

DEVELOPMENT REPORT FOR THE NHS ADULT INPATIENT SURVEY 2016

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Making patients' views count

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1 Introduction

1.1 Survey overview

A national survey of adult inpatients was first carried out in all acute trusts¹ in England in 2002, and has been conducted annually since 2004. The average response rate across all trusts for the 2015 survey was 47%. In 2016 the survey will be conducted again as part of the NHS Patient Survey Programme. The survey will give acute trusts information on inpatient care to facilitate targeted quality improvement.

Information drawn from the questions in the 2016 Adult Inpatient survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England and the Department of Health for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the NHS England overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

The survey methodology is largely comparable to that of the 2015 survey – trusts will send out a paper self-completion questionnaire to eligible adult inpatients – but there have been some notable changes, please see Section 3 '*Changes to survey protocol*' for more information.

1.2 Summary of development

Consultation was undertaken in order to update the questionnaire for 2016. Amendments were made on the basis of the following:

- Analysis of the 2015 survey data to examine question non-response rates (questions people have not answered, for example, because it was not relevant to them), floor/ceiling effects (questions where the vast majority of respondents report a very positive or negative experience), and correlations (questions that people tend to answer in the same way suggesting a similar or the same underlying concept), and;
- Consultation with stakeholders at CQC, NHS England, and the Department of Health regarding any other topics that should be addressed either from a policy or service user perspective.

As is common practice in the National Patient Survey Programme (NPSP), the revision and re-development of all questionnaires follow best practice. All question changes, regardless of the extent, are cognitively tested with a group of recent NHS inpatients². 'Cognitive testing' is a process which tests both new questions, and questions used in previous years, to check if they are understood as intended by participants and that they are able to answer them appropriately with the response options provided. The respondents are recruited via different mechanisms such as local advertisements in newspapers, public buildings (shops, cafes, libraries, community centres,

¹ Those trusts that only treat children (Alder Hey Children's NHS Foundation Trust, Birmingham Children's Hospital NHS Foundation Trust, Great Ormond Street Hospital NHS Trust and Sheffield Children's NHS Trust) were not eligible for participation. Moorfields Eye Hospital NHS Foundation Trust has not participated in recent years as they treat too small a number of inpatients to make up an inpatient sample.

² The same eligible criteria applied to the survey is also applied to the recruitment of individuals for cognitive testing. The cognitive interview recruitment criteria also stipulates that individuals have been an inpatient within the past 6 months.

community noticeboards), online forums and websites (such as Gumtree) and social media. A number of different respondents were recruited to cover a wide demographic base and service patient experience.

For the 2016 survey 18 respondents participated:

- 10 Male
- 8 Female
- Aged 26 to 83 years old
- 11 Elective admissions
- 7 Planned admissions
- A mix of ethnic backgrounds.

The questionnaire was tested in April 2016, primarily in Oxford and the surrounding areas. Three rounds of testing were completed with alterations made to some questions between rounds, following feedback received from respondents and stakeholders.

2 Amendments to the questionnaire for 2016

2.1 Questions added

From an initial bank of seven new questions, three were selected for inclusion into the 2016 survey. Three of the excluded questions were frequently interpreted differently by respondents during cognitive testing, despite revisions between rounds. Specifically, respondents were inconsistent in their interpretations of the stage of treatment or specific staffing group / staff member the questions referred to. This would make any inferences about the quality of care the questions would measure unreliable. A fourth question was found to elicit more inconsistent interpretations from respondents compared to another new question measuring a similar clinical standard. As a result the more reliable and consistent question was chosen for inclusion.

The following are the new questions included in the 2016 survey and details of their development.

20. Did you get enough help from staff to wash or keep yourself clean?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need help to wash or keep myself clean

This question remained unchanged throughout the three rounds of cognitive testing.

The vast majority (96%) of respondents understood that the question referred to personal hygiene, and so it was selected for inclusion into the 2016 survey.

Six respondents stated that the question referred to receiving help with bed washes, five said it referred to help having a shower, and two believed it referred to needing help with going to the toilet. One stated that the question referred to hair washes, another said it referred to washing ones hands and face whiles another stated it was to do with needing help with ones "morning and evening routine" such as brushing teeth and hair. Only one respondent interpreted the question to mean the overall cleanliness of the "whole area" such as the floor and bed, not just themselves. Respondents who did not need help washing or keeping themselves clean consistently choose the neutral response "I did not need help to wash or keep myself clean" throughout the three rounds.

