



INSTRUCTION MANUAL FOR THE 2016 EMERGENCY DEPARTMENT SURVEY

FOR TRUSTS CONDUCTING THE SURVEY IN-HOUSE

THE CO-ORDINATION CENTRE FOR THE
NHS PATIENT SURVEY PROGRAMME

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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. More guidance on how to reach ethnic minority groups can be found in Section [6](#). 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 Sections [4](#) and [5](#)).

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

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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 (CQC) took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme.

The 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 and aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

CQC is committed to involving people who use health and care services in all its work, as well as ensuring that the providers of care services also involve and respond to people's views. The experiences of patients, people who use services, carers and families are at the heart of CQC'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 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 Picker Institute Europe and works under contract to the CQC to design, test, and co-ordinate the surveys in 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 manual is designed to help staff in NHS hospital trusts to obtain patient feedback through the patient survey. It also provides instructions on how you may use the information you gather in quality improvement programmes and for monitoring performance. By following this instruction manual, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

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 Care Quality Commission's programme of reviews and inspections.

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.

More information on CQC's role in regulating, checking and inspecting services is available on the CQC website:

<http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals>

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 for England 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.

You must wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other

external publicity) to the local community and media. You will receive advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

1.8 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:

- You should already have contacted the Co-ordination Centre to tell them who is carrying out your survey (i.e. whether it will be carried out by an approved contractor or in-house). Please do this by e-mail: ae.cc@pickereurope.ac.uk.
- If you have not done already, you must contact the Co-ordination Centre to tell us the contact details of at least two staff members of your trust who are responsible for the survey (email: ae.cc@pickereurope.ac.uk).
- The survey must be carried out using a postal questionnaire.
- The sampling procedure set out in this instruction manual **must** be followed. To do this you 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 8 [Compiling your patient sample](#).
- Sample data must be submitted to the Co-ordination Centre for final checks before mailing as outlined in Section 9 [Final sampling inspection by 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.
- Your Caldicott Guardian must sign off the sample. You will need to complete the sample declaration form which needs to be sent to your approved contractor and approved by them before you send your anonymised sample file and mailing file (separately) – See Section 8.14.
- You must also submit a Sampling Declaration Form when your sample is submitted to the Co-ordination Centre. You may submit the declaration form online or as a hard copy – see [Appendix 3](#) for details.
- Trusts running the survey in house must send signed copies of the data protection declaration forms to the Co-ordination Centre before mailing out (see Section 4.1 [Statements of compliance with data protection](#) and [Appendix 1](#))
- 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 10 [Weekly monitoring](#).
- Changes to the official questionnaire are not allowed. See Section 12 [Materials](#).
- The standard covering letters and reminder letters (which can be found at <http://www.nhssurveys.org/surveys/984>) must be used as outlined in Section 12 [Materials](#).
- Two reminders must be sent to non-responders. These procedures are outlined in Sections 12.6 and 12.7 [Materials required for reminders](#).
- A paper copy of the questionnaire and covering letters you used must be submitted to the Co-ordination Centre by **Friday 18th November 2016**. See Section 12.9 [Submitting hard copies of the questionnaire and cover letters](#).
- 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 14.5 [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 14 [Entering data](#).
- 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.

1.9 Why you need these instructions

This guide is designed for trusts wishing to conduct the survey in-house. **You must be familiar with all aspects of this guide, but in particular, the sections on drawing the sample, data protection requirements, the practicalities of mailing out the survey, and the processing and submission of data to the Co-ordination Centre.**

2 Setting up a project team

We recommend you set up a project team to assist you. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
 - Board members
 - Doctors, nurses and other health care staff
 - Managers
 - Medical records personnel or Patient Administration System (PAS) staff
 - Patients and carers
 - Members of patient groups with a special interest in the trust
 - Caldicott Guardian
 - Staff or directors responsible for:
 - Clinical governance
 - Patient advice and liaison service (PALS)
 - Quality improvement
 - Strategic planning

- **Involving the person responsible for drawing the patient sample in planning meetings.** It is essential that this person, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly. You must share these survey instructions with them.

- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All departments in the trust should be made aware when a survey is being conducted, in case patients contact the trust) asking questions about the survey they have received.

- **Not overlooking front-line staff.** These people have the most direct impact on patients' experiences.

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 year of birth, gender and CCG.

The change in the sampling month, and the inclusion of 'type 3' attendances (below), 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 NHS 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 (www.nhssurveys.org) 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 your lack of patient experience data.

Errors that impact on CQC's use of your 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

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential. **If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003)¹, which incorporates the Caldicott principles. You should take particular care to ensure that your use of patient data in carrying out the survey complies with these six principles. In particular, you should be aware of the flows of patient data, and the issues which these present.

The Caldicott Principles

Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1:** Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2:** Don't use patient-identifiable information unless it is absolutely necessary
- **Principle 3:** Use the minimum necessary patient-identifiable information
- **Principle 4:** Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5:** Everyone should be aware of their responsibilities
- **Principle 6:** Understand and comply with the law

It is your legal responsibility to ensure that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. Your trust's Caldicott Guardian and legal advisors should be able to advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the CQC and Co-ordination Centre. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Market Research Society's *Guidelines for Social Research* (2005)². They have implications for approved contractors and for NHS trusts conducting surveys in-house.

Information about the Data Protection Act 1998 can be found at the [ICO – Information Commissioner's Office](http://www.ico.gov.uk) (<http://www.ico.gov.uk>).

Further guidance can be found in the Market Research Society and Social Research Association document at http://the-sra.org.uk/wp-content/uploads/sra_data_protection.pdf.

¹ <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice> and [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality - NHS Code of Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)

² http://the-sra.org.uk/wp-content/uploads/sra_data_protection.pdf

4.1 Statements of compliance with data protection

Each NHS trust has a Caldicott Guardian responsible for overseeing proper use of patient data. If you are conducting the survey in-house then, before mailing out the sample, you must submit a formal declaration (see Appendix 1), signed by the Caldicott Guardian and survey lead(s) for the trust, to the Co-ordination Centre. This declaration will certify that data shall only be displayed, reported, or disseminated in compliance with the new guidelines. Templates for these declarations are available on the NHS Surveys website: <http://www.nhssurveys.org/surveys/986>.

**You must wait for confirmation of receipt from the Co-ordination Centre
before mailing out your sample.**

If the Caldicott Guardian is unable to make such a declaration, then the trust must use an approved contractor to ensure that appropriate standards of confidentiality data protection are maintained.

4.2 Approval under Section 251 of the NHS Act of 2006

Approval for the NHS Emergency Department Survey 2016 was sought under Section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to enable the processing of patient identifiable information without consent. 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. Although the support is for the transfer of names and addresses to contractors, which does not apply to in-house trusts, it is still expected that in-house trusts follow the instructions in full, as set out in this manual. **Please note that any deviation from the procedures described here may lead to breaches in patient confidentiality, or could have implications for the comparability of data and its use by CQC and others, 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 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. It is strongly advised that in-house trusts follow the same procedures as outlined in the recommendation for support from the HRA.

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.

We expect trusts to process any opt outs received during the course of the survey in the following 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.
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 your 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 the Co-ordination Centre.

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.

4.3 Keeping patient mailing data and sample 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 or 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'.**

Before this is done, it is essential each patient is provided with a unique number (a patient record number (PRN)) and that this number is available and correctly matched on both the 'mailing file' and the sample information file (the 'sample file') (see Sections 10.5 and 10.9). Note the PRN must be in the format: AE16XXXNNNNN where XXX is your trust's 3 digit trust code and NNNNN is the 5 digit number relating to your sampled patients.

It is fundamentally important to remove all patient identifiable data (patient names and addresses) from the sample file submitted to the Co-ordination Centre.

4.4 Mailing questionnaires to patients

An 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.

4.5 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.

In most cases where a survey is carried out in-house, it is not accurate to tell patients that their responses will be anonymous. The person who receives the completed questionnaires is usually able to match these responses to patient names and addresses.

