



INSTRUCTION MANUAL FOR THE COMMUNITY MENTAL HEALTH SURVEY 2016

FOR APPROVED CONTRACTORS

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT
SURVEY PROGRAMME



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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this instruction manual. 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. More guidance on how to reach ethnic minority groups can be found in Section 5. 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 instruction manual, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on the 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). If there are any changes we will provide you with an updated version. Updated versions of the instruction manuals can be found on the Co-ordination Centre website www.nhssurveys.org

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1 Basic requirements for Community Mental Health Survey 2016

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

- Trusts are to inform the Co-ordination Centre of two trust contacts who will be key contacts throughout the survey process – their names, job titles, phone numbers and email addresses by **6th January 2016**;
- The survey must be carried out using a postal questionnaire;
- How trusts draw the sample is covered in *Section 7 – Sampling and sample submission processes*, covering strict inclusion and exclusion criteria;
- There is a **Sample Declaration Form** to be completed by each trust (signed by the persons drawing and checking the sample and countersigned by the Caldicott Guardian) which is sent to you and approved **before** the trust sends you the separate mailing and sample files. You must ensure this has been satisfactorily completed before asking trusts to send you their sample;
- Sample data must be submitted to the Co-ordination Centre for final checks before mailing as outlined in *Section 7.4 – Submitting the sample file to the Co-ordination Centre*. Sample files should be submitted to the Co-ordination Centre between **18th January and 12th February 2016**, to allow a sufficient fieldwork period;
- You should aim to obtain the highest response rate possible. Three mailings will be necessary to maximise response. You should work with trusts to facilitate higher response rates through maximising their collection period by commencing work as soon as possible. Trusts should publicise the survey to staff, service users and the community;
- Weekly submissions to the Co-ordination Centre of details of response rates and helpline calls will start from **3rd March 2016**. A spreadsheet has been created for this purpose and will be published at <http://www.nhssurveys.org/surveys/900>. For further details see *Section 9 – Weekly monitoring*;
- The standard covering letters and reminder letters which can be found on the NHSSurveys website <http://www.nhssurveys.org/surveys/888> must be used as outlined in *Section 8 – Materials*;
- Two paper copies of the questionnaire and the covering letters for each mailing must be submitted to the Co-ordination Centre by **26th February 2016**, as described in *Section 8.8 – Submitting hard copies of the questionnaire and covering letters*. You must **not** include any service user names or addresses on the letters you send to the Co-ordination Centre;

- Two reminders must be sent to non-responders. These procedures are outlined in *Section 8.6 – Second Mailing (first reminder)* and *Section 8.7 – Third Mailing (second reminder)*;
- The data must be checked carefully for errors before submitting to the Co-ordination Centre. Specific advice on how to carry this out is included in *Section 10.2 – Checking the data for errors*;
- The data from the survey, and the required information about the service user sample, must be submitted to the Co-ordination Centre in the form outlined in *Section 10.3 – Submitting data to the Co-ordination Centre* by **1st July 2016**;
- The free text comments must also be submitted to the Co-ordination Centre by **1st July 2016**. These should be included in full and as part of the main data file;
- You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until **16th December 2016** but please do not send these to the Co-ordination Centre. These returned questionnaires may be needed to audit the data sent to the Co-ordination Centre;
- 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.

2 What's new for the 2016 survey?

Recording dissent: An essential requirement to meet the conditions of the 'Section 251 approval' for this survey is that any service user who has previously indicated dissent must be removed from the eligible survey population prior to sending the sample to an approved contractor. It is expected that trusts will have appropriate mechanisms in place for recording dissent. However, depending on the process that the trust has in place, this could potentially result in large numbers of service users being excluded from the survey population, which could in turn introduce bias to the sample. It is important that all consent requests are clearly worded and specific, to avoid any unnecessary removal of people from the samples (where they would otherwise have agreed to take part in the survey). Key contacts at trusts have been contacted on 22nd October 2015 by the Co-ordination Centre on behalf of the Care Quality Commission by email to highlight the importance of this and to request details as to how this is collected. Please also refer to *Section 3.2 – Section 251 Approval*.

Sample Declaration Form: Some changes have been applied to the form: i) a new section has been added so we can accurately record the number of dissenters at the trust ii) the sample will need to be drawn and checked by different people within the trust – both will need to sign and date the declaration.

As was done previously, the form will also need to be signed by the Caldicott Guardian. It needs to be sent to you before trusts send you their sample and mailing files. You must not accept a sample from trusts before you have checked this is satisfactorily completed. You must submit the sample declaration form to the Co-ordination Centre for approval before you send the sample: the Co-ordination Centre must confirm that they are happy to receive the anonymised sample file before you send it to them.

In addition, if replacements are made to the sample after it has been signed off, you as the contractor will need to declare this at Section E on the form.

CQC Intelligence Model:

A new indicator is being developed for Care Quality Commission's intelligence monitoring of trusts providing mental health services based on the community mental health survey. Trusts will be flagged as a risk if they either fail to submit a sample for the community mental health survey or if it becomes evident at a later date that an error has been made in drawing the sample that renders the data unusable. This will be included in the next version of the intelligent monitoring reports for trusts providing mental health services and will be based on the two most recent years of the community mental health survey. Further details will be included in the guidance that accompanies the reports. This indicator will be refreshed on an annual basis going forward.