Following analysis of the responses given by interviewees and their interpretation of the question, it is believed respondents will answer positively if they received help with personal hygiene some or all of the time, negatively if they did not receive help at all, and indicate if they did not need help with personal hygiene.

21. If you brought your own medication with you to hospital, were you able to take it when you needed to?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had to stop taking my own medication as part of my treatment
- 5 I did not bring my own medication with me to hospital

The wording of this question remained the same throughout the three rounds of testing. A second neutral response “I had to stop taking my own medication as part of my treatment” was added after respondents stated that they were not able to take their own medication as it was sometimes ceased for clinical reasons. As a result some respondents were scoring this question negatively despite clinicians stopping their medication due to its interference with their treatment, rather than as a result of poor care.

Six respondents believed that their own medication referred to prescription medication given to them by their GP. Individual respondents also stated that they believed the question referred to:

- Over-the-counter painkillers, such as ibuprofen and paracetamol
- Medicine regularly taken at home
- Psychiatric medication
- Medicine for heart conditions
- An inhaler.

One respondent did not believe ‘common painkillers’ such as ibuprofen and paracetamol should be counted as ‘medication’ stating that the question was only referring to medicine prescribed by a GP. All respondents identified that ‘own medication’ was either brought with them to the hospital from home or medications taken at home. None referred to medication given to them during their inpatient treatment.

In analysis of interviewee’s responses and their interpretation of the question, positive responses were given when staff either always or sometimes gave patients their medication at the times it was meant to be taken or when a patient requested their medication. Negative responses were consistently given when staff did not give them their medication when respondents required them to. Prior to the new neutral option of ‘I had to stop taking my medication as part of my treatment’, negative responses were given if medication was stopped by staff for medical reasons. However, one respondent stated that they responded ‘No’ as they could not take their medication themselves despite being given to them correctly by staff. Another also responded ‘No’ as they were given their medication in a ‘stricter regime’ than they would at home.

With consistent interpretation of the question’s meaning, and the addition of response option 4, it was agreed to include this question within the 2016 survey.

32. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)

- ¹ Yes, always
- ² Yes, sometimes
- ³ No

This question was included at the request of stakeholders, to see if patients were able to identify who the 'named nurse' was during their stay. This question was re-developed following the results of cognitive testing in round one and then remained unchanged during rounds two and three.

Round 1. "Did the staff treating and examining you introduce themselves?"

During this round, respondents gave inconsistent interpretations of who the question was referring to. Out of the five interviewees who participated during the first round of interviews, only one thought specifically of nursing staff when responding to the question. Two others referred to both doctors and nurses when responding and a further two respondents interpreted the question to be investigating whether all the staff who treated them had introduced themselves. Following probing, none of the respondents during round one of interviews indicated they were thinking of a 'named nurse' or 'person in charge of their care' when answering. As a result, the question was re-developed for round two.

Round 2. "Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)"

For round two, the question was re-worded to make it more targeted toward the nurse who would have been in charge of a patient's care. In addition, the bracketed reference also directed respondents to reflect across the duration of their stay, not just one specific point in time. The position of the question was also moved to the 'Nurses' section of the questionnaire, again to aid respondents' specific reflection on nursing staff.

Following consistent interpretation of the question by respondents during round two, the question remained unchanged during round three. Across both rounds, 69% of respondents specifically interpreted the question to be referring to either the 'named nurse' or the nurse who was in charge of them / looking after them. In addition a further 23% of respondents answered the question positively when they either knew all the nursing staff due to the length of stay or if all the nursing staff always introduced themselves. All respondents alluded to whether an introduction took place to signify whether they knew who the nurse in charge of their care was. One respondent however responded positively despite no introduction as they were able to 'figure out' who the nurse charge of their care was.

Following consistent interpretation of the question by respondents following its redevelopment after round one the question was selected for inclusion into the 2016 survey. Following analysis of respondent feedback and the answers given, positive responses are expected to be given if the nurse in charge of the patients care introduced themselves all or some of the time following each shift change. Negative answers will be given if the nurse in charge of a patients care did not introduce themselves at all during the patients stay in hospital.

