

Survey Development Report

2023 Adult Inpatient Survey

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Updates

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

This document is available from the [NHS surveys website](http://www.nhs.uk).

Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please [contact the Survey Coordination Centre](#) at Picker (SCC) using the details provided at the bottom of this page.

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1. Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), provides a platform for patients and the public to share their recent experiences of NHS services. The programme encompasses the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey, and Urgent and Emergency Care Survey.

The Survey Coordination Centre (SCC), commissioned by the CQC, is responsible for conducting the 2023 Adult Inpatient Survey (IP23). Originating in 2002, the survey underwent a significant overhaul in 2020 as it transitioned to a mixed-mode approach, resulting in comprehensive questionnaire changes. The 2021 survey followed suit, achieving a response rate of 39%, consistent with other NPSP surveys. The 2022 Adult Inpatient Survey continued with the same mixed-method approach achieving a response rate of 40%.

Efforts to maintain trend data mean that the 2023 questionnaire has undergone minimal changes. However, notable additions include the incorporation of questions regarding virtual ward experience, a recontact question in the paper questionnaire, and amends to the sex and gender questions following a review. The examination of the sex and gender questions stems from concerns the question may be difficult to understand for non-English speakers. Further, data analyses across the NPSP highlighted age and mode effects, prompting a thoughtful review process. This report outlines any modifications made to ensure the survey remains effective and relevant.

1.1 Summary of changes

Based on desk research and consultations with stakeholders and NHS mental health Trusts, several changes were implemented. This report sets out the phases of development work and provides a detailed account of the results of the consultation process.

In summary, the main changes to the methodology, survey materials and questionnaire content for the 2023 survey are summarised below.

Question additions:

- Quality of information and communication that patients receive while on the waiting list.
- A question asking whether hospital staff considered and addressed the existing individual needs of the patient (this is with regard to making reasonable adjustments for patients with disabilities, language or communication needs).
- Three additional questions regarding patients' virtual wards experience, these asked:
 - If patients were admitted to a virtual ward.
 - If patients were given enough information about the care and treatment they would receive while on the virtual ward.
 - If hospital staff provided enough information to patients about the risks and benefits of continuing treatment on a virtual ward.
- A question asking whether patients felt they were treated with kindness and compassion while in the hospital.
- A new question in the paper questionnaire for patients consenting to be recontacted for future research.

Amendments to existing questions:

- Sex and gender questions amended following review.
- Ethnicity question expanded to include Roma.
- Views of care question revised from 'were you asked' to 'were you given the opportunity to...'.- Long-term condition question amended to include Physical Mobility Condition.

Question removals:

- Five questions were removed from the survey in total, three relating to operations and procedures, one question asking about consideration of long-term conditions during care and treatment and one other asking if respondents would like to be informed about the results.

New sample variables for 2023:

- Inclusion of NHS number and full Date of Birth for centralised DBS checks by contractors. These variables were not transferred to the SCC.
- Introduction of a Virtual Ward indicator variable, identifying patients transferred to a virtual ward from an inpatient hospital ward.

QR code inclusion:

- Inclusion of QR codes on mailing letters, with the aim to facilitate direct access to the online survey and automatic login without the need for a unique password.
- QR codes were also added to the multi-language sheet, adjacent to the languages offered on the online survey. This was to facilitate direct access to the online survey in their preferred language.

2. Survey Development Activities

The scoping and consultation phases of the project were completed by the SCC, with support from the research team at CQC. The following areas were considered for the review including; learnings from previous surveys, inclusion of a recontact question for the paper questionnaire, a detailed redevelopment of the surveys sex and gender question, a review of the inclusion of virtual wards.

2.1 Advisory Group

The 2023 Adult Inpatients Survey Advisory Group convened in July 2023 to discuss priorities for the upcoming survey. The purpose of this meeting was to gather thoughts and feedback from key stakeholders regarding potential changes to the IP23 survey. The following discussing the topics were highlighted in advance and during the discussion, and a summary of the feedback that stakeholders provided.

Virtual Wards

- A key objective of the advisory group meeting was understanding how the survey could capture the increasing use of virtual wards, which provide an alternative to traditional inpatient wards where patients can have their condition monitored at their home through technology. It is stated that the national ambition was to develop 40–50 virtual beds per 100,000 population by December 2023. A consideration is that there are known to be diverse virtual ward models due to local variation and the involvement of multidisciplinary teams.
- The SCC posed questions to the group about definitions of virtual wards, and whether an indicator should be added to the survey to identify those treated via a virtual ward.
- Stakeholders discussed the definition of virtual wards, emphasising the need for clear terminology. Suggestions included using both "virtual wards" and "hospitals at home" to cater to different patient understandings. Concerns about potential false positives in data collection were raised, and the importance of defining virtual wards' pathways, data collection, and patient awareness was highlighted.

Waiting Lists

- Based on the 2022 Scoping Project, waiting list experiences emerged as an important area. Key points discussed during the advisory group included frequency of communication during waiting periods, support provided, patient expectations, amendments to admission dates, and choice over care and treatment. The group were asked if these waiting list topics were priority aspects of patient experience; and whether any additional waiting list topics should be considered for inclusion.
- Stakeholders emphasised the importance of understanding the quality of communication and the support patients receive while waiting, as well as the impact wait times have on vulnerable populations, including those with disabilities.

Care Planning

- The group were asked to consider The Department of Health and Social Care's recommendations on discharge planning and the involvement of unpaid carers. The group were asked if the integration of unpaid carers' perspectives in discharge planning was a priority; and if involving unpaid carers impacts the overall patient experience.

- The discussion focused on expanding questions about discharge planning to include unpaid carers' preferences and involvement. Suggestions included assessing whether patients have care plans and how these plans are considered during the discharge process.

Mental Health / Care and Compassion

- The SCC raised the idea of aligning with the NHS Five Year Forward Plan by addressing mental health considerations in the inpatient journey and the importance of considering mental health and wellbeing throughout the inpatient stay. The group were asked if mental health was a priority area, and how it compares to other topics discussed; and whether questions about compassionate interactions with healthcare professionals should be added to the survey.
- Stakeholders suggested expanding the question on patients' ability to talk about worries and fears to include broader mental health support. The group discussed the distinction between emotional wellbeing and mental health crises, highlighting the need for more specific questions.
- Stakeholders agreed that care and compassion are priority areas. The discussion included considerations about care partners, treating patients with respect, and incorporating questions about compassion, dignity, and kindness in the questionnaire. Stakeholders discussed adding a question to capture patients' perceptions of how or if doctors and nurses treated them with care and compassion.