4.6 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 attended on a particular date and his or her 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) The raw data set should not be provided to any member of staff at the trust who does not need to view it, i.e. those who are not directly working on the project.
- 2) If data are to be presented to other 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 (replaced by a dash). The data should be presented as in the following example. In this case, responses for the 'Mixed' and 'Asian' ethnic categories are suppressed (though the subgroup 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 for a small number of patients, make sure that it will not be possible for the reader/audience to identify individual patients from their responses.
- 4) Free text comments do not need to be anonymised. A statement has been added to the questionnaire stating that any information provided in the free text box will be shared. PLEASE NOTE: This does not apply if you are publishing the comments. Any comments that are published must have any identifiable information removed such as a patients' or staff members' names, ethnicity, condition or health details.
- 5) 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 declaration of compliance.

4.7 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of patients' names, and the questionnaires kept until **24th September 2017**. 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. The final sample should be kept until **24th September 2017**, when it can be deleted.

4.8 Encryption of personal data

Any patient identifiable information sent between trusts and third parties 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 Care Quality Commission 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).

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/957>). In order to comply with the ethical approval, the survey must be carried out according to the instructions set out in this document.

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey. Trusts should notify the relevant R&D office that ethical approval has been obtained for the 2016 Emergency Department Survey. The REC letter can be downloaded from the NHS Surveys website (<http://www.nhssurveys.org/surveys/978>).

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 national 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 national 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.

The following table has been prepared by the CQC with information taken from the *Research Governance Framework for Health and Social Care (2005)*. The left-hand column sets out the responsibilities of organisations providing care and the right-hand columns sets out the arrangements made by the CQC for patient surveys. If you are required to seek approval from your

research governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

Research Governance Framework	CQC sponsored patient surveys
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	The survey is carried out on the experiences of patients after they have received the care so this does not apply.
Be aware and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	All Chief Executives are informed of forthcoming surveys. Trusts should notify their Research and Development Managers of the survey.
Ensure patients or users and carers are provided with information on research that may affect their care.	The survey does not affect the care of the patients. Anonymised results are used by the CQC and the Department of Health in assessments, and also results used for local quality improvement initiatives. Detailed guidance is issued to survey leads regarding the publicity of the results and its impact on patient care.
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	This requirement is not specific to this survey.
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	The CQC as sponsors of the study have sought ethics approval from MREC. There is a designated lead for each survey who is appointed by the Chief Executive.
Ensure that no research with human participants, their organs, tissue or data, begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	The CQC as sponsors have undertaken steps to ensure that all the duties of the sponsors listed in Section 3.8 of the Research Governance Framework are followed thoroughly.
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	Detailed guidance is issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.
Maintain the necessary links with clinical governance and/or best value processes.	The guidance notes very strongly recommend the trusts to maintain these links and follow best practice evidence.

Research Governance Framework	CQC sponsored patient surveys
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities. ³	In situations where trusts opt to use the services of an external contractor to draw the sample for the survey, the contractor is required to enter into an appropriate contract with the trust. These procedures are specifically detailed in the instruction manual.
Put and keep in place systems to identify and learn from errors and failures.	The CQC also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in light of these.
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	This requirement is not specific to this survey.
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	The CQC maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the CQC to co-ordinate the patient surveys.
Ensure that any research-related adverse events are included in reports to the National Patient Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	Not applicable to the patient survey. Patient safety is not compromised, this being a postal survey.
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission.

³ When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

6 Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the patients who use the trust, so it is important that groups with limited understanding of English are not excluded. The questionnaire has been written in as **plain language** as possible to facilitate optimum understanding by all respondents.

For this survey, translated questionnaires are not being used since it is not possible to identify non-English-speaking patients, or their specific language, from patient records before questionnaires are sent out because language spoken is not usually included on patient administrative systems. Therefore, the first contact with them will have to be in English.

There are a number of strategies you can adopt to facilitate the process of collecting the views of people with a limited understanding of English within this survey:

- It is good practice to offer help or interpretation services to those who might require them. You can do this by subscribing to a specialist interpreting service, most of who offer telephone interpretation on a pay-as-you-go basis. This normally involves a three-way conversation between you (or your helpline operator), the patient and the interpreter (note that trusts may already have arrangements with such a service). Please contact the Co-ordination Centre for further advice if you need to do this.
- A multi-language leaflet template is available on our site, and this can be included with your first and third mailings. Trusts can use this leaflet by inserting their appropriate helpline number. This gives directions in the 20 most common non-English languages spoken in England and also in EasyRead (routed to a separate number run by Mencap to help those with learning disabilities).
- Many households include at least one **competent English speaker** who can help the patient to fill in a questionnaire. In practice, this is often the most efficient way of gathering data from non-English-speakers, although it is not ideal, as there is no control over the way in which a patient's family or friends translate questions or interpret their responses, and it does not allow the patient to answer the questions directly.

7 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 respond⁴. 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 – 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.

Week	Task	See
0	Inform Co-ordination Centre of trust contacts and who is carrying out your survey by 15 th September 2016 (in-house)	-
1	Draw sample of patients to be included in the survey	8
1	Check sample for deceased patients using hospital records	8.5
1	Submit sample list to DBS to check for deceased patients and remove deceased patients from your sample list	8.6
1 - 4	Submit anonymised sample to Co-ordination Centre before starting mailing process (trusts must also send signed data protection declaration forms to the Co-ordination Centre and receive confirmation of receipt of these <i>prior</i> to mailing out questionnaires)	9.2
1	Print questionnaires and covering letters	12
2	Set up FREEPOST address, PO Box and helpline	13
2	Establish system for responding to telephone enquiries	13.4
2	Establish system for booking in questionnaires	13.7
3	Send first weekly response rate and helpline monitoring form to Co-ordination Centre	10
3	Check your own trust's records again for any patient deaths	8.5
3-6	Send out first questionnaires	12.1
3-14	Continue to respond to telephone enquiries	13.4
3-14	Log and process returned questionnaires	13.7
3-14	Enter data	14
6-9	Check your own trust's records again for any patient deaths	8.5
6-9	Send out first reminders to non-responders	12.6
7-10	Be prepared for a small peak in telephone calls as first reminders received	12.6
9-12	Check your own trust's records for any patient deaths	-
9-12	Send out second reminders to non-responders	12.7
12	Send hard copy of questionnaire and covering letters, to Co-ordination Centre (by Friday 18 th November at the latest)	-
21	Complete data entry	14
21-22	Send data to Co-ordination Centre (by Friday 24 th March 2017)	14.5

⁴ For details of this research carried out by the Picker Institute Europe see

http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf

7.1 Key dates

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

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

8 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.

8.1 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 **1500⁵** 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

⁵ 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.

- 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.

- 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 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
 - 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.

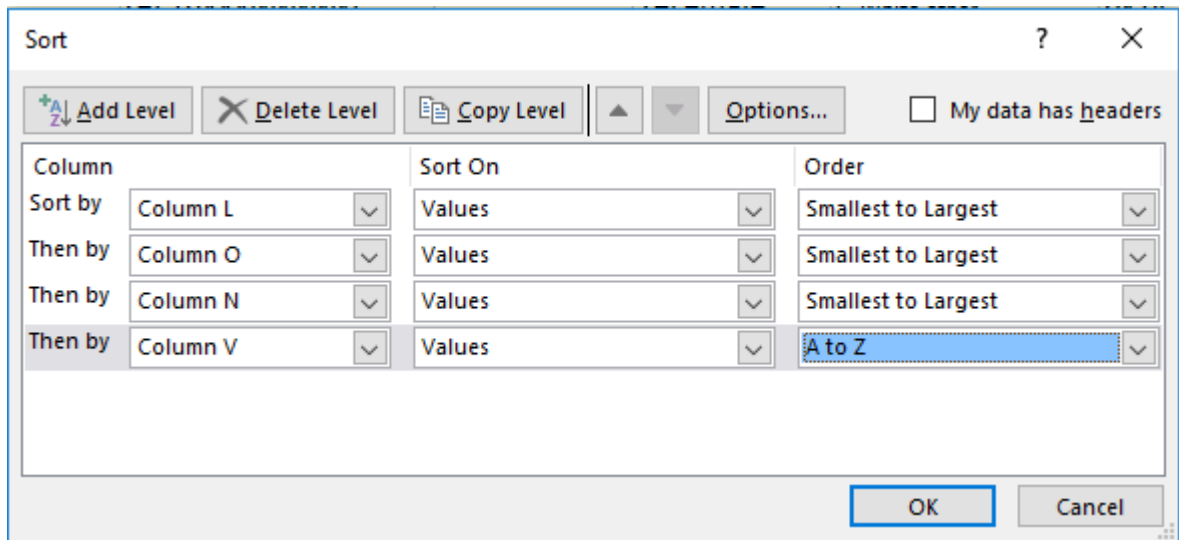
If you have **more than 25,000** records at this stage, **please contact the Co-ordination Centre on 01865 208 127 or ae.cc@pickereurope.ac.uk**

8.2 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: AE16XXNNNNN 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 AE16XXNNNNN, 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.