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

Making errors in drawing the sample, for example, neglecting to include a core group of eligible service users, effectively biases the sample, meaning an individual trust's results are not comparable to other trusts. If major errors are spotted during the sample checking phase, then the

Co-ordination Centre will request that a fresh sample be drawn, however, errors are not always easy to spot in an anonymised file. If it only later becomes evident that a major error has been made and there is no time to submit a new sample for inclusion in the survey, the survey response data will be excluded from the CQC dataset, and the trust will be flagged as a risk in the CQC's intelligence model.

Ultimately, it is the trust's responsibility to ensure that the sample is drawn correctly. Trusts and contractors should read the 'Sampling Errors Report' for the previous year's survey which highlights the errors that were made in compiling and submitting samples – it can be found here <http://www.nhssurveys.org/survey/1640>.

Outcome code: A new code has been added to the 'Outcome' field to indicate service users who have been traced as being deceased after the sample file has been prepared and signed off (by the persons who drew and checked the sample within the trust and the Caldicott Guardian, and submitted to you the contractor), but **before any mailings have been sent out**. In these instances, records are not to be removed from either the sample or mailing files. Instead the new code of '7- service user deceased prior to fieldwork' should be used.

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

Questionnaire: There have been some proposed minor changes to the 2015 questionnaire, full details will be made available when ethical approval is granted. The questionnaire will be published here: <http://www.nhssurveys.org/surveys/887>

The question changes take into account stakeholder requirements, with the question changes being tested among recent service users. A Survey Development Report will be made available in February 2016 and can be accessed here: <http://www.nhssurveys.org/surveys/885>

Covering letters: These have been updated to make the tone more informal, though the content is very similar to last year.

2.1 Important information to remember

Service user record number: The format is an eleven character string of the form **MH16XXXNNNN**, where XXX is the three letter organisation/trust code (eg RW1) and NNNN is the unique identifying number assigned to individual service users.

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.

CQC Flyer: Again this year, a CQC flyer will need to be included in mailings which will be sent to contractors. The CQC flyer explains the role and purpose of CQC and how the survey data will be used by them. **Please note that this flyer should only be used for the 850 sample**. If trusts have extended their sample size, the CQC flyer should not be included in the mailing packs for the

additional sample. CQC will send you the correct amount for the number of trusts you will be working with.

Free text comments: As in last year's survey, **free text comments must be included in full** before submission to the Co-ordination Centre – see *Section 3.9 – Service User Confidentiality*;

Care Cluster data: Again, there is a requirement for Mental Health Care Cluster to be submitted directly to the Co-ordination Centre, but this information **must not** be received by you as an approved contractor. Where this happens, this will be treated as a breach of Section 251 approval. If this does happen, you **must** inform the Co-ordination Centre.

Sampling months: The list of eligible service users must be compiled from those who have had contact with the organisation between **1st September** and **30th November 2015**. This is the same sampling period as last year's survey.

Weekly submissions: Weekly submissions of response rates (outcomes) and helpline monitoring information will again be requested for each trust taking part in the Mental Health Survey 2016 and we ask for the first submission on **3rd March 2016**. This is discussed further in *Section 9 – Weekly Monitoring*.

Hard copies of the questionnaire and covering letters: Two paper copies of the questionnaire and covering letters are to be submitted to the Co-ordination Centre by **26th February 2016**. **You must ensure that the covering letters do not include any service user name or address information.** See *Section 8.8 – Submitting hard copies of the questionnaire and covering letters*;

Mail out envelopes: It is important that the envelope(s) which you use to mail out the survey materials to service users do not show any indication of the NHS Trust, in accordance with data protection regulations.

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: Trusts must remove these records when drawing their sample. This is a requirement of the surveys Section 251 Approval.

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".

Embargo on results: The results of the survey will remain under embargo until a publication date has been set. Trusts will be able to use contractor results to drive improvement but will not be able to publish any information until the embargo is lifted.

Letters: For the first mailing letter and second reminder mailing there is the option to include service user name. We recommend this approach as there is evidence to show that this increases response rate (we would recommend using service user title followed by surname).

3 Data protection and confidentiality

3.1 Statements of compliance with data protection

The framework agreement between the approved contractors and the Care Quality Commission contains clauses stating that the approved contractor will comply with the Data Protection Act so no declaration is required if a trust appoints a contractor from the approved list. The contractors' procedures and policies have also been reviewed as part of the recommendation for support under Section 251 of the NHS Act 2006 granted by the Confidentiality Advisory Group at the Health Research Authority and contractors must ensure that they have completed the relevant sections of the Information Governance Toolkit and re-submitted this at appropriate intervals, to ensure ongoing cover.

3.2 Section 251 Approval

Approval has been granted for the Community Mental Health Survey 2016 under Section 251 of the NHS Act 2006 to provide a legal basis for trusts using a contractor to provide names and addresses to them. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority, and approval was granted on 16th December 2015. The letter will be available on the website here: <http://www.nhssurveys.org/surveys/899> However, this recommendation 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 anyone indicates 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 their care), these people must be excluded from the mailing list. This should be done by trusts using their local records.

