

NHS Inpatient Survey 2020

Survey development report

November 2020



Ipsos MORI



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1 Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of NHS services. The programme currently comprises the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People’s Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out the CQC’s ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from paper-based to mixed-mode, and in 2019 the feasibility of conducting the Adult Inpatient Survey using a mixed-mode methodology was explored through a pilot.

The pilot results showed that the change in approach allowed response rates to be maintained while having a positive impact on response bias. As a result, the 2020 Adult Inpatient Survey will be the first survey in the programme to be offered with a mixed-method approach. Additional information on the pilot can be found in Chapter 2.

The pilot results also showed that changing the survey methodology changes the way patients respond to questions. This will therefore make results from the 2020 survey incomparable with results from previous surveys. The CQC used this opportunity to review all aspects of the design of this survey, and have chosen to make several changes based on wide consultation with stakeholders and analysis of previous survey data. This report outlines the methodology and results of this consultation process. The changes are summarised in Table 1.1.

Table 1.1: Overview of 2020 Adult Inpatient Survey development

Strand	Summary of development	Chapter
Methodology	<ul style="list-style-type: none"> ▪ Using a mixed method approach following a successful pilot in 2019. ▪ Fieldwork length reduced to 12 weeks – a step towards making results available to trusts earlier. 	Chapter 2
Sampling	<ul style="list-style-type: none"> ▪ Sampling month changed from July to November to allow time for redevelopment of the survey. ▪ Collection of COVID-19 variables and mobile number. ▪ Changes to sampling materials. 	Chapter 3
Materials	<ul style="list-style-type: none"> ▪ Materials redeveloped to reflect the mixed method survey methodology and best practice. ▪ An online survey and SMS reminders will be introduced for the first time for the 2020 survey. 	Chapter 4

Questionnaire	<ul style="list-style-type: none">▪ The break in trends (following the move to mixed methods) provided an opportunity to redevelop the questionnaire. The review aimed to reduce the questionnaire length and ensure the content remains in line with current policy and practice.	Chapter 5
Accessibility	<ul style="list-style-type: none">▪ Accessibility of the Adult Inpatient Survey has been reviewed to ensure it is conforming to all required regulations (for both the online survey and paper accessible formats).	Chapter 6

2 Changes to methods

The strategic direction for the NPSP sets out the CQC's ambitions to create a digital method of survey delivery. Specifically, the CQC is exploring transitioning the programme to a push-to-web method, using online methods alongside the current postal approach. This method aims to improve accessibility to the survey, address falling response rates and reduce non-response bias. As part of this exploration, the CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution, and independently undertook wider engagement activities with stakeholders.

2.1 Methods of engagement

2.1.1 Adult Inpatient pilot 2019

In 2019, Ipsos MORI were commissioned to conduct a pilot to analyse the feasibility of transitioning the Adult Inpatient Survey to a mixed-mode method. Previously, the mainstage survey comprised three mailings containing paper questionnaires, and patients did not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot. Two variations of the push-to-web approach (combining both online and paper methods) were tested against a control group – which used the current mainstage protocol. This allowed direct comparison between the push-to-web approach and the current paper-based approach, as well as between the two push-to-web variations. The mailing protocol for the control group and two experiment groups is shown in Table 1.1.

Table 1.1: Mailing protocol of Control and Experimental groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	Letter with URL
SMS1 (+3 days)	N/A	SMS after M1	SMS after M1
M2 (Week 2)	Letter	Letter with URL	Letter with URL
SMS2 (+3 days)	N/A	SMS after M2	SMS after M2
M3 (Week 4)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter with URL and paper questionnaire
M4 (Week 6)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

Fieldwork for the pilot ran for 11 weeks from 3 October 2019 to 20 December 2019. Fieldwork was conducted centrally by Ipsos MORI, with 10 NHS trusts volunteering to draw patient

samples. Trusts used the same sampling instructions as for the mainstage survey, updated to use a different sampling month and including mobile numbers for patients where these were available. The pilot was designed to achieve a sample size of 4,410 responses (across 10 trusts). The samples were stratified by age, gender, trust and postcode and then randomly assigned to either the control or one of the two push-to-web groups. This design ensured that the sample size for each group was large enough to enable comparison of response rate, mode of completion and question response between the old and new methods with reasonable statistical confidence, as well as comparison of response rate and mode of completion between the two different push-to-web approaches.

In addition to piloting the push-to-web method, the questionnaire and supporting materials were updated. Both the control and push-to-web materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the methods. Please see Chapter 4 for more information on material development. Consistency across the materials ensured that any difference in response rate could be attributed to the change in method rather than differences in the materials. The updated questionnaire was used for both the pilot and the control groups, to allow for direct comparison in response.

Detailed methods and results from pilot can be found in the [mixed-mode methodology pilot report](#).

2.1.2 Care Quality Commission consultation activities

The CQC also undertook wider engagement activities between September 2019 and February 2020 to determine the views of stakeholders towards transitioning the NPSP to a push-to-web method of administering questionnaires. This involved:

- Two surveys of online communities hosted by the CQC to gain participants' thoughts on moving to an online approach.
- Focus groups and interviews to understand the thoughts of groups for whom responses to the surveys are traditionally lower (BME and younger people) and groups who may be negatively impacted by the move to online first (e.g. those for whom internet access and use is low).
- Engagement events comprising an external co-production event run by the CQC and a conference on the digital future for maternity services (at which the CQC hosted a table). The external co-production event involved a mixed membership of subject matter experts, professionals, Experts by Experience, public representatives, voluntary groups and umbrella bodies, think-tanks, academics and national stakeholders.
- Sending an online survey to users of the survey data, including all NPSP newsletter subscribers, users of the UK Data Service who had accessed the surveys, survey leads at all acute and mental health trusts that take part in the NPSP and staff at NHS England and Improvement.

Detailed methods and results from the consultation can be found in the [digital methods engagement report](#).

2.2 Changes to methods

2.2.1 Mailing approach

Results from the CQC consultation activities showed that most of those engaged were positive about a move to the push-to-web method. It was felt to reflect the greater use of online methods in day-to-day life, as well as reflecting how NHS trusts are starting to engage patients online. However, participants across all engagement activities stressed it is important that consideration is given to patients who might experience difficulties using an online approach.

The 2019 pilot results provide valuable insight into the feasibility and acceptability of a push-to-web approach. In order to decide whether the Adult Inpatient Survey would move to a push-to-web method, analysis was undertaken on the following elements: response rate and online response rate of the experimental groups; the cost and sample size associated with the revised response rates; the impact on comparability of results between trusts; demographic profile differences; question response differences; and, impacts on trends. The key findings are outlined below.

- Overall, the response rates of the experimental groups were similar to the control group and uptake of the online survey was high, indicating an appetite for taking part online. Therefore, moving to a push-to-web method would not impact the sample sizes required in order to gain sufficient survey completions.
- Based on analysis of demographic variables available in the sample, the profile of respondents within the mixed-mode groups were either as representative or more representative than the profile of respondents within the control group. The mixed-mode groups had higher response rates from those from younger age categories, making the mixed-mode groups more representative by age.
- However, there were some differences in question responses between the groups, that although relatively minor, suggested that a change in method would necessitate a break in trends.
- Online responses also exhibited lower levels of item non-response, as no question responses had to be removed due to incorrect routing/multi-coding.
- Overall, this analysis was consistent at trust level as well as national level, which suggests moving to a push-to-web method would not impact trust comparability.

As mentioned, the experimental groups included a fourth mailing, which is an additional postal invitation compared to the mainstage survey. Therefore, analysis was conducted to determine the impact on response rates and demographics of the fourth mailing. This analysis showed that an experimental approach with three mailings would result in a lower response rate compared to the control, though the impact on respondent profile or question responses was limited. To preserve response rates, the fourth postal invitation would be required, though this would result

in a cost increase for NHS trusts. The CQC consulted NHS trusts on the increase in costs associated with a fourth mailing, and their preference was to opt for three mailings.

The agreed three-mailing protocol for the 2020 Adult Inpatient Survey is shown in Table 2.1.

Table 2.1: Mailing protocol for the 2020 Adult Inpatient Survey

Mailing	Mode of contact
M1 (Week 1)	Letter with URL
SMS1 (+3 days)	SMS after M1
M2 (Week 2)	Letter with URL
SMS2 (+3 days)	SMS after M2
M3 (Week 4)	Letter with URL and paper questionnaire

2.2.2 Fieldwork length

A decision was made to shorten the fieldwork length from 15 to 12 weeks as a first step in making results available to NHS trusts earlier. Analysis showed this would not be detrimental to data quality, as a minimal number of returns were received during the final weeks of fieldwork.

3 Changes to sampling

3.1 Methods of engagement

3.1.1 Interviews with NHS trusts

In advance of the sampling design being confirmed, eight interviews were conducted with staff at NHS trusts who had experience of drawing samples for previous waves of the Adult Inpatient Survey. These interviews invited feedback on the sampling process, re-submission process, eligibility criteria, materials, and any other concerns.

The main feedback was an appeal to streamline the checking process as much as possible, to minimise burden on trust staff. There were no particular concerns raised on eligibility criteria or the variables included in the sample.

3.1.2 Online survey with NHS trusts

As part of a review of the sampling month, an online survey was conducted with NHS trusts to review potential alternative months and any concerns about moving the timeline for the Adult Inpatient Survey going forwards. This feedback fed into the final decision on sampling month, considering factors such as other competing trust activities and levels of inpatient activity.