8.3 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.

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

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).

Department type 1: Enter random start between 1 and 1:	<input type="text"/>
Department type 3: Enter random start between 1 and 1:	<input type="text"/>

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'.

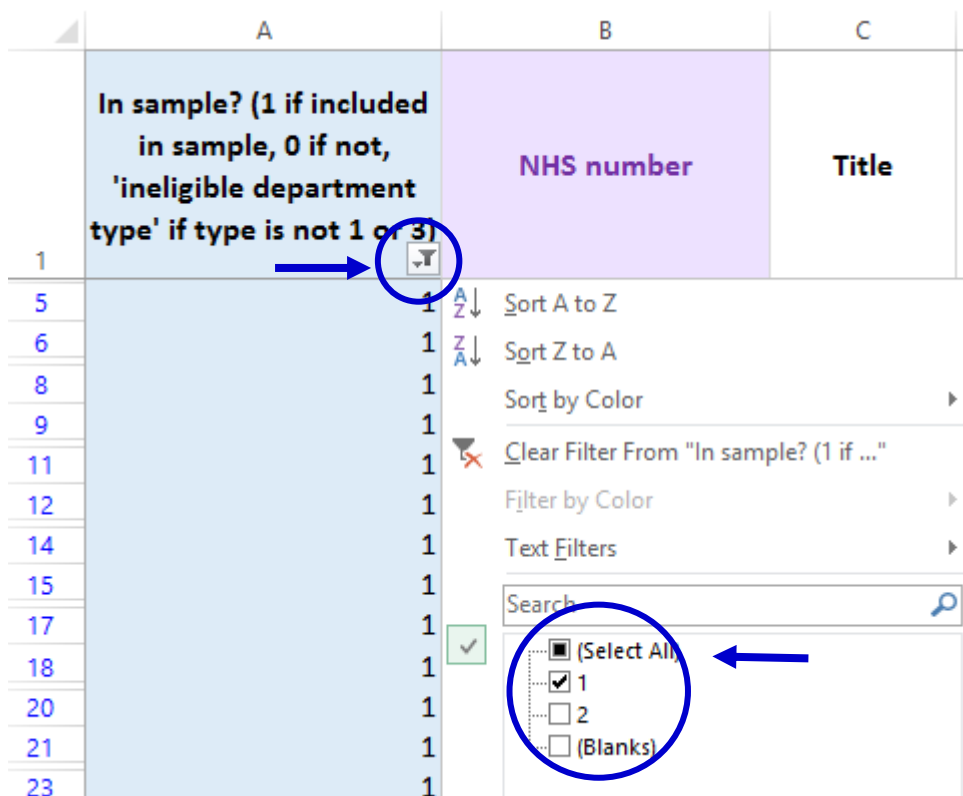
	A
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3) ▾
1	
2	0
3	1
4	1
5	0
6	0
7	0
8	1
9	0

- 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).

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

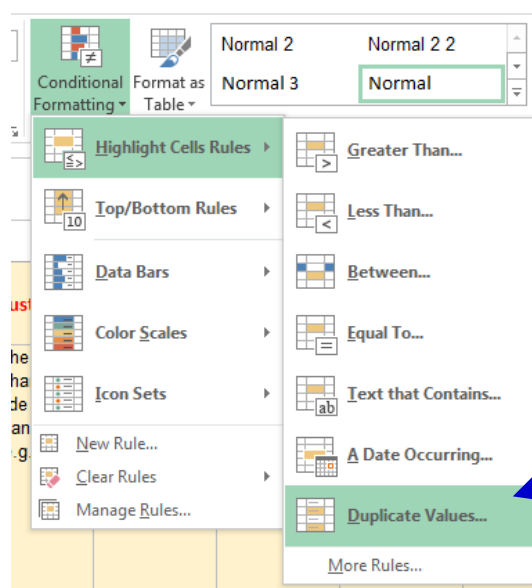
8.4 Removing duplicates: Tab 3

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.

8.5 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.

8.6 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)⁶.

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.

Submitting the trace request file

⁶ 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.

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.

8.7 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 your trust has **both** type 1 and type 3 patients:

- 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.

8.8 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).

Department type 1: Enter random start between 1 and 1:	←
Department type 3: Enter random start between 1 and 1:	←

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
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3)
1	
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

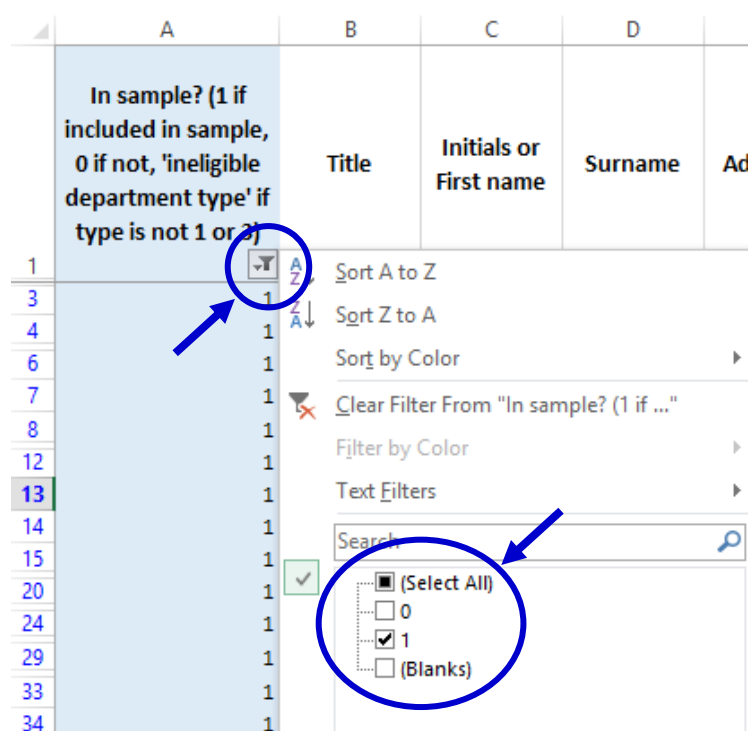
If your total sample size is larger than 1250, please ensure you have entered numbers in the orange random start boxes (as detailed in step 2, above).

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).

- 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.

8.9 Creating your final sample file in Workbook 2

- Download 'AE16 Sampling workbook 2' from <http://www.nhssurveys.org/surveys/982>.
- 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.

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

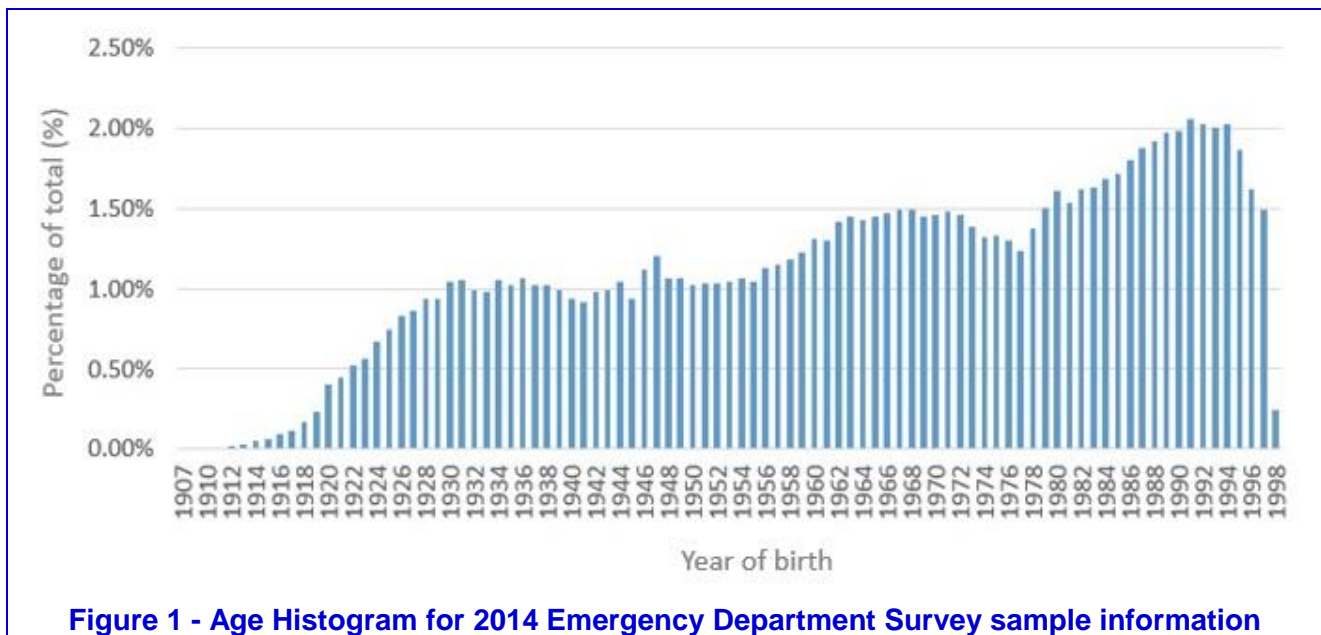
The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire).