Reasonable Adjustments

- The aim to make health services accessible for disabled individuals, and capturing data on this was raised. The SCC asked if reasonable adjustments were a priority, and how they compare to other topics discussed.
- Suggestions from stakeholders included asking specific questions about whether patients were asked about reasonable adjustments on admission, what adjustments were needed, and if they were provided.

Discharge – 'Leaving the Hospital'

- The group were asked to evaluate the topics from discharge section of the 2022 questionnaire, including involvement in discharge decisions, family participation, equipment changes, notice prior to discharge, and post-discharge information comprehension.
- The group considered adding questions about delayed discharges, communication on transport arrangements, and the inclusion of virtual ward experiences.

2.2 Trust webinars

Following the advisory group, two webinars were held with participating NHS Trusts. These provided opportunities for Trusts to share feedback on the proposed changes to the questionnaire and sampling process and highlight any concerns or challenges.

The first Trust webinar was held in August 2023 and covered several key topics, starting with an introduction to the mixed-mode approach adopted since 2020. The webinar outlined the contact approach, sampling methods, and key dates, providing a comprehensive overview of the survey. The following topics were discussed in detail:

- Virtual wards

- Experience while on the waiting lists
- Unpaid carers
- Kindness and compassion
- Decided to admit sampling variable.

Feedback received on the above topics were taken forward into development of the 2023 survey.

The second Trust webinar was held in November 2023 and informed Trusts on the changes made to the survey. This included an overview of the content, sampling and contact approaches, questionnaire development, data protection and Section 251 requirements, potential sampling errors, DBS checks, instruction manuals, fieldwork, and key dates.

2.3 Cognitive testing

Following the completion of the consultation phase with key stakeholders and Trusts, the questionnaire and covering letters were revised for testing with recent patients that have used Inpatient services.

The SCC conducted two streams of cognitive testing, one for the full questionnaire and another to test the sex and gender-specific questions. Both stages operated concurrently, with a recruitment plan that accommodated both streams. Participants across both streams were asked to respond as if completing the survey. Further information on the sex and gender stream of cognitive testing is detailed in section 4.4.

The testing focused on completion ease, comprehension, and whether the options aligned with their experience and identity. Testing occurred from September to November 2023.

Following each round of testing, revisions were made to the survey materials in accordance with any issues that were evidenced by the interviews. Below, we outline the cognitive testing for the full questionnaire, whilst the cognitive testing for the sex and gender questions redevelopment is detailed in section 4.4.

Recruitment

Participants were recruited on the basis that they had used NHS Adult Inpatient services at least once in the past 6 months and were aged 16 or over. This reflected the time between the sampling month and when the participant would be expected to receive the questionnaire under normal circumstances.

During the recruitment stage, we advertised on social media and produced a poster to advertise the cognitive interviews. The posters were shared with Trusts who advertise the interviews in hospitals. This proved to be successful with many genuine responses to the screener questionnaire and many participants recruited through this advertising method.

Of the 18 interviews that took place, 8 participants were recruited through social media adverts (7 Facebook, 1 Twitter), and 10 came through other means (i.e. friends and family, and through seeing or hearing about the interviews in hospital)

Patients were screened upon registering their interest to participate to determine their eligibility for the interview, and the following screener questions were asked:

- Site visited: Inquiring about the hospital visited during the last inpatient stay.

- **Date of visit:** Seeking information about the timing and duration of the inpatient stay.
- **Reason for admission:** Investigating the reason for admission during the last overnight hospital stay.
- **Virtual wards:** Asking whether the participant was transferred to a virtual ward at the end of the inpatient stay.

Additional questions were included with an aim to achieve a diverse sample in terms of age, gender, ethnicity, language, long-term conditions, geographic location, preferred interview mode, accessibility needs and how they found out about the interviews.

Interviews

For IP23 main survey testing, both digital and paper versions of the questionnaire were tested with recent patients. A third of participants were asked to complete the paper questionnaire, and the remaining two-thirds were asked to complete the online questionnaire. We aimed to recruit a mix of participants from a range of demographic characteristics, such as age, gender, geographical location, ethnicity, and socio-economic groups.

The approach involved a total of 18 interviews, spread across three waves of interviewing, with changes made and retested after each round. All interviews were conducted online, and each interview lasted around 90 minutes. A £40 'Love to shop' or 'Amazon' voucher was given as a thank-you for taking part.

Across the three rounds of interviewing, the following demographic profile of respondents was achieved:

- **Age Groups:** 16-25: 2, 26-35: 2, 36-50: 5, 51-65: 4, 66-80: 3, Over 80: 2
- **Gender:** Male: 8, Female: 10
- **Virtual Ward Placement:** Yes: 6, No: 12
- **Region in England:** Greater London: 1, North East: 1, South East: 7, West Midlands: 2, East of England: 1, North West: 2, South West: 2, Yorkshire and the Humber: 2
- **Ethnicity:** African: 1, White and Black Caribbean: 2, Pakistani: 1, Welsh/English/Scottish/Northern Irish/British: 11, White and Asian: 1, Arab: 1, Any other White background: 1
- **Long-term Conditions:** Breathing problem, such as asthma: 6, Learning difficulty: 1, Mental health condition: 2, Neurological condition: 2, Joint problem, such as arthritis: 7, Another long-term condition: 8.

Following the completion of each round of interviews, a debrief session was held between the SCC and CQC. The questionnaire was refined after each round of testing. The same process was followed for the covering letters.

3. Changes to the questionnaire

Following three rounds of cognitive interviews, the questionnaire was finalised. Whilst changes to the questionnaire content were minimal, several questions have been added and removed for the 2023 version of the survey. These changes have been summarised below.

3.1 New questions

In total 7 new questions have been added to the survey. These questions reflect changes in question priorities highlighted throughout the scoping phase. Three of these questions are contained within the leaving hospital section and aim to explore the use and experience of patients who were discharged onto a virtual ward after their stay as an inpatient.

