail contact** details of two people who will be available to respond to any queries about the data	