3.1.3 Consultation with stakeholders

The CQC undertook conversations with a variety of stakeholders, to discuss any additional variables that were needed within the sample, and to ensure changing the sampling month would not detrimentally affect reporting requirements for survey results users. In addition, as the COVID-19 pandemic progressed, the CQC undertook further conversations to understand the impact on the sampling process and on reporting requirements.

3.2 Changes to sampling design and sampling materials

As a result of this engagement work, and in order to run the survey using the push-to-web method, four main changes were made to the sampling design compared to previous mainstages. The sampling materials (sample declaration form, sample construction spreadsheet, sampling handbook and sampling instructions) were updated to reflect these changes.

1) Change to sampling month

The sampling month was moved from July to November, to ensure enough time to set-up the survey for 2020 using the push-to-web method. November was chosen as it provided enough patient throughput to achieve required sample sizes, while avoiding particularly busy periods for trusts.

2) Collection of mobile phone number

In order for contractors to send SMS reminders, trusts have been asked to include mobile numbers alongside postal addresses within the sample. Instructions for the inclusion of mobile number were tested in the pilot and will be replicated for the mainstage. In addition, to ensure the Coordination Centre for Mixed Methods at Ipsos MORI (CCMM) can monitor levels of mobile number by trust without receiving actual mobile numbers, a “Mobile number indicator” field was included. Within this, “1” signifies that a mobile number has been provided and “0” signifies that no mobile number has been included for that record.

3) Collection of online survey variables

Where trusts are using the CCMM-provided online script to conduct the online element of the survey, the CCMM needs to collect the name of the site at which each patient received their care. This information is used to personalise materials and the log-in details. Therefore, a version of the sample construction spreadsheet was designed with these additional variables for the use of in-house trusts and contractors using the centralised online survey tool.

4) Collection of COVID-19 variables

As the COVID-19 pandemic has progressed throughout 2020, the impact of the condition on healthcare services has become more vital for the survey to measure. To ensure the reporting variables allow this, two COVID-19 variables have been included within the sample, covering whether or not a patient was diagnosed with or treated for the condition. As hospital records were continuing to be updated, it was felt appropriate to collect both a variable based on ICD-10 codes, and a variable based on individual trust records, so that comparisons can be made across the two variables and the most appropriate used for analysis.

4 Changes to materials

4.1 Methods of engagement

Ahead of the push-to-web pilot in 2019, the questionnaire and supporting materials were updated to bring them in line with industry best practice and ensure they were appropriate for the method. Following the decision to transition the Adult Inpatient Survey 2020 to a push-to-web approach, the survey questionnaire and materials were reviewed again, to ensure they continued to function as intended.

4.1.1 Cognitive testing – 2019 Adult Inpatient pilot

For the 2019 pilot, the following materials were updated or developed based on industry best practice:

- **Covering letters:** consisting of an initial invitation letter and further reminder letters.
- **Text for the SMS reminders:** three versions to be sent alternately with the letters.
- **Dissent poster:** to be displayed in hospitals prior to fieldwork.

All re-developed materials were cognitively tested with inpatients to explore:

- The extent to which the messaging used in the materials was engaging, persuasive, and likely to secure participation in the survey.
- The extent to which the content of the materials was comprehensive, and whether there was any additional information required by respondents.
- Respondents' understanding of the language used, focusing on the more complex elements (e.g. confidentiality).
- The layout of the materials to understand which elements respondents were most drawn to/likely to read and to understand if any key information was being overlooked.

In total, nine cognitive interviews were conducted between 20th – 22nd May 2019 with recent inpatients. Each interview lasted between 45-60 minutes and took place in the participant's home. Participants varied by region, age, sex, socio-economic background and internet usage to ensure that a range of viewpoints were considered.

4.1.2 Cognitive testing – 2020 Adult Inpatient Survey

Following the decision to transition the Adult Inpatient Survey 2020 to a push-to-web approach, the survey questionnaire and materials were reviewed again. The focus of cognitive testing was questionnaire development (see Chapter 5), however the invitation letter was tested with six participants in the third round of interviews. This aimed specifically to explore their understanding of data protection and confidentiality.

4.2 Changes to materials

Copies of all updated materials will be uploaded to the [NHS Surveys website](#).

4.2.1 Covering letters

Patients sampled for the survey are sent three letters. While many existing features of the covering letters were retained, changes were made to all three, including:

- **Updating the messaging to reflect the mixed-mode approach.** For example, making it clear that participants can complete online and encouraging them to do so, adding log-in details for the online survey to the centre of the letter.
- **Updating the motivational messaging across letters,** to tap into patients' motivation to take part in the survey.
- **Improving the visual appeal of letters and making them easier to read,** by drawing the patients' eye to key parts of information.
- Ensuring the **relevant information on data protection and confidentiality** is included.
- **Meeting accessibility guidelines,** such as using a minimum of font size 12, and signposting to the accessible survey options.

SMS reminders

The push-to-web method introduced SMS reminders, which were developed and tested in the 2019 pilot. The reminders include a personalised URL which takes participants directly into the online survey (without the need to input their login details) and aims to encourage online completion. Cognitive testing showed that participants welcomed the ease of completing the survey via the SMS reminder and were happy with the content. Following feedback from patients, it was decided that the SMS reminder should come from a named sender (NHS Survey) as this reassures patients about the legitimacy of the contact.

Online survey

The push-to-web method introduced an online survey. The online survey is designed to be device-agnostic, meaning that it adapts to devices such as mobile phones, tablets and desktops, and to meet accessibility guidelines. Navigation to the survey and use of the survey was tested ahead of the pilot during cognitive testing, as well as during the pilot itself. The online survey is available in nine non-English languages and British Sign Language.

Dissent poster

As with previous surveys, a dissent poster is displayed during the sampling month. This makes patients aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part. Many previous features of this poster were retained, though the overall design was updated to bring it in line with the other survey

materials. Cognitive testing showed that some participants found the purpose of the poster initially unclear and thought they were required to opt-in to the survey. As a result of this feedback, the ordering and emphasis of information on the poster was updated, to highlight that patients will be selected to participate.

Multilanguage sheet

The multilanguage sheet retains many of its previous features. However, it has been updated to include links to the online survey for nine non-English languages:

1. Arabic
2. Bengali
3. French
4. Gujarati
5. Polish
6. Portuguese
7. Punjabi
8. Spanish
9. Urdu

The multilanguage sheet continues to include the previously listed languages below, directing the participant to a helpline number. Although a translated online survey is not available in these languages, a telephone assisted survey using Language Line can continue to be offered.

10. Cantonese (Traditional Chinese)
11. Mandarin (Simplified Chinese)
12. Turkish
13. Italian
14. Russian
15. Kurdish
16. Tamil
17. Thai
18. Farsi
19. Somali

As shown in Figure 4.1, the multilanguage sheet was also updated to include signposting to accessible formats. Chapter 6 provides further information on accessibility changes to the survey.

Figure 4.1: Accessibility signposting on multilanguage sheet

LEARNING DIFFICULTY OR ACCESSIBILITY NEEDS?

[INSERT BSL LINK]

If you need some help to fill in this survey, or if you want a copy of the questionnaire in easy read, large print or Braille, please call us [for free] on [INSERT HELPLINE] or email [INSERT HELPLINE EMAIL].

5 Changes to the questionnaire

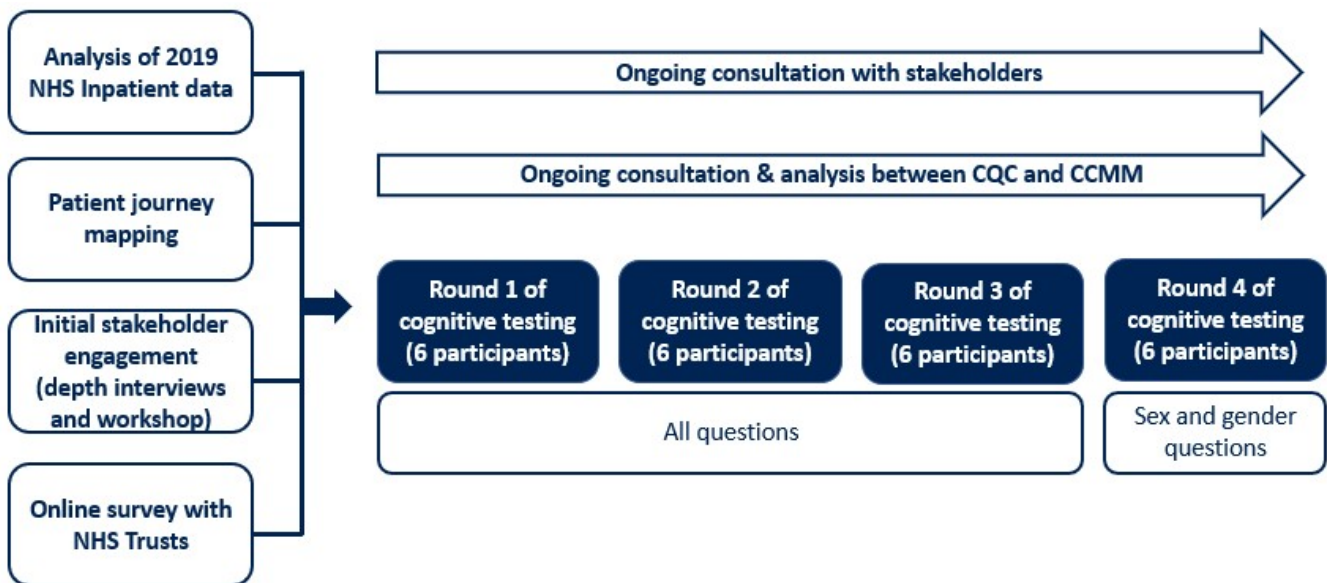
5.1 Methods of engagement

The break in the data series created by the move to mixed methods provided an opportunity to review the questionnaire. Specifically, the questionnaire was reviewed and updated with the dual aims of:

1. Reducing the length, both to reduce the burden on participants and meet best-practice guidelines for online surveys.
2. Ensuring the content of the questionnaire reflects the way in which inpatient services are delivered (in line with current policy and practice), and horizon scanning to ensure the questionnaire is future proofed where possible.

