INSTRUCTION MANUAL FOR THE COMMUNITY MENTAL HEALTH SURVEY 2015

FOR TRUSTS USING AN APPROVED CONTRACTOR

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 Section 251 approval has been granted for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Any breach of the conditions of the support will be reported to the CQC and the Confidentiality Advisory Group at the Health Research Authority.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change. This document is available from the Co-ordination Centre website at: **www.NHSSurveys.org**

Contents

1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The national 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 social care in England and is responsible for administering the programme. It regulates care provided by the NHS, private companies and voluntary organisations. The CQC aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

As set out in Voices Into Action[1], the statement on involving people, the CQC is committed to involving people who use services in all its work, and ensuring that the providers of care services themselves involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the CQC's work: it is the aim of the CQC and the Co-ordination Centre to make sure better care is provided for everyone.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience and, *with care*, 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 the NHS England with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for the CQC's assessments.

1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the Patient Survey Programme, of which the Community Mental Health Survey 2015 is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the patient survey programme.

1.3 Why we need service user 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 dimension concerns the quality of care from the perspective of people using services. Understanding the way people 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 people 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 Mental Health trusts to obtain feedback through the national Community Mental Health Survey 2015. It also provides guidance on how you may use the information you gather in quality improvement programmes and for monitoring performance.

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[1] http://www.cqc.org.uk/sites/default/files/documents/cqc_putting_people_first_tagged.pdf

By following this guidance, 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 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 national 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 Care Quality Commission assessments

Information drawn from the questions in the survey will be used by the Care Quality Commission (CQC) in its assessment of mental health trusts in England. Questions from the survey will be used within CQC's Intelligent Monitoring system and within CQC's inspections of mental health services More information is available on the CQC website at: www.cqc.org.uk/content/mental-health

1.6 Measuring performance across trusts

In addition to the performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves and national benchmarks based on reliable data. Asking each trust to carry out the Community Mental Health Survey 2015 in a consistent way builds a detailed picture of service users' experiences in NHS Mental Health trusts.

Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards

The Care Quality Commission 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 service user confidentiality.

1.7 Basic requirements for Community Mental Health Survey 2015

For comparisons between and within trusts to be accurate, fair and effective, and hence included within the CQC Intelligent Monitoring, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Those standards are set out in detail later in this document. In summary, they are as follows:

- Please let the Co-ordination Centre know the two trust contacts who will be the key contacts throughout the survey process - their job titles, phone numbers and email addresses by **12th December 2014** - to allow us to communicate vital information about the Community Mental Health Survey 2015 (e-mail to: mh.cc@pickereurope.ac.uk);

- Please read the section on drawing your sample, completing your **Sample Declaration** form and how to submit these to your contractor, as outlined in *Sections 7 & 8;*

- The samples must consist of all service users **aged 18 and over** who were seen between **1st September 2014 and 30th November 2014** as outlined in *Section 7;*

- The sampling procedure set out in this guidance must be followed. To do this, you will need to work closely with the person who draws the sample, and check carefully that this guidance has been adhered to. For further details see *Section 7;*

- **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);

- Trusts should facilitate higher response rates by commencing work as soon as possible and publicising the survey to staff, service users and the community;

- Your contractor will be responsible for using all the required survey documents, however, you can access these for information on the NHS Surveys website here: http://www.nhssurveys.org/surveys/824;

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

1.8 Why you need this guide

This guide is designed for trusts wishing to conduct the survey with an approved contractor. You must be familiar with all aspects of this guide, but in particular, the sections on drawing the sample, and data protection requirements such as Section 251.

2 Setting up a project team

We recommend you set up a project team to assist you in running the survey. 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 service users' 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:

    - Caldicott Guardian;
    - Board members;
    - Doctors, nurses and other mental health care staff;
    - Members of service user groups with a special interest in the trust;
    - Service users and carers;
    - Medical records personnel or Patient Administration System (PAS) staff;
    - Managers;
    - Staff or directors responsible for:
        - Clinical governance;
        - Patient advice and liaison service (PALS);
        - Quality improvement;
        - Strategic planning.

- **Involving the person responsible for drawing the service user 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.

- **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 service users contact the trust asking questions about the survey they have received.

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

3 What's new for the 2015 survey?

Service user record number: The format for the Service User Record Number has been updated to come in line with the rest of the National Patient Survey Programme. The format is now an eleven character string of the form **MH15XXXNNNN**, where XXX is the three letter organisation/trust code (eg RW1) and NNNN is the unique identifying number.

The Service User Record Number must be assigned **by the trust** and **before** going through the DBS check, such that the unique identifier NNNN above will range from 0001 to 0900. This way we can be sure that the SURN in the sample file, the mailing file and the care cluster file all match. Of course, once the results of the DBS check have been returned, the Service User Record Numbers will not run consecutively due to some records being removed in order to reduce the sample size to the required 850 records.

Questionnaire: There have been minor changes to the questionnaire, one question has been removed from the questionnaire about ease of access to services - further information about this will be provided in the survey development report.

Sample Declaration Form: This form needs to be completed by the person drawing the sample, and the Caldicott Guardian. It needs to be sent to your contractor and approved **before** you send your sample file: your contractor must confirm that they are happy to receive your anonymised sample file before you send it to them.

CCG code: this year we are asking you to collect CCG code, rather than GP code, as was collected previously.

CQC Flyer: Also new this year is the CQC flyer to include in mailings. For trusts using a contractor, the flyers will be sent directly to the contractor. The CQC flyer explains the role and purpose of CQC and how the survey data will be used by them.

Free text comments: these are no longer being anonymised by approved contractors. There is a statement on the questionnaire that highlights this to respondents. However, data must be anonymised when it is made publicly available.

3.1 Important information to remember

Care Cluster data: As per the 2014 survey, there is a requirement for Mental Health Care Cluster to be submitted to the Co-ordination Centre, detailed fully in *Section 8.7 - Specific instructions for Mental Health Care Cluster*:

> **Mental Health Care Cluster:** Your trust's service users should have been assigned care clusters between 0-21 (also known as PbR currencies) using the current PbR (Payment by Results) guidance.[2] For more information, please see the NHS Data Dictionary: http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/m/mental_health_care_cluster_de.asp?shownav=1 .

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[2] https://www.gov.uk/government/publications/mental-health-payment-by-results-arrangements-for-2013-14

This data must be **collected by the trust and submitted to the Co-ordination Centre.** Please be aware this will be collected during the sample checking period, <u>not</u> at a later date as per last year's survey. This is explained in *Section 8.7 - Specific instructions for Mental Health Care Cluster.*

Sampling months: The list of eligible service users must be compiled from those who have had contact with your organisation between **1st September** and **30th November 2014.** This is the same time period as last year's survey.

Service users who have requested that their details are not used for any other purpose than their clinical care, such as secondary purposes eg, research: If your trust has a mechanism in place to flag service users that do not wish their data to be used for secondary purposes, we advise that you refer to this when drawing your sample as these service users will need to be removed from your sample.

