



# INSTRUCTION MANUAL FOR THE NHS ADULT INPATIENT SURVEY 2016

## IN-HOUSE TRUSTS

### THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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## Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this instruction manual. Please note that Section 251 approval has been sought for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Data from the inpatient survey are used in an increasing number of outcomes frameworks and indicators and have now achieved National Statistics status. If the sampling guidance issued for the survey is not adhered to, and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use patient survey data for purposes of risk monitoring, and data is also used by NHS England and the Department of Health for Patient Experience Outcome Measures and the NHS Outcomes Framework. If data is excluded because sampling errors are detected, this will impact on the assurances these organisations can have about the experiences of your patients.

## Updates

Before you start work on your survey, check that you have the **latest version** of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change. This document is available from the Co-ordination Centre website at:

[www.nhssurveys.org](http://www.nhssurveys.org)

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# 1 Introduction: The importance of patient feedback

## 1.1 The Care Quality Commission

The NHS Patient Survey Programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC regulates care provided by the NHS, private companies and voluntary organisations. CQC aims to ensure that better care is provided for everyone – in hospitals, care homes and people's own homes.

As set out in CQC's statement of involvement, Putting people first, Voices into action<sup>1</sup>, the statement on involving people, CQC is committed to involving people who use services in all its work, and ensuring that the providers of care services themselves involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the Care Quality Commission's work: CQC and the Co-ordination Centre for this survey both aim to make sure that better care is provided for everyone.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience and to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for people to help them choose between providers and for informing commissioners of services. As well as supplying NHS England and the Department of Health with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for CQC's assessments.

## 1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the NHS Patient Survey Programme, of which the NHS adult inpatient survey is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the surveys in the NHS Patient Survey Programme.

## 1.3 Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other dimension concerns the quality of care from the perspective of patients. Understanding the way patients experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the patients themselves.

It is important to adopt systematic, appropriate and effective ways to ask patients about their experiences, and use this information to shape and improve the way healthcare is delivered. This manual is designed to help staff in NHS hospital trusts to obtain patient feedback through the national inpatient survey. It also provides instructions on how you may use the information you gather in quality improvement programmes and for monitoring performance. By following these instructions, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

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<sup>1</sup> [http://www.cqc.org.uk/sites/default/files/documents/cqc\\_putting\\_people\\_first\\_tagged.pdf](http://www.cqc.org.uk/sites/default/files/documents/cqc_putting_people_first_tagged.pdf)

## 1.4 Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- providing information to support local quality improvement initiatives
- tracking changes in patient experience locally over time
- providing information for active performance management
- providing information to support public and parliamentary accountability
- providing information for the Care Quality Commission's programme of reviews and inspections.

## 1.5 Care Quality Commission assessments

Information drawn from the questions in the 2016 Adult Inpatient survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. Questions from the survey will be used within CQC's risk monitoring tools and within CQC's inspections of acute services.

More information on CQC's role in regulating, checking and inspecting services is available on the CQC website:

<http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals>

## 1.6 Measuring performance over time

In addition to the performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Asking each hospital trust to carry out an Inpatient survey in a consistent way builds a detailed picture of patients' experiences in NHS hospital trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

The Care Quality Commission intends to archive the survey data with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

## 1.7 Embargo on results

Trust-level findings for the 2016 NHS Adult Inpatient survey should not be released outside of the trust until the national results are published by the Care Quality Commission.