- 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.

8.10 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.



8.11 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.

8.12 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

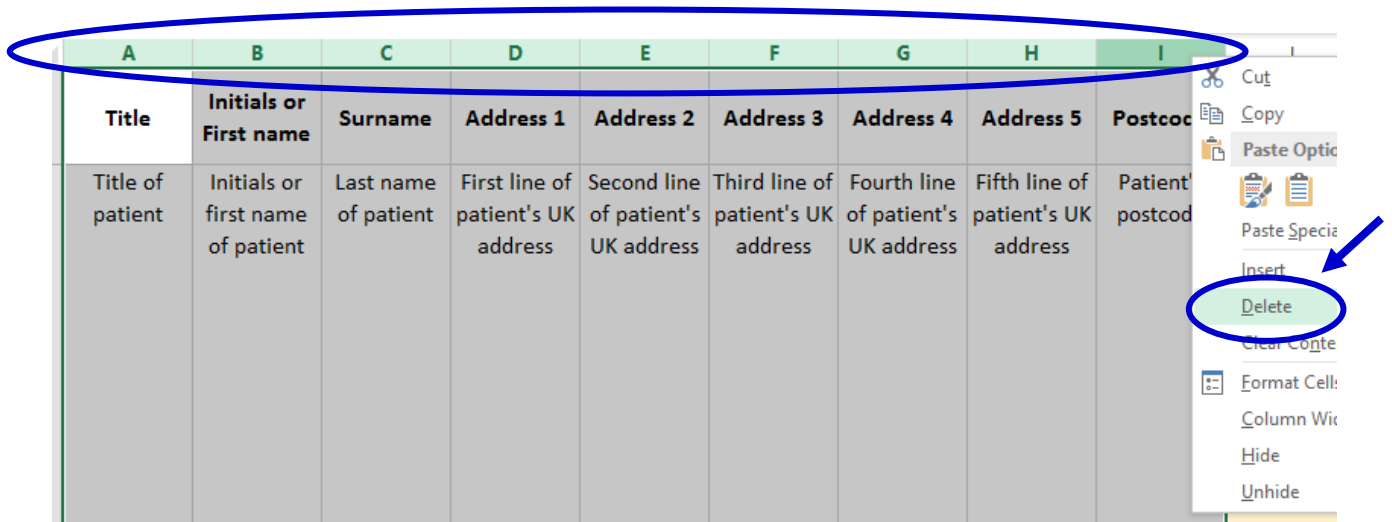
Please also check to ensure your data has not become mis-sorted. Mis-sorting can occur if data has been sorted while only part of the data has been selected (e.g. if some columns were not selected). To check this, please look at several patient records spread throughout your data and ensure the data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

8.13 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.

A	B	C	D	E	F	G	H	I	J
Title	Initials or First name	Surname	Address 1	Address 2	Address 3	Address 4	Address 5	Postcode	Record number
Title of patient	Initials or first name of patient	Last name of patient	First line of patient's UK address	Second line of patient's UK address	Third line of patient's UK address	Fourth line of patient's UK address	Fifth line of patient's UK address	Patient's postcode	Patient Record Number (AE16XXXN NNNN)

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.⁷

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.**

8.14 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 3](#)). 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.

⁷ As shown in table 1 (section [8.9](#)), 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 section [9.2](#), below, for further details on how to submit your sample to the Co-ordination Centre for checking.

8.15 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.

8.16 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 [8.1](#)).

2. Selected an initial patient sample, closely following the instructions in sections [8.2](#) through to [8.4](#).
3. Checked your patient list to make sure it meets requirements and only includes eligible patients (Section [8.1](#)).
4. Sent the list to the DBS to check for deceased patients and removed these patients from your list (Section [8.6](#)).
5. Created the final sample file (Section [8.9](#)).
6. Checked the distribution of patient age and gender in your sample file (Sections [8.10](#) and [8.11](#)).
7. Checked for other errors that may have occurred when drawing your sample (Section [8.12](#)).
8. Removed personal data from the sample file and created a mailing file (Section [8.13](#)).
9. **Complete the sample declaration form** (see section [8.14](#)) 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. Now your sample is ready to be submitted to the Co-ordination Centre. See section [9.2](#) for further details.

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.

9 Final sampling inspection by the Co-ordination Centre

Trust data should be checked for errors and received back from DBS before being forwarded to the Co-ordination Centre. Your anonymised sample file ('AE16_<trust code>_sampledata' – created following the instructions in section [8.13](#)), which **does not contain** patients' names or addresses **must** be submitted to the Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks.

9.1 Sample declaration form

As discussed above, for this survey, there is a sample declaration form that needs to be completed by the person preparing the sample. This form has a number of compliance statements which both the person drawing the sample and also the Caldicott Guardian must sign.

The form must be completed and submitted to the Co-ordination Centre prior to submitting your anonymised sample file. When the Co-ordination Centre has confirmed with you that they have received a completed sample declaration form, you will be permitted to submit your anonymised sample file to the Co-ordination Centre for checking. The aim of this is to minimise the risk of any data breaches occurring and so it is worthwhile ensuring that this stage is followed correctly.

Please see section [8.14](#) for further details.

9.2 Submitting your sample to the Co-ordination Centre

Once the Co-ordination Centre has approved your sample declaration form, you will be provided with details on how to submit your sample to the Co-ordination Centre via the secure FTP server.

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. E-mails discussing any sample anomalies will be returned to the trust within four working days of receiving the sample.

Samples should be submitted to the Co-ordination Centre no later than **28th October 2016**. If they are not, 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 Care Quality Commission assessments.

Important note

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre and certainly **no later than seven days** after this. A large time lag increases the likelihood of patients having died between the sample file being received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

REMINDER:

- Samples should be submitted to the Co-ordination Centre by **Friday 28th October 2016 at the latest**. If they are not submitted by this date, 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 then result in the data from the trust being excluded from the relevant CQC assessments.

- Trusts which have not submitted their sample for checking by the **Friday 28th October 2016** will be contacted 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.

9.3 Making the most of the fieldwork period

Because certain demographic groups (specifically younger patients and those from black and minority ethnic categories) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking. The best way to ensure you can do this is to prepare before the start date of the survey (24th October 2016). You can do this by:

- 1) Allocating sufficient time to the individual who will generate your sample to allow them to generate it, dispatch it to DBS, and to respond to queries or corrections specified by the Co-ordination Centre.
- 2) Discuss the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey.
- 3) Ensure your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.
- 4) Printing of questionnaires and assembly of mailing packs can take place before the sample is signed off. Please ensure that the envelopes are left open though so that you can check the correct label is applied to the correct questionnaire.

10 Weekly monitoring

The Co-ordination Centre requires weekly submissions of data on response rates and helpline calls. The first submission of data must be made on **27th October 2016**⁸, and every Thursday thereafter until the final date of submission. An Excel spreadsheet for trusts conducting the survey in-house 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. However, weekly monitoring forms do not have to be returned over the Christmas holiday period (29th December 2016). Submissions should be resumed for the following week (5th January 2017) for all trusts.