Ethnic category: Ethnic category will be requested in the standard 16 + 1 alphabetical format. However, in the past there was some confusion over what data should be coded as "Z" ("not stated"). This code should be used **only** when a person had been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. A blank or full-stop should still be used to indicate where ethnic category is "not known" i.e. where the service user had not been asked or the service user was not in a condition to be asked, e.g. unconscious. For most trusts, ethnic category will contain both "Z" codes **and** "blanks". Further information can be found in *Section 8.6 – Create the sample file.*

Embargo on results: Trust-level findings for the national Community Mental Health Survey 2015 **must not** be released outside of the trust until the national results are published by the Care Quality Commission. Please continue to use the results from your contractor, but 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, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

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), which incorporates the Caldicott principles[3].

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 advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the co-ordination centre for the patient survey programme. 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). They have implications for approved contractors and for NHS trusts conducting surveys in-house.

The website below has further information:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

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

Further guidance can be found in the Market Research Society document at http://www.mrs.org.uk/pdf/data_protection_social.pdf

4.1 Acknowledging requests to opt out

Approval has been granted for the Community Mental Health Survey 2015 under section 251 of the NHS Act 2006. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority for approval.

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[3] Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of service user data. They have to ensure that any use of service user 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 service user-identifiable information unless it is absolutely necessary
- **Principle 3** – Use the minimum necessary service user-identifiable information
- **Principle 4** - Access to service user-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

You should take particular care to ensure that your use of service user data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of service user data, and the issues which these present. The Caldicott guidance and principles were incorporated into the NHS code of practice on confidentiality.

However, the section 251 support does not cover the transfer of service user identifiable information where a service user has indicated dissent - by this we mean instances where a service user has explicitly indicated that they do not want their information to be shared for purposes such as service user surveys, or specifically stated that they do not want their details shared outside of the Trust.

Consequently, if any service users 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 service users are excluded from your mailing list.

This should be done using your local records and also with the Personal Demographics Service (PDS) if your system is compliant (i.e. those service users listed through the PDS service as having an S flag which restricts the patient's location details from being shown in PAS). We understand that some records are S-flagged for data quality reasons and some because of concerns about their contact details being available for wider research or similar uses. We expect that these flagged service users may not eventually be included in the sample drawn from the trust as the address fields will be incomplete.

Please discuss this issue with your Caldicott Guardian to ensure that any service users who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample that is submitted to contractors.

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

It is very important that you follow the instructions set out in the survey guidance so as not to breach this approval, or related data protection requirements. If CQC become aware of a breach of the section 251 approval they are obliged to take the following steps:

- the Confidentiality Advisory Group will be informed of the breach;
- the relevant CQC Inspector will be informed. All breaches will be considered by inspectors as a breach of regulation 20 (Records) and inspectors will make a decision as to whether enforcement activity is required.

4.2 Extending your sample and / or collecting additional sample variables and Section 251

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for a national standardised survey only. If your trust would like to do anything in addition to this, such as increasing their sample size beyond 850, or including extra sample variables outside of the requirements specified in the guidance, it is important to note that this is **not covered by the section 251 approval. You must consult your trusts Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further section 251 approval.** You should also ensure that you have appropriate contractual arrangements in place to ensure the secure transfer of additional data.

In addition to the minimum sample requirement for this survey (850 records), you may wish to use this survey as an opportunity to gather further data beyond that required by the Care Quality Commission. Increasing the sample size could be a good way to do this.

If you wish to survey a larger sample of people or collect additional information then we recommend that **you** as data controller must consider the purpose of the data collection and any release of identifiable data. Your Caldicott Guardian should be consulted and will be able to offer advice on whether adequate provisions are in place to permit release of data outside of the national survey programme. You must also ensure that you have appropriate contractual arrangements in place to ensure the secure transfer of additional data.

Increasing the sample size for the survey may be helpful for example, if you wish to analyse or compare results for specific subgroups (for example, people treated at different sites or people of different ethnicities) in more detail than would be possible from a sample of 850. By increasing the sample size trusts are more likely to have a large enough sample of people from each group.

Alternatively, if your trust regularly treats very large numbers of people, you may wish to draw an extra sample to survey in addition to those included in the main 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 survey locally at the same time as the national survey you will need to ensure that you sample two distinct and separate groups of people which do not overlap.

If you decide to collect additional data outside of the national survey, this must not under any circumstances be sent by trusts or contractors to the Survey Co-ordination Centre, as it would constitute a breach of the section 251 approval and action would be taken accordingly.

4.3 Keeping service user mailing data and sample data separate

Keeping names and addresses separate from either sample information or respondent data is the best way to ensure that the service user responses cannot be matched to service users who made them. **For this reason, once the sample has been returned from DBS and a final sample size of 850 has been drawn, service user names, addresses and postcodes should be removed from the sample file to a "MH15_mailing data" file**. **Before** this is done, it is essential each service user is provided with a unique number (a **Service User Reference Number**) and that this number is available and correctly matched on both the "**MH15_mailing data**" file and the sample file. The Service User Reference Number should also match in the care cluster data file (ie: all record numbers should be the same across each file).

Applying this record number is the responsibility of the trust - approved contractors must not do this for trusts. Approved contractors will also not be permitted to draw the 850 sample (from the post DBS list) for trusts- this will be considered a breach of the surveys Section 251 approval and action taken against both the trust and approved contractor will follow.

Please note that the signed sample declaration form that you must fill in includes the separation of the mailing file from the sample file. **By signing the Declaration Form the trust is confirming that no identifiable data is included in the anonymised sample file.** You should only send your approved contractor your sample file and mailing file once they have confirmed to you that they have determined that your form has been completed satisfactorily. This is to help prevent breaches of the section 251 approval and related data protection requirements.

Where identifiable data is inadvertently transferred, the trust will be required to review the severity of the data breach using the Serious Incident Requiring Investigation' (SIRI) guidance, which forms part of Information Governance Toolkit Approval. Breaches are reviewed by CQC and the Confidentiality Advisory Group also.

4.4 Service users' names and addresses

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

• Trusts must undertake to keep their products up to date to ensure that security is effective and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

• As the owners of the data, the method for transferring service user samples is ultimately your decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf

4.5 Service user anonymity

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

4.6 Service user confidentiality

It is essential that any service user survey is conducted in such a way that service user confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform service users that their name and address will never be linked to their responses.   Furthermore, service users' responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a service user's 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 requirements are made:

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

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

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

   b. The contractor will band year of birth into four age groups (18-35, 36-50, 51-65, 66+). This process should be repeated separately for both sample and response variables.   The original year of birth variables (e.g. those specifying an exact year rather than age group) will be deleted;

   c. Additional information specific to a survey that can be used to identify individual service users will also be removed;

   d. A change to this year's survey is that free text comments **must not be** anonymised before submitting to the Co-ordination Centre, as 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 people's names or members of staff names, ethnicity, condition or health details;

   e. Prior to releasing the raw data, your approved contractor will ask for confirmation that you have destroyed the names and addresses of the sampled service users, otherwise you will potentially be able to identify people by matching up the service user record number/serial numbers on the name and address list to those in the raw data file.