Question	Rationale
<p>Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?</p> <p><i>This includes verbal, written or online information.</i></p> <ul style="list-style-type: none"> • Very good • Fairly good • Neither good nor poor • Fairly poor • Very poor • I was not given any information 	<p>This question was added after 2022 scoping phase highlighted the importance of understanding the experience of patients whilst on the waiting list to be admitted to hospital to be a priority. Feedback from the Advisory Group and Trust webinar highlighted the quality of information and communication patients received were important drivers of this experience.</p>
<p>Q31. Did the hospital staff take into account your existing individual needs?</p> <p><i>This could include language support (such as translations, large print) or additional equipment / adaptations in your hospital room.</i></p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • I did not need this • Don't know / can't remember 	<p>Capturing data on how accessible inpatient wards are for individuals with communications needs and long term conditions was raised during the Advisory Group; stakeholders agreed that a question asking patients if staff took into account their needs was a priority.</p>
<p>Q32. When leaving hospital, were you admitted onto a virtual ward, also known as hospital at home?</p> <p><i>A virtual ward is hospital-level care at home for patients who would otherwise be in hospital. This could involve daily home visits, telephone calls or use of technology, such as self-monitoring devices, to check on recovery. This is not the same as being an outpatient.</i></p>	<p>The importance of questions asking about patients' virtual ward experience was raised during the Advisory Group. The increasing use and extension of Virtual Wards had led to a need to capture patient experience of the service.</p> <p>This question has been added as a filter question, to identify those patients</p>

<ul style="list-style-type: none"> • Yes • No • Don't know / can't remember 	<p>who say they were admitted to a virtual ward.</p>
<p>Q33. Were you given enough information about the care and treatment you would receive while on a virtual ward?</p> <ul style="list-style-type: none"> • Yes, completely • Yes, to some extent • No • Don't know / can't remember 	<p>This question was added to capture whether patients feel they were provided with sufficient information about the care and treatment they would receive while on the virtual ward.</p>
<p>Q34. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?</p> <ul style="list-style-type: none"> • Yes, definitely • Yes, to some extent • No • Don't know / can't remember 	<p>A further virtual ward question was added investigating what information patients had been provided with. This was included to measure whether patients received sufficient information about the risks and benefits of having their treatment continued on a virtual ward. This was highlighted as a main priority, as the risks and benefits should be discussed with all patients prior to consenting to moving onto a virtual ward.</p>
<p>Q47. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?</p> <ul style="list-style-type: none"> • Yes, always • Sometimes • No, never 	<p>Assessing whether patients felt staff treated them with "care and compassion" was seen as a priority by stakeholders, as care and compassionate interactions being linked to positive experiences. Feedback from the Advisory Group highlighted that all interactions should be provided with 'care and compassion'. Although feedback was to use 'kindness' rather than caring as everyone will receive some level of care but not always with kindness and compassion.</p>
<p>Q60. Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their</p>	<p>New question for the paper questionnaire.</p> <p>This question was online only for IP22</p>

<p>behalf, for further research about your healthcare experience?</p> <p><i>This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research.</i></p> <ul style="list-style-type: none"> • Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research. • No, I would not like to be contacted. 	<p>(see below) but has been added to the paper questionnaire to IP23 with the wording amended to better suit the paper format.</p>
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3.2 Amendments to existing questions

A range of changes were made to existing questions, these are detailed in the table below.

2022 question text	2023 question text	Change Rationale
<p>Q5. Were you ever prevented from sleeping at night by any of the following?</p> <p>Please cross X in all the boxes that apply to you.</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>Q6. Were you ever prevented from sleeping at night by any of the following?</p> <p>Please cross X in all the boxes that apply to you.</p> <ul style="list-style-type: none"> • Noise from other patients • Noise from staff • Noise from medical equipment • Hospital lighting • Discomfort from pain • Room temperature • Something else • I was not prevented from sleeping 	<p>Response options added: Discomfort from pain; Room temperature and I was not prevented from sleeping</p> <p>Response options removed: None of these</p> <p>During cognitive testing participants highlighted additional reasons why sleep was prevented.</p> <p>Additionally, the response options of the existing question did not give the explicit option to declare nothing had prevented them from sleeping. As such we have added the option “I was not prevented from sleeping”.</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 	<p>Q50. During your hospital stay, were you given the opportunity to give your views on the quality of your care?</p> <ul style="list-style-type: none"> • Yes 	<p>Amended during the Trust webinar was patient are not always directly asked, but posters are displayed which provide patients the opportunity to feedback if they desire.</p>

<ul style="list-style-type: none"> • Don't know / can't remember 	<ul style="list-style-type: none"> • No • Don't know / can't remember 	
Q54. At birth were you registered as... <ul style="list-style-type: none"> • Male • Female • Intersex • I would prefer not to say 	Q56. At birth were you assigned as... <ul style="list-style-type: none"> • Male • Female • Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male) • I would prefer not to say 	Amended after review of sex and gender questions. See section 4 for details.
Q55. Is your gender the same as the sex you were registered as at birth? <ul style="list-style-type: none"> • Yes • No • I would prefer not to say 	Q57. Is your gender different from the sex you were assigned at birth? <ul style="list-style-type: none"> • No • Yes. Please specify your gender: • I would prefer not to say 	Amended after review of sex and gender questions. See section 4 for details.
Q58. What is your ethnic group? Please cross ONE box only.	Q61. What is your ethnic group? Please cross ONE box only.	New response option added, 'Roma', in order to align the survey with the options on the 2021 <u>UK Census</u>

3.3 Questions removed

In total, 5 questions were removed from the survey. This included:

- The operations and procedures section was removed, as this was deemed a lower priority, and yielded minimal impact in data analysis. In total, this led to the removal of 3 questions (2022 question 30, 31 and 32).
- Question 51 (from 2022 questionnaire) in the About you section was removed. This question had significant cross over with question 50. The preference was to add a question which specifically captured individual needs (new question 31).
- Question 63 (from 2022 questionnaire) was removed. This question asked about recontacting participants to provide them the results of the survey.