You must wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

## 1.8 Basic requirements for the NHS Adult Inpatient survey

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

- You must let the Co-ordination Centre know your two trust contacts, their job titles, phone numbers and email addresses as soon as possible, and no later than **15<sup>th</sup> July** to allow us to communicate vital information about the 2016 Inpatient survey to you (e-mail: [ip.cc@PickerEurope.ac.uk](mailto:ip.cc@PickerEurope.ac.uk)).
- You must contact the Co-ordination Centre, as soon as possible, and no later than **1<sup>st</sup> August** to tell us who is carrying out your survey (i.e. whether it will be carried out by an approved contractor or in-house); please e-mail: [ip.cc@PickerEurope.ac.uk](mailto:ip.cc@PickerEurope.ac.uk).
- The survey must be carried out using a postal questionnaire.
- This year, the sample month for the adult inpatient survey has been fixed to **July**. You must start counting back from the last day of July 2016 as outlined in the sampling chapter of this document and in the separate sampling handbook.
- The sampling procedure set out in this instruction manual **must** be followed. To do this you will need to work closely with the person who draws the sample and check carefully that these instructions have been followed. For further details see [Section 8 – Compiling a list of patients](#)
- Sample data (your anonymised ‘sample file’) must be submitted to the Co-ordination Centre for final checks before mailing as outlined in [Section 9 – Sampling inspection by the Co-ordination Centre](#). You should aim to submit the sample files to us between **8<sup>th</sup> August** and **26<sup>th</sup> August 2016** to allow sufficient fieldwork period to maximise your response rates. You must also send signed hard copies of data protection declaration forms to the Co-ordination Centre and receive acknowledgment of receipt from the Co-ordination Centre before mailing out (see [Section 4.1 – Statements of compliance with data protection](#)). Alternatively, sample declaration forms can be completed online. Trusts wishing to complete the declaration online will need to provide the Co-ordination Centre with the names and email addresses for the person drawing their sample and the trust’s Caldicott Guardian. Unique links will be sent to these named individuals by email.
- You should aim to obtain the highest response rate possible; three mailings are required for trusts to achieve this. However, trusts should aim for higher response rates through maximising their collection period by commencing work as soon as possible and by publicising the survey to staff, patients and the community. Weekly submissions of details of response rates and helpline calls to the Co-ordination Centre will start from **1<sup>st</sup> September 2016**. A spreadsheet has been created for this purpose. For further details see [Section 10 – Weekly monitoring](#).
- The questionnaire must include all of the 84 questions. See [Section 12.1 – The questionnaire](#).

- The standard covering letters and reminder letters (which can be found in the Inpatient survey section of the NHS Surveys website) must be used as outlined in [Section 12 – Materials](#).
- Two reminders must be sent to non-responders. These procedures are outlined in [Section 13.7 – Sending out reminders](#).
- A paper copy of the questionnaire and covering letters you used should be submitted to the Co-ordination Centre by **9<sup>th</sup> September 2016**.
- The final data must be entered and coded as specified in [Sections 14.1 – Entering data from the questionnaire, 14.2 – Entering written comments \('free text'\) from patients](#) and [14.3 – Coding data before submitting it to the Co-ordination Centre](#).
- The final data and the required information about the patient sample must be submitted to the Co-ordination Centre by **13<sup>th</sup> January 2017**, in the form outlined in [Section 14.5 – Submitting data to the Co-ordination Centre](#).
- The free text comments must also be submitted to the Co-ordination Centre. These should be included as part of the final data file. See [Section 14.2 – Entering written comments \('free text'\) from patients](#).
- You must keep hard paper copies (or scanned images of all of the pages of the questionnaires, including the front page) of all questionnaires returned to you until **13<sup>th</sup> July 2017** but please do not send these to the Co-ordination Centre. These returned questionnaires may be needed to audit the data sent to the Co-ordination Centre.
- Trusts are not permitted to publish their survey results prior to the official release of CQC national and trust level results as there might be differences which could cause confusion for people. However, trusts can start using their results internally to identify areas for quality improvement.

## 1.9 Why you need these instructions

This guide is designed for trusts wishing to conduct the survey in-house. **You must be familiar with all aspects of this guide, but in particular, the sections on drawing the sample, data protection requirements, the practicalities of mailing out the survey, and the processing and submission of data to the Co-ordination Centre.**

## 2 Setting up a project team

We recommend you set up a project team to assist you. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
  - Caldicott Guardian
  - Board members
  - Doctors, nurses and other health care staff
  - Members of patient groups with a special interest in the trust
  - Patients and carers
  - Medical records personnel or Patient Administration System (PAS) staff
  - Managers
  - Staff or directors responsible for:
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning
- **Involving the person responsible for drawing the patient sample in planning meetings.** It is essential that this person, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly. You must share these survey instructions with them.
- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All departments in the trust should be made aware when a survey is being conducted in case patients contact the trust asking questions about the questionnaire they have received. For more information on publicising the survey see [Section 11](#).
- **Not overlooking front-line staff.** These people have the most direct impact on patients' experiences.

## 3 What's new for 2016?

### 3.1 Changes for the 2016 Inpatient survey

#### CQC Intelligence Model

Trusts will be flagged as a risk within the appropriate survey data indicators if they either fail to submit a sample for the adult inpatient survey or if it becomes evident at a later date that an error has been made in drawing the sample that renders the data unusable.

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

Making errors in drawing the sample, for example, neglecting to include a core group of eligible patients, effectively biases the sample, meaning an individual trust's results are not comparable to other trusts. If major errors are spotted during the sample checking phase then the Co-ordination Centre will request that a fresh sample be drawn, however, errors are not always easy to spot in an anonymised file. If it only later becomes evident that a major error has been made and there is no time to submit a new sample for inclusion in the survey, the survey response data will be excluded from the CQC dataset and the trust will be flagged as a risk in CQC's risk monitoring tools.