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

Ethnic category	Q23 In the last 12 months, have you been receiving any medicines for your mental health needs?		
	Yes	**No**	**Total responses**
	%	**%**	**N**
White	81	19	261
Mixed / Multiple	-	-	8
Asian / Asian British	-	-	18
Black African / Caribbean / Black British	79		52
Other ethnic groups	85	15	36

Furthermore, do not present response information (including comments) in a form that allows an individual service user to be identified by the group receiving the information. For example, if you

are presenting the results of a small number of service users, make sure that it will not be possible for the reader/audience to identify individual service users from their responses, and pay particular attention to the service users' free text comments in this context.

4.7 Sharing of survey data between contractors

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

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 service user anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to service users.

5.1 Ethical approval for the Community Mental Health Survey 2015

Research Ethics Committee (REC) approval has been obtained for the Community Mental Health Survey 2015 and a substantial amendment submitted for changes regarding the guidance, questionnaire and mailing letters, all of which can be downloaded from the NHSSurveys website. In order to comply with the ethical approval, the survey must be carried out according to the guidelines 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.

Your trust should notify the relevant R&D office that ethical approval has been obtained for the Community Mental Health Survey 2015. The REC letter of approval can be found on our website at http://www.nhssurveys.org/surveys/821

Further information on the ethical approval process can be found at http://www.nres.nhs.uk/ or by e-mailing nres.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 Care Quality Commission 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 service user survey has research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The following table has been prepared by the Care Quality Commission and is taken from Section 3.10 of 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 Care Quality Commission for service user 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.

5.3 Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	Care Quality Commission sponsored service user 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 service users 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 the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.*
Ensure service users or users and carers are provided with information on research that may affect their care.	*The survey does not affect the care of the service users. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and 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 Care Quality Commission as sponsors of the study have sought ethics approval from a REC. 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 Care Quality Commission 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	Care Quality Commission sponsored service user 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.[1]	*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 guidance notes.*
Put and keep in place systems to identify and learn from errors and failures.	*The Care Quality Commission 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 Care Quality Commission maintains a helpline facility, which can be used by service users or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the service user surveys.*
Ensure that any research-related adverse events are included in reports to the National Service user 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 service user survey. Service user 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*

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[1] 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 Timetable

The survey fieldwork period for 2015 is 18 weeks. We very strongly recommend making full use of this to maximise responses from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond[2]. If your trusts population has high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these people. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly which will enable your approved contractor to mail out your questionnaire packs promptly.

As you are using an approved contractor, much of the work will be done by them, but you will still have to be involved in some of the stages of the process. The approved contractor may provide you with a timetable that differs slightly to the one below.

Week	Task	See Section
2	Inform the Co-ordination Centre of the names and contact details of two key contacts who will manage the survey on behalf of your trust – **by 12th December 2014**	1.7
-	**Guidance to be published on NHS Surveys website (w/c 15th December 2014)**	-
1-6	**Draw sample of service users to be included in the survey**	7
1-6	**Check sample for deceased service users using trust records**	7.5
3-6	**Submit sample list to DBS to check for deceased service users**	8
1-6	Supply approved contractor with trust headed paper	10.1
3-6	**Have sample declaration form signed off and send to approved contractor for checking, before submitting sample file**	8.5
5-7	Check your own trust's records again for any service user deaths and inform your approved contractor prior to 1st reminder mailing	10.2
10-12	Check your own trust's records for any service user deaths and inform your approved contractor prior to 2nd reminder mailing	10.2
22+	Review results and / or report provided by your approved contractor **but please do not release outside of the trust until published by CQC**	3.1
	Disseminate results to staff, service users, once published by CQC	

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[2] 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

Key dates

Trusts inform Co-ordination Centre of key contacts	12th Dec 2014
Submission of sample data (to contractors)	2nd - 27th February 2015
Fieldwork starts	16th February 2015
Close of fieldwork	19th June 2015
Contractor will send data to Co-ordination Centre	26th June 2015

7 Compiling a list of service users

This section explains how to draw the sample of service users. This task will need to be carried out by a member of staff at the NHS Trust. Prior to sending out questionnaires, the list will also have to be checked by the Demographics Batch Service[3] (DBS) to identify deceased service users. 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.

Please note: 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 service users, both of which can have serious implications.

Please read all of this section before you start to compile your service user list.

7.1 Who is being surveyed?

The sample for this survey is selected from all service users, aged 18 and over, seen by the NHS Trust - i.e., including those on the CPA and also those not on the CPA but receiving specialist care or treatment for a mental health condition. Details on the sampling period and who should be included and excluded are set out in *Section 7.2* below.

Please note that your sample of service users should only be used for the purposes of distributing the Mental Health Survey 2015 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey, and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample, nor to contact them as a group either before or after the survey.

7.2 Compile a full list of current service users

- Compile a full list of all service users who were seen between **1st September 2014 and 30th November 2014**. Make sure that you take out any duplicated names;

- Include **all** teams within your trust providing specialist mental health services to service users eligible to receive this survey;

- If your trust does not already have all service users on one electronic list, you will need to **combine all the separate lists** so that you have one complete list and then select as outlined below. If some service users' details are not held electronically, it will be necessary to **type in their details**, so that all service users' details are held electronically;

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[3] The Demographics Batch Service (DBS) is the replacement service for the NHS Strategic Tracing Service (NSTS) batch trace.

> **If you do not have an adequate list of service users:**
>
> Call the Co-ordination Centre on 01865 208127.
>
> **If you do not have adequate information on date of last contact:**
>
> Call the Co-ordination Centre on 01865 208127

Who to include:

Anyone (whether or not they were on the CPA) who used the Trust's community based treatment and care services **during the sample period of 1st September 2014 and 30th November 2014**, including the following:

- Outpatients services;
- Day therapies services;
- Adult services;
- Services for older people;
- Crisis teams;
- Complex needs services;
- Assertive outreach teams;
- Early intervention and short-term intervention teams;
- Recovery teams;
- Home Treatment Teams;
- Rehabilitation support teams;
- Memory clinics;
- Child and Adolescent Mental Health Services (CAMHS) service users who are **18 years of age or over** on the date the sample is drawn.

Please note that service users who were seen during the sample period of 1st September 2014 and 30th November 2014 and meet these criteria **must** be included even if they have subsequently been discharged from these services.

Who to leave out:

The following service users should be removed from the list:

- Anyone seen **only once ever** for an assessment (for example, those who were seen by a duty worker or a psychiatrist for a single assessment). Please note if the service user was seen once during the sampling period but also seen outside the sampling period, they **should be included** in the sample;
- Anyone seen for assessment only through a liaison service, even if they were seen more than once[4];
- Anyone primarily receiving drug & alcohol services;
- Anyone primarily receiving Learning Disability services;

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[4] Some trusts operate liaison services for assessing the mental health needs of inpatients receiving care for physical health issues. As details of these services may vary from trust to trust, please contact the Co-ordination Centre if you are unsure whether some of your service users fall into this category.