4. Sex and Gender Question Redevelopment

4.1 Introduction

As part of the development phase for the IP23 survey, a review of existing sex and gender question was conducted. The original sex and gender question comprised of 2 parts, these

questions were included in 2020, 2021 and 2022 questionnaires. The first question asks about the respondents assigned sex at birth, to ascertain biological sex, whilst the second question asks whether their gender is the same as the sex they were assigned at birth, to collect their gender identity. Q1 was developed by the CQC and Ipsos Mori, whilst Q2 was developed by the Official National Statistics (ONS). These sex and gender questions were then adopted for use on all other adult surveys within the NPSP. Please see figure 1.

- Q1. At birth were you registered as...
- Male
 - Female
 - Intersex
 - Prefer not to say
- Q2. Is your gender the same as the sex you were registered at birth?
- Yes
 - No (please specify)
 - Prefer not to say

Figure 1: The question text used in previous iterations of the Adult Inpatient Survey.

Following the 2022 national census, some researchers suggested a skew in the data for respondents whose first language is not English. Upon further analysis, it was also found that older people (66+) provided answers that suggested their gender was not the same as the sex you were assigned at birth. Additionally, the 2022 data found data inconsistencies in the online survey completes than paper survey completes, suggesting mode effects.

Consequently, as part of the commissioning of the Adult Inpatient 2023 survey, the SCC at Picker has been asked by CQC to conduct a review of the current sex and gender question, with the intention of redeveloping the question for program wide use. As such, the primary aim of this redevelopment was to produce a set of sex and gender questions that were clear and understandable, whilst also ensuring we represented and respected all gender identities that exist within the target population.

4.2 Desk Research

Desk research was conducted initially to explore how other surveys had approached sex and gender in their questionnaires. A number of articles, reports and surveys were reviewed to gather insights on how these questions had been developed, as well as the reasoning behind their final selection.

Desk review included gathering insights on, the one question and two step question approach, closed and open-ended preferences, sensitivity of wording, wording preference, gender expressions, and understanding of sex and gender concepts. To help inform the terminology, we reviewed the questions used by the charity Stonewall, in their Rainbow Britain (2022)¹ and Take pride report (2022)², as this was felt to represent best practise. Furthermore, findings from other national surveys were reviewed to assess levels of non-response and differences by demographics.

¹ Stonewall, in their Rainbow Britain (2022): <https://www.stonewall.org.uk/resources/rainbow-britain-report-2022>.

² Take pride report (2022): <https://www.stonewall.org.uk/resources/take-pride-report-2022>

This research provided context for our own question and allowed us to examine what had worked well previously. These questions would also provide the foundation for the later focus group discussion, being used as prompts to stimulate discussion. The sex and gender questions we identified and taken forward for further discussion in stakeholder interviews were as follows.

Source	Question 1	Question 2
CDC Recommendation	<p>Q. Do you think of yourself as:</p> <ul style="list-style-type: none"> • Male • Female • Transgender man/trans man/female-to-male (FTM) • Transgender women/trans woman/male-to-female (MTF) • Genderqueer, gender nonconforming, neither exclusively male or female • Additional gender category (or other); please specify: _____ • Decline to answer 	<p>Q. What sex was originally listed on your birth certificate?</p> <ul style="list-style-type: none"> • Male • Female • Decline to answer
Scottish Census	<p>Q. What is your sex:</p> <ul style="list-style-type: none"> • Male • Female 	<p>Q. Do you consider yourself to be trans, or have a trans history?</p> <p>Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.</p> <ul style="list-style-type: none"> • No • Yes, please describe your trans status (for example, non-binary, trans man, trans women)
General Practise Patient Survey	<p>Q. Which of the following best describes you?</p> <ul style="list-style-type: none"> • Female • Male • Non-binary • Prefer to self-describe • Prefer not to say 	<p>Q. 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

4.3 Consultative Interviews and Focus Group

Approach

We ran 5 consultative interviews with representatives of UK based lesbian, gay, bisexual, and transgender (LGBT) charities and LGBT organisations responsible for inclusivity and representation, to understand their perspectives on being asked about sex and gender, and to ensure that our question was able to represent their gender identities as accurately as possible. During these focus groups, we first asked their feedback on the existing gender question. Next, we discussed the 3 other sex and gender questions identified during our desk research. Finally, we closed with a more general discussion of sex and gender experiences, and how we could best represent them in the survey.

In addition, we also conducted focus groups with the public, one group held with transgender participants, and another held with cisgender participants.

Findings

From these interviews, we collated important feedback on the existing questions, and what aspects worked well. We also received advice on the best language and terminology when discussing sex and gender. Below, we have summarised some of the key learnings taken from the consultative interviews and focus groups.

- Avoid references to birth certificate. Whilst some transgender people could have changed the information on their birth certificate, many will not have, and it isn't a good reflection of how someone might identify currently. Referencing to birth certificates to ask about biological sex is also not advisable.
- Gender identity shouldn't be separated by biological sex. For example, man should not be listed as a separate option to transman.
- Asking about trans history was divisive. Some thought this was useful as it allows people to express that their gender identity may fluctuate or change over time, whilst others felt it was too invasive and asking for more information than was necessary to understand the question.
- There was a strong emphasis on making the distinction between sex and gender clear in the questions, and that the survey should indicate an understanding of this difference.
- It is important that the question is optional, and that this is clear to those completing the survey, as some participants may not want to interact or answer these questions.
- Explaining why this question is being asked and what the data will be used for was an important consideration for this question. Being able to assess the reason for asking the question was important for whether some transgender people would want to answer the question.
- Definitions were seen as useful. It was felt to be important that those less familiar with language around gender would still be able to answer the questions. Additionally, these definitions helped transgender people understand that the survey was familiar with different gender identities.
- Not asking too much information was important. It was felt that the information that is being asked around sex and gender should only be what is necessary. For this reason, many did not like the use of open-ended written answer boxes, as it was felt it was not clear what level of information a participant would be expected to give.

4.4 Cognitive Testing

Following the workshops, we drafted an initial series of questions that we could bring to cognitive testing.

Sample

Whilst it was important that our sex and gender questions were understandable to the general population, via our desk research we identified two subpopulations specifically at risk of misunderstanding the question. The first was older patients. As such, given the high proportion of elderly people sampled in the survey, it was important that we tested our questions with elderly people to ensure they could understand the question clearly.

The second was people who speak English as an Additional Language (EAL). In order to account for this, we aimed to a range of EAL speaker, whose first language was from a range of language families.