Important notes:

Weekly submissions only apply to the core sample of patients

Please do not alter the structure of the Excel weekly monitoring spreadsheet.

File name **must** be in the following format:

AE16_<trust code>_<week of submission>.xls

e.g. AE16_RAC_1.xls (first submission of monitoring data on 27th October 2016)

AE16_RY2_4.xls (fourth submission of monitoring data on 17th November 2016)

10.1 Monitoring response rate

The information submitted should contain the following data:

- The total number of patients in your 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 trust level.

⁸ This submission must be made regardless of whether mailing has commenced.

10.2 Helpline monitoring

The information you submit should contain the following data for each trust:

- The overall total number of calls received by the helpline for this survey.
- A breakdown of this overall total number, into:
 - The total number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services).
 - The total number of calls seeking assistance with language and translation (this should include completions via translation services).
 - The total number of calls that led to completion of the questionnaire using translation services.

Examples: 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'.

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

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).

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

11 Publicising the survey

11.1 Pre-survey communication with staff

As highlighted in Section 2, the best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey.

Keeping everyone informed

Notify as many staff members as possible about the survey, in case patients contact the trust asking questions about the questionnaire they have received. Patients can be expected to ask receptionists, doctors, nurses, patient liaison officers, or the Chief Executive's office about the survey, even when your covering letters give contact details for the survey manager(s) and the dedicated helpline. Notify front line staff and executive offices that a survey is being conducted, and give them the name and number of a contact person. Survey manager(s) should be prepared to respond to these calls quickly.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet)
- Paper-based (e.g. staff briefings, newsletters, flyers, posters)
- Face-to-face (e.g. meetings, presentations and events)

11.2 Publicising the survey externally

To help promote involvement and maximise response rates, the survey can be publicised to patients and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Talk to your hospital's press office for more ways in which you can gain publicity locally.
- Put up posters around the hospital (including type 3 department/s if your trust has such department/s) which show the importance the trust places on gathering patient feedback. To be most effective at increasing your response rate, posters should be put up in the hospital during the sampling period (i.e. during the month from which your patient sample will be drawn). A poster is available on the NHS surveys website at <http://www.nhssurveys.org/survey/1764>. This poster will also give patients opportunity to opt-out of participating in the survey if they wish.
- Consider using social media such as twitter or other local social media to publicise the survey.

To encourage patients to respond, we recommend you illustrate how the trust has acted on the results of the previous Emergency Department surveys carried out by the trust. Patients are likely to be more motivated to take part in the survey if they can see tangible outcomes from a previous survey.

12 Materials

12.1 The questionnaire

The questionnaire consists of 53 questions over 8 pages. The questions cover the issues that have been found to be most important to patients and must be included in your survey. The front page of the questionnaire explains the purpose of the survey and gives instructions on how to fill it in. In the pages that follow, the survey questions are divided into sections that broadly follow the patient's experience. You can download a copy of the questionnaire from our website (<http://www.nhssurveys.org/surveys/985>).

Please note that due to the change in sampling month, and the inclusion of 'type 3' attendances, historical comparisons will not be possible this year, despite the questions covering similar areas of patient experience.

Questionnaire layout

The questionnaire is rigorously tested and all questionnaires used by trusts must replicate this format as any differences can impact on the responses patients give. The format should comprise:

- Two columns of questions on each page
- Questions should be presented with a consecutive question number, followed by the exact question wording used in 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 2125 copies.

12.2 Trust headed paper

You will need headed paper from your 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 1,600 to 2,400 sheets of trust headed notepaper.

12.3 CQC Flyer

The CQC flyer will be included in both the first and third mailings. This flyer explains who the CQC are, the importance of gathering patient feedback and what will be done with the data collected. 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.

12.4 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 (i.e. for Trusts conducting the survey in-house), 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.

For further details on how to set up a PO Box please see section [13.2](#).

12.5 Materials required for the 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 recommended for in-house Trusts)
- FREEPOST envelopes for return of questionnaires
- Covering letters using the trust's letterhead
- Multi-language helpline sheet (recommended)⁹
- CQC flyer

⁹ 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, Gujarati, Hindi, Kurdish, Chinese (Mandarin), Punjabi, Tamil, Thai, Turkish, Urdu, French, Italian, Polish, Portuguese, Russian, Somali, and Spanish.

12.6 Materials required for the 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 80% 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)

12.7 Materials required for the third mailing (second reminder)

The second reminder should replicate the first mailing, and you will need to send this to around 70% 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 (PO Box address recommended for in-house Trusts)
- FREEPOST envelopes for returning questionnaires
- Reminder letters
- Multi-language helpline sheet (if used in first mailing)
- CQC flyer

12.8 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 dispatched.

Furthermore, no other material should be included in the questionnaire packs because of the immeasurable impact upon response rates to the survey. Additionally, the multi-region ethics board judged that inclusion of additional material that they had not viewed would invalidate the ethical approval they have given and the survey would therefore not be able to proceed.

12.9 Submitting hard copies of the questionnaire and cover letters

Hard copies of the questionnaire and cover letters must be submitted to the Co-ordination Centre by Friday 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

13 Implementing the survey - practicalities

13.1 Setting up a FREEPOST address

A FREEPOST address allows patients to return completed questionnaires at no cost to themselves. After you have paid for the licence, you will only pay for the responses you receive. The FREEPOST address can be printed on the envelopes you send out with the questionnaires. Printed envelopes must comply with Royal Mail guidelines. Details of how to apply for a FREEPOST licence can be found at the Royal Mail website: <http://www.royalmail.com>. Alternatively, you can call your local Sales Centre on 0845 7950 950.

13.2 Setting up a PO Box

This is recommended for in-house trusts to ensure that the mail out envelope(s) does not include any indication of the hospital address (please see Section 12.3 for further detail). Information on setting up a PO address can be found at <http://www2.royalmail.com/delivery/inbound-mail/po-box>.

13.3 Setting up a FREEPHONE line

The covering letter to patients should include a telephone number for patients to call if they have any questions or complaints about the survey. All staff who are likely to take calls should be properly briefed about the details of the survey, and be aware of the questions or complaints they are likely to receive. You might want to set up a FREEPHONE line for this purpose.

13.4 Managing calls to the FREEPHONE line

Where appropriate, ask the patients who calls to tell you their patient record number, which should be on the address label of the envelope they received, and on the questionnaire itself. You can then use this number to identify people who do not want to receive any further reminders.

Below are some questions and comments commonly asked by patients and some advice on how they can be managed:

I have had two or more attendances at the Emergency Department - which one should I refer to?

Patients should be advised to refer to their **most recent** Emergency Department attendance. Usually, this is the attendance covered by your sampling period but, for the few patients who have attended since you drew the sample; it is simpler to tell them to refer to their most recent visit. It will not make the results invalid if a few of the patients refer to a more recent episode than the others.

I have a specific comment, complaint or question about my care or treatment. Who can I contact at the trust?

Patients can be referred to the trust's PALS, the complaints manager or patient services manager.

The person to whom the questionnaire is addressed is unable to understand the questionnaire.

Relatives or carers may call to pass on this information. In some cases, they may offer to complete the questionnaire for the patient, but this is only advisable if there is a good chance that the responses are a true reflection of the patients' views. There is a question in the questionnaire that allows you relatives or carers to say if they have completed the questionnaire on behalf of the patient.

The person to whom the questionnaire is addressed has died.

Even with the use of a deceased patients tracing service, it may not be possible to identify all deceased patients, particularly those who have died most recently. It is very important that staff who take the calls are aware of this possibility and are prepared to respond sensitively to such calls. These patients should be logged as outcome = 3 (patient deceased).

I would like to take part but English is not my first language.

If a patient's spoken English is better than their written English, they may be willing to have someone, such as a family member, fill in a form on their behalf. It is also strongly recommended that you offer access to a telephone interpretation service, where the questionnaire can be filled in over the telephone. A multi-language sheet template in the twenty most commonly spoken languages in England is available on our website (<http://www.nhssurveys.org/surveys/984>), and trusts or contractors can make use of this by inserting the appropriate number for their helpline and/or translation service.