During the questionnaire development process, stakeholders, NHS trusts and patients were invited to provide their opinions. All revisions to the questionnaire were then cognitively tested with patients to ensure comprehension and relevance. An overview of the questionnaire development process is shown in Figure 5.1.

Figure 5.1: The questionnaire development process



5.1.2 Patient journey mapping (depth interviews and focus group)

Given the changing nature of healthcare services, it was important to ensure the survey remained grounded in the experiences of patients. As such, redevelopment of the questionnaire was accompanied by a revalidation of the patient journey to ensure critical elements were identified and afforded the weight deserved in questionnaire design. This was informed by a complementary combination of individual depth interviews and a discussion group:

- Seven 45-minute telephone depth interviews were conducted, where the patient journey was mapped out into key stages/areas, and within each of these the factors that are important to patients fully explored.
- The findings from tele-depths fed into a group discussion, where we explored in further detail the issues that matter to patients at each step of their journey as an inpatient. The group lasted 1.5 hours and ten patients took part.

For both the depth interviews and group, quotas were set to ensure a good spread of gender, social grade, age, health (whether patients had a long-term condition) and route of admission (emergency or planned). All patients had been an inpatient within the last six months.

5.1.3 Analysis of 2019 Adult Inpatient Survey data

Analysis of previous Adult Inpatient Survey data was conducted to identify which questions appeared to be “working well”, and those that are less efficient. This analysis included the following:

- **Correlation between questions:** Where the questionnaire contains questions on similar topics, it is insightful to explore the extent to which they are perceived as asking about distinct concepts. Where correlation between responses to two questions is high, it may be that respondents are not able to meaningfully distinguish between the concepts asked about.
- **Ceiling and floor effects:** Floor and ceiling effects suggest that there is more variance in the concept being measured than the questionnaire response scale will accommodate. For example, a ceiling effect (where a high proportion of participants are giving the most positive response option) may indicate the scale does not adequately capture the positivity felt by respondents.

5.1.4 Stakeholder engagement

A large number of stakeholders specialising in patient care were consulted on an ongoing basis throughout the questionnaire redevelopment process. This entailed:

- **Depth interviews with stakeholders** – Five in-depth interviews were conducted via telephone to gain an understanding of how the survey data was being used and identify any policy changes which may have implications for the questionnaire.
- **A full day workshop** – The workshop aimed to bring together key stakeholders to begin building a consensus around changes to the questionnaire. Sixteen stakeholders attended the workshop for five hours, held at the CQC office. The workshop attendees were split into groups and reviewed the 2019 questionnaire with moderators from the CCMM. In addition to reviewing the current questionnaire, attendees participated in tasks to think about horizon scanning and future-proofing the questionnaire.

- **Follow-up discussions** – Stakeholders were invited to provide feedback via phone or email throughout the redevelopment process, with feedback incorporated into future drafts of the questionnaire where possible

5.1.5 Online survey with NHS trusts

All NHS trusts that participate in the Adult Inpatient Survey were invited to share their views via an online survey. As mentioned in section 3.1.2, trusts were asked to provide their views on the survey sampling month. However, trusts were also asked for their views on the push-to-web method, and to provide an indication of which survey questions are the most and least useful to them.

5.1.6 Cognitive testing – all questions

The CQC and CCMM revised the questionnaire based on best-practice and feedback from patients, stakeholders and NHS trusts. All revisions were then cognitively tested with patients. Cognitive interviews are a type of in-depth interview that serve to test both how the wording of individual questions is understood and how sets of questions work to influence each other in the context of a wider questionnaire. Specifically, cognitive interviews aim to determine how individuals perceive each question alone and as part of a survey instrument. The key objectives of testing the questionnaire were to ensure participants understand the questions, feel willing and able to answer them, and will provide accurate and valid responses. In addition, the cognitive interviews also aimed to understand whether the questions cover all circumstances and whether the guidance text and routing was working as intended.

As the cognitive interviews were conducted during the COVID-19 pandemic, the interviews were administered over the phone using a “think aloud” technique whereby the participant talked through their thought processes as they completed the questionnaire. The interviewer then asked about specific aspects of the questionnaire to understand how participants determine their answer to each question and to ensure that questions are understood as intended. Participants’ feedback was then used to clarify question meaning where necessary and improve the survey as a whole.

Testing was conducted between 23rd June – 21st July 2020. The approach involved three rounds of cognitive interviewing with patients so that changes could be made and retested. In total 18 interviews were completed, with six interviews in each wave. Patients were recruited remotely using a detailed screening questionnaire, to identify individuals who were inpatients within the last 12 months and met a range of demographic factors:

- Gender
- Region (including a spread of urban vs. rural)
- Social grade
- Age

- Route of admission to hospital (emergency or planned)
- Length of hospital stay (one night or more than one night)

Following the completion of each round of interviews an analysis session was held, as well as a debrief with the CQC. The questionnaire was iteratively improved for each round of testing and the issues to resolve became more specific as general clarifications were implemented.

5.1.7 Cognitive testing – sex and gender questions

The sex and gender questions within the demographics section of the questionnaire were also reviewed, with the aim to:

1. Measure the protected characteristics of sex and gender reassignment in the questionnaire.
2. Ensure the questions are inclusive in terms of gender identity and how people wish to describe themselves.

To design these questions, the CCMM reviewed existing literature and other experimental work conducted in this area. The CCMM and the CQC developed sex/gender questions for the Adult Inpatient Survey, and cognitively tested these alongside three alternative sets of questions (developed by the ONS, Stonewall and NHS England).

Six cognitive interviews were conducted with participants identifying as non-cisgender (including, but not limited to, people who identify as genderfluid, non-binary, transgender, genderqueer, gender non-conforming, agender, intersex). At least two of these participants had been an inpatient in hospital within the last five years. No other quotas were applied as this would likely create difficulties in recruitment. These interviews were also administered over the phone using a “think aloud” technique. Testing was conducted between 22nd July and 24th July 2020.

When discussing the questions, participants were made aware that there was no requirement for them to disclose information about their own sex or gender in the interview unless they felt comfortable doing so.

5.2 Changes to the questionnaire

Overall, there were changes to most questions and a reduced length of 58 questions (compared with 82 previously). These changes are outlined in detail below.

5.2.1 Questions removed from the questionnaire

As noted above, reducing the length of the questionnaire was necessary to reduce the burden on participants and meet best-practice guidelines for online surveys, therefore a number of questions were removed from the questionnaire (shown in Table 5.1). Factors influencing removal included relevance to service improvement, patient experience and policy, current question usage, and the quality and usability of the data.

Table 5.1: Questions removed from the questionnaire

Question removed	Rationale for removal
<p>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)</p> <p>While you were in the A&E Department, how much information about your condition or treatment was given to you?</p> <p>Were you given enough privacy when being examined or treated in the A&E Department?</p>	<p>Stakeholders fed back that questions in the A&E section are not commonly used. Stakeholders thought these questions are more suited to the A&E survey, although acknowledged that survey is run biannually.</p>
<p>When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?</p>	<p>Stakeholders thought this question was a useful indicator of continuity of care and provides insight into the healthcare system as a whole. However, stakeholders thought the question was more relevant to primary care and could be measured more appropriately elsewhere. Some NHS trusts fed back that this question is not always relevant, for example patients may have a limited choice if being referred to a specialist centre. In addition, it is the GP practices responsibility to offer a choice, so some NHS trusts thought the outcome of the question was not actionable.</p>
<p>Was your admission date changed by the hospital?</p>	<p>Stakeholders thought the use of the question was limited as it does not provide information on why the admission date was changed or whether the change was negative (e.g. the admission may have moved to an earlier date). Analysis of previous survey data showed the results for this question remained relatively static over time.</p>
<p>In your opinion, had the specialist you saw in hospital been given the necessary information about your condition or illness from the person who referred you?</p>	<p>Stakeholders fed back that the data from this question is not widely used. Stakeholders were unclear how patients would know whether their specialist had been given the necessary information in some scenarios. Analysis of previous survey data showed the results for this question remained relatively static over time.</p>
<p>While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?</p> <p>While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?</p>	<p>These two questions were introduced to capture incidents of mixed-sex accommodation alongside the context of staying in a critical care area (e.g. breaches may be permitted in that scenario). However, stakeholders and NHS trusts confirmed that more robust sources exist for monitoring breaches.</p>