Due to the nature of the question, it was also important that we received feedback from individuals representing different gender expressions. As such, we aimed to interview the approximately equal numbers of cis-gender, transgender and non-binary individuals. Within the transgender group, we also aimed to speak with people from a range of gender identities, including (but not limited to) transgender woman, transgender men, non-binary and genderfluid people. This was to ensure that the language used in the survey was appropriate, and to ensure that the question also allowed everyone to accurately express their gender identity.

In each round, we aimed to conduct 6 interviews, for a total of 18 planned interviews. However due to dropout we were only able to achieve 17. The exact quotas for recruitment and the numbers achieved are summarised in the table below. Due to the complexity of the sample, not all of these criteria were met, but we tried to ensure that representatives from the 3 subpopulations discussed previously were included.

Gender	Target	Recruited
Cisgender Man	4	3
Cisgender Woman	4	7
Transgender Man	3	1
Transgender Woman	3	2
Intersex/ Non-Binary/ Genderfluid	2	3
Other gender identity	2	1
Language		
Native English Speaker	9	9
First language Punjabi	2	0
First Language Urdu	2	1
First Language Polish	2	2
First Language Romanian	2	1
Other non-native English Speaker	1	4
Ethnicity		
White	3	6
Mixed background	3	1
South Asian	3	3
East Asian	3	0

Black/African/Caribbean	3	4
Other (e.g. Arab)	3	3
Location		
Rural	6	3
Urban	12	14
Age		
18-35	5	6
36-50	5	6
51-65	5	2
66+	3	3
Geographical location		
North	6	4
South	6	6
London	3	4
Midlands	3	2
Wales	0	1

4.5 Findings

Sex and Gender Question Principles

Based on our findings from desk research, stakeholder consultation and cognitive interviews, when compiling questions asking about sex and gender, we recommend basing decisions on the following considerations.

- **Straight forward but respectful language:** It is important that questions are worded so it is clear exactly what is being asked. Using ambiguous wording such as “describe” or open-ended question formats such as asking participants to complete statements were unpopular with all participants.
- **Use definitions to explain terminology:** All participants appreciated the inclusion of definitions to help clarify terminology. Older individuals, people whose first isn’t English and those unfamiliar with gender-language found definitions useful and allowed them to respond confidently to questions. It is important to make sure these definitions are clear, concise, and easy to read, especially for people to whom English is a second language. When formulating these definitions, make sure not to work off your own assumptions, and instead aim to work with representatives of the categories these labels represent to create accurate, considerate, and up to date descriptions.
- **Let people express their gender identity, but do not require transgender people to give more information than cisgender people:** It is important that question allows for participants to fully express their gender identity, and that this isn’t restricted by options dictated by the researcher. However, it is equally important that transgender people are not expected to describe or give more information about their gender identity than what is necessary or required of cisgender participants. We recommend using write in answer boxes to allow participants to describe their gender as they wish, but making sure to give an indication of the level of detail required. One way in which this can be achieved is by listing some common gender identities,

followed by a write in box, so that the participant can use these examples as a reference as to how much information they should include.

- **Clear opt out options:** Recognising that this information is sensitive, and that some participants will not want to engage with the question is important. Whilst opt out options are important for demographic data more broadly; it is important that participants feel that they have control over whether they should supply this information.
- **Explain what the data is being used for:** It was important to transgender participants that they were informed why sex and gender data was being collected, and what it would be used for. This information can be considered very sensitive, especially within a political landscape where trans medical care has been politicised in a way that causes anxieties amongst the transgender community. It may be inadvisable, in situations where both sex and gender are needed, to consider the order of these questions. To many transgender individuals, asking about biological sex first suggested that this was seen as more important to the survey, whilst many felt their gender informed their healthcare experience more prominently.
- **Consider why you're asking the question, and whether it is necessary:** Whilst asking about sex and gender are a long-established research norm, we should consider why we are asking for this data and what it will be used for, so we can provide participants with clear and direct answers to these questions. For example, whilst many participants agreed that biological sex was important in the context of a healthcare survey, many felt it wouldn't in a many of research contexts. Ultimately, we should consider the importance of asking about both gender and sex, and whether both are important to our research goals.
- **Where there is a conflict between cisgender and transgender preferences, respecting gender identity must take priority:** During our testing, there were questions elements that were seen as helpful in improving cisgender individuals question understanding, but were seen as offensive by many transgender people. When such conflicts arise, it is important to prioritise being respectful to people's gender expressions and avoiding offence. Whilst for many transgender people, sharing information and being asked about their gender and biological sex may be a more sensitive topic than for many cisgender people. In such situations, we recommend re-exploring other options that compromise on comprehension and respect, to find the optimal solution.

IP23 Sex and Gender question

Given the salient aspect of this question set, it was agreed further testing would be conducted. However, for IP23 survey a number of amendments were made to increase comprehension amongst those subpopulations identified at risk of misunderstanding the question.

These included the following changes from the 2022 questions.

- Replacing the use of "registered" with "assigned" in both questions.
- Adding definition to the intersex response option.

- Changing the wording of the gender question to ask if their gender is “different” from their sex assigned at birth. This was to remove a potential double negative in the original question, where the wording “Is your gender the same as the sex you were registered at birth?” could have caused confusion.
- Retaining the “prefer not to say” option for both questions.

Following this redevelopment work, the final version of the question text was as follows;

At birth were you assigned as...

- Male
- Female
- Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male)
- I would prefer not to say

Is your gender different from the sex you were assigned at birth?

- No
- Yes. Please specify your gender
- I would prefer not to say

5. Methodological approach

As with 2022 survey, IP23 is mixed mode where patients can complete an online or paper version of the questionnaire. The contact approach begins with invitation letters, followed by SMS reminders for those with mobile numbers. Subsequent reminder letters, along with SMS reminders, maintain engagement. In the fourth week, a final reminder includes a paper questionnaire. New for IP23 is the inclusion of a QR code in postal letters and multi-language sheet with an aim to facilitate online access.

5.1 Inclusion of QR codes

As mentioned, a notable update for the IP23 survey is the incorporation of QR codes in the covering letters sent to patients. These unique QR codes, when scanned, direct patients to their personalised online survey link. This eliminates the need for patients to manually input the web address, survey number, and password, streamlining the survey participation process. Additionally, QR codes on the multilanguage sheet provide convenient access to the survey in the available languages, further improving accessibility.