Ultimately, it is the trust's responsibility to ensure that the sample is drawn correctly. To help avoid making such errors, ensure that you follow the instructions very carefully when drawing your sample. You should also read the 'Sampling Errors Report' for the previous year's survey which highlights the errors that were made in compiling and submitting samples – it can be found here <http://nhssurveys.org/survey/1731>.

#### Treatment Function Codes

This year we will be collecting treatment function codes for each patient in the sample. This data will allow trusts to more accurately identify patients who are ineligible, particularly patients who have been treated for planned termination of pregnancy. In previous surveys, trusts have used main specialty to identify these patients but in certain cases there are problems with the accuracy of these codes in terms of the actual treatment received. The treatment function data will also allow more accurate sub-group analysis of results than main specialty. For 2016, we will be collecting both main specialty codes and treatment function codes. For more information please see: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/t/tran/treatment\\_function\\_code\\_de.asp](http://www.datadictionary.nhs.uk/data_dictionary/attributes/t/tran/treatment_function_code_de.asp)

#### Outcome Code

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

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

## ICD-10 Chapter Code Data Submission and Mapping Tool

As in 2015, we will be collecting ICD-10 chapter codes. This year we are also providing a mapping tool for assigning ICD-10 chapter codes. This tool allows trusts to enter detailed ICD-10 codes (as they are held on trust databases) and convert them into the broad chapter codes. We anticipate that this will allow more trusts to submit their ICD-10 chapter codes with their initial sample data submission.

## Changes to the questionnaire – questions added, modified and removed

The 2016 Inpatient questionnaire has been kept as similar as possible to the 2015 Inpatient questionnaire to allow comparisons to be made between survey years. There are 84 core questions, two more than last year. When published, the development report will contain complete documentation about any changes made to the questionnaire and can be found on the NHS Surveys website at <http://www.nhssurveys.org/surveys/935>. A summary of the changes made to the core questionnaire are listed below:

One question carried in the 2015 Inpatient questionnaire has been removed for the 2016 survey:

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

One question new to the 2015 Inpatient questionnaire has been redeveloped and modified from:

- When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?

To:

- Q60. When you left hospital, did you know what would happen next with your care?

Three new questions have been added for the 2016 survey:

- Q20. Did you get enough help from staff to wash or keep yourself clean?
- Q21. If you brought your own medication with you to hospital, were you able to take it when you needed to?
- Q32. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)

## 4 Data protection and confidentiality

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential. **If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003)<sup>1</sup>, which incorporates the Caldicott principles (see text box below). You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data, and the issues which these present.

### The Caldicott Principles

Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1:** Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2:** Don't use patient-identifiable information unless it is absolutely necessary
- **Principle 3:** Use the minimum necessary patient-identifiable information
- **Principle 4:** Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5:** Everyone should be aware of their responsibilities
- **Principle 6:** Understand and comply with the law

It is your legal responsibility to ensure that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. It will also be necessary to establish appropriate contractual arrangements with any contractors. Your trust's Caldicott Guardian and legal advisors should advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the Co-ordination Centre for the NHS Patient Survey Programme. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Social Research Association and Market Research Society's *Guidelines for social research* (2005)<sup>2</sup>. They have implications for approved contractors and for NHS trusts conducting surveys in-house.

Information about the Data Protection Act 1998 can be found at the ICO – Information Commissioner's Office: <http://ico.org.uk/>

Further guidance can be found on the Market Research Society website: [http://www.mrs.org.uk/standards/data\\_protection/](http://www.mrs.org.uk/standards/data_protection/)

### 4.1 Statements of compliance with data protection

#### In-house surveys

Each NHS trust has a Caldicott Guardian responsible for overseeing the proper use of patient data. If you are conducting the survey in-house, then before mailing out the sample you must submit a formal declaration to the Co-ordination Centre (see [Appendix 1](#)), signed by the Caldicott Guardian

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200146/Confidentiality\\_-\\_NHS\\_Code\\_of\\_Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)

<sup>2</sup> [http://the-sra.org.uk/wp-content/uploads/sra\\_data\\_protection.pdf](http://the-sra.org.uk/wp-content/uploads/sra_data_protection.pdf)

and survey lead(s) for the trust. This declaration will certify that data will only be displayed, reported or disseminated in compliance with the guidelines. Templates for these declarations are available on the NHS Surveys website: <http://www.nhssurveys.org/surveys/935>. Alternatively, sample declaration forms can be completed online. Trusts wishing to complete the declaration online will need to provide the Co-ordination Centre with the names and email addresses for the person drawing their sample and the trust's Caldicott Guardian. Unique links will be sent to these named individuals by email. **You must wait for confirmation of receipt from the Co-ordination Centre before you mail out your sample.**