<p>Did you know which nurse was in charge of looking after you (this would have been a different person after each shift change)?</p>	<p>This question was introduced in relation to the “named nurse” initiative. However, stakeholders thought that policy has since shifted, and the question is less relevant. For example, patients are often cared for by a team of healthcare professionals, rather than having a specific nurse looking after them each shift.</p>
<p>Did you have confidence and trust in any other clinical staff treating you (e.g. physiotherapists, speech therapists, psychologists)?</p>	<p>NHS trusts fed back that it is difficult to action results from this question as the staff group “other clinical staff” is vast. Unfortunately, due to this vastness, it is not possible to ask individual questions about other clinical staff.</p>
<p>In your opinion, did the members of staff caring for you work well together?</p>	<p>The questionnaire previously contained two questions on coordination of care. Given the requirements to reduce the questionnaire length, this question was suggested for removal, though Q22 remains (whether the patient was told something by a member of staff that was different to what they had been told by another member of staff).</p>
<p>Did you have confidence in the decisions made about your condition or treatment?</p>	<p>Stakeholders and NHS trusts fed back that this question is less actionable than others. For example, more specific questions remain on whether patients were involved in decisions about their care and treatment, and whether they had confidence and trust in doctors/nurses.</p>
<p>Do you feel you got enough emotional support from hospital staff during your stay?</p>	<p>Analysis of previous survey data showed this question was highly correlated with the question “did you find someone on the hospital staff to talk to about your worries and fears?”. Stakeholders fed back that the alternative question was preferred, as the term “emotional support” is policy language rather than patient language.</p>
<p>On the day you left hospital, was your discharge delayed for any reason?</p> <p>What was the MAIN reason for the delay?</p> <p>How long was the delay?</p>	<p>Stakeholders fed back that this information is available elsewhere (in the Delayed Transfers of Care dataset). This data source is considered more reliable and is used more widely.</p>
<p>Did a member of staff tell you about any danger signals you should watch for after you went home?</p>	<p>Analysis of previous survey data showed this question was highly correlated with the question “did a member of staff tell you about medication side effects to watch for when you went home?”. This suggested the question was poorly understood by patients, and stakeholders fed back that the results were not widely used.</p>
<p>Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?</p>	<p>Analysis of previous survey data showed this question was highly correlated with the question “did hospital staff take your family or home situation into account when planning your discharge?”.</p>
<p>After being discharged, was the care and support you expected available when you needed it?</p>	<p>Given the requirements to reduce the questionnaire length, this question was suggested for removal. A question remains which asks about care and support after leaving hospital: “After leaving hospital, did you get</p>

	enough support from health or social care services to help you recover or manage your condition?”.
During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	NHS trusts and stakeholders fed back that this question is not frequently used. In addition, some stakeholders provided feedback that this question would be better suited to an outpatient questionnaire.
Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	It is continually important that the NHS Patient Surveys advocate the opportunity to feedback or complain about experiences. However, a question remains in the survey which asks “were you ever asked to give your views on the quality of your care?”. Given the requirements to reduce the questionnaire length, this question was suggested for removal.
Did you feel well looked after by the non-clinical hospital staff (e.g. cleaners, porters, catering staff)?	NHS trusts fed back that it is difficult to action results from this question as the staff group “non-clinical staff” is vast. Unfortunately, due to this vastness, it is not possible to ask individual questions about non-clinical staff.

5.2.2 Questions amended in the questionnaire

Patient journey mapping and stakeholder engagement confirmed the questionnaire content was broadly correct, therefore the questionnaire sections remain similar. However, amendments have been made to:

- improve the consistency of language and terminology throughout, and
- streamline question stems and response options.

Some topics were also considered for new questions, for example in relation to COVID-19. All amendments to the questionnaire are detailed below, alongside the rationale for any changes.

Section 1: Admission to hospital

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q1. Was your most recent overnight hospital stay planned in advance or an emergency?</p> <ul style="list-style-type: none"> • Waiting list or planned in advance • Emergency or urgent • Don't know / can't remember 	<p>Was your most recent hospital stay planned in advance or an emergency?</p> <ul style="list-style-type: none"> • Emergency or urgent • Waiting list or planned in advance • Something else 	<p>The question stem was amended to include “overnight”. This was to provide clarity to patients with multiple visits to hospital, guiding them to answer in line with the sampling guidance. The answer code “something else” was removed as it was agreed the remaining answer codes represented the two routes available. The answer code “don't know / can't remember” was later added to cover the scenario in which a patient cannot remember their admission to hospital. Finally, the ordering of the answer codes was switched, so</p>

		they follow the ordering of the question stem wording. This question was understood well in cognitive testing.
<p>Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?</p> <ul style="list-style-type: none"> • I did not mind waiting as long as I did • I would like to have been admitted a bit sooner • I would like to have been admitted a lot sooner 	<p>How do you feel about the length of time you were on the waiting list before your admission to hospital?</p> <ul style="list-style-type: none"> • I was admitted as soon as I thought was necessary • I should have been admitted a bit sooner • I should have been admitted a lot sooner 	<p>During the consultation process, stakeholders fed back that questions about waiting times (Q2 and Q3) were subjective. However, it was agreed that the questions aimed to capture patient perception, not actual wait times. The answer code “I was admitted as soon as I thought was necessary” was rephrased, as some patients may find it difficult to comment on whether their waiting time was “necessary”. The question stem was updated to use past tense, in line with the tense used in the answer codes. In cognitive testing, patients were able to easily distinguish how long their wait felt.</p>
<p>Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?</p> <ul style="list-style-type: none"> • I did not have to wait • I had to wait, but not for too long • I had to wait a bit too long • I had to wait far too long • Don't know / can't remember 	<p>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?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No 	<p>The question stem was updated as the previous wording was deemed leading. For example the phrasing “did you feel that you had to wait a long time” was removed. As a result, the answer codes were re-worded to match the question stem. This question was understood well in cognitive testing.</p>
<p>Q4. Did you ever stay in a hospital room or ward for those with coronavirus (COVID-19) or suspected coronavirus?</p> <ul style="list-style-type: none"> • Yes • No • Don't know 	<p>Not applicable – new question</p>	<p>A decision was made to include some questions about COVID-19 during the redevelopment process. The aim was to enable analysis of the experiences of COVID and non-COVID patients. This question was generally understood in cognitive testing, though some patients queried whether they should include COVID-19 specific areas in A&E when answering the question. Despite this, participants answered the question</p>

		<p>consistently and it was agreed this captures a key concept alongside the updated sampling variables for COVID-19.</p> <p>An alternative question was tested, which asked “was your most recent admission to hospital due to having coronavirus or symptoms of coronavirus?”. This question was generally understood, though the terminology “symptoms of” caused confusion for some participants.</p>
<p>Q4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?</p> <ul style="list-style-type: none"> • Yes, often • Sometimes • No, never • I did not need to • There were no restrictions on visitors • Don't know / can't remember 	Not applicable – new question	<p>This question was developed for the COVID-19 Inpatients survey. It provided important insight into the experiences of patients in hospital during the pandemic, and was therefore included in the 2020 Adult Inpatient Survey.</p>

Section 2: The hospital and ward

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q5. Were you ever prevented from sleeping at night by any of the following?</p> <p><i>Please put an x in all the boxes that apply to you.</i></p> <ul style="list-style-type: none"> • Noise from other patients • Noise from staff • Noise from medical equipment • Hospital lighting • Something else • None of these 	<p>Were you ever bothered by noise at night from other patients?</p> <ul style="list-style-type: none"> • Yes • No <p>Were you ever bothered by noise at night from hospital staff?</p> <ul style="list-style-type: none"> • Yes • No 	<p>Stakeholders and NHS trusts fed back that questions on noise at night were important. However, there was a discussion around how actionable the results are, as the majority of patients could be “bothered” by noise without it necessarily impacting their sleep. As a result, the question stem was strengthened to refer to “prevented from sleeping at night”. The answer codes were also updated to include a more comprehensive list of disturbances, informed through discussion with patients during cognitive testing. This question</p>

		was well understood during cognitive testing.
<p>Q6. Did you ever change wards during the night?</p> <ul style="list-style-type: none"> • Yes, once • Yes, more than once • No • Don't know / can't remember 	<p>Did you change wards at night?</p> <ul style="list-style-type: none"> • Yes, but I would have preferred not to • Yes, but I did not mind • No 	<p>The question stem was updated from “at night” to “during the night” based on feedback from patients. There was initial confusion over what was meant by “at night” whereas the term “during the night” was interpreted consistently. The position of this question was changed – it is placed later in the “hospital and ward” section to provide context that participants should think about changing wards once they were admitted. Current guidelines indicate patients should not change wards during the night, therefore instead of capturing patient opinion on this, the response codes were updated to capture a different concept of how frequently this happened. This question was well understood during cognitive testing.</p>
<p>Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No, but I would have liked an explanation • No, but I did not need an explanation • Can't remember 	<p>Did the hospital staff explain the reasons for being moved in a way you could understand?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No 	<p>This question stem was updated to match Q6 more closely, including the term “changing wards during the night”. The response codes were updated to reflect a scenario in which the patient might not need an explanation for changing wards. This question was well understood during cognitive testing.</p>
<p>Q8. How clean was the hospital room or ward that you were in?</p> <ul style="list-style-type: none"> • Very clean • Fairly clean • Not very clean • Not at all clean • Don't know / can't remember 	<p>In your opinion, how clean was the hospital room or ward that you were in?</p> <ul style="list-style-type: none"> • Very clean • Fairly clean • Not very clean • Not at all clean 	<p>This question stem was streamlined by removing “in your opinion”. The answer codes remain similar, though “don't know / can't remember” was included. This question was well understood during cognitive testing.</p>