Throughout cognitive testing, participants were asked to comment on look, placement, and useability of the QR codes. Feedback was consistently positive about the inclusion of the QR codes, and participants felt they would use them, and it would save them time in completing the survey. Some participants expressed that they felt older people may struggle with the use of QR codes, but it is worth noting that none of the older people we interviewed felt this way. That may be reflective of a slight sampling bias in our recruitment approach, as all interviews were conducted online, participants would be expected to have a general familiarity with technology that might not be reflective of their broader demographic. Subsequently, the placement and size of the QR codes remained unchanged from their initial arrangement on the draft contact letters.

5.2 Sample variables

Three new sampling variables have been added to the sample for IP23 with an aim to enhance data collection and analysis, these are detailed below.

NHS Number:

The inclusion of NHS numbers as a new variable has been added to facilitate centralised DBS checks by contractors on behalf of Trusts with an aim to improve the efficiency of the sampling process prior to fieldwork. NHS numbers will be part of the mailing data and will only be shared with the approved contractor for DBS checks. This data will not be disclosed to the Survey Coordination Centre.

Full Date of Birth

Unlike previous years where only the year of birth was required, IP23 now asks for the inclusion of the full date of birth. As with NHS number this is intended to support centralised DBS checks by contractors to speed up the sampling process.

Similar to NHS numbers, the full date of birth will be part of the mailing data and will only be shared with the approved contractor for DBS checks. The Survey Coordination Centre will only receive the year of birth, consistent with the 2022 survey.

Virtual Ward Indicator:

The introduction of the Virtual Ward Indicator has been added with an aim to clearly identify whether a patient has been transferred to a virtual ward from an inpatient ward. The addition of this variable does not alter the survey's eligibility criteria; patients must still have had at least one overnight stay in a physical hospital ward to qualify.

The Virtual Ward Indicator codes are:

0 = Patient was not admitted onto a virtual ward

1 = Patient was admitted onto a virtual ward

Virtual wards, sometimes known as 'hospital at home' have emerged to address capacity challenges in acute and primary care settings. These remote services allow patients to manage their health and care at home, and involve daily clinical care through home visits, telephone calls, or technological interventions like apps and wearables.

NHS England's ambition to scale up capacity to 10,000 beds by winter 2023, has meant that understanding patient experience of virtual wards is vital. This new variable and also additional virtual ward questions will enable insight into the journey of patients identified for early discharge from their inpatient ward care to virtual wards.

This new variable will allow us to distinguish patients admitted onto virtual wards from others, which will enable analysis on whether patients received adequate information before being admitted to a virtual ward. Three additional questions in the survey cater specifically to virtual wards, addressing priorities such as understanding the continuation of care, awareness of risks and benefits, and knowing whom to contact during their virtual ward stay.

6. Improvements to Accessibility and Engagement

To ensure accessibility the survey continues to be available in large print, braille, easy-read, and multi-language questionnaires. The online survey mirrors this functionality through options to change language, font size and background colour. Patients aged 80 and above receive paper questionnaires with the initial letter, which is based on analysis revealing their preference for completing surveys through this mode.

Below we outline the changes made to the IP23 survey in our efforts to continue to improve accessibility.

6.1 Easy read survey

The Easy Read survey was developed ahead of the 2023 survey to produce a cross programme Easy Read Survey. The decision to create a cross programme Easy Read survey was to enable insight to be drawn from this crucial population. In previous surveys, the easy read data volumes received for each individual survey in the NPSP has been low, which has resulted in lack of useable data.

CQC designed a cross programme Easy Read survey, which covered topics highlighted as priorities across the programme, including help provided, being treated with respect, ability to understand the information about their care and being listened to.

It is hoped that the cross programme Easy Read versions, will provide an opportunity to build a set of useable data to allow for analysis which will enable actionable insights to be drawn.

6.2 Inclusion of QR codes on the multilanguage sheet

QR codes have been added to the multilanguage sheet that allows participants to scan the codes, and directly open the survey in their chosen language. When accessing these links, respondents will still be required to login with their PRN and password found on their survey letter, but this login page will also be translated into their preferred language.

6.3 BSL sign language videos

BSL sign language videos were commissioned for all new and amended questions, and these have been incorporated into the online survey. Whilst the signers are different from BSL videos produced in previous years, attempts have been made to emulate the style and format of these videos to minimise any disruptions the use of different signers might cause.

6.4 Engagement activities

For IP23 and other current NPSP surveys, a publicity activities plan has been implemented to increase awareness and engagement with the survey at both national and local levels. Trusts have been asked to promote IP23 on their communication networks via a series of press releases and social media cards which have been provided to them by the SCC as part of a centralised toolkit.

A press release template was designed and shared with Trusts which enables them to add their own text and data, explaining how they used 2022 feedback, what actions were taken and positive outcomes. In addition to the press releases, four social media cards have been made available to Trusts, promoting engagement prior to and during fieldwork. The cards provide basic information about the survey including the purpose, value, when patients will

be invited and how to participate. They were designed for easy use across multiple popular social media platforms including X (formally Twitter), LinkedIn, Facebook, and Instagram.

Appendix

Appendix 1: IP22 vs IP23 Questionnaire changes

The table below presents an overview of the questionnaire changes made in IP23 compared to IP22, along with a brief explanation of the reasoning behind each change.

IP22	IP23	Summary of changes
ADMISSION TO HOSPITAL		
Q1. Was your most recent overnight hospital stay planned in advance or an emergency?	Q1 Was your most recent overnight hospital stay planned in advance or an emergency?	No change
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	No change
Q3. While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?	Q3. While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?	No change
	<p>Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital? This includes verbal, written or online information.</p> <p>Very good Fairly good Neither good nor poor Fairly poor Very poor I was not given any information</p>	<p>New question</p> <p>Added after 2022 scoping project highlighted patient experience of their time on the waiting list as a priority. Feedback from the Advisory Group and Trust webinar highlighted in particular the quality of information and communication patients received while on the waiting list as a priority.</p>

IP22	IP23	Summary of changes
Q4. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	No change
THE HOSPITAL AND WARD		
<p>Q5. Were you ever prevented from sleeping at night by any of the following?</p> <p>Please cross X in all the boxes that apply to you.</p> <p>Noise from other patients Noise from staff Noise from medical equipment Hospital lighting Something else None of these</p>	<p>Q6. Were you ever prevented from sleeping at night by any of the following?</p> <p>Please cross X in all the boxes that apply to you.</p> <p>Noise from other patients Noise from staff Noise from medical equipment Hospital lighting Discomfort from pain Room temperature Something else I was not prevented from sleeping</p>	<p>Response options have changed:</p> <p>Added: Discomfort from pain; Room temperature and I was not prevented from sleeping</p> <p>Removed: None of these</p> <p>Changed after patient feedback during cognitive testing highlighted these as further reasons why sleep was prevented</p>
Q6. Did you ever change wards during the night?	Q7. Did you ever change wards during the night?	No change

IP22	IP23	Summary of changes
Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	Q8. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	No change
Q8. How clean was the hospital room or ward that you were in?	Q9. How clean was the hospital room or ward that you were in?	No change
Q9. Did you get enough help from staff to wash or keep yourself clean?	Q10. Did you get enough help from staff to wash or keep yourself clean?	No change
Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	Q11. If you brought medication with you to hospital, were you able to take it when you needed to?	No change

IP22	IP23	Summary of changes
<p>Q11. Were you offered food that met any dietary needs or requirements you had?</p> <p>This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food</p>	<p>Q12. Were you offered food that met any dietary needs or requirements you had?</p> <p>This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.</p>	No change
<p>Q12. How would you rate the hospital food?</p>	<p>Q13. How would you rate the hospital food?</p>	No change
<p>Q13. Did you get enough help from staff to eat your meals?</p>	<p>Q14. Did you get enough help from staff to eat your meals?</p>	No change
<p>Q14. Were you able to get hospital food outside of set meal times?</p> <p>This could include additional food if you missed set meal times due to operations/procedures or another reason.</p>	<p>Q15. Were you able to get hospital food outside of set meal times?</p> <p>This could include additional food if you missed set meal times due to operations/procedures or another reason.</p>	No change
<p>Q15. During your time in hospital, did you get enough to drink?</p> <p>Please cross X in all the boxes that apply to you.</p>	<p>Q16. During your time in hospital, did you get enough to drink?</p> <p>Please cross X in all the boxes that apply to you.</p>	No change
DOCTORS		
<p>Q16. When you asked doctors questions, did you get answers you could understand?</p>	<p>Q17. When you asked doctors questions, did you get answers you could understand?</p>	No change

IP22	IP23	Summary of changes
Q17. Did you have confidence and Trust in the doctors treating you?	Q18. Did you have confidence and Trust in the doctors treating you?	No change
Q18. When doctors spoke about your care in front of you, were you included in the conversation?	Q19. When doctors spoke about your care in front of you, were you included in the conversation?	No change
NURSES		
Q19. When you asked nurses questions, did you get answers you could understand?	Q20. When you asked nurses questions, did you get answers you could understand?	No change
Q20. Did you have confidence and Trust in the nurses treating you?	Q21. Did you have confidence and Trust in the nurses treating you?	No change
Q21. When nurses spoke about your care in front of you, were you included in the conversation?	Q22. When nurses spoke about your care in front of you, were you included in the conversation?	No change
Q22. In your opinion, were there enough nurses on duty to care for you in hospital?	Q23. In your opinion, were there enough nurses on duty to care for you in hospital?	No change
YOUR CARE AND TREATMENT		

IP22	IP23	Summary of changes
Q23. 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?	Q24. 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?	No change
Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?	Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?	No change
Q25. How much information about your condition or treatment was given to you?	Q26. How much information about your condition or treatment was given to you?	No change
Q26. Did you feel able to talk to members of hospital staff about your worries and fears?	Q27. Did you feel able to talk to members of hospital staff about your worries and fears?	No change
Q27. Were you given enough privacy when being examined or treated?	Q28. Were you given enough privacy when being examined or treated?	No change
Q28. Do you think the hospital staff did everything they could to help control your pain?	Q29. Do you think the hospital staff did everything they could to help control your pain?	No change
Q29. Were you able to get a member of staff to help you when you needed attention?	Q30. Were you able to get a member of staff to help you when you needed attention?	No change

IP22	IP23	Summary of changes
	<p>Q31. Did the hospital staff take into account your existing individual needs? This could include language support (such as translations, large print) or additional equipment / adaptations in your hospital room.</p> <p>Yes, definitely Yes, to some extent No I did not need this Don't know / can't remember</p>	<p>New question</p> <p>Capturing data on how accessible inpatient wards are for disabled individuals was raised during the Advisory Group; attendees agreed that a question asking patients if staff took into account their needs was a priority.</p>
LEAVING HOSPITAL		

IP22	IP23	Summary of changes
	<p>Q32. When leaving hospital, were you admitted onto a virtual ward, also known as hospital at home?</p> <p>A virtual ward is hospital-level care at home for patients who would otherwise be in hospital. This could involve daily home visits, telephone calls or use of technology, such as self-monitoring devices, to check on recovery. This is not the same as being an outpatient.</p> <p>Yes No Don't know / can't remember</p>	<p>New question</p> <p>The importance of questions asking about patients' virtual ward experience was raised during the advisory group. The increasing use and extension of Virtual Wards had led to a need to capture patient experience of the service.</p> <p>This question has been added as a filter question. to capture those patients who say they were admitted to a virtual ward.</p>
	<p>Q33. Were you given enough information about the care and treatment you would receive while on a virtual ward?</p> <p>Yes, completely Yes, to some extent No Don't know / can't remember</p>	<p>New question</p> <p>Question added to capture whether patients feel they were provided with sufficient information about the care and treatment they would receive while on the virtual ward.</p>
	<p>Q34. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?</p> <p>Yes, definitely Yes, to some extent No Don't know / can't remember</p>	<p>New question</p> <p>Further virtual ward question added about the information provided to patients. This was added to capture whether patients received sufficient information about the risks and benefits of having their treatment continued on a virtual ward.</p>
OPERATIONS AND PROCEDURES (SECTION REMOVED)		