I do not wish to participate in this survey

A few patients might call to say that they do not want to be involved in the survey, and fewer still may object to being sent the questionnaire in the first place. Staff should apologise to the patient and reiterate the statement in the covering letter - that taking part in the survey is voluntary, and that the patient's care will not be affected in any way if they do not respond.

A few additional instructions for handling patients who do not want to participate in the survey:

- 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.
- People wishing to receive no further questionnaires can be identified with a flag/code/number on the mailing file.

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, 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).

It is also advisable to ask the patient to ignore any future reminders that they might receive. These patients should be recorded as outcome = 4 (opt out) in the sample file (see sampling handbook).

Making a record of the calls

It is important to keep a record of the reasons patients called, as this can help to make improvements to future surveys and can provide useful additional information on patients'

concerns. A standard form should be produced for completion by those taking the calls. The relevant details of each call can be recorded so that survey organisers can monitor any problems and remove patients who wish to be excluded from the mailing list.

We are also asking for weekly submissions of helpline use for each trust to the Co-ordination Centre. This is discussed in detail in Section [13.4](#).

13.5 Covering letters

The standard letters for all mailings are available in Microsoft Word format on the Emergency Department Survey section of the NHS Surveys website for you to download and add your own trust's details (<http://www.nhssurveys.org/surveys/984>). These letters have been given ethical approval for use in the 2016 Emergency Department Survey and changes are **not** permissible. The covering letters for the first mailing and the second reminder mailing should be printed on the trust's letterhead paper. Two paper copies of the letters you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Please note that for all mailing letters there is the option to include patient name. If patient name is used, please take great care that each letter is correctly matched to its corresponding questionnaire.

13.6 Sending out questionnaires

Address labels

Three address labels are needed for each patient: one set of labels will be used for the first mailing, one for the first reminder, and one for the second reminder.

We recommend using the mail merge feature in a word processing package to create the mailing labels from the database of patient names and addresses. **It is essential that the patient record number is on each address label**, as this has to be matched with the number on the front of the questionnaire. The label should not include any other information except the patients' name, address and postcode details, and the patient record number.

Note on the patient record number (PRN)

The patient record number is a unique number allocated to all patients at the start of the survey that allows their responses to be kept separate from their name and address, but allows matching up of the response data with the sample data. It also allows them to identify themselves if they contact the trust or contactor without needing to provide name and address information. This should be centrally placed and large enough to be visible to all patients. The Royal National Institute of the Blind recommends the number be printed in size 14 font and located inside the box on the lower half of the front page of the questionnaire.

If patients delete this number from the cover page and then return the questionnaire, please add their response information in an additional row to the bottom of the data file before submitting it to the Co-ordination Centre. Please do not attempt to match this data to a non-responder of similar demographics, but instead inform the Co-ordination Centre about this respondent and they will be treated as an additional patient to the sample.

Questionnaire packs

The envelope sent to each patient at the first mailing should include the following:

- 1) A questionnaire **numbered with the patient record number**. The number must match the number on the address label, and the number on the list of patient details.
- 2) A covering letter.
- 3) The multi-language helpline sheet (recommended).
- 4) A large envelope, labelled with the FREEPOST address on it.
- 5) CQC flyer.
- 6) These items should be packed into an envelope that has a return address on the outside. (PO Box recommended for in-house Trusts). This should be the contact at the NHS trust.

Postage

The postage may exceed the standard letter rate. It is essential that the appropriate postage rate is paid.

13.7 Booking in questionnaires

When questionnaires are received, match up the patient record numbers against the list of patients, so that you can record (in the *outcome* column) which patients have returned questionnaires and will not therefore need to be sent reminders. You will need to keep paper copies (or scanned pictures of all of the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until 24th September 2017, but please **do not** send these to the Co-ordination Centre.

13.8 Sending out reminders

For results to be representative, it is essential to get a good response rate. To achieve this, you must send out two reminders to non-responders. **Remember, it is essential that you send out both reminders.**

Depending on the time that has elapsed since you first checked your patient list for deaths, it might be necessary to send your list back to the tracing service for a further check before you send out reminders.

First reminders

The first reminder should be sent to patients who have not responded after **one to two weeks**. We recommend approximately **ten** days between the mailing day of the first questionnaire and the mailing day of the first reminder. The first reminder should reach the participant while they are still in possession of the first questionnaire, and the optimal time for this will vary between trusts.

The standard first reminder is available in Microsoft Word format on the NHS Surveys website for you to download (<http://www.nhssurveys.org/surveys/984>). It can be printed on A5. It has been given ethical approval, so no changes are permitted. Two paper copies of the reminder letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Second reminders

Second reminders should be sent out approximately two to three weeks after the first reminder to patients who have not yet responded. Again the optimal time will vary between trusts and experience is the best guide for choosing mailing dates.

The envelopes should include the following:

- 1) A questionnaire numbered with the patient record number. The number must match the number on the address label and the number on the list of patient details.
- 2) A covering letter.
- 3) A multi-language helpline sheet (if used in first mailing).
- 4) CQC flyer.
- 5) A large envelope, labelled with the FREEPOST address on it.
- 6) These items should be packed into an envelope that has a return address on the outside. (PO Box recommended for in-house Trusts). This should be the contact at the NHS trust.

The standard second reminder letter is available in Microsoft Word format on the NHS Surveys website for you to download and add your trust's details (<http://www.nhssurveys.org/surveys/984>). Two paper copies of the second reminder letter you use must be sent to the Co-ordination Centre by Friday 18th November 2016.

Remember that you should check your trust's own records for deaths before sending out reminders.

While trusts should choose the most suitable time to send out reminder mailings to achieve the optimal response rate, **please do not leave more than 3 weeks between each mailing.**

14 Entering data

The data must be submitted to the Co-ordination Centre in the appropriate format by the deadline of **Friday 24th March 2017**.

14.1 Entering data from the questionnaire

The data should be entered into the 'data entry spreadsheet' Excel file, which can be downloaded from this address: (<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 (see example box below).

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 crossed¹

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.

14.2 Entering written comments (“free text”) from patients

The CQC has asked the Co-ordination Centre to request all free text comments provided by respondents to the 2016 Emergency Department Survey.

The questionnaire includes a note to respondents to inform patients 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 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**.

14.3 Coding data

Trusts are required to submit raw (‘uncleaned’) data to the Co-ordination Centre. For clarification, raw data is created as follows:

- 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).
- Where a respondent has selected more than one response category on a question, this question should be set to missing for that person in the data (i.e. coded as a full stop (.)). The **exception** to this is for the ‘multiple response’ questions mentioned above, where respondents may select more than one response option (see Section 14.1 for details about how to enter responses to these types of questions).
- Where a respondent has crossed out a response, this should not be entered in the data (the response should be coded as a full stop (.)). Where a respondent has crossed out a response and instead selected a second response option, this second choice should be entered into the data.
- 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 Q48 (What was your year of birth) but written their year of birth in at the side of this, then the respondent’s year of birth should be entered.
- For the year of birth question (Q48), unrealistic responses should still be entered except following the rule 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.
- 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 provided during the fieldwork that will document all filtering and cleaning carried out on the collated dataset by the Co-ordination Centre so that trusts can duplicate this process after submitting the raw data to the Co-ordination Centre.

14.4 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 (.).

14.5 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. Trusts should use the pre-designed Excel file available on the NHS Surveys website (the 'Data entry spreadsheet', see <http://www.nhssurveys.org/surveys/988>). To comply with the Data Protection Act, name and address details **must not** be sent to the Co-ordination Centre.

Required file format for final data

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 (.)¹⁰.

¹⁰ 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.

Table 4 shows the information that must be provided for each of the 1250 patients in the original sample.

Table 4 - Data fields to be included in file submitted to Co-ordination Centre

Field	Format	Data codes	Comments
Trust code	XXX		The three character code of your organisation e.g. RYZ
Department type	N	1 = type 1 department (A&E) 3 = type 3 department (MIU / UCC)	Patient attended type 1 or type 3 department
Patient record number	AE16XXX NNNNN		The unique serial number allocated to each patient by the trust
Year of birth	NNNN	Format this field as a number , not a date	The year the patient was born, entering a four digit number e.g. '1983'
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	<p>National Codes:</p> <p>White A British B Irish C Any other White background</p> <p>Mixed D White and Black Caribbean E White and Black African F White and Asian G Any other mixed background</p> <p>Asian or Asian British H Indian J Pakistani K Bangladeshi L Any other Asian background</p> <p>Black or Black British M Caribbean N African P Any other Black background</p> <p>Other Ethnic Groups R Chinese S Any other ethnic group Z Not stated</p>	Ethnic category should be included if the information is available.