<p>Q9. Did you get enough help from staff to wash or keep yourself clean?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not need help 	<p>Did you get enough help from staff to wash or keep yourself clean?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No • I did not need help to wash or keep myself clean 	<p>This question stem is unchanged. The answer codes were updated to be more balanced – for example removing the “yes” to reflect that “sometimes” is a neutral concept, and adding “no, never” to balance the “yes, always” option. This question was well understood during cognitive testing.</p>
<p>Q10. If you brought medication with you to hospital, were you able to take it when you needed to?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I had to stop taking my medication as part of my treatment • I did not bring medication with me to hospital 	<p>If you brought your own medication with you to hospital, were you able to take it when you needed to?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No • I had to stop taking my own medication as part of my treatment • I did not bring my own medication with me to hospital 	<p>This question stem was streamlined but remains similar. The answer codes were updated to be more balanced (as above). Most participants understood the question during cognitive testing, though some participants thought about medication they were given in hospital.</p>
<p>Q11. Were you offered food that met any dietary requirements you had?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not have any dietary requirements 	<p>Were you offered a choice of food?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>This question stem was re-phrased as stakeholders and NHS trusts thought it was more important to capture whether patients' dietary needs were being met, as the majority should be offered a choice of food.</p>
<p>Q12. How would you rate the hospital food?</p> <ul style="list-style-type: none"> • Very good • Fairly good • Neither good nor poor • Fairly poor • Very poor • I was fed through tube feeding • I did not have any hospital food 	<p>How would you rate the hospital food?</p> <ul style="list-style-type: none"> • Very good • Good • Fair • Poor • I did not have any hospital food 	<p>This question stem is unchanged. The answer codes were updated for consistency with Q8 to use a very/fairly scale. The answer code “neither good nor poor” was also included as some patients wanted a more neutral option for rating hospital food. Finally, the answer code “I was fed through tube feeding” was included to reflect this clinical scenario. Although the scale for this question is long, the concept is not challenging, and it was well understood during cognitive testing.</p>

<p>Q13. Did you get enough help from staff to eat your meals?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not need help to eat meals 	<p>Did you get enough help from staff to eat your meals?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No • I did not need help to eat meals 	<p>This question stem is unchanged. The answer codes were updated to be more balanced (as above). This question was well understood during cognitive testing.</p>
<p>Q14. During your time in hospital, did you get enough to drink? <i>Please put an x in all the boxes that apply to you.</i></p> <ul style="list-style-type: none"> • Yes • No, because I did not get enough help to drink • No, because I was not given enough to drink • No, for another reason • I had a hydration drip 	<p>During your time in hospital, did you get enough to drink?</p> <ul style="list-style-type: none"> • Yes • No, because I did not get enough help to drink • No, because I was not offered enough drinks • No, for another reason 	<p>This question stem is unchanged. One answer code was updated from “No, because I was not offered enough drinks” to “No, because I was not given enough to drink” following feedback from patients – this was felt to be a broader concept. The answer code “I had a hydration drip” was also included to reflect this clinical scenario. This question was well understood during cognitive testing.</p>

Section 3: Doctors

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>In this section, please think about all the doctors who cared for you. For example, consultants, junior doctors, and surgeons. Please do not include doctors who cared for you in A&E.</p>	<p>Not applicable – new wording</p>	<p>During cognitive testing, patients revealed they were sometimes including A&E members of staff in this section. Introductory wording was added to clarify a range of doctors could be included, but not those who cared for the patient in A&E. The wording was well understood during cognitive testing, though it was not always read by participants.</p>
<p>Q15. When you asked doctors questions, did you get answers you could understand?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not have any questions • I did not feel able to ask questions 	<p>When you had important questions to ask a doctor, did you get answers that you could understand?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No • I had no need to ask 	<p>The question stem wording was streamlined. The word “important” was removed based on feedback from stakeholders – it was felt all questions should be answered. The answer codes were updated to be more balanced (as above). The answer code “I did not feel able to ask questions” was added based on patient feedback – this was interpreted by patients as not feeling comfortable enough, not feeling well enough, or thinking the doctors were too busy to be asked. The wording was well</p>

		understood during cognitive testing.
<p>Q16. Did you have confidence and trust in the doctors treating you?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Did you have confidence and trust in the doctors treating you?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>This question stem is unchanged. The answer codes were updated to be more balanced (as above). In cognitive testing, some participants fed back that they considered trust and confidence to be two separate concepts, though the majority felt they were comparable in this context. Although it is generally best practice to avoid two concepts in one question, given the small number of participants raising it as problematic, the question wording was not changed.</p>
<p>Q17. When doctors spoke about your care in front of you, were you included in the conversation?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Did doctors talk in front of you as if you weren't there?</p> <ul style="list-style-type: none"> • Yes, often • Yes, sometimes • No 	<p>This question wording was updated as the previous wording was deemed leading. The new question specifies that conversations relate to the patients care, and cover the scenario of discussions with both other staff and family members. The answer codes were updated to be more balanced (as above). The wording was well understood during cognitive testing.</p>

Section 4: Nurses

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>In this section, please think about all the nurses who cared for you. For example, nurses, nursing associates, clinical support workers, and healthcare assistants (HCAs). Please do not include nurses who cared for you in A&E</p>	None	<p>During cognitive testing, patients revealed they were sometimes including A&E members of staff in this section. Introductory wording was added to clarify a range of nurses could be included, but not those who cared for the patient in A&E. The wording was well understood during cognitive testing, though it was not always read by participants.</p>
<p>Q18. When you asked nurses questions, did you get answers you could understand?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>When you had important questions to ask a nurse, did you get answers that you could understand?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>The question stem wording was streamlined. The word "important" was removed based on feedback from stakeholders – it was felt all questions should be answered. The answer codes were updated to be more balanced (as above).</p>

<ul style="list-style-type: none"> • I did not have any questions • I did not feel able to ask questions 	<ul style="list-style-type: none"> • I had no need to ask 	<p>The answer code “I did not feel able to ask questions” was added based on patient feedback – this was interpreted by patients as not feeling comfortable enough, not feeling well enough, or thinking the nurses were too busy to be asked. The wording was well understood during cognitive testing.</p>
<p>Q19. Did you have confidence and trust in the nurses treating you?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Did you have confidence and trust in the nurses treating you?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>This question stem is unchanged. The answer codes were updated to be more balanced (as above). In cognitive testing, some participants fed back that they considered trust and confidence to be two separate concepts, though the majority felt they were comparable in this context. Although it is generally best practice to avoid two concepts in one question, given the small number of participants raising it as problematic, the question wording was not changed.</p>
<p>Q20. When nurses spoke about your care in front of you, were you included in the conversation?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Did nurses talk in front of you as if you weren't there?</p> <ul style="list-style-type: none"> • Yes, often • Yes, sometimes • No 	<p>This question wording was updated as the previous wording was deemed leading. The new question specifies that conversations relate to the patients care, and cover the scenario of discussions with both other staff and family members. The answer codes were updated to be more balanced (as above). The wording was well understood during cognitive testing.</p>
<p>Q21. In your opinion, were there enough nurses on duty to care for you in hospital?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>In your opinion, were there enough nurses on duty to care for you in hospital?</p> <ul style="list-style-type: none"> • There were always or nearly always enough nurses • There were sometimes enough nurses • There were rarely or never enough nurses 	<p>This question wording is unchanged. The answer codes were streamlined and updated for consistency with other scales in the questionnaire. The wording was well understood during cognitive testing.</p>

Section 5: Your care and treatment

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q22. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?</p> <ul style="list-style-type: none"> • Yes, often • Sometimes • No, never • Don't know / can't remember 	<p>Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?</p> <ul style="list-style-type: none"> • Yes, often • Yes, sometimes • No 	<p>This question wording was rephrased as the previous wording was deemed leading. The question wording also instructs patients to think about their care and treatment when answering the question. The wording was well understood during cognitive testing.</p>
<p>Q23. To what extent did staff looking after you involve you in decisions about your care and treatment?</p> <ul style="list-style-type: none"> • A great deal • A fair amount • Not very much • Not at all • I was not able to be involved • I didn't want to be involved 	<p>Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No 	<p>This question was updated to use an extent scale, capturing more granularity on patient involvement in decisions. The answer code "I was not able to be involved" was included, for example to cover scenarios where patients felt too unwell. The answer code "I didn't want to be involved" was included, for example to cover scenarios where patients felt there were no decisions they wanted to be involved in. The wording was well understood during cognitive testing, though some patients queried which "staff" they should include.</p>
<p>Q24. How much information about your condition or treatment was given to you?</p> <ul style="list-style-type: none"> • Too much • About the right amount • Too little • I was not given any information about my treatment or condition • Don't know / can't remember 	<p>How much information about your condition or treatment was given to you?</p> <ul style="list-style-type: none"> • Not enough • Right amount • Too much • I was not given any information about my treatment or condition • Don't know / can't remember 	<p>This question wording is unchanged. The answer codes were re-ordered to flow from "too much" to "no information". This was mostly understood during cognitive testing, though a small number of participants wanted to give different answers for "condition" vs. "treatment". Although it is generally best practice to avoid two concepts in one question, given the small number of participants raising it as problematic, the question wording was not changed.</p>
<p>Q25. Did you feel able to talk to members of hospital staff about your worries and fears?</p>	<p>Did you find someone on the hospital staff to talk to about your worries and fears?</p>	<p>The question stem was updated to capture patients' comfortableness talking to hospital staff, rather than whether</p>

<ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I had no worries or fears 	<ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • I had no worries or fears 	<p>they were able to “find someone”. The answer codes were streamlined and updated for consistency with other scales in the questionnaire. This was well understood during cognitive testing.</p>
<p>Q26. Were you able to discuss your condition or treatment with hospital staff without being overheard?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not want this 	<p>Were you given enough privacy when discussing your condition or treatment?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>The question wording was updated following feedback that “privacy when discussing” was an abstract concept, whereas “without being overheard” could be interpreted more literally. The answer codes were updated to be more balanced (as above). This was well understood during cognitive testing.</p>
<p>Q27. Were you given enough privacy when being examined or treated?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not want this • Don't know / can't remember 	<p>Were you given enough privacy when being examined or treated?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>The question wording is unchanged. The answer codes were updated to be more balanced (as above). This was well understood during cognitive testing.</p>
<p>Q28. Do you think the hospital staff did everything they could to help control your pain?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I was not in any pain • Don't know / Can't remember 	<p>Were you ever in any pain?</p> <ul style="list-style-type: none"> • Yes • No <p>Do you think the hospital staff did everything they could to help control your pain?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No 	<p>The question wording is unchanged. The answer codes were updated for consistency with other scales in the questionnaire. The answer code “I was not in any pain” was included as this question was merged with the question “were you ever in any pain?”. This was well understood during cognitive testing, though some participants did not like the terminology “control” and would prefer “relieve”.</p>
<p>Q29. Were you able to get a member of staff to help you when you needed attention?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never • I did not need attention 	<p>If you needed attention, were you able to get a member of staff to help you within a reasonable time?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>The question wording was streamlined. The answer codes were updated to be more balanced (as above). This was well understood during cognitive testing.</p>

	<ul style="list-style-type: none"> I did not want / need this 	
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Section 6: Operations and procedures

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q30. During your stay in hospital, did you have any operations or procedures? <i>Please do not include blood tests, scans or x-rays.</i></p> <ul style="list-style-type: none"> Yes No 	<p>During your stay in hospital, did you have an operation or procedure?</p> <ul style="list-style-type: none"> Yes No 	<p>The question wording is unchanged, though explanatory text was added to indicate what constitutes a “operation or procedure”. Given that a list of operations or procedures would be lengthy, it was decided to include some examples of common tests that should not be included. This was well understood during cognitive testing.</p>
<p>Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?</p> <ul style="list-style-type: none"> Very well Fairly well Not very well Not at all well I did not have any questions Don't know / can't remember 	<p>Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?</p> <ul style="list-style-type: none"> Yes, completely Yes, to some extent No I did not have any questions 	<p>This question was updated to use a different scale, capturing more granularity of patient experience. This was well understood during cognitive testing.</p>
<p>Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?</p> <ul style="list-style-type: none"> Very well Fairly well Not very well Not at all well I did not discuss this with staff Don't know / can't remember 	<p>Beforehand, were you told how you could expect to feel after you had the operation or procedure?</p> <ul style="list-style-type: none"> Yes, completely Yes, to some extent No 	<p>This question was updated to use a different scale, capturing more granularity of patient experience. Based on cognitive testing feedback, the answer code “I did not discuss this with staff” was included, to cover the scenario where hospital staff did not discuss this the patient. This amended was well understood during cognitive testing.</p>
<p>Q33. After the operations or procedures, how well did hospital staff explain how the operation or</p>	<p>After the operation or procedure, did a member of staff explain how the operation or procedure</p>	<p>This question was updated to use a different scale, capturing more granularity of patient experience. Based on cognitive testing</p>

<p>procedure had gone?</p> <ul style="list-style-type: none"> • Very well • Fairly well • Not very well • Not at all well • I did not discuss this with staff • Don't know / can't remember 	<p>had gone in a way you could understand?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No 	<p>feedback, the answer code “I did not discuss this with staff” was included, to cover the scenario where hospital staff did not discuss this the patient. This amended was well understood during cognitive testing.</p>
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Section 7: Leaving hospital

This section was re-ordered to improve the flow, for example asking questions about patient experience before leaving hospital, then questions about their experience after leaving hospital. In addition, the term “discharge” was updated to “leaving hospital” throughout, to use more patient-friendly language.

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q34. To what extent did staff involve you in decisions about you leaving hospital?</p> <ul style="list-style-type: none"> • A great deal • A fair amount • Not very much • Not at all • I didn't want to be involved in decisions 	<p>Did you feel you were involved in decisions about your discharge from hospital?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • I did not want to be involved 	<p>This question was updated to use an extent scale, capturing more granularity of patient experience. The terminology “discharge” was updated. This question was well understood during cognitive testing, though patients tended to think of the physical side of discharge only (rather than the emotional aspects of leaving hospital).</p>
<p>Q35. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?</p> <ul style="list-style-type: none"> • A great deal • A fair amount • Not very much • Not at all • It was not necessary • Don't know / can't remember 	<p>Did hospital staff take your family or home situation into account when planning your discharge?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No • It was not necessary • Don't know / can't remember 	<p>This question was updated to use an extent scale, capturing more granularity of patient experience. The terminology “discharge” was updated. This question was well understood during cognitive testing, though some patients felt it was similar to Q34.</p>
<p>Q36. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?</p>	<p>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</p>	<p>This question wording is unchanged. The answer code “don't know/can't remember” was added. Most participants answered, “it was not necessary” so feedback was fairly limited.</p>

<ul style="list-style-type: none"> • Yes • No, but I would have liked them to • No, it was not necessary to discuss it • Don't know / can't remember 	<p>the hospital?</p> <ul style="list-style-type: none"> • Yes • No, but I would have liked them to • No, it was not necessary to discuss it 	<p>However, the question wording was felt to be clear.</p>
<p>Q37. Were you given enough notice about when you were going to leave hospital?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No 	<p>Were you given enough notice about when you were going to be discharged?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No 	<p>This question wording and answer codes remained similar, with the terminology “be discharged” updated to “leave hospital”. This question was well understood during cognitive testing.</p>
<p>Q38. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?</p> <ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?</p> <ul style="list-style-type: none"> • Yes • No 	<p>This question wording was updated to remove the reference to “printed”, as the term “written” was thought to be sufficient. This question was well understood during cognitive testing.</p>
<p>Q39. Thinking about any medicine you were to take at home, were you given any of the following? <i>Please put an x in all the boxes that apply to you.</i></p> <ul style="list-style-type: none"> • An explanation of the purpose of the medicine • An explanation on side effects • An explanation of how to take the medicine • Written information about your medicine • I was given medicine, but no information • I had no medicine 	<p>Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No • I did not need an explanation • I had no medicines <p>Did a member of staff tell you about medication side effects to watch for when you went home?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No • I did not need an explanation <p>Were you given clear written or printed</p>	<p>Several questions on medication were combined to create this multi-code question. This question was well understood during cognitive testing, and participants recognised the question was multi-code.</p>

	<p>information about your medicines?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No • I did not need this • Don't know / can't remember 	
<p>Q40. Before you left hospital, did you know what would happen next with your care?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • I did not need further care 	<p>When you left hospital, did you know what would happen next with your care?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • It was not necessary 	<p>The answer code "it was not necessary" was updated to "I did not need further care" following feedback during cognitive testing. In the scenario that a patient does not need follow up care, the updated wording should provide clarity on which response code to select. This updated question was well understood during cognitive testing.</p>
<p>Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>This question is unchanged and was well understood during cognitive testing.</p>
<p>Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? <i>Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.</i></p> <ul style="list-style-type: none"> • Yes • No, but I would have liked them to • No, it was not necessary to discuss it • Don't know / can't remember 	<p>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)?</p> <ul style="list-style-type: none"> • Yes • No, but I would have liked them to • No, it was not necessary to discuss it 	<p>This question is similar, though some text has been removed from the question stem and inserted as explanatory text. This question was well understood during cognitive testing.</p>

<p>Q43. Where did you go after leaving hospital?</p> <ul style="list-style-type: none"> • I went to my home • I went to stay with family or friends • I went to a nursing or care home • I was transferred to another hospital • I went somewhere else 	<p>Where did you go after leaving hospital?</p> <ul style="list-style-type: none"> • I went home • I went to stay with family or friends • I was transferred to another hospital • I went to a residential nursing home • I went somewhere else 	<p>This question wording is unchanged. The routing was updated so that only participants who select “I was transferred to another hospital” are routed to Q45, as all other options may have needed further support. This question was well understood during cognitive testing.</p>
<p>Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No, but support would have been useful • I did not need any support 	<p>After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No, but support would have been useful • No, but I did not need any support 	<p>This question wording is unchanged, though the “no” was removed from the final answer code to reflect that this is a neutral response option. This question was well understood during cognitive testing.</p>