**If the Caldicott Guardian is unable to make such a declaration then the trust must use an approved contractor to ensure that appropriate standards of confidentiality and data protection are maintained.**

## 4.2 Approval under section 251 of the NHS Act 2006

Approval for the NHS Adult Inpatient Survey 2016 was sought under Section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to enable the processing of patient identifiable information without consent. The survey methodology was reviewed by the Health Research Authority (HRA), and the Confidentiality Advisory Group (CAG) of the Health Research Authority (previously NIGB) has granted a recommendation of support. Although the support is for the transfer of names and addresses to contractors, which does not apply to in-house trusts, it is still expected that in-house trusts follow the instructions in full, as set out in this manual. **Please note that any deviation from the procedures described here may lead to breaches in patient confidentiality, or could have implications for the comparability of data and its use by CQC and others, and would lead to action being taken against an NHS trust.**

The recommendation of support does not cover the transfer of patient identifiable information where a patient has indicated dissent - by this we mean instances where a patient has indicated that they do not want their information to be shared for purposes such as patient surveys, or specifically stated that they do not want their details shared outside of the trust. It is strongly advised that in-house trusts follow the same procedures as outlined in the recommendation for support from the HRA.

Consequently, if any patients have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their address details shared for any reason other than clinical care), please ensure that these patients are excluded from your sample. This should be done using your local records.

There is, however, evidence available from research to suggest that a considerable degree of bias is likely to be introduced depending on the stage at which dissent is recorded, the severity of patients' conditions, and their understanding of the aim and purpose of the research or evaluation. Such bias would negatively impact on the results for a trust.

Due to the requirements of this survey's Section 251 Approval, trusts will be required to process any opt outs from parents/carers in a particular way. Trusts must confirm to the CQC that the following processes will be fulfilled:

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If a mailing is underway the caller will need to be advised that it might not be possible to prevent this mailing but assured that they will receive no future mailings.
2. People wishing to receive no further questionnaires can be identified with a flag/ code/ number on the mailing file.
3. When speaking to callers wishing to opt-out of future survey mailings, it is **not appropriate to try and dissuade them from their intent**. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response

to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, this needs to be respected and acted upon immediately to avoid upset and misunderstanding.

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

**Please discuss this issue with your Caldicott Guardian to ensure that any patients who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample that is submitted to the Co-ordination Centre.**

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

[http://www.nhssurveys.org/Filestore/documents/20120704\\_FAQs\\_on\\_fair\\_data\\_processing\\_draft4.pdf](http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf)

### 4.3 Keeping patient mailing data and sample data separate

For patient confidentiality reasons, patient responses must never be matched to the patients that made them. The best way to ensure this is to store patient name and address details separately from sample information or survey response data. **For this reason, once the sample has been returned from DBS and the 1250 patients are finalised, patient names, addresses and postcodes must be removed from the sample file to a 'mailing file'.** Before this is done, it is essential each patient is provided with a unique number (a patient record number, or PRN) and that this number is available and correctly matched on both the 'mailing file' and the sample information file (the 'sample file') (see sampling handbook). Note the PRN must be in the format: IP16XXXNNNN where XXX is your trust's 3 digit trust code and NNNN is the 4 digit number relating to your sampled patients, e.g., 0001-1250. **Please ensure the files are separated and that no patient identifiable information is on your sample file before you send them to the Co-ordination Centre.**

### 4.4 Mailing questionnaires to patients

An important issue regarding mailing questionnaires and data protection relates to the envelopes used to mail out questionnaires to patients. Some patients may not have told family or friends that they have gone to hospital and, under data protection regulations, it is important that this information remains confidential to the patient. Therefore it is important that the envelope(s) used to mail out your survey materials to patients does not show any indication of the NHS Trust name.

### 4.5 Assurances of patient anonymity

It is important to ensure that any claims you make about patient anonymity are accurate; you are obliged by law to honour any statements that you make.

In most cases where a survey is carried out in-house, it is not accurate to tell patients that their responses will be anonymous. The person who receives the completed questionnaires is usually able to match these responses to patient names and addresses.

