



**Survey
Coordination
Centre**

2019 Community Mental Health Survey: Sampling Errors Report

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Updates

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

This document is available from the NHS Surveys [website](#).

Questions and comments

If you have any questions or concerns regarding this document, please contact the [Survey Coordination Centre](#).

Introduction

Fifty-six trusts participated in the Community Mental Health Survey 2019 (CMH19). Sample files were submitted to the Survey Coordination Centre (SCC) for quality control checks before mailings could begin. These data inspections are undertaken to check that trusts have drawn samples correctly according to the sampling criteria, prior to survey packs being mailed to recipients. This report details the errors that were highlighted by the SCC and its purpose is to aid trusts in avoiding common errors for future iterations of the survey. The types of errors set out in this report may lead to delays in the survey process and/or poor data quality.

It is important to note that this report only gives details of the errors found by the Survey Coordination Centre; many samples may have contained further errors which would have been identified and corrected during checks by their trust-appointed contractor.

There are several different types of error that could occur during the sample drawing and submission process:

- **Major errors** – errors that require the sample to be redrawn, commonly where ineligible service users have been included or eligible service users have been excluded from the eligible population and/or drawn sample. If such errors cannot be corrected they can invalidate a trust's participation in the survey, preventing the trust's survey data from being used by the Care Quality Commission (CQC) for regulatory and assessment activities.
- **Minor errors** – errors that do not require the sample to be redrawn, but instead require amendments to be made to the sample data.
- **Historical errors** – errors relating to a trust's previous survey sample submission(s). These errors come to light during checks of their 2019 sample and therefore cannot be corrected.
- **Section 251 breaches** – these are failures to adhere to the stated processes which give the survey approval for the common law duty of confidentiality to be put aside.

This document should be used by trusts and contractors to familiarise themselves with past errors to prevent them from recurring.

Frequency of errors

During the sample checking process for CMH19, the SCC detected one major error, one minor error and thirteen historical errors (see table 1). No Section 251 breaches occurred during the sample submission process.

Table 1. Frequency of Errors	
Error	Frequency
Major errors	1
Minor errors	1
Historical errors	13
Section 251 breaches	0

Major errors

Major errors tend to take the form of either extract logic being incorrectly scripted when drawing the eligible population or misunderstanding the survey's eligibility criteria.

As with previous iterations, the sampling frame¹ for CMH19 was from 1st September 2018 to 30th November 2018. Samples are drawn randomly from the eligible population, following instructions published by the SCC².

There was only one major error identified by the SCC during sample checking CMH19:

Coding error

When one trust submitted their sample, it became apparent that there was a significant shift in the trust's gender split in 2019 compared to the previous two years. After the trust investigated it was discovered that the trust had coded male and female the wrong way around. The trust was asked to recode gender correctly then resubmit their sample. No other data had been affected and coding was correct upon resubmission.

Minor errors

In total one minor error was identified during sample checking:

Duplicate Service user record number (SURN)

During the sample checking process it was discovered that one trust had a duplicate SURN in their sample.

Historical errors

When checking trusts' survey samples, historical sample data is used as a comparison. This is for two reasons: 1) to give added reassurance that the sample has been drawn correctly; and 2) to ensure historical comparisons can be made in the analyses. On occasion, these checks can uncover errors made during previous survey iterations that had gone unnoticed despite the checks completed in previous years. Such errors may mean that historical comparisons between a trust's current and previous year's data are not recommended. Thirteen historical errors across eight trusts were identified during the CMH19 sample checking process:

Excluding people who had not indicated dissent

The number of dissenters at a trust had decreased significantly from 1,265 in 2018 to 51 in 2019. After querying these changes with the trust, they stated that previously they had excluded patients who had stated in the Patient Administration System that they wished to opt out of any surveys.

¹ The period of time service users eligible for the survey must have had contact with participating trusts

² Sampling instructions provided by the Survey Coordination Centre can be found here: <http://nhssurveys.org/surveys/1380>

The Information Governance team within the trust confirmed that only service users who had written to opt of the Community Mental Health Survey specifically should be excluded, hence the drop in numbers in 2019.

Attendance criteria incorrectly applied

The attendance criteria for the survey as stated in the Sampling Instructions is:

All service users (aged 18 and above) who were seen by someone at your trust between 1st September and 30th November 2018. These are people who:

a) Had at least one face-to-face contact* during the sampling period (this could include an initial assessment)

AND

b) Had at least one other contact (face-to-face, phone or email) either before, during or after the sampling period.

**By contact, we mean an attendance/appointment where a service user would have received care, treatment, or assessment. For example, do not include service users who simply called the trust to query details about forthcoming appointments.*

Trusts were also instructed not to remove people if they had subsequently been discharged from services.

After noticing a significant shift in CPA status, it was uncovered that one trust had made an error in the sample submitted in 2018. The 2018 extraction criteria was such that service users would have had a minimum of two attendances in the sampling period, thus increasing their chance of being on CPA review. The trust confirmed that the correct sampling rules had been applied when drawing the 2019 sample, with the second contact being prior to, during or after the sampling period, as a consequence reducing their chance of being on CPA.

One trust had a ten per cent decrease in their eligible population compared to 2018. The trust had commented on the sample declaration form that they had made a change to the script for 2019 and that their sample had incorrectly included some service users who had only had telephone contact in the sampling period.

A trust identified an error in their 2018 coding as some patients had one attended appointment in the sampling period and no another appointment.

A trust's eligible population had increased by a quarter. After reviewing the extract code it was apparent that in 2018 service users who had only had a single contact during the sampling period were included. The trust amended this so at least two contacts are required in all circumstances (with at least one being during the sampling period).

One trust confirmed that an historical error had been made in their 2018 sample submission as they had incorrectly excluded service users discharged within the sampling period.

A trust had restricted the eligibility in their 2018 sample to include those that had face to face appointments only. The trust corrected this in 2019 to include service users who had at least one

face-to-face contact within the sampling period and any other type of contact before, during or after.

Excluding eligible service user groups

A 10% increase in one trust's eligible population was observed compared to the previous year. The trust stated the increase was due to the exclusion of service users with dementia in 2018.

During the sample checking process it was noted that one trust's total population had increased by 36% compared to 2018. After investigation, it was confirmed that outpatient activity had not been included as an eligible service in 2018.

Excluding service users with 'NULL' coding

Two trusts excluded service users who had 'NULL' recorded:

- One trust had incorrectly excluded service users if they had a NULL record for CPA information or a NULL record for ethnicity;
- Another trust had complete coding of ethnicity in 2018 but 11% of users with missing data in 2019. The trust confirmed that they had incorrectly excluded service users that they had no record of ethnicity in the previous year.

Other

In preparing their 2019 sample, a trust opted to remove two services that did not meet the eligibility criteria and stated that improved filtering excluded those using eligible services, but for an ineligible referral reason.

Similarly, it was agreed that two dementia services that had previously been included should be excluded.