Section 8: Overall

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Overall, did you feel you were treated with respect and dignity while you were in the hospital?</p> <ul style="list-style-type: none"> • Yes, always • Yes, sometimes • No 	<p>The answer codes were updated to be more balanced (as above). This question was well understood during cognitive testing.</p>
<p>Q46. Overall, how was your experience while you were in the hospital? <i>Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.</i></p> <ul style="list-style-type: none"> • 0 – I had a very poor experience • 1 • 2 • 3 	<p>Overall... (Please circle a number)</p> <p>[HORIZONTAL SCALE]</p> <ul style="list-style-type: none"> • 0 – I had a very poor experience • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 	<p>This question was redeveloped to ensure it was suitable for an online survey, as best-practice for device agnosticism recommends avoiding horizontal scales. The question stem was also reworded to include the question wording, and some explanatory text included for the scale.</p> <p>During cognitive testing, participants were able to select a response, but some acknowledged that it’s difficult to differentiate with an 11-point</p>

<ul style="list-style-type: none"> • 4 • 5 • 6 • 7 • 8 • 9 • 10 – I had a very good experience 	<ul style="list-style-type: none"> • 9 • 10 – I had a very good experience 	<p>scale. A 5-point worded scale (very good to very poor) was also tested with participants for this reason. However, there was no clear preference between the two options. As comparability with other NHS Surveys is important, the 11-point scale has been retained in the Adult Inpatient Survey, but further consideration will be made in future.</p>
<p>Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?</p> <ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>During your hospital stay, were you ever asked to give your views on the quality of your care?</p> <ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>This question is unchanged and was understood well during cognitive testing.</p>

Section 9: About you

Updated wording (2020)	Previous wording (2019)	Rationale for change
<p>The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. Please remember, all the questions should be answered from the point of view of the person named on the letter.</p>	<p>Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.</p>	<p>This text was re-worded to include additional content that reassures participants of confidentiality and the rationale for collecting demographic data.</p>
<p>Q48. Who was the main person or people that filled in this questionnaire?</p> <ul style="list-style-type: none"> • The patient (named on the letter) • A friend or relative of the patient • Both patient and friend/relative together • The patient with the help of a health professional or care worker 	<p>Who was the main person or people that filled in this questionnaire?</p> <ul style="list-style-type: none"> • The patient (named on the front of the envelope) • A friend or relative of the patient • Both patient and friend/relative together • The patient with the help of a health professional 	<p>This question wording is unchanged. The reference to “envelope” was updated to “letter” in one answer code. This was understood well during cognitive testing.</p>

<p>Q49. Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more? <i>Please put an x in all the boxes that apply to you.</i></p> <ul style="list-style-type: none"> • Autism or autism spectrum condition • Breathing problem, such as asthma • Blindness or partial sight • Cancer in the last 5 years • Dementia or Alzheimer’s disease • Deafness or hearing loss • Diabetes • Heart problem, such as angina • Joint problem, such as arthritis • Kidney or liver disease • Learning disability • Mental health condition • Neurological condition • Stroke (which affects your day-to-day life) • Another long-term condition • None of the above • I would prefer not to say 	<p>Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? <i>Include problems related to old age.</i></p> <ul style="list-style-type: none"> • Yes • No <p>Do you have any of the following? <i>Select ALL conditions you have that have lasted or are expected to last for 12 months or more.</i></p> <ul style="list-style-type: none"> • Breathing problem, such as asthma • Blindness or partial sight • Cancer in the last 5 years • Dementia or Alzheimer’s disease • Deafness or hearing loss • Diabetes • Heart problem, such as angina • Joint problem, such as arthritis • Kidney or liver disease • Learning disability • Mental health condition • Neurological condition • Another long-term condition 	<p>Based on learning from the Adult Inpatient and Children and Young People pilots, the two questions on long-term conditions were combined. Analysis of the Adult Inpatient pilot showed that those who completed the questionnaire on paper were more likely to report having a long-term condition than those who completed online – the key difference is that those who complete online do not see the full list of long-term conditions until they have stated whether or not they have a long-term condition (as each question was shown on a separate screen).</p> <p>The updated question was understood well during cognitive testing – participants felt that the answer codes were comprehensive and covered everything needed.</p>
<p>Q50. Do any of these reduce your ability to carry out day-to-day activities?</p> <ul style="list-style-type: none"> • Yes, a lot • Yes, a little • No, not at all 	<p>Do any of these reduce your ability to carry out day-to-day activities?</p> <ul style="list-style-type: none"> • Yes, a lot • Yes, a little • No, not at all 	<p>This question wording is unchanged and was understood well during cognitive testing.</p>

<p>Q51. Have you experienced any of the following in the last 12 months? <i>Please put an x in all the boxes that apply to you.</i></p> <ul style="list-style-type: none"> • Problems with your physical mobility, for example, difficulty getting about your home • Two or more falls that have needed medical attention • Feeling isolated from others • None of these 	<p>Have you experienced any of the following in the last twelve months? <i>(Cross ALL that apply)</i></p> <ul style="list-style-type: none"> • Problems with your physical mobility, such as difficulty getting about your home • Two or more falls that have needed medical attention • Feeling isolated from others • None of these 	<p>This question wording is unchanged and was understood well during cognitive testing.</p>
<p>Q52. What was your year of birth?</p>	<p>What was your year of birth?</p>	<p>This question wording is unchanged and was understood well during cognitive testing.</p>
<p>Q53. At birth were you registered as...</p> <ul style="list-style-type: none"> • Male • Female • Intersex • I would prefer not to say <p>Q54. Is your gender the same as the sex you were registered as at birth?</p> <ul style="list-style-type: none"> • Yes • No, <i>please write your gender below</i> • I would prefer not to say 	<p>Are you male or female?</p> <ul style="list-style-type: none"> • Male • Female 	<p>Please see section 5.2.3.</p>
<p>Q55. What is your religion?</p> <ul style="list-style-type: none"> • No religion • Buddhist • Christian (including Church of England, Catholic, Protestant, and other Christian denominations) • Hindu • Jewish • Muslim • Sikh • Other • I would prefer not to say 	<p>What is your religion?</p> <ul style="list-style-type: none"> • No religion • Buddhist • Christian (including Church of England, Catholic, Protestant, and other Christian denominations) • Hindu • Jewish • Muslim • Sikh • Other • I would prefer not to say 	<p>This question wording is unchanged and was understood well during cognitive testing.</p>

<p>Q56. Which of the following best describes your sexual orientation?</p> <ul style="list-style-type: none"> • Heterosexual / straight • Gay / lesbian • Bisexual • Other • I would prefer not to say 	<p>Which of the following best describes how you think of yourself?</p> <ul style="list-style-type: none"> • Heterosexual / straight • Gay / lesbian • Bisexual • Other • I would prefer not to say 	<p>This question wording is unchanged and was understood well during cognitive testing.</p>
<p>Q57. What is your ethnic group? Please cross x in ONE box only.</p> <p>a. WHITE</p> <ul style="list-style-type: none"> • English / Welsh / Scottish / Northern Irish / British • Irish • Gypsy or Irish Traveller • Any other White background <p>b. MIXED / MULTIPLE ETHNIC GROUPS</p> <ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed / multiple ethnic background, please write in <p>c. ASIAN / ASIAN BRITISH</p> <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background, please write in <p>d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH</p> <ul style="list-style-type: none"> • African • Caribbean • Any other Black / African / Caribbean background, please write in <p>e. OTHER ETHNIC GROUP</p>	<p>Q57. What is your ethnic group? Please cross x in ONE box only.</p> <p>a. WHITE</p> <ul style="list-style-type: none"> • English / Welsh / Scottish / Northern Irish / British • Irish • Gypsy or Irish Traveller • Any other White background <p>b. MIXED / MULTIPLE ETHNIC GROUPS</p> <ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed / multiple ethnic background, please write in <p>c. ASIAN / ASIAN BRITISH</p> <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background, please write in <p>d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH</p> <ul style="list-style-type: none"> • African • Caribbean • Any other Black / African / Caribbean 	<p>This question is broadly similar, though a “prefer not to say” answer code has been included. This was understood well during cognitive testing.</p>

<ul style="list-style-type: none"> • Arab • Any other ethnic group, please write in • I would prefer not to say 	background, please write in e. OTHER ETHNIC GROUP <ul style="list-style-type: none"> • Arab • Any other ethnic group, please write in 	
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5.2.3 Changes to the sex and gender questions

Four different options of sex and gender questions were presented during cognitive interviews. Each option is presented in Tables 5.2 – 5.5 alongside patient feedback.

Table 5.2: Option 1 – developed by the CQC and CCMM for the Adult Inpatient survey

Question	Feedback
Q1. At birth were you registered as... <ul style="list-style-type: none"> • Male • Female • Intersex • I would prefer not to say 	Generally, participants liked the wording “at birth” and “registered” as it is factual, and liked the inclusivity of “intersex” as a response option.
Q2. How would you describe yourself? <ul style="list-style-type: none"> • Male • Female • In another way, please write in... • I would prefer not to say 	There was some dislike of the wording “describe yourself”, though one participant agreed that suggested alternative wording of “think of yourself” was worse.

Table 5.3: Option 2 – developed by the ONS

Question	Feedback
Q1. What is your sex? <ul style="list-style-type: none"> • Female • Male 	This was felt to be non-inclusive and disliked by participants. Some participants also felt there could be misinterpretation of the question without “at birth” and “registered” included, and therefore inconsistency in how people may respond.
Q2. Is your gender the same as the sex you were registered at birth? <ul style="list-style-type: none"> • Yes • No (write in gender) • Prefer not to say 	Participants generally liked this wording as it recognises that sex and gender are different. It was also viewed as inclusive as participants are able to write in their gender if they wish.