- Anyone receiving specialist forensic services;

- Anyone receiving psychological treatments from Improving Access to Psychological Therapies (IAPT) services;

- Anyone primarily receiving Chronic Fatigue/ME services;

- Anyone primarily receiving Psychosexual Medicine (sexual dysfunction) services;

- Anyone receiving Gender Identity services;

- Any service users who are **under 18 years of age** on the date the sample is drawn;

- Any service users who are known to be **current inpatients** at the time of drawing the sample;

- Service users who are known to have **died;**

- Service users who **do not** have a **known UK address[5];**

- Service users who did not have contact with Mental Health Services **during the sample period of 1st September 2014 and 30th November 2014;**

- Any **duplicated** names: Check that the same service user has not been included more than once;

- Any **alias names** where the person's real name is already included in the list;

- Any service user 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 service users from your sample list at this stage).

Data fields to include in the list of attendances
Please note: not all these fields are required by DBS but it will save time and effort if all the information is gathered at the same time.

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information (more detail can be found in *Section 8.6 – Create the sample file*):

- Service User Record Number;

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

- First name;

- Surname;

- Address Fields;

- Postcode;

- Year of birth;

- Gender;

- Ethnic category;

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[5] Remove a service user **only** if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. Do not exclude anyone simply because you do not have a postcode for them.

- Day of last contact[6];

- Month of last contact;

- Year of last contact;

- CPA status[7];

- CCG Code;

- Mental Health Care Cluster **(Please note: this must be drawn at the same time as the rest of the sample, but must not be submitted to your approved contractor– see** *Section 8.7 - Specific instructions for Mental Health Care Cluster* **for more detail.)**

7.3 Complete 'Section A' of the sample declaration form

For survey results to be comparable across Trusts, the definitions used in the sampling process must be applied identically across Trusts. Therefore, once you have your **full list of all service users** who were seen between 1st September 2014 and 30th November 2014 and meet the specified eligibility criteria (i.e. the inclusion and exclusion criteria), please complete **Section A** of the **Sample Declaration** form.

This form is in *Appendix 5* of this guidance and is also available to download from the NHS Surveys website at http://www.nhssurveys.org/survey/1506

7.4 Instructions for taking a sample of service users

It is likely that your full list will include thousands of service users, but you will need to send questionnaires to only **850** service users. Taking a sample can only take place once you have compiled the full list of eligible service users (as described in *Section 7.2*) and completed **Section A** of the **Sample Declaration** Form (as described in *Section 7.3*).

Although the aim is to send questionnaires to 850 service users, you will need to select more than 850 users initially. This is because your list of selected service users is likely to contain duplicate names or service users who are ineligible for the survey and some may have died. We have estimated that around 50 users will need to be removed from the initial list, so you need to take a **simple random sample of 900** service users from your full list. This means that each eligible service user in the full list (the population) has an equal chance of being included in the sample. The procedure for doing this is as follows:

1. Put the list of service users into a Microsoft Excel file. The first row of this file should be headings (such as *Service User Record Number*, *name*, y*ear of birth*, etc). There should be one row for each service user below that;

2. Put the cursor in cell A1 and insert a blank column (Click Insert, then Columns). Give this column a heading: ***Random***;

3. In cell A2, type   =Rand()
    When you press Enter, a random number between 0 and 1 will be generated in that cell;

4. Copy the formula from Cell A2 to all the other cells in that column, so that each service user

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[6] This field indicates the last contact made overall and should include contact made after the end of the sampling period.

[7] Please use current CPA status. For service users who have been discharged, please indicate CPA status at date of discharge, if known. Please do not exclude people with CPA status unknown.

has a random number. To copy the formula, hover the cursor over the bottom right-hand corner of cell A2 so that the cursor becomes a black cross +, press and hold down the left mouse button and drag down column A;

5. You are now ready to sort the list of service users. Before you do this, it is essential that you **select all columns in your list, including the header row**. The simplest way of ensuring this it to click on the blank square above and to the left of Cell A1 or hold the Ctrl key and press 'A'. This selects all cells in the worksheet.   If you do not select all cells in your list, you could mix up service users' details, or you could fail to sort some of the service users in the list;

6. Once you have highlighted all the cells, click <u>D</u>ata, then <u>S</u>ort. At the bottom of the *Sort* dialogue box which appears on the screen, ensure that <My data has Header <u>r</u>ow> is selected. At the top of that dialogue box, use the drop-down box under "Sort by" to select **Random** and click **OK**.

The data will then be sorted by the random number. Do not worry that the random numbers change when you sort them and they do not look as if they are sorted in any order[8]. You can now select the top 900 service users in the file, that is, rows 1 to 901 as these will be a random selection of your service users. Note that to do this, you should **delete rows below 901** in your file. This will leave a file containing a header row plus 900 **rows of service user data.**

7.5 Check the sample list

If the list comprises fewer than 900 service users please contact the Co-ordination Centre. When you have compiled your list of 900 service users, it is important to carry out a few final checks before sending the list for checking by the Demographic Batch Service (DBS):

• **Remove duplications.** Check your list to make sure service users' names do not appear more than once, and remove any duplicated names. Where possible, link any alias names so that only one name per service user appears in the list.

• **Postal addresses.** Check again that there are no addresses that are outside the UK.

• **Ages.** Check again that all service users are aged 18 and over.

• **Incomplete information on key name and address fields.** Check for any records with incomplete information on key fields (surname and address) and try to find more complete information. If key name and address fields cannot be verified, remove those individuals from the sample. In removing cases at this stage, please bear in mind that the more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias. As a result, remove a service user only if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. **Do not exclude anyone simply because you do not have a postcode for them, or because you could not get a matched trace with DBS.**

• **Current inpatients.** Check again that none of the service users are known to be current inpatients in your Trust or elsewhere if possible.

• **Deceased service users.** Check that your Trust does not have a record of a service user's death.

• **Service user in sample period.** Check that all service users were seen in the sample period of **1st September 2014 and 30th November 2014**.

• **Distribution of service user ages.** Check that your sampled service users' ages cover the full range of expected ages (**aged 18 and over**).

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[8] The random numbers change each time any cell in the worksheet is changed

- Any service user known to have requested their details are not used for any purpose other than their clinical care.

- **Before submitting your sample files to DBS for checking, ensure that you have removed the information relating to Mental Health Care Cluster.**

8 Submit the service user list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, the list of service users should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS enables users to submit and receive a file containing relevant service user records electronically using dedicated client software. The service user records in the file are matched against the NHS Spine Personal Demographics Service (PDS).[9]

8.1 Create a trace request file

Using your list of service users, 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://nww.hscic.gov.uk/demographics/

For each service user 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 eg LS1*)

Although residential postcode can be omitted it is recommended 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.

8.2 Submitting the trace request file

While the format of the request file is broadly consistent with that used by NSTS, the way in which the file is submitted to DBS differs. 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 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.

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

8.3 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 service users found to be deceased will be indicated.