Field	Format	Data codes	Comments
Day of attendance	N or NN	Format this field as a number , not a date	For example, if the patient attended on 10 th 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 10 th 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 10 th 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 code	NNN	Use the character codes provided by HSCIC to complete this field	Use the three characters of the Clinical Commissioning Group code
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 be participating in the survey (patient deceased, moved address, too ill, or called to opt out) Format this field as a number , not a date	For example, if the questionnaire was received on 12 th November 2016, this column should read '12'.
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) Format this field as a number , not a date	For example, if the questionnaire was received on 12 th November 2016, this column should read '11' (as November is the 11 th 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) Format this field as a number , not a date	For example, if the questionnaire was received on 12 th November 2016, this column should read '2016'.

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

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

Table 5 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 5 – 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		
RXX	1	AE1 6R XX0 000 1	1934	2	A	04	09	2016	14:23	R1A 01	XXX	.	.	.	3	.	.	.	.	.	.
RXX	1	AE1 6R XX0 000 2	1970	1	C	16	09	2016	08:45	R1A 01	XXX	17	02	2017	1	3	1	0	1	A	I was seen straight away ...	
RXX	3	AE1 6R XX0 000 3	1965	2	A	09	09	2016	11:25	R1A 01	XXX	.	.	.	6	.	.	.	.	.	.

RXX	1	AE1 6R XX0 000 4	1935	2	A	12	09	2016	07:15	R1A 01	XXX	03	12	2016	1	2	2	0	0	E	.
RXX	3	AE1 6R XX0 000 5	1929	2	C	23	09	2016	18:30	R1A 01	XXX	29	01	2017	1	1	5	.	.	A	Excellent care and...
RXX	3	AE1 6R XX0 000 6	1923	1	J	29	09	2016	23:50	R1A 01	XXX	12	12	2016	2	.	.	.	.	.	.
RXX	1	AE1 6R XX0 000 7	1950	2	R	02	09	2016	04:35	R1A 01	XXX	.	.	.	6	.	.	.	.	.	.
RXX	1	AE1 6R XX0 000 8	1946	2	A	19	09	2016	12:10	R1A 01	XXX	18	11	2016	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 (if these haven't already been sent to the Co-ordination Centre). 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 14.6 - [Checklist](#)).

Delivery

Data should be submitted to the Co-ordination Centre using 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
Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

Deadline for submission

The data must be supplied by **Friday 24th March 2017**.

14.6 Checklist

Before sending your data to the Co-ordination Centre, please carry out the checks listed below, and include this checklist when you submit paper copies of the questionnaire and covering letters (the checklist can be found on the NHS Surveys 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 trusts.

If incorrect data are submitted, it is possible that the data will be considered unreliable and will not be used by the CQC in its assessment for your trust. We cannot accept re-submissions of data after the deadline.

Check	Done?
1) Check that your file name follows the naming convention: <NHStrustName>_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	
4) Check that you have included patient written comments	
5) Check that all data are correct, and that all values are in range	
6) Send data only for the 1250 patients sampled from your trust	
7) Check that all the data for the 53 questions are in NUMERIC format only	
8) Check that you have completed the columns for the day, month and year you received the questionnaire back from patients	
9) 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	
10) Zip, encrypt and password protect your data before uploading it to the Co-ordination Centre secure FTP site (please contact the Co-ordination Centre for FTP details and/or advice on encryption).	
11) Include telephone and e-mail contact details of two people who will be available to respond to any queries about the data	

15 Making sense of the data

The usefulness of your survey data will depend on how well you plan the survey process and on how effectively you analyse the data. Standard data analysis usually involves examination of the frequency of responses to each question and some cross-tabulation of responses against demographic and other information.

15.1 Using the 'Data Entry Spreadsheet' to look at your results

Once you have entered the data from the questions into the Excel file on the website (the Data Entry Spreadsheet), the counts and percentages of responses to each of the 53 questions are automatically computed and displayed on the other sheets of the Excel workbook, which correspond to sections of the Emergency Department questionnaire (excluding the "Other Comments" section). For each question, the numbers and percentages of respondents who gave each answer is shown. The number of missing responses will also be shown, as long as you have coded missing responses on the data sheet as a full stop (.).

15.2 Suggestions on data analysis

The following suggestions may help you make the data analysis more useful and focused.

Use the data to help pinpoint problems

It is often tempting to focus on organisational strengths. This may be important for public relations and employee morale. However, if you emphasise only the positive, you may miss a critical opportunity to use the data to spur improvement.

One way to focus attention on where improvements are needed is to analyse responses in terms of the proportion of answers that suggest a problem with care. Try to maintain high standards in determining what constitutes a problem. For example, if questions allow respondents moderate response categories (such as "to some extent" or "sometimes"), in addition to more extreme ones ("always" or "never"), your analysis will be more powerful if you identify these moderate responses, as also indicating a problem.

"Drill down" into the data

It is impossible to analyse absolutely every issue a patient survey raises. One reasonable way to control the number of analytical questions is to conduct a staged analysis.

The **first** level of analysis should be the most general - for example, summary measures or measures of overall performance. The next level should delve into particular issues that underlie the summary measures - performance along particular dimensions of care, for example, or of particular units or staff. The final level should entail statistical or cross-tab analysis to get at the causes of the particular issues.

Group similar questions together to provide summary analysis

Analysing questions and presenting findings in a way that is comprehensive, logical and not overwhelming is a significant challenge. To make the data more compelling for others, and to speed up the analysis, we suggest:

- Linking questions that cover similar topics or processes
- Combining several questions into a single composite measure (by averaging responses, for example)

Use statistical tests to make comparisons and subgroup analyses

Statistical tests can be used to examine relationships and associations between groups (for example age, sex or ethnic categories). These tests take into account the number of responses, the variation in responses, and values of the items you are comparing (such as average responses). If tests show that the differences between two groups are not statistically significant, you should view the patterns of responses as only suggestive.

Calculate confidence intervals to give an indication of the uncertainty surrounding your results

Although there are many methods of describing uncertainty, confidence intervals are used most often. By taking into account the number of responses, the variation in response, and the magnitude and direction of the estimate, the confidence interval describes the range of plausible values within which the "true" value for the population is likely to fall. Remember that the estimate itself is the most likely result, and this is therefore your best estimate, not the limits of the confidence interval.

Make use of the free text

Patients' comments on the back page of the questionnaire can provide valuable feedback about their experiences. Such data illustrate responses to closed questions and allow respondents to identify new issues not captured elsewhere in the questionnaire. It can be effective to group comments made about similar topics to identify themes in patients' experiences.

Use patient feedback data with other data

Patient feedback data provides one valuable source of information about how patients experience and feel about the health services they receive. Linking feedback data with clinical data, outcomes data, and routinely collected data, when done appropriately, can provide useful insights.

Perform analysis by sub-groups

You may want to compare the answer to a survey question between two different groups to see if the differences are significantly different (e.g. the answers for men versus women). However, comparing results *within* your trust considerably reduces the number of responses in each group. This will impact upon the level of confidence you have in the results and, therefore, your ability to accurately detect differences between these groups.

Table 6 (below) shows the level of confidence you would achieve for various numbers of respondents.

Table 6: Confidence intervals*

Number of respondents	Widest Confidence Interval (+/-) ¹¹
50	13.9%
100	9.8%
200	6.9%
300	5.7%
400	4.9%
500	4.4%
600	4.0%

*at a 95% confidence level

If you are interested in looking at different sub-groups within your trust population (for example, different ethnic groups), you will need to think about the number of respondents you need in each group, and how this will impact on the confidence you can have in the results. The Co-ordination Centre recommends a minimum of 100 respondents per group for comparison between sub-groups. Confidence intervals for analysis with groups of fewer than 100 respondents will be so large that there would be little certainty of detecting reliable statistical differences¹²

Example

For a trust, 400 patients responded in total. Taking a particular question, of which 50% of respondents answered 'Yes', from the table we can see that the widest confidence interval for 400 respondents would be +/- 4.9%. We would therefore be 95% confident that the true results would be between 45.1% and 54.9% - that is, if you had surveyed the entire population of Emergency Department attendances at a trust.