## 4.6 Patient confidentiality

It is essential that any patient survey is conducted in such a way that patient confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform patients that their name and address will never be linked to their responses. Furthermore, patients' responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a patient is known to have stayed on a particular ward and his or her year of birth, sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. It would be unlawful to provide staff who may have had contact with respondents any information that would allow these respondents to be identified. The following recommendations are made:

### Trust level

- 1) The raw data set should not be provided to any member of staff at the trust who does not need to view it, i.e. those who are not directly working on the project.
- 2) If data are to be presented to other trust staff only the aggregated totals for each question should be provided. If analysis by subgroup is carried out the results for any group consisting of fewer than 30 respondents should be suppressed (replaced by a dash). The data should be presented as in the following example. In this case, responses for the 'Mixed' and 'Asian' ethnic categories are suppressed (though the subgroup totals are shown):

Ethnic category	Q16. Were you ever bothered by noise at night from hospital staff?		
	Yes	No	Total responses
	%	%	n
White	81	19	261
Mixed / Multiple	-	-	8
Asian	-	-	18
Black / African / Caribbean	79	21	52
Other	85	15	36

- 3) Do not present response information (including comments) in a form that allows an individual patient to be identified by the group receiving the information. For example, if you are presenting the results for a small number of patients, make sure that it will not be possible for the reader/audience to identify individual patients from their responses.
- 4) As in 2015, free text comments do not need to be anonymised. A statement has been added to the questionnaire stating that any information provided in the free text box will be shared. PLEASE NOTE: This does not apply if you are publishing the comments. Any comments that are published must have any identifiable information removed such as a patients' or staff members' names, ethnicity, condition or health details.
- 5) The electronic file containing the patients' names and addresses should be stored securely (i.e. password protected).

## 4.7 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of patients' names and the questionnaires kept until **13<sup>th</sup> July 2017**. All mailing lists of patients' names and addresses should be stored on a separate computer to that containing survey data. Mailing lists of patients' names and addresses should be destroyed when the mailing process is complete.

## 4.8 Encryption of personal data

Any patient identifiable information sent between trusts and third parties must be in an encrypted format with password protection to help ensure good standards of information security. When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of patients' details.

Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the Care Quality Commission very strongly recommend the use of the **256-bit AES** (Advanced Encryption Standard) algorithm. There are several software tools that can be used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above)<sup>1</sup>.

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<sup>1</sup> <http://www.winzip.com/>

## 5 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and patient anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to patients.

### 5.1 Ethical approval for the Inpatient survey

Research Ethics Committee (REC) approval has been obtained for the NHS Adult Inpatient Survey 2016 and a substantial amendment submitted for changes regarding the survey, all of which can be downloaded from the NHS Surveys website: <http://www.nhssurveys.org/surveys/935>. In order to comply with the ethical approval, the survey must be carried out according to the instructions set out in this document.

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey.

Your trust should notify the relevant Research and Development (R&D) office that ethical approval has been obtained for the 2016 Inpatient Survey. The REC letter of approval can be found on the NHS Surveys website (see link above).

Further information on the ethical approval process can be found on the NHS Health Research Authority website: <http://www.hra.nhs.uk/> or by e-mailing [HRA.Queries@nhs.net](mailto:HRA.Queries@nhs.net)

### 5.2 Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this national survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A questionnaire and an instruction manual are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the Care Quality Commission that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this National Inpatient survey has research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The Care Quality Commission has produced a table with information taken from the *Research Governance Framework for health and social care (2005)*, which can be found in **Appendix 4** of this instruction manual. The table's left-hand column sets out the responsibilities of organisations providing care and the right-hand column sets out the arrangements made by the Care Quality Commission for patient surveys. If you are required to seek approval from your research

governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

## 6 Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the people who use the trust, so it is important that groups with limited understanding of English are not excluded. The questionnaire has been written in **plain language** to facilitate optimum understanding by all respondents. The questions have been tested with people whose first language is not English.

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

There are a number of strategies you can adopt to facilitate the process of collecting the views of people with a limited understanding of English:

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

## 7 Timetable

The survey fieldwork period for 2016 is 19 weeks. We strongly recommend making full use of this to maximise response from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond<sup>1</sup>. If your patient population has high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these patients. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly (i.e. within the recommended three week sample checking period – see key dates below) and mail out your questionnaire packs promptly once permission has been received. Reminder mailings should be sent out according to the instruction manual – refer to [section 13.7](#). Dissemination of the results to all staff, and to the local community and media, can only start after the survey has been completed so this will take additional time to complete.