Further information see: http://nww.hscic.gov.uk/demographics/

Note

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

8.4   When the service user file is returned from DBS

The trace response file returned from DBS can be used to identify any service users that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. This will reduce the numbers in your sample list slightly.

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

If you have more than 850 service users remaining on your list

When your service user list is returned by DBS, and you have removed all deceased service users, there should still be more than 850 service users in the list. You will need to reduce the file to 850 service users by repeating the steps carried out before which are repeated here for your convenience. **Do not exclude service users just because DBS could not find a match.**

You need to take a **simple random sample** of 850 service users from your DBS checked list. The procedure for doing this is as follows:

1. Put the list of service users into a Microsoft Excel file. The first row of this file should be headings (such as *Service User Record Number*, *name*, y*ear of birth*, etc). There should be one row for each service user below that.

2. Put the cursor in cell A1 and insert a blank column (Click Insert, then Columns). Give this column a heading: ***Random***.

3. In cell A2, type   =Rand()

When you press Enter, a random number between 0 and 1 will be generated in that cell.

4. Copy the formula from Cell A2 to all the other cells in that column, so that each service user has a random number. To copy the formula, hover the cursor over the bottom right-hand corner of cell A2 so that the cursor becomes a black cross +, press and hold down the left mouse button and drag down column A.

5. You are now ready to sort the list of service users. Before you do this, it is essential that you **select all columns in your list, including the header row**. The simplest way of ensuring this it to click on the blank square above and to the left of Cell A1 or hold the Ctrl key and press 'a'. This selects all cells in the worksheet. If you do not select all cells in your list, you could mix up service users' details, or you could fail to sort some of the service users in the list.

6. When all cells are highlighted, click <u>D</u>ata, then <u>S</u>ort. At the bottom of the *Sort* dialogue box which appears on the screen, ensure that <My data has Header <u>r</u>ow> is selected. At the top of that dialogue box, use the drop-down box under "Sort by" to select **Random** and click **OK**.

The data will then be sorted by the random number. Do not worry that the random numbers change when you sort them and they do not look as if they are sorted in any order. You can now select the top 850 service users in the file, that is, rows 1 to 851 as these will be a random selection of your service users. Note that to do this, you should **delete rows below 851** in your file. This will leave a file containing a header row plus 850 rows of service user data.

If you are using an Approved Contractor, the sample should be checked as normal by the Trust and by DBS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous years, but will then submit the file to the Patient Survey Co-ordination Centre. The Patient Survey Co-ordination Centre will address any issues arising from these final checks to the Approved Contractor.

To safeguard the confidentiality of service users' records, the sample file submitted to the Co-ordination Centre should be **without** service user names and addresses and should be submitted as a password protected file to mh.cc@pickereurope.ac.uk with the password being supplied separately either by email or telephone

If you have fewer than 850 service users remaining on your list

If your service user list has fewer than 850 service users after deceased service users have been removed, you **MUST** contact the Co-ordination Centre on 01865 208127 or email mh.cc@pickereurope.ac.uk.

Important note

You are aiming for as high a response rate as possible. You will maximise your response rate by following this guidance carefully. It is **not** acceptable to try to boost the number of responses you receive by sending out questionnaires to a larger number of service users. The Co-ordination Centre will only be able to accept responses from the 850 correctly sampled service users in your list.

Remember, you should only have 850 service users in the list at this stage.

8.5 Complete 'Section C' of the sampling declaration form

Once you have finalised your sample of 850 service users, please complete '**Section C'** of the Sampling Declaration Form and then ask your Caldicott Guardian to sign off the sample.

Caldicott Guardians are requested to sign off the sample before questionnaires are sent out to ensure that the sample has been drawn correctly and to confirm that they are assured that no service user identifiable data is being sent outside of the trust. The purpose of the sample declaration form is for the trust to confirm the following elements.

- Confirm that the sampling has been undertaken according to the guidance for the survey;

- Verify that the sample includes service users aged 18 and over, seen by the NHS Trust in the three month sampling period 1st September 2014 and 30th November 2014 - ie, including those on the CPA and also those not on the CPA but receiving specialist care or treatment for a mental health condition;

- Confirm that deceased checks have been run on the sample file, and that they are content with the level of checks undertaken (Please note that as custodians of the data, if insufficient checks are taken to remove deceased service users from the sample frame, this is a risk that the trust takes);

- Confirm that you have separated the sample file from the mailing file (see *Section 8.8 – Separate mailing details from sample information*);

- Confirm that you have removed mental health care cluster data from the sample file you will send to your approved contractor and will send this directly to the Co-ordination Centre (see *Section 8.7 – Specific Instructions for Mental Health Care Cluster*).

You must email your sample declaration form to your approved contractor for approval **before** you submit your separate anonymised sample file and mailing file to them. Your approved contractor will need to confirm that they have checked your sampling declaration form and are ready to receive your files, before you send them on.

8.6 Create the sample file

An example of the spreadsheet you should complete has been included below. This can be downloaded from the NHS Surveys website and is entitled "***Sample construction spreadsheet***". Save this file as **MH15_samplefile_XXX** (where XXX refers to your NHS Trustcode, eg: R1F): you will need to send this file to your approved contractor.

Table 1 – Sample construction spreadsheet of service user details

Trustcode	Service User Record Number	Title	First name	Surname	Address1	Address5	Postcode	Year of Birth	Gender	Ethnic Category	Day of last contact	Month of last contact	Year of last contact	CPA Status	CCG Code	Care Cluster	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome
RYG	MH15RN A0001	Mrs	AM	Abbott			AB1 1YZ	1971	2	A	2	09	2014	1	04J	20				3
RYG	MH15RN A0002	Mr	EC	Ahmed			AB2 6XZ	1958	1	A	14	02	2014	3	04J	2	22	3	2015	1
RYG	--																			
RYG	MH15RN A0849	Ms	K	Yoo			AB4 7MX	1987	2	M	21	10	2015	2	04M	99				
RYG	MH15RN A0898	Ms	F	Young			AB9 5ZX	1946	2	Z	30	09	2014	1	04J	5	6	4	2015	1

Important note about table 1
The headings of Table 1 are in three different colours:
Bold black headings: these columns contain information on service users' names, addresses and comments that may allow them to be identified. This data, along with a copy of the Service User Record Number should be removed from the sample file after the 850-service user sample is finalised to create the "mailing data" file
Red italic headings: these columns should be completed during the sampling phase and submitted to your approved contractor
Green italic headings: these columns will be completed by your approved contractor during fieldwork

The following information is compiled using trust records:

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

- First name;

- Surname;

- Address Fields[10];

- Postcode;

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[10] The address should be held as separate fields (e.g. street, area, town, and county), consistent with the address format required by the DBS.