Due to the requirements of the Section 251 Approval, contractors will be required to process any opt outs from people using services/carers in the following way:

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If a mailing is underway the caller will need to be advised that it might not be possible to prevent this mailing but assured that they will receive no future mailings.
2. People wishing to receive no further questionnaires can be identified with a flag/ code/ number on the mailing file. Where an individual objects to their data being held by the contractor, their name and address information will be deleted.
3. When speaking to callers wishing to opt-out of future survey mailings, it is not appropriate to try and dissuade them from their intent. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, this needs to be respected and acted upon immediately to avoid upset and misunderstanding.

4. Callers are advised they are being removed from the mailing list for this survey only, and that if they wish to register their dissent against wider research participation at their trust, they need to speak to their trust (via PALS or the trust Information Governance Team to do this).

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:

http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for a **national standardised survey only**. If trusts you are working with 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**. Trusts must consult their Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further Section 251 approval.

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

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

All trusts have been made aware of this in a letter sent to survey leads and CEO's on 7th December 2015. Survey leads were advised to share the letter with the trust Caldicott Guardian.

It is very important that you and the trusts you are working with follow the instructions set out in the survey guidance so as not to breach this approval.

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.

3.3 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. Keeping the two sets of information separate reduces the amount of information disclosed if either file were to be lost or shared with unauthorised individuals. It also means that only the necessary information is shared with those who need it – for example staff members who deal solely with the mailing need only see the mailing file. **For this reason, trusts have been**

instructed to separate the mailing information from the anonymised sample file when the sample has been returned from DBS and a final sample size of 850 drawn, and we have made a commitment that this will happen in the Section 251 application. **Before** this is done, it is essential each service user is provided with a unique number (a **Service User Reference Number**).

Applying this record number is the responsibility of the trust - approved contractors must not do this for their 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 against both the trust and approved contractor will follow.

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

Mailing questionnaires

There are two methods available to trusts for getting questionnaires mailed out:

1. If a trust is unwilling to share names and addresses with a contractor, despite the section 251 approval, the contractor could deliver pre-packed serial-numbered envelopes containing questionnaires, covering letters and FREEPOST envelopes to the trust. The trust would then attach number-matched address labels to the envelopes and send them out to patients. Completed questionnaires can then be returned to the contractor and, by checking the record numbers on returned questionnaires, they can inform the trust which patients need to be sent reminders.
2. Alternatively, with the agreement of the trust's Caldicott Guardian, you may set up a written agreement between the trust and the external contractor. The Care Quality Commission has provided the template service contract for trusts and approved contractors carrying out the survey, to avoid the need for each trust to develop its own arrangements. It is strongly recommended that these documents are reviewed by each trust and approved contractor to ensure they are satisfied with them, and to amend where required.

3.4 Service users' names and addresses

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

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

- **Personal data such as names and addresses must be sent by trusts to the Approved Contractors securely- as an approved contractor, you will need to discuss this with your trusts to ensure that this happens and there are no data security breaches;**
- As the owners of the data, the method for transferring service user samples is ultimately the trust's decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: <http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf>
- Please ensure that the relevant members of staff at the trust have completed the Sample Declaration form, and signed it. This document is to be sent to you the contractor **before** you are able to submit the sample. The declaration must then be sent to the Co-ordination Centre for approval before the sample is sent on.

3.5 Mailing questionnaires to service users

An important issue regarding mailing questionnaires and data protection relates to the envelopes used to mail out questionnaires. Some people may not have told family or friends that they have used community mental health services and, under data protection regulations, it is important that this information remains confidential. Therefore it is important that the envelope(s) used to mail out your survey materials do not show any indication of the NHS Trust name. See *Sections 8.4 – 8.7* for further details.

3.6 Encryption of personal data

Any service user identifiable information sent between trusts and Approved Contractors should be in an encrypted format with password protection to help ensure good standards of information security. Please ensure you have discussed this with your trusts and set up appropriate arrangements. Passwords must be sent in a different medium to the data, so for example when sending data by email, follow with a phone call to provide the password. Although highly unlikely, if the email were to be intercepted, this would provide protection as the password would not be obtainable through the same interception.

Data sent by contractors to the Co-ordination Centre (including the sample and response files), should also be sent in an encrypted format with password protection. **The passwords should be provided to the Co-ordination Centre by phone.**

When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of service users' details.

Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the Care Quality Commission very strongly recommend the use of the 256-bit AES (Advanced Encryption Standard) algorithm. There are several software tools that can be

used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above).

3.7 Contractor responsibilities (service contract)

A service contract has been drafted by the Care Quality Commission. This is an agreement between you and the trust. By signing it, you are obliged to keep the information confidential at all times, and to comply with the Data Protection Act 1998. It provides the trust with some recourse if any breach of the Data Protection Act were to occur, as a result of your actions.

The document also ensures that your staff members sign and abide by the service contract. The service contract is set up between the trust and you who, as their contractor, will have access to service users' information. The contract describes how service users' personal data will be sent to you, and how the data can be used. The CQC strongly recommend that the clauses contained in the template service contract are reviewed by qualified staff at each trust to ensure they are appropriate.