2.2 Questions amended

One question which was part of the 2015 survey was redeveloped for 2016.

60. When you left hospital, did you know what would happen next with your care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

This question (Q58 in the 2015 inpatient questionnaire) was designed to identify whether specific patients had an aftercare plan in place before leaving hospital. To achieve this it was installed as a routing question in the 2015 survey, however only 2% of respondents answered it, yielding limited data. For the 2016 survey, routing was removed and the wording changed to apply to all respondents. By using data from other questions, analysis into whether specific patient groups knew what would happen next in their care could be done with greater accuracy and reliability as a result of higher response rates to the question.

The question wording was changed following round one of testing and remained the same throughout rounds two and three.

Round 1. “When you left hospital, was there a plan in place for continuing your care?”

For round one the question made specific reference to a ‘plan’, directing respondents to reflect on whether they had an aftercare plan in place when leaving hospital. As a result, all respondents alluded to a specific plan for care after leaving hospital but the majority stated that this was not necessary. As redevelopment of the question was intended to give all respondents the opportunity to answer, the wording was amended for round two.

Round 2. “When you left hospital, did you know what would happen next with your care?”

In contrast to round one, all respondents in rounds two and three were able to respond either positively or negatively to the question. No respondents gave the neutral response of “It was not necessary”. All respondents referred to elements of care which would happen after they left hospital. These elements were broad, ranging from letters being sent to their GP through to if they knew about outpatient and physio appointments. Analysis of respondent feedback and the answers given suggests that, regardless of the specific aftercare the patient would receive, positive answers will be given if the patient knew what would happen with their care after their stay in hospital and negatively if they did not know.

2.3 Questions removed

One question that was included in the 2015 survey was removed for 2016.

20. Were hand-wash gels available for patients and visitors to use?

- 1 Yes
- 2 Yes, but they were empty
- 3 I did not see any hand-wash gels
- 4 Don't know / can't remember

This question was removed from the 2016 survey because it was found there was very little differentiation between trusts, as well as the fact that there had been little movement over time. All trusts had previously scored very highly on this question, which was originally added to the survey to monitor the situation around hospital acquired infections.

3 Changes to survey protocol

3.1 Treatment function codes

Trusts will be asked to collect treatment function codes for each patient in the sample. This data will allow trusts to more accurately identify patients who are ineligible, particularly patients who have been treated for planned termination of pregnancy. In previous surveys, trusts have used main specialty to identify these patients but in certain cases there are problems with the accuracy of these codes in terms of the actual treatment received. The treatment function data will also allow more accurate sub-group analysis of results than main specialty. For 2016, both main specialty codes and treatment function codes will be collected.

3.2 Outcome Code

A new code has been added to the 'Outcome' field to indicate patients who have been traced as being deceased after the sample file has been signed off and submitted to the Co-ordination Centre, but before any mailings have been sent out. In these instances, records are not removed from either the sample or mailing files. Instead, the new code of '7- patient deceased prior to fieldwork' is used under the 'Outcome' field. 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' will be used.

3.3 CQC risk monitoring

Data drawn from questions in the 2016 Adult Inpatient survey will be used by CQC in its assessment of trusts in England. Specifically, data will be used within CQC's risk monitoring tools and within CQC's inspections of acute services. Trusts will now be automatically flagged as a risk against particular survey data indicators if they either fail to submit a sample for the survey or if, at a later stage, an error has been made in drawing the sample that renders the data unusable.

3.4 Digital declaration form

For the first time, an online version of the sample declaration form will be made available to trusts following feedback that the paper format version is impractical and inefficient. Trusts will have the option to use either format with the online version being submitted directly to the Co-ordination Centre and the paper version continuing to be submitted to either contractors or directly to the Co-ordination centre if a trust is completing the survey in-house.

3.5 Additional check sheet

For 2016, a more thorough sampling checklist has been incorporated into the sample declaration form. The person drawing the sample will be required to sign off the sampling procedure in a much more specific way, acknowledging that specific groups of eligible patients have been included and ineligible patients excluded. The sampler will also be asked to recognise that they understand the potential implications of any errors in this work. It is hoped that these checks will encourage samplers to check their data again and recognise the importance of following the instruction manual to the letter.