**Table 1 Inpatient Survey timetable**

Week	Task	See
0	Inform Co-ordination Centre of trust contacts and who is carrying out your survey by 1 <sup>st</sup> August 2016 (in-house)	-
1	Draw sample of patients to be included in the survey	<a href="#">8</a>
1	Check sample for deceased patients using hospital records	<a href="#">8</a>
1	Submit sample list to DBS to check for deceased patients and remove deceased patients from your sample list	<a href="#">8</a>
1 - 4	Submit anonymised sample to Co-ordination Centre before starting mailing process (trusts must also send signed data protection declaration forms to the Co-ordination Centre and receive confirmation of receipt of these prior to mailing out questionnaires)	<a href="#">8</a>
1	Print questionnaires and covering letters	<a href="#">12.1</a> & <a href="#">12.2</a>
2	Set up FREEPOST address, PO Box and helpline	<a href="#">13.1</a> , <a href="#">13.2</a> & <a href="#">13.3</a>
2	Establish system for responding to telephone enquiries	<a href="#">13.3</a>
2	Establish system for booking in questionnaires	<a href="#">13.6</a>
3	Send first weekly response rate and helpline monitoring form to Co-ordination Centre	<a href="#">10</a>
3	Check your own trust's records again for any patient deaths	<a href="#">8</a>
3-6	Send out first questionnaires	<a href="#">13.5</a>
3-14	Continue to respond to telephone enquiries	<a href="#">13.3</a>
3-14	Log and process returned questionnaires	<a href="#">13.6</a>
3-14	Enter data	<a href="#">14</a>
6-9	Check your own trust's records again for any patient deaths	<a href="#">8</a>
6-9	Send out first reminders to non-responders	<a href="#">13.7</a>
7-10	Be prepared for a small peak in telephone calls as first reminders received	<a href="#">13.3</a>
9-12	Check your own trust's records for any patient deaths	<a href="#">8</a>
9-12	Send out second reminders to non-responders	<a href="#">13.7</a>
12	Send hard copy of questionnaire to Co-ordination Centre (by 29 <sup>th</sup> November at the latest)	
19	Complete data entry	<a href="#">14</a>
19	Send data to Co-ordination Centre (by 13 <sup>th</sup> January 2017)	<a href="#">14.5</a>

<sup>1</sup> For details of this research carried out by the Picker Institute Europe see: [http://www.nhssurveys.org/Filestore/documents/Extension\\_of\\_fieldwork\\_for\\_inpatient\\_survey\\_2007.pdf](http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf)

## Key dates

Inform Co-ordination Centre who is carrying out survey	ASAP and no later than 1 <sup>st</sup> August 2016
Submission of sample data	8 <sup>th</sup> August – 26 <sup>th</sup> August 2016
Start of fieldwork	29 <sup>th</sup> August 2016
Approval of sample data	From 8 <sup>th</sup> August 2016
Weekly monitoring starts	1 <sup>st</sup> September 2016
Close of fieldwork	6 <sup>th</sup> January 2017
Trust to send data to Co-ordination Centre	13 <sup>th</sup> January 2017

### Mailing reminders

*Please note that your second and final reminder must be mailed no later than Friday 18<sup>th</sup> November.*

## 8 Compiling a list of patients

This section explains how to draw a sample of patients. This task will need to be carried out by a member of staff at the NHS Trust. In hospital trusts, the sample will normally be drawn from the Patient Administration System (PAS). Prior to sending out questionnaires, a number of important checks must be carried out on the sample, including a check by the Demographics Batch Service (DBS) to identify deceased patients.

Please follow the instructions below carefully and allocate sufficient work time to check the sample for deceased patients with DBS before the first mailing and within the trust prior to each mailing.

**Please note:** Data from the inpatient survey are used in an increasing number of outcomes frameworks and indicators and have now achieved National Statistics status. If the sampling guidance issued for the survey is not adhered to and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use patient survey data for purposes of risk monitoring and data is also used by NHS England and the Department of Health for Patient Experience Outcome Measures and the NHS Outcomes Framework. If data is excluded because sampling errors are detected this will impact on the assurances these organisations can have about the experiences of your patients.

We have recently encountered incidences of historical errors having been made in previous surveys and unfortunately we have to respond to these errors by, for example, removing trust results. We request that all trust staff involved in drawing samples are made aware of the importance of checking previously written codes and other historical arrangements, to minimise the risk of future cases being discovered and the risk that your trust's survey results cannot be used. It is essential that the person who draws the sample understands the importance of following these instructions carefully. Also, this person's line manager must give them the time and support they need to do the task properly. An incorrectly drawn sample can delay the start of the survey or can result in the questionnaires being sent to the wrong patients, both of which can have serious implications.

### Before compiling your patient list

We strongly advise that you read all of this section BEFORE you start to compile your patient list.

**Please note:** your sample should only be used for the purposes of distributing the Inpatient Survey 2016 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample nor to contact them as a group either before or after the survey.