This can be found on the NHSSurveys website www.nhssurveys.org/surveys/890. The three documents that are available are:

- A briefing note about the service contract;
- Guidance about the service contract;
- The template service contract between the trust and you, as organisations.

The service contract is designed to be used as a template contract; trusts and approved contractors may agree on amendments to the wording and content when using them and we recommend that Caldicott Guardians are involved in this process.

3.8 Service user anonymity

Service user anonymity can be achieved if there is a clear separation between the information seen by you and the information held by the trust. Service users' names and addresses will be seen by trust staff when generating the sample, while your staff will usually possess both service user details and service user responses. As long as the response data supplied to trusts 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.

3.9 Service user confidentiality

It is essential that any 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 regarding data and confidentiality:

- 1) You **must 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 you, you may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first:
 - a. You **must** delete the two variables pertaining to ethnicity (e.g. both sample and response variables);
 - b. You **must** 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) must then be deleted;
 - c. You must delete the responses to questions 45 and 46 pertaining to the respondents' religion and sexual orientation
 - d. Additional information specific to a survey that can be used to identify individual service users **must** be removed;
 - e. Free-text comments must be included in full and not edited in any way, before sending to the Co-ordination Centre. A statement has been added to the questionnaire stating that any information provided in the free text box will be shared. This will enable results to be looked at in full by trusts, the CQC and researchers. **PLEASE NOTE:** This does not apply if the trusts(s) you are working with are publishing the comments, any comments that are published must have any identifiable information removed such as a member of staff or other individual's name, ethnicity, condition or health details;
 - f. Receive confirmation from the trust that they have destroyed the names and addresses of the sampled service users, otherwise they will be able to identify individual service users by matching up the service user record number/serial numbers on the name and address list to those in the raw data file.

These steps **MUST** be followed before supplying raw data to trusts. This is to prevent the disclosure of a service user's identity by specific demographic factors. Different arrangements govern the supply of raw data to the co-ordination centres. The response data will be anonymous (apart from the free text comments) when passed to the Co-ordination Centre and Care Quality Commission, and published and archived results will not identify service users.

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 – see below):

	Q24 In the last 12 months, have you been receiving any medicines for your mental health needs?		
Ethnic category	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

Though we require the free-text comments being submitted to us in full, you must 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.

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

3.10 Sharing of survey data between contractors

If a trust will be using a different approved contractor than in the last survey year, you are permitted to receive 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. For historical data requests, you must contact the Co-ordination Centre with evidence of the trust's permission, requesting the data (please note that written permission is required from the trust allowing us to transfer their data to you).

3.11 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of service users' names, and the questionnaires kept until **16th December 2016**. All mailing lists of service users' names and addresses should be stored on a separate computer to that containing survey data. Mailing lists of service users' names and addresses should be destroyed when the mailing process is complete.

4 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.

4.1 Ethical approval for the Community Mental Health Survey 2016

Research Ethics Committee (REC) approval has been sought for the Mental Health Survey 2016 and a substantial amendment submitted for changes regarding the questionnaire and mailing letters, all of which will be published on the NHSSurveys website following ethical approval. **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 they wish, they can send their Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but they are not required to do this.

Trusts should notify the relevant Research & Development (R&D) office that ethical approval has been obtained for the Community Mental Health Survey 2016. The REC letter of approval, when granted, will be made available on our website at <http://www.nhssurveys.org/surveys/898>

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 Collecting data from non-English-speaking populations

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

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

There are a number of strategies that can be adopted to facilitate the process of collecting the views of people with a limited understanding of English:

- It is good practice to offer help or interpretation services to those who might require them. You can do this by subscribing to a specialist interpreting service, most of which offer telephone interpretation on a pay-as-you-go basis. This normally involves a three-way conversation between you (or your helpline operator), the service user and the interpreter. (Note that trusts may already have arrangements with such a service.);
- A multi-language leaflet template is available on the nhssurveys website www.nhssurveys.org/surveys/888, and this can be included with the first and third mailings. This gives directions in the 20 most common non-English languages spoken in England and also in Easy Read (routed to a separate number run by Mencap to help those with learning disabilities);
- Many households include at least one **competent English speaker** who can help the service user to fill in a questionnaire. In practice, this is often the most efficient way of gathering data from non-English-speakers, although it is not ideal, as there is no control over the way in which a service user's family or friends translate questions or interpret their responses, and it does not allow the service user to answer the questions themselves.

6 Key dates

The survey fieldwork period for 2016 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 respond¹. If the population of the trusts you are working with have high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these people. Please encourage the trusts you are working with to generate their sample promptly.

Key dates

Trusts inform Co-ordination Centre of key contacts	6 th January 2016
Submission of sample data to Co-ordination Centre	18 th Jan – 12 th Feb 2016
Weekly sample checking updates	From 28 th Jan 2016
Weekly monitoring starts	3 rd March 2016
Fieldwork	22 nd Feb – 24 th June 2016
Submission of data	1 st July 2016

Mailing reminders

Please note that your second and final reminder must be mailed no later than Friday 27th May 2016.