However, if we are looking at the results for this particular question *by eight different groups of patients* (assuming an equal number of respondents in each region), there would only be 50 respondents in each group. If there are 50 respondents and 50% answered 'Yes', the confidence interval would be +/- 13.9%, so the true results could be between 36.1% and 63.9%.

¹¹ This column (the widest confidence interval) shows the **maximum** margin of error for binomial estimates of proportions

¹² A **confidence interval** is an upper and lower limit within which you have a stated level of confidence that the trust mean (average) lies somewhere in that range. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before any conclusions are made.

16 Reporting results

16.1 Prioritising your findings

Patient surveys can raise many compelling and important issues. To help you decide which issues to focus on first, you may like to consider the following suggestions:

Rank results by their magnitude

The most straightforward method of prioritising is to rank issues in order of the size of the problem and to focus first on those that are the greatest.

Compare your results against outside norms or benchmarks

A common method of prioritising is to select issues that compare unfavourably with England, regional, or local norms or with benchmark institutions. This allows you to focus on areas of comparative weakness. Compare your trust's results with the benchmarks on the NHS Surveys website (www.nhssurveys.org) to find out where your trust performs better or worse than other trusts. These will be available when the survey is published by CQC.

Compare results within your organisation

Comparisons within organisations can facilitate networking among units or Departments and the sharing of information about effective practices. Internal 'competitiveness' may also fuel improvement efforts. You will need to ensure that you have collected this information in your sample frame.

Comparison with predefined goals

Another way to identify priorities is to set threshold or target goals prior to the survey. You would then focus on issues where performance does not meet these goals. This method is particularly effective when there is clear consensus on what those goals should be.

Correlation with overall measures

Correlating patient responses to specific questions with responses to the question about overall quality of care can help focus attention on issues that are important for patients.

Predictive value on overall measures (regression analysis)

Similar to correlation, regression analysis also gives a sense of the issues that most sharply affect patients' overall assessments of care. Regression analysis is superior to simple correlation, in that it can adjust for other things that have an impact on the overall measure, and it provides more precise estimates of how overall measures will change in response to improvement on individual items. Regression analysis is also more complex but in essence, it allows for a more level 'playing field'. There are limits to a univariate (crude) analysis and so regression analysis is an attractive option.

Ease of action

Many organisations focus initially on the issues that are easiest to improve. By demonstrating successful interventions, this prioritisation method can rally support for more difficult improvement efforts later on.

Areas of excellence

An organisation may also want to maintain excellence in areas where it is already perceived to be doing well. This approach can provide a clear and positive focus for clinical and administrative staff.

16.2 Writing the report

User-friendly reports that enable readers to understand and begin to take action on key issues are critical to the success of any survey project. The following suggestions will help you produce useful reports:

Tailor the document to the audience

- Use brief, succinct summaries for executive audiences.
- Use comprehensive summaries for those who will implement improvements. They will help achieve buy-in and generate action.
- A separate resource booklet or data disks/CD-ROMs with full details may be important if staff or researchers have questions.

Use graphics

- Data that are displayed visually can be easier to interpret.
- Display trends or comparisons in bar charts, pie charts, and line charts.
- Remember that colours don't photocopy or fax very well.

Keep the format succinct and consistent

- Graphics, bullets, tables, and other visuals help guide the reader.
- Choose a few of these elements and use them consistently.
- Too many types of visual elements can detract from the message.
- Be consistent in the use and appearance of headers, fonts, graphic styles and placement of information.

Emphasise priorities clearly

- Emphasise the highest priority items for action or commendation in executive summaries and major findings sections.
- Highlight the most important items - for example, use bold type.

Appendix 1: Declarations of data protection compliance

Declaration of compliance with the Data Protection Act 1998 2016 NHS Emergency Department survey FOR TRUSTS USING IN-HOUSE SURVEY TEAMS

While carrying out the 2016 NHS National Emergency Department survey, all trusts need to comply with:

- the Data Protection Act 1998,
- the NHS Code of Practice on Confidentiality, and
- the Caldicott principles.

Due to the large amount of patient information requested by the NHS Patient Survey Programme, it has become necessary to regulate which individuals at a trust are able to view the raw data and some of the processed data. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise access to patient identifiable information, all declarations must be co-signed by the trust's Caldicott Guardian. If the trust's Caldicott Guardian does not authorise this, the trust must carry out the survey using an approved contractor.

For further information on the new guidelines, please see the "Data protection" section in the Instruction Manual for the 2016 NHS Emergency Department survey.

I, **[insert name of Caldicott Guardian]** the Caldicott Guardian for **[insert trust name]** declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section "Data protection" in the Instruction Manual for the 2016 NHS Emergency Department survey.

Signature: Date:

I, **[insert name of first survey lead]** the first Survey Lead for **[insert trust name]** declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2016 NHS Emergency Department Survey and will ensure that data collected while carrying out the NHS Patient Survey Programme will conform to these requirements and the guidelines set out under the section "Data protection" in the Instruction Manual for the 2016 NHS Emergency Department Survey.

Signature: Date:

I, **[insert name of second survey lead]** the second Survey Lead for **[insert trust name]** declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2016 NHS Emergency Department Survey and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section "Data protection" in the Instruction Manual for the 2016 NHS Emergency Department Survey.

Signature: Date:

Appendix 2: Declarations for additional data analysts

<p style="text-align: center;">Declaration of compliance with the Data Protection Act 1998 2016 NHS Emergency Department Survey Additional data analysts</p>

If the trust requires additional data analysts to have access to the raw data set, this form must be completed and sent to the Co-ordination Centre, and a response received before access to the data set is granted. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise this access, all declarations must be co-signed by the Caldicott Guardian. If the Caldicott Guardian does not authorise this, the raw data set and responses from subgroups numbering less than twenty can only be viewed by the authorised survey leads.

For further information on the new guidelines, please see the “Data protection” section in the Instruction Manual for the 2016 NHS Emergency Department Survey.

I, **[insert name of Caldicott Guardian]** the Caldicott Guardian for **[insert trust name]** declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section “Data Protection” in the Instruction Manual for the 2016 NHS National Emergency Department Survey.

Signature: Date:

I, **[first additional data analyst]** the first additional data analyst for **[insert trust name]** declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2016 NHS National Emergency Department Survey and will conform to these requirements and the guidelines set out under the section “Data protection” in the Instruction Manual for the 2016 NHS National Emergency Department survey.

Signature: Date:

I, **[second additional data analyst]** the second additional data analyst for **[insert trust name]** declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2016 NHS National Emergency Department Survey and will conform to these requirements and the guidelines set out under the section “Data Protection” in the Instruction Manual for the 2016 NHS National Emergency Department Survey.

Signature: Date:

Appendix 3 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:
<p>Confirm that you have <u>excluded</u> the following groups:</p> <ul style="list-style-type: none"> • Deceased patients <input type="checkbox"/> • Patients known to be current inpatients <input type="checkbox"/> • Patients under the age of 16 on the date of their attendance <input type="checkbox"/> • Attendances at walk-in centres <input type="checkbox"/> • Patients admitted to hospital via medical or surgical admissions units who have therefore not visited the emergency department <input type="checkbox"/> • Planned attendances at outpatient clinics which are run within the emergency department (such as fracture clinics) <input type="checkbox"/> • 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. <input type="checkbox"/> • Patients without a UK postal address <input type="checkbox"/> • 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 <input type="checkbox"/> 	<p>Confirmed (tick box)</p>
<p>Confirm that you have <u>included</u> the following groups:</p> <ul style="list-style-type: none"> • Patients who attended type 3 department/s in your trust (if applicable) <input type="checkbox"/> • Patients born in 2000 who were 16 on the date of their attendance <input type="checkbox"/> • Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered <input type="checkbox"/> • Patients with an address in the UK, but not England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel <input type="checkbox"/> 	<p>Confirmed (tick box)</p>
<p>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.</p>	Initials:
<p>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.</p>	Initials:
<p>Please check that your sample does not contain duplicate patients.</p>	Initials:
<p>Please check that your data has not become mis-sorted</p>	Initials:
<p>Patients who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).</p>	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: <ul style="list-style-type: none"> - 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 Health 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