- The **Year of Birth** should be included in the form of NNNN;

- **Gender** should be coded as 1 = male and 2 = female;

- **Ethnic Category**[11] coding is the same as for last year's service user's survey. The ethnicity of a person is specified by that person, and should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health[12]. The codes are as follow:

  National Codes:
  White
  - A   British
  - B   Irish
  - C   Any other White background

  Mixed
  - D   White and Black Caribbean
  - E   White and Black African
  - F   White and Asian
  - 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[13]

- **Trust Code** - this is an additional field to improve identification within the body of the data files. This code will remain constant throughout the file;

- **Unit or team** - include this if you plan to compare units within your Trust. (This would not be

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[11] It is acknowledged that service user records might not always contain complete data on service users' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

[12] These codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:
http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1

[13] The code "Z" should only be used if the service user was asked for their ethnic category but refused to provide it. If this code is missing for any other reason, ethnic category should be left blank in the sample information.

submitted to the Co-ordination Centre);

- **Day of the month of last contact** (1 or 2 digits; e.g. 2 or 30) -   Date fields must be supplied in separate columns. This field indicates the last contact made overall and should include contact made after the end of the sampling period;

- **Month of last contact** (1 or 2 digits; e.g. 9 or 10);

- **Year of last contact** (4 digits; e.g. 2014 or 2015);

- **CPA status -** should be coded 1 = service user is registered on 'new' CPA;
    2 = service user is NOT registered on new CPA;
    3 = service user CPA status unknown.

  Trusts need to ensure that they include up to date CPA information for all service users as this information is used in the analysis of some questions. Ensuring this information is present will be part of the sample checking process undertaken by the Co-ordination Centre, as described in section 12. Please use current CPA status. For service users who have been discharged, please indicate CPA status at date of discharge, if known.

- **CCG code** – please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the person using service. Please see: http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs

- **Mental Health Care Cluster -** see *Section 8.7 – Specific instructions for mental health care cluster* below for more detail.

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

1) **Service user record number.** This number is unique for each service user. It should have the format **MH15XXXNNNN**, where XXX is the three letter trust/organisation code and NNNN is the four digit unique number.

In the example up, the numbers are in ascending order, starting at MH15RNA0002 at the top of the list, through to MH15RNA0898 at the bottom – note that the unique four digit identifier will be any number from 0001 to 0900 as assigned pre-DBS checks. The service user record number will be included on address labels and questionnaires. Later, when questionnaires are returned (whether completed or not), you will use these numbers to monitor which service users have returned their questionnaires and to identify non-responders, who will need to be sent reminders;

2) **Day of questionnaire being received**. This can only be completed if and when a questionnaire is received by your approved contractor. They will use a one or two digit numerical response e.g. 1 or 15, **not** a date format e.g. 15/04/15;

3) **Month of questionnaire being received**. This can only be completed if and when a questionnaire is received by your approved contractor. They will use a one or two digit numerical response, **not** a date format;

4) **Year of questionnaire being received**. This can only be completed if and when a questionnaire is received by your approved contractor. They will use a four digit numerical response, **not** a date format;

5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which service users opt out of the survey, etc.

       1 = Returned useable questionnaire

2 = Returned undelivered by the mail service or service user moved house
3 = Service user died
4 = Service user reported too ill to complete questionnaire, opted out or returned blank questionnaire
5 = Service user was not eligible to fill in questionnaire
6 = Questionnaire not returned (reason not known).

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);

6) The **Comments** 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.

8.7   Specific instructions for Mental Health Care Cluster

In brief
As per last year, we would like you to collect service users' mental health care clusters (also known as PbR currencies) when you draw your samples, but **this information is not to be submitted within the sample file.**

We have obtained approval for you to submit this information to the Co-ordination Centre but it must be sent in a separate file to your sample information.

Background
The Care Quality Commission has sought approval from the Health Research Authority Confidentiality Advisory Group under Section 251 of the NHS Act 2006 to include service users' care clusters in the data provided by trusts about their samples of service users.

You will need to collect this information when you draw your sample so that it can be submitted to the Co-ordination Centre once your sample has been approved.

Collecting Mental Health Care Cluster
Service users should have been assigned care clusters (also known as PbR currencies) using the current PbR (Payment by Results) guidance.[14] A service user's cluster may change following reassessment; please submit the most recent recorded care cluster. If a service user has been discharged from care, please submit the most recent care cluster before discharge.

In order to ensure a consistent methodology, this information must be drawn from your system at the same time as the sample itself is drawn.

Care clusters should be coded as follows, which is as specified in the NHS Data Dictionary:
http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/m/mental_health_care_cluster_de.asp?shownav=1

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[14] https://www.gov.uk/government/publications/mental-health-payment-by-results-arrangements-for-2013-14

Please submit codes in the below format (for example, use '1' not '01'). Please ensure that the data you submit is as complete as possible and that you follow up any records that are missing this code. Any trusts with large amounts of missing data will be contacted by the Co-ordination Centre to confirm this is correct and clarify the reasons. If no cluster is assigned please code this as 99.

Contact the co-ordination centre if you have any queries: mh.cc@pickereurope.ac.uk:

0 Variance

1 Common mental health problems (low severity)
2 Common mental health problems
3 Non-psychotic (moderate severity)
4 Non-psychotic (severe)
5 Non-psychotic (very severe)
6 Non-psychotic disorders of overvalued ideas
7 Enduring non-psychotic disorders (high disability)
8 Non-psychotic chaotic and challenging disorders

10 First episode in psychosis
11 Ongoing recurrent psychosis (low symptoms)
12 Ongoing or recurrent psychosis (high disability)
13 Ongoing or recurrent psychosis (high symptom and disability)
14 Psychotic crisis
15 Severe psychotic depression
16 Dual diagnosis (substance abuse and mental illness)
17 Psychosis and affective disorder difficult to engage

18 Cognitive impairment (low need)
19 Cognitive impairment or dementia (moderate need)
20 Cognitive impairment or dementia (high need)
21 Cognitive impairment or dementia (high physical or engagement needs)

99 No cluster assigned

Before submitting your sample files to your approved contractor please ensure that you have removed the Mental Health Care Cluster variable. You should use the template provided on the NHS Surveys website that contains the Service User Record Number and the Mental Health Care Cluster only.

This can be done by copying and then pasting the Service User Record Number and the Mental Health Care Cluster into the template file. Please be very careful to do this accurately. Please then delete the Mental Health Care Cluster from your sample file. Please save this file using the name **MH15_CareCluster_XXX**, where XXX is your three character trust code (eg RW1).

The excel file containing the Service User Record Number and the Mental Health Care Cluster must be stored securely and in a separate location from the name and address file (see *Section 8.8 – Separating mailing details from sample information*).

It is very important that the Mental Health Care Cluster is not shared outside your trust until the Co-ordination Centre has notified you that they are ready to receive the care cluster data file.

Storing and submitting the data

Please store this separately within your own system and **do not send to your approved contractor**. You will need to send the care cluster data to the Co-ordination Centre in a separate file containing only the Service User Record Number (the unique identifier given to each service user) and the care cluster they are assigned to.

To do this, the main IT contact at your trust will be contacted by a member of the Co-ordination Centre with personalised logon details for the FTP secure server. This information will be needed for them to deposit the data for a member of the Co-ordination Centre to pick up.