¹ For details of this research carried out by the Picker Institute Europe see http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf

7 Sampling and sample submission processes

Contractors: this section of the guidance is a revised version for yourselves to refer to which should provide you with an overview of the sample and the processes for receiving samples and then submitting them to the Co-ordination Centre. The full sampling instructions are found in the trust level instruction manuals and the sampling handbook on the NHS Surveys website.

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 below.

Please note that the sample of service users should only be used for the purposes of distributing the MH16 survey 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.

If an error in a sample is discovered at the close of fieldwork, data for the trust may not be suitable for inclusion in the survey publication, and, as discussed in section two of this manual, may incur penalties in the CQC's intelligence model.

7.1 Drawing the sample: compiling a list of eligible users

- Trusts compile a full list of all service users who were seen between **1st September and 30th November 2015**. Duplicates must be removed.
- **All** teams within the trust providing specialist mental health services to service users eligible to receive this survey should be included;
- If the trust does not already have all service users on one electronic list, they will need to **combine all the separate lists** so that they have one complete list. 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.

Eligible service users:

- 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 and 30th November 2015**, 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;
- Service users with dementia;
- 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 and 30th November 2015 and meet these criteria must be included even if they have subsequently been discharged from these services.

Ineligible service users:

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 (1st September to 30th November 2015) but also seen outside the sampling period, they **should be included** in the sample. It is possible that:
 - The service user's other attendance(s) fell prior to 1st September 2015;
 - All the service user's attendances were within the sampling period;
 - The service user's other attendance(s) fell after 30th November 2015.
- Anyone seen for assessment only through a liaison service, even if they were seen more than once¹;
- Anyone primarily receiving drug & alcohol services;
- Anyone primarily receiving Learning Disability services;
- Anyone primarily receiving specialist forensic services;
- Anyone primarily 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 primarily receiving Gender Identity services;

¹ 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.

- 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;
 - *Note: any service user who is not a current inpatient but has previously been an inpatient at the trust should be included*
- Service users who are known to have **died**;
- Service users who **do not** have a **known UK address**¹;
- Service users who did not have contact with Mental Health Services **during the sample period of 1st September and 30th November 2015**;
- Service users who have **only** been in contact via telephone or email, and have not been seen in person at all;
- 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 (ie: indicated dissent).

Required sampling variables

The list should contain the following information:

- Service User Record Number;
- Title (Mr, Mrs, Ms, etc.);
- First name;
- Surname;
- Address Fields;
- Postcode;
- Year of birth;
- Gender;
- Ethnic category;
- Day of last contact²;
- Month of last contact;
- Year of last contact;
- CPA status¹;

¹ 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.

² This field indicates the last contact made overall and should include contact made after the end of the sampling period up until the date the sample was drawn (and not extending beyond this date). Date of last contact should include actual attendances only; scheduled appointments that were not attended should not be included.

- CCG code;
- Mental Health Care Cluster (**Please note: trusts will be asked to draw this at the same time as the sample BUT this data is to be removed from the sample file and not submitted to you. It will be submitted in a separate file to the Co-ordination Centre. Contractors must not receive this information;** it is a breach of Section 251 for trusts to share this information with contractors, and therefore such incidences must be logged with the Co-ordination Centre).

A sample construction spreadsheet for this survey can be found here:

<http://www.nhssurveys.org/surveys/892>

Please note: trusts must draw the sample in accordance with the procedures outlined in this instruction manual, and all inclusion and exclusion criteria followed correctly. They must not include or exclude any service users based on any other criteria, for example, manually removing service users from the sample who they feel should not complete the survey.

If you have any queries, please phone the Co-ordination Centre on: 01865 208 127 or email mh.cc@pickereurope.ac.uk for advice.

7.2 Sampling methodology

As per previous years, the sample is a **simple random sample** of 850 service users. Trusts must take their original list (sample frame) and take a random sample of **900 service users** to submit to DBS. Once the file has been returned from DBS, they will then need to reduce the sample to a final size of 850 service users by again, drawing a simple random sample from the records returned from DBS.

As set out in *Section 3.3 – Keeping service user mailing data and sample data separate*, trusts **must separate the mailing information from the anonymised sample file** when the sample has been returned from DBS and a final sample size of 850 drawn, before sharing this with you.

The format in which trusts should submit the files to you is set out in the trust version of the guidance.

If the trust has fewer than 850 records in their sample file, please contact the Co-ordination Centre to discuss this.

7.3 Sample declaration form

As per other surveys in the programme, trusts will be required to complete a Sample Declaration form. The Sample Declaration has been amended this year to record the number of service users indicating dissent. Before trusts begin drawing their list of eligible service users, they must complete Section A of the Sample Declaration form giving details of the service user population aged 18+ at the trust prior to removing any who have indicated dissent (at box 'A' of the form) and

¹ 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.

then the number of people who have indicated dissent (at box 'B' on the form). For reference, the new form can be found on the nhssurveys website at: www.nhssurveys.org/surveys/893

Once a trust has compiled the full list of all service users who were seen between 1st September to 30th November 2015 who meet the specified eligibility criteria (ie the inclusion and exclusion criteria), they then complete Section B of the Sample Declaration form. Note that at box 'C' of Section B, the figure entered here should be the number of eligible service users after those who have indicated dissent have been removed.