3.6 Pilot – Untraceable DBS count

As part of CQC's commitments to the UK Statistics Authority, a count of the number of patients from the 1250 sample who could not be matched following a trust's DBS check for deceased patients will be included in the sample declaration form.

4 Summary of changes to the Inpatient questionnaire 2015-2016

Q number	Question wording	Summary of change *
Q1	Was your most recent hospital stay planned in advance or an emergency?	
Q2	When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?	
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	
Q5	When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?	
Q6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	
Q7	Was your admission date changed by the hospital?	
Q8	In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	
Q10	While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	
Q11	When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	
Q12	During your stay in hospital, how many wards did you stay in?	
Q13	After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	

Q14	While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	
Q15	Were you ever bothered by noise at night from other patients ?	
Q16	Were you ever bothered by noise at night from hospital staff ?	
Q17	In your opinion, how clean was the hospital room or ward that you were in?	
Q18	How clean were the toilets and bathrooms that you used in hospital?	
Q19	Did you feel threatened during your stay in hospital by other patients or visitors?	
Q20	Did you get enough help from staff to wash or keep yourself clean?	New question
Q21	If you brought your own medication with you to hospital, were you able to take it when you needed to?	New question
Q22	How would you rate the hospital food?	
Q23	Were you offered a choice of food?	
Q24	Did you get enough help from staff to eat your meals?	
Q25	When you had important questions to ask a doctor, did you get answers that you could understand?	
Q26	Did you have confidence and trust in the doctors treating you?	
Q27	Did doctors talk in front of you as if you weren't there?	
Q28	When you had important questions to ask a nurse, did you get answers that you could understand?	
Q29	Did you have confidence and trust in the nurses treating you?	
Q30	Did nurses talk in front of you as if you weren't there?	
Q31	In your opinion, were there enough nurses on duty to care for you in hospital?	
Q32	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	New question
Q33	In your opinion, did the members of staff caring for you work well together?	

Q34	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	
Q35	Were you involved as much as you wanted to be in decisions about your care and treatment?	
Q36	Did you have confidence in the decisions made about your condition or treatment?	
Q37	How much information about your condition or treatment was given to you ?	
Q38	Did you find someone on the hospital staff to talk to about your worries and fears?	
Q39	Do you feel you got enough emotional support from hospital staff during your stay?	
Q40	Were you given enough privacy when discussing your condition or treatment?	
Q41	Were you given enough privacy when being examined or treated?	
Q42	Were you ever in any pain?	
Q43	Do you think the hospital staff did everything they could to help control your pain?	
Q44	How many minutes after you used the call button did it usually take before you got the help you needed?	
Q45	During your stay in hospital, did you have an operation or procedure?	
Q46	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	
Q47	Beforehand, did a member of staff explain what would be done during the operation or procedure?	
Q48	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	
Q49	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	
Q50	Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?	
Q51	Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?	

Q52	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	
Q53	Did you feel you were involved in decisions about your discharge from hospital?	
Q54	Were you given enough notice about when you were going to be discharged?	
Q55	On the day you left hospital, was your discharge delayed for any reason?	
Q56	What was the MAIN reason for the delay?	
Q57	How long was the delay?	
Q58	Where did you go after leaving hospital?	
Q59	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	
Q60	When you left hospital, did you know what would happen next with your care?	Amended question
Q61	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	
Q62	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	
Q63	Did a member of staff tell you about medication side effects to watch for when you went home?	
Q64	Were you told how to take your medication in a way you could understand?	
Q65	Were you given clear written or printed information about your medicines?	
Q66	Did a member of staff tell you about any danger signals you should watch for after you went home?	
Q67	Did hospital staff take your family or home situation into account when planning your discharge?	
Q68	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	
Q69	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	

Q70	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	
Q71	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)	
Q72	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	
Q73	During your time in hospital did you feel well looked after by hospital staff?	
Q74	Overall...	
Q75	During your hospital stay, were you ever asked to give your views on the quality of your care?	
Q76	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	
Q77	Who was the main person or people that filled in this questionnaire?	
Q78	Do you have any of the following long-standing conditions?	
Q79	Does this condition(s) cause you difficulty with any of the following?	
Q80	Are you male or female?	
Q81	What was your year of birth?	
Q82	What is your religion?	
Q83	Which of the following best describes how you think of yourself?	
Q84	What is your ethnic group?	