This information will be provided once your sample has been approved so please ensure that you've told the Co-ordination Centre who this IT contact will be and provide contact details for the links to be set up. The Co-ordination Centre will contact your trust directly to receive the data: you must not provide this information to your contractor.

Please don't hesitate to contact the Co-ordination Centre at mh.cc@pickereurope.ac.uk if you have any queries.

8.8   Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each service user in the sample to a new file. The service user record number (SURN) for each service user should be copied to the new file, so that the two datasets are connected using the unique SURN. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as "**MH15_mailingdata_XXX**" (where XXX is your NHS Trustcode, eg: R1F).

This 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 (**MH15_samplefile_XXX**) to identify service users who will need to be sent reminders.[15]

As this "**MH15_mailingdata_XXX**" 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. This should be done by both the trust and the approved contractor, along with all other files created for the survey (aside from the survey response file).

Please note: there should be three separate files- anonymised sample file, the mailing file containing mailing information (name and address details), and the care cluster file containing Service User Record Number and the care cluster data.

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[15] As shown in table 1 (*Section 8.6*), the 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which service users opt out etc...

Table 2 – Example mailing file

Service user Record number	Title	Name	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
MH15RNA0002	Mrs	Anna	Abbot	14 Station Road	London				AB1 1YZ
MH15RNA0003	Mr	Eric	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
					--				
MH15RNA0849	Ms	Kate	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
MH15RNA0898	Ms	Fiona	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

8.9   Sharing the service user sample file with an approved contractor

If you have a contract in place relating to the transfer of service user identifiable information (i.e. names and addresses) both the sample file ("**MH15_samplefile_XXX**") **and** the mailing file ("**MH15_mailingdata_XXX**") should be sent to the contractor staff in encrypted format (see *Section 4.4 – Services users' names and addresses*).

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, within the trust, you should supply them with just the sample file (this will resemble *Table 1 – Sample construction spreadsheet of service user details* but with the service user names, addresses and postcodes removed). This file should be sent to the contractor in encrypted format (see *Section 4.4 – Services users' names and addresses*).The contractor can use this list to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about service user deaths, etc.

8.10 Sample checking

Once you have submitted your sample declaration form to your contractor, and they are happy to receive your separate sample and mailing files, the contractor will undertake their own internal checks on the data. You may well get some queries from your contractor so please respond to these quickly as they cannot submit the sample file to us in the Co-ordination Centre until they have resolved those queries with you.

The Co-ordination Centre will then check the sample file, sent to us by your contractor, and we will respond to them with any queries. They may come back to you for clarification, and please respond quickly to those queries so the sample can be approved and mailing can begin.

Contractors will set deadlines for when they will need your sample file by, however, the Co-ordination Centre will be checking these files between **2nd and 27th February 2015 so we must have received your file from your contractor within this time frame.**

Trusts which have not submitted their sample for checking by the **5th March 2015** will be contacted by the Co-ordination Centre directly to discuss any problems you are having and how we can help

with the process. However, if samples are not received by the **12ᵗʰ March 2015**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

9 Publicising the survey

The following measures will help to increase response rates and reduce the number of questions or complaints that you or your contractor may be receive about a survey, and some will help address the fair processing principle of the Data Protection Act:

9.1 Pre-survey communication with staff

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 service users' experiences and who will be responsible for responding to the results of the survey. We suggest you put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

- Caldicott Guardian
- Board members
- Doctors, nurses and other health care staff
- Members of service user groups with a special interest in the trust
- Service users and carers
- Medical records personnel or Patient Administration System (PAS) staff
- Managers
- Staff or directors responsible for:
  - Clinical governance
  - Patient advice and liaison service (PALS)
  - Quality improvement
  - Strategic planning

Keeping everyone informed

Notify as many staff members as possible about the survey, in case service users contact the trust asking questions about the questionnaire they have received. Service users 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)

Appendix 1 includes information which you can tailor for publicising the survey to staff.

9.2 Publicising the survey externally

To help promote involvement and maximise response rates, and to offer the opportunity to opt out, the survey can be publicised to service users 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. Information to help you draft a press release is shown in

Appendix 2. Talk to your trusts press office for more ways in which you can gain publicity locally.

- Put up posters which show the importance the trust places on gathering service user feedback. To be most effective at increasing your response rate, posters should be put up during the fieldwork period. A poster is available on the NHS surveys website at http://www.nhssurveys.org/survey/1504

- Consider using social media such as twitter or Facebook for example or other local social media to publicise the survey.

We also recommend that posters publicising the survey should allow service users to **opt out** if they do not wish to take part by providing a survey helpline phone number they can call. You can then remove any service users who wish to opt out of the survey.

To encourage service users to respond, we recommend you illustrate how the trust has acted on the results of the previous Community Mental Health Surveys carried out by the trust. Service users are likely to be more motivated to take part in the survey if they can see tangible outcomes from a previous survey.

10 Survey materials

10.1 Questionnaire and covering letters

The questionnaire is rigorously tested in the format on the website at
http://www.nhssurveys.org/survey/1512. Your contractor will be responsible for printing your
questionnaires for you, but please note, **there are to be no additional questions added to the
survey or layout request changes. Logos are also not to be added to the questionnaire.**

The covering letters are also available for information: http://www.nhssurveys.org/surveys/824.
Please note that your contractor will be responsible for printing these but you will need to provide
your contractor with your trust letter head and CEO signature. No deviation from the wording in
these letters is possible due to the ethical approval given to the survey materials.

10.2 Mailing packs and reminders

Your contractor will prepare the mailing packs but these will typically include (first and third
mailing), the following items:

- Questionnaire;
- Covering letter;
- Multi language sheet;
- Freepost envelope;
- CQC flyer.

As per the standard methodology for this survey, two reminders will be sent to non-responders
throughout the course of fieldwork. Your contractor will manage this process for you but you will
need to check your sample list against local records for deceased service users before each of
these reminder mailings- your contractor will advise you when to do this.

As standard, before the second and third mailings are sent out, you should check the sample list
for any further deceased records. It is likely that your approved contractor will inform you of the
mailing dates for your trust: you must send the full sample list (ie: the 850 records) to DBS prior to
the second and third mailings and inform your approved contractor of any deceased records.
**Please ensure that you allow sufficient time to provide this information to your contractor
otherwise the mailings for your trust may be delayed.**

Appendix 1: Suggested text for pre-survey communication with staff

Example titles:

What do our service users think about the [trust name]?

Getting service users' views on the quality of care in [trust name]

Understanding service users' experiences in [trust name]

Service user views vital to drive service improvements in [trust name]

We [or NHS Trust name] are carrying out a survey to find out what service users think about the community mental health care they receive.

Why are we doing another service user survey?

Obtaining feedback from service users and taking account of their views and priorities is vital for bringing about improvements in the quality of care.

The results will help [NHS trust name] see where they perform well and to identify any areas where there is room for improvement.

The survey is part of a commitment to design a health service around the needs and priorities of patients and service users, and to take account of their feedback and views. It signals the value and importance of listening to the people who use services to drive improvement.

When is the survey taking place?