### 8.1 Compiling a list of patients

1. As in 2015, the sample month for the adult inpatient survey has been fixed to July. You must start counting back from the last day of **July 2016**. If you are unable to sample enough patients from July alone then you will have to include patients discharged in previous months. However, posters **must** be displayed for your chosen sample month(s) to attain compliance with section 251- patients must have the chance to dissent.
2. Compile a list of 1350 adult (**aged 16 and over**) inpatients consecutively discharged alive from your trust working back from the last day of the sampling month. You must count back through the list of patients discharged alive from the trust, including all eligible patients, until you have 1350 patients. The reason for including 1350 patients at this stage is to allow for

the removal of some patients following checks (for example deceased patients will need to be removed following DBS checks).

## Note

Some trusts have a much lower discharge rate than others. If necessary, a trust can include all patients discharged back as far as the 1<sup>st</sup> January 2016 to generate their sample of 1350 adult inpatients submitted to DBS.

The information you obtain about each patient will be used both for administering the survey and for sending to the tracing service to check for deceased patients. It saves time and effort if all the information is gathered at the same time.

The list should **include**:

- **ALL** eligible adult patients, who have had at least **one overnight stay** within the trust.

The list should **exclude**:

- deceased patients
- children or young persons under 16 years old at the time of sampling
- obstetrics/maternity service users, including spontaneous miscarriages
- patients admitted for planned termination of pregnancy
- psychiatry patients
- day case patients (i.e. patients who arrive and leave on the same day. If the patient stays overnight and is occupying a bed, then they should be included in the sample.)
- private patients (non-NHS)
- NHS patients treated at private hospitals
- any patients who are known to be current inpatients
- patients without a UK postal address (but do not exclude if addresses are incomplete but useable, e.g. no postcode)
- Any patient known to have requested their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity; if this information is collected by your trust you should ensure that you remove these patients from your sample list at this stage.

## Treatment Centres

Patients who stayed as an inpatient at an NHS treatment centre at the trust are eligible for inclusion in the sample for the 2016 Inpatient survey, provided they meet the criteria above. These patients should be flagged up by inserting a '1' in the appropriate column in the sample file (see the example sample file in Table 2, in [Section 8.5](#)).

## 8.2 Checks carried out by the trust

Once you have compiled your list of 1350 patients, you should carry out the following checks *before* you send the list to the DBS (who will carry out a further check for deceased patients):

- **Deceased patients.** Check hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital. More information on checking for deceased patients is shown in the text box below.

- **Overnight stay.** Check that patients had at least one overnight stay in hospital. Patients are considered to have had an overnight stay if they were admitted as an inpatient and occupying a bed at midnight, e.g. patients who are admitted as an inpatient on Day 1 and discharged on Day 2 are considered to have had a single overnight stay regardless of their admission time or discharge time. Day cases and outpatients are **not** included in this survey.
- **Current inpatients.** Check that none of the patients are known to be current inpatients in your trust (or elsewhere, if possible). This should be the only time current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times. This improves the comparability of samples between trusts and thus reduces bias.
- **Patient ages.** Check that all patients are aged 16 or over at the time of sampling (i.e. on the day you draw your sample the patient must be aged 16 or over). Please do not exclude patients treated at children's hospitals as such sites do treat patients who are 16 years and over.
- **Postal addresses.** Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Equally patients whose address is a military base, care home or prison establishment are also eligible.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those patients. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- **Duplications.** Check that the same patient has not been included more than once.
- **Community Hospitals.** As a general rule, patients who have only spent time in a community hospital should not be included in the sample. Patients who have spent time in both a community hospital and an acute hospital can be included depending on circumstance - please contact the Co-ordination Centre for further advice.
- **Obstetrics/maternity service user.** Check that the list does not include maternity service users. Please ensure that no episode of a patient's care has a maternity treatment function code, that there are no route of admission codes indicating a maternity admission and no ICD-10 chapter codes of XV (if ICD-10 codes are available). You should not include patients with a Route of Admission code of 31 (ante-partum) or 32 (post-partum). There should also be no patients included who have a treatment function code of 501 (obstetrics) or 560 (midwife). If codes of 500 (obstetrics and gynaecology) are included, please ensure any included patients have been treated for gynaecology and not obstetrics.
- Check again that none of the patients were admitted for a **termination of pregnancy**.
- **Psychiatry patients.** Check Main Specialty and Treatment Function codes and ensure that the list does not include psychiatry patients i.e. patients with the following Treatment Function codes should be excluded (a more complete list can be found in [Section 17 – Glossary](#)):
  - 700 learning disability
  - 710 adult mental illness
  - 711 child and adolescent psychiatry
  - 712 forensic psychiatry
  - 713 psychotherapy
  - 715 old age psychotherapy

- **Private patients.** Remove any private patients from the sample.
- **Patients treated at private hospitals.** Remove any patients who were treated by the trust as NHS patients in private hospitals.
- **Dissent.** Any patient known to have requested their details are not used for any purpose other than their clinical care including requests made following sight of survey pre-publicity (you must ensure that you remove these patients from your sample list at this stage).