The sample file then goes through DBS checks, once the trust then finalises their sample of 850 service users, they will complete 'Sections C & D' of the Sample declaration form to show the numbers by CPA status and the trust's definitions of CPA status. New to the survey process this year, we require the sample to be drawn and checked by different people within the trust – both will need to sign the declaration at Section D. The Caldicott Guardian will also sign the declaration.

The Sample Declaration form must be completed by the trust before they submit the sample to you for checking. You should check this form has been completed satisfactorily before asking trusts to submit their sample to you. The purpose of this is to try and prevent breaches of the Section 251 approval by trusts when they submit their data to you.

The form covers a number of purposes:

- Reminds trusts of the key steps in sampling (especially the separation of sample and mailing data);
- Ensures that the Caldicott Guardian is content with the sample and mailing information leaving the trust.

There is also a section for you, as approved contractor, to tick to confirm that you have removed any additional sample variables and/ or additional records that were included in the sample file by the Trust.

New to the process this year, in the event that replacements are made to the sample file after the Sample Declaration has been signed off, you will need to declare how many replacements have been made and the reason for this. This should be recorded on the Sample Declaration form, at Section E.

The form can be found here: <http://www.nhssurveys.org/surveys/893>

7.4 Submitting the sample file to the Co-ordination Centre

As per other surveys in the programme, you are to submit the Sample Declaration form to the Co-ordination Centre **before** you submit any sample files. The Co-ordination Centre will confirm that they are happy to receive the sample files. This is to prevent any erroneous breaches of Section 251. The form should be submitted by email to mh.cc@pickereurope.ac.uk.

When confirmed by the Co-ordination Centre, please submit your sample files/ batches by email (same as above). It is important that whilst the files contain anonymised data, that you password protect them and inform the Co-ordination Centre of the password **by phone**.

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

As with all other surveys, please ensure sample files are fully checked before submitting to the Co-ordination Centre. Please refer to last year's sampling errors report for more detailed information about previous sampling errors. The report can be found on the NHS surveys website <http://www.nhssurveys.org/survey/1640>

7.5 Sample checking dates

Samples should be submitted to the Co-ordination Centre from **18th January – 12th February 2016**.

During this period, the Co-ordination Centre will aim to check samples **within 2 working days** of confirmed receipt and respond to you with any queries (or approvals). The first mailing should take place as soon as possible after the sample has been approved by the Co-ordination Centre but **must not be later than seven calendar days** after this.

Please note that: the Co-ordination Centre will contact contractors to discuss any problems with trusts which have not submitted their sample for checking by the **19th February 2016**. If samples are not received by the **26th February 2016** then we are required to notify the Care Quality Commission of this and they will contact the trust to discuss any implications for inclusion in Care Quality Commission produced data.

Please submit a weekly sample checking update throughout out the sample checking period: this can be done via email and be sent to the Co-ordination Centre. The first update should be sent to the Co-ordination Centre on the **28th January 2016**. This is to consist of updates on the number of sample files that have been submitted to the contractor to help us keep on top of any potential problems that trusts might be facing when submitting their sample file.

8 Materials

8.1 Questionnaire

The questionnaire is rigorously tested in the format on the website at www.nhssurveys.org/surveys/887

All questionnaires used by contractors should emulate this format and should be comprised of the following:

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

Q5. Were you given **enough time** to discuss your needs and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / can't remember

- Do not arrange the response options horizontally across the page, rearrange the question options, or change the order of the questions in the questionnaire.

Please ensure that you do not add any logos to the questionnaire: only the CQC and NHS logo should appear on the questionnaire.

Other mailings and inclusion of other information in the mailing packs

The sample file should not be used to send out any other mailings than the 3 required mailings for this survey.

Only the materials described below should be included in the questionnaire packs because of the unmeasurable impact upon response rates to the survey. Additionally, the multi-region ethics board judged that inclusion of additional material that they had not viewed would invalidate the ethical approval they have given for the Community Mental Health Survey 2016 and the survey would therefore not be able to proceed.

8.2 Covering letters

These can be downloaded from our surveys website: <http://www.nhssurveys.org/surveys/888> .

Due to the ethical approval given, **no changes are permissible.**

Please note that you must send all 3 mailings (including the two reminder letters) even if a good response rate has already been achieved.

Trust headed paper

You will need headed paper from your trusts for covering letters for the first and third mailing. A reminder letter is used for the second mailing. It is preferable that the paper does not include a telephone number for the trust, as patients should call the contractor's FREEPHONE line, rather than the trust.

8.3 CQC Flyer

For this survey, a survey flyer has been produced by the CQC. This flyer explains who the CQC are, the importance of gathering patient feedback and what will be done with the data collected. The flyer will be included in both the first and third mailings. It is hoped that it will highlight the importance and purpose of the survey to patients and provide evidence of how their feedback contributes to monitoring the performance of the NHS. Please note that this flyer should only be used for the core 850 sample. If the trusts you are working for extend their sample size the flyer should not be included in those mailings.

These will be provided to you, the contractor, directly – please confirm the address for delivery.

8.4 Mail out envelopes

It is important that the envelope(s) which you use to mail out your survey materials to service users does not show any indication of the NHS Trust. Some people may not have told family or friends that they are receiving mental health services and, under data protection regulations, it is important that this information remains confidential.

8.5 First mailing

You will need 850 of each of the following items, per trust:

- Printed questionnaires;
- Large envelopes for mailing questionnaires to service users: these should be plain envelopes and have not identifiers on the outside (eg: NHS logo, trust logo or trust name);
- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes;
- FREEPOST envelopes for return of questionnaires;
- Covering letters using the trust's letterhead (ensure that you receive these from each trust);

- Multi-language helpline sheet (recommended)¹;
- CQC survey flyer.

8.6 Second mailing (first reminder)

First reminders are sent to all service users who do not respond to the first mailing (except, of course, those who withdraw). The following items are needed:

- Reminder letters;
- Envelopes: these should be plain envelopes and have not identifiers on the outside (eg: NHS logo or trust logo);
- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes.

The first reminder should be sent to service users who have not responded after **one to two weeks**. We recommend approximately **ten** days between the mailing day of the first questionnaire and the mailing day of the first reminder.

8.7 Third mailing (second reminder)

The second reminder should replicate the first mailing. The following items are needed:

- Printed questionnaires;
- Large envelopes for mailing questionnaires to service users: these should be plain envelopes and have not identifiers on the outside (eg: NHS logo or trust logo);
- Labels for addressing envelopes;
- Labels for sender address on reverse of envelopes;
- FREEPOST envelopes for returning questionnaires;
- Reminder letters;
- Multi-language helpline sheet (if used in first mailing);
- CQC flyer.

¹ This document can be found on our website alongside the cover letters. The languages covered by this document are: Arabic, Bengali, Chinese (Cantonese), Farsi /Persian, Gujarati, Hindi, Kurdish, Chinese (Mandarin), Punjabi, Tamil, Thai, Turkish, Urdu, French, Italian, Polish, Portuguese, Russian, Somali, Spanish.

Second reminders should be sent out approximately **two to three weeks** after the first reminder to service users who have not yet responded.

Please note that in the guidance for trusts using a contractor, we have requested that Trusts check their full sample list internally and through DBS, prior to the second and third mailings, and do this quickly to ensure that there are no delays to the mailing dates.

8.8 Submitting hard copies of the questionnaire and covering letters

Hard copies of the questionnaire and covering letters must be submitted to the Co-ordination Centre by **26th February 2016**. As standard, please submit:

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

You must ensure that you do not include any service user name or address information on the copies of the covering letters and the reminders that you send to the Co-ordination Centre.

These must be sent to:

Community Mental Health Survey 2016
Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

9 Weekly Monitoring

The Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the Community Mental Health Survey 2016. First submission of data must be made on **Thursday 3rd March 2016**¹, and every Thursday thereafter until the final date of submission.

An Excel spreadsheet is available on our website (<http://www.nhssurveys.org/survey/900>) which **must** be used to return this information to the Co-ordination Centre. This information should be emailed to the Co-ordination Centre (mh.cc@pickereurope.ac.uk) by the end of the workday every Thursday throughout the survey.

Important note

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

When the data is submitted, the file name **must** be in the following format:

MH16_<contractor code>_<week of submission>.xls

e.g. MH16_contractorcode_1.xls (first submission of monitoring data on 3rd March)

MH16_contractorcode_4.xls (fourth submission of monitoring data on 24th March)

Remember to use the new outcome code 7 where appropriate:

If a service user is identified as deceased after the sample has been drawn but prior to the first mailing going out, do not remove the record from either the sample or mailing files, instead the new code of '7- *service user deceased prior to fieldwork*' should be used.

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

9.1 Response rate

The information submitted should contain the following data:

- The total number of service users in each sample;
- The number of service users in each outcome field for each trust.

¹ This submission must be made regardless of whether mailing has commenced.

9.2 Helpline monitoring

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

- The overall total number of calls received by the helpline for this survey. This total should also include the calls listed below:
 - The total number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services);
 - The total number of calls seeking assistance with language and translation (this should include completions via translation services);
 - The total number of calls that led to completion of the questionnaire using translation services.

10 Entering survey data and submission to the Co-ordination Centre

10.1 Entering and coding data from the questionnaire

The data should be entered into the pre-designed Excel file that will be published on the NHS surveys website <http://www.nhssurveys.org/surveys/896>.

Please note that:

- Each row records one service user's responses to the survey;
- If a response is missing for any reason, it should be left blank, or coded as a full stop (.)¹;
- If two boxes are crossed (where only one should be crossed), the response should be left blank or coded as a full stop (.), **except** for Q40 where the code of '98' should be used to indicate more than one number being circled, or when a non-integer is selected;
- For most questions, each column corresponds to one survey question. However, there is one exception to this rule. For Q8 each response option is treated as a separate question. Please note that this question does not ask the respondent to cross all that apply. However, for the purpose of data submission this question should be treated as such.

Example

Q8. Is the person in charge of organising your care and services...

- 1 A CPN (Community Psychiatric Nurse)
- 2 A psychotherapist / counsellor
- 3 A social worker
- 4 A psychiatrist
- 5 A mental health support worker
- 6 A GP
- 7 Another type of NHS health or social care worker
- 8 Don't know

Responses to each part of this question are coded: **1 if the box is crossed**
0 if the box is not crossed²

¹ If you want to use this data input file on the website to display frequencies on the other pages of the workbook, you will need to fill in the blank cells with a full stop (.)

² Please note: if a respondent does not answer any part of a multiple response question, (ie does not tick any of the response options) then it should be left blank or coded as a full stop (.)

Q8 takes up eight columns in the data file, labelled as follows:

Column headings	Q8_1	Q8_2	Q8_3	Q8_4	Q8_5	Q8_6	Q8_7	Q8_8
Codings for this example	1	0	0	0	0	1	0	0

Coding Q40 'Overall' question

Please follow the rules detailed above for all questions with the exception of Q40. This is the 'Overall' question where instead of being asked to cross a box, people are asked to circle a number on an 11 point scale from 0-10. We recommend that this question is entered manually (rather than scanning it) and should only be entered where the response is unambiguous. If two boxes are circled or if people have provided an answer which is in any manner difficult to interpret e.g. they have drawn a mark between two of the numbers, please code this as '98'. If the question is left entirely blank, the response should be left blank or coded as a full stop (.).

Entering the service users' written comments

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

The free text comments **must be included in full**, so that they can be looked at in full by trusts, the CQC and researchers. The CQC felt that the uncensored comments would provide valuable feedback. Comments will, however, be anonymised prior to any publication of results.

There is a statement included in the questionnaire (above the free text comments box) that states: "Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback"

The written comments should be entered in the main data file alongside the responses to the questions and submitted to the Co-ordination Centre on or before **1st July 2016**.

10.2 Checking the data for errors

For the Community Mental Health Survey 2016, you are required to submit raw ('uncleaned') data to the Co-ordination Centre for all your trusts. For clarification, raw data is created by the following:

- 1) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (e.g. where service users answer questions that they have been directed to skip past, these responses should still be entered);
- 2) Where a respondent has crossed more than one response category on a question, this should be set to missing in the data. The **exception** to this is Q8, where you should enter all the responses options selected (see *Section 10.1 – Entering and coding data from the*

questionnaire), and Q40 where the code of '98' should be used;

- 3) Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead indicated a second response option, this second choice should be entered into the data;
- 4) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a service user has written their date of birth in the boxes for Q44, but written their year of birth in at the side of this, then the respondent's year of birth should be entered;
- 5) For the year of birth question, unrealistic responses should still be entered except following rule 4) above. For example, if a respondent enters '2016' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side;
- 6) Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the service user's intended response has not been captured. This includes 'out-of-range' responses, which must not be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

Full data cleaning guidance will be available on the NHS Surveys website
<http://www.nhssurveys.org/surveys/897>

10.3 Submitting data to the Co-ordination Centre

The data from the questions for the Mental Health Survey 2016 must be supplied to the Co-ordination Centre as one anonymised Excel file that includes information about the service user sample and responses.

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

Required file format

Please submit the file to the following specifications:

- Use Microsoft Excel Worksheet (not Workbook). Any version of Excel is acceptable;
- The file name must be in the form **MH16_surveydata_<contractor code>.xls**;
- Use one row of data for each service user in the sample;

- Use one column of data for each item of service user information or response;
- Service users who are missing their Service User Record Numbers should be added to the bottom of the list, and not matched to service users with similar demographics;
- Missing data should be left blank or coded as a full stop (.).¹

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

Please also make sure that if any of the trusts you are working with have collected any additional variables in their sample frame, other than those required by the national survey, you do not send these to the Co-ordination Centre.

Additional information required

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

- **Contact details** (telephone numbers and e-mail addresses) of at least contacts from the approved contractor who will be available to answer any queries about the data
- A completed copy of the **Data Submission Checklist** (See *Section 10.4 - Checklist*).

Delivery

Data should be encrypted and sent by e-mail to mh.cc@pickereurope.ac.uk, with the password provided separately either by phone (see *Section 3.6 – Encryption of personal data* for details on the recommended encryption and delivery methods to use).

Deadline for submission

The data must be supplied by 1st July 2016.

10.4 Checklist

Before sending your data to the Co-ordination Centre, you must carry out the checks outlined in the **Data Submission Checklist** which can be found on the NHS Surveys website <http://nhssurveys.org/surveys/939> Please ensure that if any of the trusts that you are working with have additional variables in their sample frame, other than those required by the national survey, and / or increased their sample size, these have been removed.

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

¹ Data may be missing for a number of reasons. The service user may have skipped a question or a set of questions by following instructions; a service user may have not answered for some other reason. However, all missing data should be left blank or coded as a full stop (.), regardless of the reason for the omission.

If incorrect data are submitted, it is possible that the data will be considered unreliable, and will be flagged as a risk in CQC’s intelligence model. We cannot accept re-submissions of data after the deadline, and likewise data is unlikely to then be included in the Care Quality Commission assessments.