Questionnaires will be posted to a sample of service users during [month]. Reminders will be sent to those who have not responded during [month(s)].

Service users are being asked about various aspects of their care, including [the quality of care and treatment, treatments, communication with health and social care workers, information, and other areas of life]

Who is the survey being sent to?

The survey will be sent to a sample of [number] service users, aged 18 years and over, who received community mental health services during [months].

How have the results from previous surveys been used?

Results from the 2014 community mental health user survey helped to identify areas where there was most room for improvement [a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here]

When will the results of this survey be available?

The results of this survey will be available in [month/date] in [location of where results will be published or shared with staff]. The survey findings will be reported in [format, e.g. a summary report, at a meeting etc…]. By working with both staff and service users we will use the feedback from this survey to further help improve service user's experiences at the trust.

Where can I find out more?

For more information about the survey, please contact [lead survey name and contact details]

Appendix 2: Suggested template text for pre-survey article for external media

Title: **[NHS Trust name] seeks service user views or**

Service user views vital to drive service improvements in [NHS Trust name]

Your chance to tell [NHS Trust name] about quality of care

[NHS Trust name] is carrying out a survey to find out what community mental health service users think about the care they receive. The trust plans to use this feedback to improve service users' experiences. The results will be used to help [NHS Trust name] highlight areas where they perform well and to identify the areas where there is most room for improvement.

Service users who have recently been a community mental health service user at [trust name] may receive a questionnaire in [month], asking about their experiences. They will be asked about various aspects of their care, including [the quality of care and treatment, treatments, communication with health and social care workers, information, and other areas of life]

Obtaining feedback from service users and taking account of their views and priorities is vital for bringing about improvements in the quality of care. The results will help [NHS trust name] see where they perform well and to identify any areas where there is room for improvement.

The survey is part of a commitment to design a health service around the needs and priorities of patients and service users, and to take account of their feedback and views. It signals the value and importance of listening to the people who use services to drive improvement.

The results of the survey will be presented in a form that does not allow any individual's answers to be identified. The results will be published by [NHS Trust name] in [month and year].

[A senior executive at the trust] says "We hope that our service users will take the time to help us with this survey. Their views are vital in helping us to find out how we are doing and how we can improve. This is an excellent way for service users to help shape the services we provide in the future."
Please contact [NHS trust staff name/us] on [{freephone} telephone number] or email [email address] if you have any queries or concerns about the survey.

Appendix 3: Sampling Declaration Form

Community Mental Health Survey 2015: Sampling Declaration

This declaration is to be signed by your trust's Caldicott Guardian, and the member of staff responsible for drawing the sample of service users as set out in the guidance manual.

This checklist will be used for audit purposes to ensure that the sample conforms to the guidance and if all steps are completed, will greatly help avoid any breaches of confidentiality occurring.

The national 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. 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 guidance manual.

For staff drawing the sample:
Please complete this form once you have drawn your sample. You must send this form to your approved contractor **before** you send your anonymised sample file and separate mailing file. Your approved contractor will check the form and confirm that you can submit your samples to them. Following checking of your sample file, your contractor will send both the form and sample file to the Co-ordination Centre on your behalf.

Additional variables and additional records

Additional sample variables, and / or additional sample records, other than those required for the national survey, are not covered by the section 251 approval.

If you have decided to share additional sample variables or additional sample records with your approved contractor, you must liaise with your Caldicott Guardian before you provide this information. For more information please see section 4.2 of the survey guidance.

If you do share this information with your approved contractor, your contractor will remove this information from the anonymised sample file before submitting it to the Co-ordination Centre.

Approved contractors:
Please note that there is a box for you to initial confirming that you have removed additional sample variables and / or additional records from the anonymised sample file before submission to the Co-ordination Centre.

Community Mental Health Survey 2015

Sample Declaration Form

Please provide the information requested in each of the boxes on this form. This will be used for audit purposes to ensure that the sample conforms to the guidance.

SECTION A: Service users at this Trust who meet the eligibility criteria

(A)   Total number of eligible service users at the Trust who used services between 1st September and 30th November 2014*

(B)   Number of service users on new CPA

(C)   Number of service users not on new CPA

(D)   Number of service users where CPA status not known

SECTION B: sample of service users included in 2015 survey

(E)   Number of service users in the sample♦

(F)   Number of service users in this sample on new CPA

(G)   Number of service users in this sample not on new CPA

(H)   Number of service users in this sample where CPA status not known

CPA definitions

This Trust's implementation definitions of CPA are as follows:

(I)   On new CPA:

(J)   Not on new CPA:

SECTION C: Submission of sample to Co-ordination Centre

Please complete this form once you have drawn your sample but **before** you have submitted your sample to your approved contractor. Please send this form to your contractor who will confirm receipt before you are able to send your anonymised sample file and separate mailing file.

Please confirm that the following tasks have been completed on behalf of your NHS trust by initialling the boxes and signing the declaration:

People who indicated dissent have been removed from the sample.

PLEASE WRITE IN HOW MANY WERE REMOVED:

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* Note that (A) should be equal to the sum of (B), (C) and (D)

♦ For almost all Trusts, this figure will be 850 and (E) should be equal to the sum of (F), (G) and (H)

The sample has been checked by the Demographic Batch Service (DBS)	
The sample has been checked by Trust staff as outlined in the guidance manual.	
The sample and mailing files have been separated, with no identifiable information (name and address) in the sample file (also referred to as the anonymised file).	
Mental Health Care Cluster data has been removed from the main sample data and will be submitted directly to the co-ordination centre separately	
The sample file contains the following variables ONLY: NHS Trust code Service User Record Number (**THIS IS NOT THE NHS NUMBER – it is the URN for the survey**) Year of birth Gender Ethnic category Day, month and year of last contact CPA status CCG code	
The sample file has been prepared and is ready to send to the contractor **once** confirmation has been given by them	
APPROVED CONTRACTORS: Additional sample variables and / or additional records have been removed from the sample file prior to sending the anonymised sample file to the Co-ordination Centre	

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.

You will also be sending a separate mailing file to your contractor- that file will contain the names and addresses. If you have not separated the sample file and the mailing file before sending to the approved contractor, or your sample file contains any other directly identifiable data, your contractor is obliged to report this to the Care Quality Commission. Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit - see the 'Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation'. The Confidentiality Advisory Group at the Heath Research Authority will also be notified by CQC.

If sample files are sent to the Survey Co-ordination Centre mistakenly containing names and addresses, or any other directly identifiable data, the Co-ordination Centre are obliged to report this to the Care Quality Commission, who in turn must report it to the Confidentiality Advisory Group at the Heath Research Authority.

Declaration

The above information is accurate. I confirm that the sample has been drawn in accordance with the guidance. I confirm that the sample has been drawn from all databases of service users held by this Trust. I confirm that the sample reflects the proportion of service users who were on CPA and those not on CPA between 1st September 2014 and 30th November 2014.

Signed:

Name of person drawing sample:

Email address:

Date:

Trust name:

Signed:

Caldicott Guardian:

Date:

Email address: