



**Survey  
Coordination  
Centre**

# NHS URGENT AND EMERGENCY CARE SURVEY 2018: SAMPLING ERRORS REPORT

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## Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the unlikely event that there are any major changes, we will email all trust contacts and contractors directly to inform them of the change.

This document is available from the Survey Coordination Centre [website](http://www.nhssurveys.org).

## Questions and comments

If you have any questions or concerns regarding this document, please contact the [Survey Coordination Centre](mailto:team@surveycoordination.com).

## Introduction

Sample files for all 132 trusts participating in the 2018 Urgent and Emergency Care Survey (UEC18) were submitted to the Survey Coordination Centre for final quality control checks before mailing could begin. Sample data inspections of this kind were first introduced by the Survey Coordination Centre for the 2006 Inpatient Survey, and were found to aid trusts in avoiding common errors prior to fieldwork commencing. Such mistakes may lead to delays in the survey process and/or poor data quality.

This report gives a summary of mistakes made and errors found during the course of the Survey Coordination Centre's checks of trust sample data. It is important to note that this report only gives details of the errors found by the Survey Coordination Centre; many samples may have contained further errors which would have been identified and corrected during checks by their approved contractor.

This document outlines the following types of errors:

- **Major errors** – errors that require the sample to be redrawn, commonly where ineligible patients have been included or eligible patients have been excluded.
- **Minor errors** – errors that do not require the sample to be redrawn, but instead require amendments to be made to the sample data;
- **Section 251 breaches** – these are failures to adhere to the stated processes which give the survey approval for the common law duty of confidentiality to be put aside;
- **Historical errors** – errors relating to a trust's previous survey sample; these errors might come to light during checks of their 2018 sample and therefore cannot be corrected.

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

## Frequency of Errors

During the UEC18 sample checking process, the Survey Coordination Centre detected 1 major error, 18 minor errors, 6 historical errors and 14 Section 251 breaches (see figure 1).



Figure 1. Frequency of errors and breaches during UEC18 sampling

## Major Errors

In total, there was one individual major error made during sampling for UEC18 that resulted in one trust having to redraw their sample. This was due to the sampling method which resulted in ineligible patients being included in their sample:

- One trust drew their sample incorrectly as their sample included Type 1 patients who attended the emergency department in August and September. This resulted in the trust including ineligible patients, as their sample should have only included Type 1 patients who attended in September. The trust had to redraw their sample, and it was rectified for their second submission.

## Minor errors

In total, there were 18 minor errors that occurred during the sampling for UEC18. The vast majority of these errors were in regards to the Clinical Commissioning Group (CCG) codes.

### CCG codes

Several CCGs recently merged and the new CCG codes went into effect on 1<sup>st</sup> April 2018.

Due to the changes in CCG, many trusts submitted sample files with the older CCGs instead of the new ones. In total, there were 10 trusts that submitted a sample with incorrect CCG codes, making up the majority of minor errors.

Two trusts included invalid CCG codes (as opposed to old valid CCG codes) – one of which also included incorrect codes as mentioned above. The trusts provided the correct codes and their samples were amended by the trust, the contractor, and the Survey Coordination Centre.

One trust had NULL in place of the CCG codes for 16 of their records. The trust corrected this and resubmitted with correct and valid CCG codes.

In all above cases, incorrect/invalid CCG codes were amended in the Survey Coordination Centre's copy of the sample file, the copy that the contractors has and the trust was made aware that these changes were made.

### Time format

One trust submitted a sample where the time was not in the correct format (HH:MM). The trust corrected the format and resubmitted.

## Day of attendance

One trust had one record with an attendance date on a Sunday for their Type 3 department though their Type 3 department is not open on the weekends. The trust confirmed this was incorrect, corrected the date and resubmitted.

## Ethnicity

One trust included ten patients where the ethnicity was recorded as 'NULL', which is an invalid code. The trust corrected these records and provided the correct ethnicity codes, which was then rectified in the sample.

## Duplicate patient record numbers

One trust included two patients in their sample with duplicate patient record numbers. The trust were asked to correct the record number and resubmit the sample.

## Year of birth

One trust included a patient with a year of birth of 1901. Upon querying this, the trust informed us that this was based on a default system value where the date of birth is not known. There was no successful trace for this patient and therefore their eligibility could not be determined. The trust was asked to replace the patient and resubmit their sample.

# Section 251 breaches

Approval for UEC18 was sought and gained under Section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to allow for the processing of patient identifiable data without active consent. Any breaches of the terms and conditions of Section 251 approval are immediately communicated to the CQC, who in turn, notify the Confidentiality Advisory Group (CAG) of the breach in question. Fourteen such breaches occurred during sample checking for UEC18:

- Two trusts uploaded their sample to their contractor's secure site before their sample declaration form had been approved.
- One trust uploaded both their sample declaration form and sample to their contractor's secure site at the same time before the sample declaration form had been approved.
- One trust submitted the NHS numbers of 8 patients via email when a contractor had requested confirmation of the patients' addresses.
- One trust included the NHS numbers of patients within their sample submission to their contractor.
- One trust included the full date of birth of all patients in their sample submission to their contractor.
- One trust included email address in place of postal addresses for three of their patients.
- One trust included the full date of birth of all patients as a part of a DBS list to their contractor.

- Four trusts shared full addresses with their contractor via email when they were only asked to confirm if addresses were correct.
- During fieldwork, one trust sent their first and second mailings to incorrect addresses to 124 patients within their sample because the addresses were incorrectly formatted due to a software error.
- During fieldwork, one trust reported an error that had occurred with DBS checks prior to submitting their final sample of patients to their contractor. A cohort of patients were missed from the DBS check and this resulted in a number of mailings being sent to addresses of patients that have deceased. Prior to the third mailing being sent out, a full DBS check was completed again for reassurance.

CQC was informed of all the above breaches and for all data breaches, letters were sent to all relevant contacts at the trusts including the Caldicott Guardians. Trusts were required to investigate the error and report back to CQC on how this happened and any new processes to prevent this happening in the future.

## Historical errors

The sample checking process carried out by the Survey Coordination Centre involves comparing the trust's current sample data to previous year's sample data. This is for two reasons: 1) to ensure the sample has been drawn correctly; and 2) to ensure historical comparisons can be made in the analyses. On occasion, these checks can uncover errors made during previous survey iterations that had gone unnoticed despite the checks completed in previous years. Six such errors were identified during the UEC18 sample checking process.

When such errors are discovered this means that the 2018 trust results may not be compared back to 2016.

### Incorrect coding for department type

In 2016, one trust included Type 2 patients within their sample of Type 1 patients. Collectively, this was then submitted as a Type 1 sample in 2016. For the 2018 survey, they have excluded Type 2 patients as per the guidance.

In 2016, one trust included Type 3 patients within their Type 1 sample. These patients were correctly included in their 2018 Type 3 sample, and the site accounts for 60% of their Type 3 patients.

### Excluded eligible patients

Two trusts omitted hospital sites from their 2016 sample. These sites were included in their 2018 sample correctly. Additionally, one of these trusts also excluded a number of potentially eligible female patients from the survey due to incomplete clinical coding.

One trust who submitted a Type 3 sample this year did not do so in 2016, despite the department having been open since 2014.

## Included ineligible patients

In 2016, one trust incorrectly included patients from their walk-in centre as Type 3 patients. Walk-in centres do not meet the eligibility criteria of Type 3 patients.