IP22	IP23	Summary of changes
Q30. During your stay in hospital, did you have any operations or procedures?		Question removed
Q31. Beforehand, how well did staff answer your questions about the operations or procedures?		Question removed
Q32. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?		Question removed
Q33. To what extent did staff involve you in decisions about you leaving hospital?	Q35. To what extent did staff involve you in decisions about you leaving hospital?	No change
Q34. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital ?	Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital ?	No change
Q35. 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?	Q37. 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?	No change
Q36. Were you given enough notice about when you were going to leave hospital?	Q38. Were you given enough notice about when you were going to leave hospital?	No change

IP22	IP23	Summary of changes
Q37. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? This includes any verbal, written or online information.	Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? This includes any verbal, written or online information.	No change
Q38. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	No change
Q39. Thinking about any medicine you were to take at home, were you given any of the following? Please cross X in all the boxes that apply to you.	Q41. Thinking about any medicine you were to take at home, were you given any of the following? Please cross X in all the boxes that apply to you.	No change
Q40. Before you left hospital, did you know what would happen next with your care?	Q42. Before you left hospital, did you know what would happen next with your care?	No change
Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	No change
Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.	Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.	No change

IP22	IP23	Summary of changes
Q43. Where did you go after leaving hospital?	Q45. Where did you go after leaving hospital?	No change
Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition? Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.	Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition? Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.	No change
OVERALL		
	<p>Q47. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?</p> <p>Yes, always Sometimes No, never</p>	<p>New question</p> <p>The idea of a question about compassionate interactions with staff was discussed during the Advisory Group. Care and compassion was seen as a priority area. Furthermore there was an agreement in the Trust webinar to include a question on kindness and compassion.</p>
Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Q48. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	No change
Q46. Overall, how was your experience while you were in the hospital? 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.	Q49. Overall, how was your experience while you were in the hospital? 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.	No change

IP22	IP23	Summary of changes
<p>Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?</p> <p>Yes No Don't know / can't remember</p>	<p>Q50. During your hospital stay, were you given the opportunity to give your views on the quality of your care?</p> <p>Yes No Don't know / can't remember</p>	<p>Question amended</p> <p>Amended after patient feedback during cognitive interviews</p>
ABOUT YOU		
<p>Q48. Who was the main person or people that filled in this questionnaire?</p>	<p>Q51. Who was the main person or people that filled in this questionnaire?</p>	<p>No change</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?</p> <p>Please cross X in all the boxes that apply to you.</p>	<p>Q52. 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?</p> <p>Please cross X in all the boxes that apply to you.</p>	<p>New response option added:</p> <p>'Physical mobility condition'</p>
<p>Q50. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?</p>	<p>Q53. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?</p>	<p>No change</p>
<p>Q51. Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?</p>		<p>Question removed</p>
<p>Q52. Have you experienced any of the following in the last 12 months?</p> <p>Please cross X in all the boxes that apply to you.</p>	<p>Q54. Have you experienced any of the following in the last 12 months?</p> <p>Please cross X in all the boxes that apply to you.</p>	<p>No change</p>

IP22	IP23	Summary of changes
<p>Q53. What was your year of birth?</p> <p>Please write in e.g. 1 9 6 4</p>	<p>Q55. What was your year of birth?</p> <p>Please write in e.g. 1 9 6 4</p>	No change
<p>Q54. At birth were you registered as...</p> <p>Male Female Intersex I would prefer not to say</p>	<p>Q56. At birth were you assigned as...</p> <p>Male Female Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male) I would prefer not to say</p>	<p>Question amended</p> <p>Amended after review of sex and gender questions</p>
<p>Q55. Is your gender the same as the sex you were registered as at birth?</p> <p>Yes No I would prefer not to say</p>	<p>Q57. Is your gender different from the sex you were assigned at birth?</p> <p>No Yes. Please specify your gender: I would prefer not to say</p>	<p>Question amended</p> <p>Amended after review of sex and gender questions</p>
<p>Q56. What is your religion?</p>	<p>Q58. What is your religion?</p>	No change
<p>Q57. Which of the following best describes your sexual orientation?</p>	<p>Q59. Which of the following best describes your sexual orientation?</p>	No change

IP22	IP23	Summary of changes
	<p>PAPER QUESTIONNAIRE</p> <p>Q60. Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your healthcare experience?</p> <p>This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research.</p> <p>Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research</p> <p>No, I would not like to be contacted</p>	<p>New question for the paper questionnaire.</p> <p>This question was online only for IP22 (see below), but has been added to the paper questionnaire to IP23 with the wording amended.</p>

IP22	IP23	Summary of changes
<p>Q62. The Care Quality Commission (CQC), or an organisation working on behalf of CQC, may wish to contact you within the next 12 months to carry out a follow up interview or survey regarding your inpatient experience.</p> <p>This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether you agree to be contacted about future research.</p> <p>Are you willing for your answers to be linked to your contact details and to be contacted by the CQC or an organisation working on their behalf for further research?</p> <p>Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research)</p> <p>No, I would not like to be contacted</p>	<p>ONLINE QUESTIONNAIRE</p> <p>Q60. The Care Quality Commission (CQC), or an organisation working on behalf of CQC, may wish to contact you within the next 12 months to carry out a follow up interview or survey regarding your inpatient experience.</p> <p>This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether you agree to be contacted about future research.</p> <p>Are you willing for your answers to be linked to your contact details and to be contacted by the CQC or an organisation working on their behalf for further research?</p> <p>Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research)</p> <p>No, I would not like to be re-contacted.</p>	<p>No change – online version only</p>

IP22	IP23	Summary of changes
Q63. If you would like us to tell you about the results of this survey, please provide your email address below.		Question removed No action was taken in IP22 to contact respondents with results and no plan has been put in place to what to provide to respondents if they were to add an email address here.
Q58. What is your ethnic group? Please cross ONE box only.	Q61. What is your ethnic group? Please cross ONE box only.	New response option added: 'Roma' This is to align with the 2021 UK Census
OTHER COMMENTS		
If there is anything else you would like to tell us about your experiences in the hospital, please do so here. Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back if your comments in this section raise concerns for your own or others' safety and wellbeing.	If there is anything else you would like to tell us about your experiences in the hospital, please do so here. Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back if your comments in this section raise concerns for your own or others' safety and wellbeing.	No change
Was there anything particularly good about your hospital care?	Was there anything particularly good about your hospital care?	No change

IP22	IP23	Summary of changes
Was there anything that could be improved?	Was there anything that could be improved?	No change
Any other comments?	Any other comments?	No change