Table 5.4: Option 3 – developed by NHS England

Question	Feedback
Q1. Which of the following best describes you? <ul style="list-style-type: none"> • Female 	Some participants liked this wording as it was felt to be the “most open” and doesn’t ask directly about sex, so is less likely to be triggering. There were some queries around

<ul style="list-style-type: none"> • Male • Non-binary • Prefer to self-describe... • Prefer not to say 	the inclusion of “non-binary” – some participants thought this was inclusive, while some queried why non-binary was included and other identities were not.
<p>Q2. Is your gender identity the same as the sex you were registered at birth?</p> <ul style="list-style-type: none"> • Yes • No • Prefer not to say 	This was not preferable to participants given the lack of a write-in option. As a result, some participants felt non-binary or gender-fluid participants wouldn't be able to answer this question (sometimes gender identity is the same and sometimes it is not). In some scenarios this option wouldn't provide a clear indication of the participant's sex at birth.

Table 5.5: Option 4 – developed by Stonewall

Question	Feedback
<p>Q1. What best describes your gender?</p> <ul style="list-style-type: none"> • Male • Female • Non-binary • Self-describe, please write in... • Prefer not to say 	Given the similarities in wording, the feedback was similar to Option 3. Some participants liked this wording as it was felt to be the “most open”. However, there were some queries around the inclusion of “non-binary”.
<p>Q2. Do you identify as trans?</p> <ul style="list-style-type: none"> • Yes • No • Prefer not to say 	Participants generally disliked this question, as felt that “Trans” has negative connotations and neutral wording would be more suitable. In some scenarios this option wouldn't provide a clear indication of the participant's sex at birth.

In general, the acceptability of asking questions on sex and gender was high, and participants recognised the importance of including these in the survey. However, a key finding was that additional sensitivity text for these questions was essential. This was to act as a trigger warning for the questions, and to provide reassurance on confidentiality and why the questions were being included. The following text was therefore added before the questions:

“The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.”

Based on cognitive testing feedback, a combined question was created (using Q1 from Option 1 and Q2 from Option 2). This combination meets the aim of capturing sex and transgender identity, and the wording was liked by participants:

Q1. At birth were you registered as...

- Male
- Female
- Intersex

- I would prefer not to say

Q2. Is your gender the same as the sex you were registered at birth?

- Yes
- No (write in gender)
- Prefer not to say

6 Changes to accessibility

6.1 Methods of engagement

Desk research was undertaken to inform the approach to survey accessibility. This included review of best practice guidelines, and the approaches taken by other national surveys. The research was used to identify the most appropriate accessible options to offer for the Adult Inpatient Survey 2020 and how to signpost these options most effectively.

6.2 Changes to accessibility

The accessible formats that will be offered for the 2020 survey are detailed below:

1. Participants will be able to **change the font size and background colour** of the online survey, and the **survey is screen reader compatible**.
2. The online survey will be **translated into nine non-English languages** and **British Sign Language**.
3. Participants can request a **telephone assisted complete** in English or in a non-English language using a service such as Language Line.
4. The availability of a **large print** questionnaire will be signposted on the letters and administered at the request of the patient.
5. The availability of an **Easy Read** will be signposted on the letter and administered at the request of the patient.
6. The availability of a **Braille** questionnaire will be signposted on the letter and administered at the request of the participant.

The uptake of each of these accessible options, as well as requests for any additional accessible options will be recorded throughout the 2020 survey. The results will be reviewed to inform whether any additional options are required for the survey in the future.

Appendices

The bottom right portion of the page features three parallel diagonal stripes. The stripes are oriented from the bottom-left towards the top-right. The top stripe is a medium-dark blue, the middle stripe is a slightly lighter shade of blue, and the bottom stripe is a medium blue. They all originate from the bottom-left corner and extend towards the top-right corner, creating a sense of movement and depth.

7 Appendix: Questionnaire changes

Table 7.1 summarises changes to the questionnaire with question numbers corresponding to the 2019 survey.

Table 7.1: Questionnaire changes

2019 question number and wording	Summary of change	Page number in report
1. Was your most recent hospital stay planned in advance or an emergency?	Reworded	20
2. 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)?	Deleted	18
3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	Deleted	18
4. Were you given enough privacy when being examined or treated in the A&E Department?	Deleted	18
5. When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?	Deleted	18
6. How do you feel about the length of time you were on the waiting list before your admission to hospital?	Reworded	21
7. Was your admission date changed by the hospital?	Deleted	18
8. 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?	Deleted	18
9. 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?	Reworded	21
10. While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	Deleted	18
11. While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	Deleted	18
12. Did you change wards at night?	Reworded	23
13. Did the hospital staff explain the reasons for being moved in a way you could understand?	Reworded	23
14. Were you ever bothered by noise at night from other	Reworded	22

patients?		
15. Were you ever bothered by noise at night from hospital staff?	Reworded	22
16. In your opinion, how clean was the hospital room or ward that you were in?	Reworded	23
17. Did you get enough help from staff to wash or keep yourself clean?	Reworded	24
18. If you brought your own medication with you to hospital, were you able to take it when you needed to?	Reworded	24
19. How would you rate the hospital food?	Reworded	24
20. Were you offered a choice of food?	Reworded	24
21. Did you get enough help from staff to eat your meals?	Reworded	25
22. During your time in hospital, did you get enough to drink?	Reworded	25
23. When you had important questions to ask a doctor, did you get answers that you could understand?	Reworded	25
24. Did you have confidence and trust in the doctors treating you?	Reworded	26
25. Did doctors talk in front of you as if you weren't there?	Reworded	26
26. When you had important questions to ask a nurse, did you get answers that you could understand?	Reworded	26
27. Did you have confidence and trust in the nurses treating you?	Reworded	27
28. Did nurses talk in front of you as if you weren't there?	Reworded	27
29. In your opinion, were there enough nurses on duty to care for you in hospital?	Reworded	27
30. Did you know which nurse was in charge of looking after you (this would have been a different person after each shift change)?	Deleted	19
31. Did you have confidence and trust in any other clinical staff treating you (e.g. physiotherapists, speech therapists, psychologists)?	Deleted	19
32. In your opinion, did the members of staff caring for you work well together?	Deleted	19
33. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Reworded	28

34. Were you involved as much as you wanted to be in decisions about your care and treatment?	Reworded	28
35. Did you have confidence in the decisions made about your condition or treatment?	Deleted	19
36. How much information about your condition or treatment was given to you?	Reworded	28
37. Did you find someone on the hospital staff to talk to about your worries and fears?	Reworded	28
38. Do you feel you got enough emotional support from hospital staff during your stay?	Deleted	19
39. Were you given enough privacy when discussing your condition or treatment?	Reworded	29
40. Were you given enough privacy when being examined or treated?	Reworded	29
41. Were you ever in any pain?	Reworded	29
42. Do you think the hospital staff did everything they could to help control your pain?	Reworded	29
43. If you needed attention, were you able to get a member of staff to help you within a reasonable time?	Reworded	29
44. During your stay in hospital, did you have an operation or procedure?	Reworded	30
45. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	Reworded	30
46. Beforehand, were you told how you could expect to feel after you had the operation or procedure?	Reworded	30
47. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	Reworded	30
48. Did you feel you were involved in decisions about your discharge from hospital?	Reworded	31
49. Were you given enough notice about when you were going to be discharged?	Reworded	32
50. On the day you left hospital, was your discharge delayed for any reason?	Deleted	19
51. What was the MAIN reason for the delay?	Deleted	19
52. How long was the delay?	Deleted	19

53. Where did you go after leaving hospital?	Reworded	34
54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	Reworded	34
55. When you left hospital, did you know what would happen next with your care?	Reworded	33
56. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	Reworded	32
57. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Reworded	32
58. Did a member of staff tell you about medication side effects to watch for when you went home?	Reworded	32
59. Were you given clear written or printed information about your medicines?	Reworded	32
60. Did a member of staff tell you about any danger signals you should watch for after you went home?	Deleted	19
61. Did hospital staff take your family or home situation into account when planning your discharge?	Reworded	31
62. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	Deleted	19
63. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Reworded	33
64. 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 the hospital?	Reworded	31
65. 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)?	Reworded	33
66. After being discharged, was the care and support you expected available when you needed it?	Deleted	19
67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Reworded	35
68. Overall... (Please circle a number)	Reworded	35
69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	Deleted	20
70. During your hospital stay, were you ever asked to give your	No change	35

views on the quality of your care?		
71. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	Deleted	20
72. Did you feel well looked after by the non-clinical hospital staff (e.g. cleaners, porters, catering staff)?	Deleted	20
73. Who was the main person or people that filled in this questionnaire?	Reworded	35
74. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.	Reworded	36
75. Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.	Reworded	36
76. Do any of these reduce your ability to carry out day-to-day activities?	No change	36
77. Have you experienced any of the following in the last twelve months?	No change	37
78. Are you male or female?	Reworded	39
79. What was your year of birth?	No change	37
80. What is your religion?	No change	37
81. Which of the following best describes how you think of yourself?	No change	38
82. What is your ethnic group?	Reworded	38