### Checks for deceased patients

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a patient selected for the survey having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, patients may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

The methodology for this survey requires three stages of checks for deceased patients before the first mailing is sent out. The checks are carried out sequentially by:

- 1) the trust
- 2) DBS
- 3) again by the trust (for patients who may have died in hospital after submission of the sample to DBS).

You are also advised to check your hospital records for any further deaths prior to posting the second and third mailings, and to ensure that approved contractors are advised immediately if any patients in the sample die during the survey period.

## 8.3 Submitting your patient list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, the list of patients should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS). The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

### Create a trace request file

Using your list of patients, you need to create a correctly-formatted batch trace request file to send to DBS. You should take advice from your local trust PAS team on the correct format to submit files. Technical details on the file format are available from <http://www.hscic.gov.uk/demographics/>

For each patient you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach *OR*
- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1\*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

## Submitting the trace request file

Please note that the DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: [demographics@hscic.gov.uk](mailto:demographics@hscic.gov.uk) and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

## 8.4 Identifying deceased patients when the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any patients who have died and therefore need to be deleted from the sample file (see below). This will reduce the numbers in your sample list slightly. **Please note that you should not exclude patients just because it was not possible for DBS to match them on their records. If you did this, you would bias the sample.**

### The response file

The DBS will return a header row, response body and trailer row. The response row will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response column, which is returned only when there is a single unique match. It is in this additional response column that patients found to be deceased will be indicated (by a letter 'D').

For further information see: <http://www.hscic.gov.uk/demographics/>

### Note

Please be aware that tracing services are not infallible and even after your patient list has been checked for deaths, some patients may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

## What to do if you have more than 1250 patients remaining on your list

When your patient list is returned by DBS, and you have removed all deceased patients, there should still be more than 1250 patients in the list. You will need to remove the **least recently discharged** patients from your sample so that only the 1250 most recent patients remain.

## What to do if you have fewer than 1250 patients remaining on your list

If your patient list has fewer than 1250 patients after deceased patients have been removed, you **MUST** contact the Co-ordination Centre on 01865 208127 or email [jp.cc@pickereurope.ac.uk](mailto:jp.cc@pickereurope.ac.uk). If possible, the next most recently discharged patients after the sample will need to be added to create a sample of 1250 patients, although these must also be checked by DBS.

## Important note

You will be able to maximise your response rate by following these instructions carefully, drawing your sample accurately and sending your mailing out as soon as possible. You will also need to send out two reminders. It is **not** acceptable to try to boost the number of responses you receive by including more patients when compiling the sample of 1250 for the survey as this would bias the survey. The Co-ordination Centre will only be able to accept responses from the patients in your list of 1250 that have been correctly sampled and mailed.

## 8.5 Create the sample file

Information relating to your sample of patients should be entered into an Excel file which should resemble Table 2 below. A pre-designed spreadsheet including all the required column headings can be downloaded from the NHS Surveys website (<http://www.nhssurveys.org/surveys/935>) and is entitled 'Sample construction spreadsheet'. The column headings in this spreadsheet are identical to those supplied in the validated spreadsheet produced by the Co-ordination Centre for final submission of data (the 'Data entry spreadsheet') and so it will be advantageous for you to use the sample construction spreadsheet at this stage, rather than to create your own spreadsheet. Enter the required information and save this file as <NHStrustname>\_Inpatients2016.

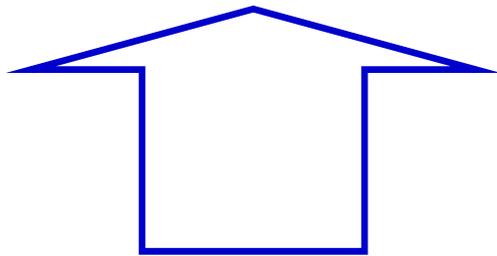
This file has three purposes:

- 1) It will be used by you to keep a record of which patients have not returned questionnaires so that reminders can be sent to them.
- 2) It will be used by you to generate weekly response rates, which must be forwarded to the Co-ordination Centre every Thursday from **1<sup>st</sup> September 2016** until the closing date of the survey.
- 3) The anonymous data in this file (i.e. all the data **except** patient name and address information) will form part of the file that you will submit to the Co-ordination Centre when the survey is completed.

More details about the information required in this file are provided below.

**Table 2 Sample construction spreadsheet of patient details**

<i>Patient record number</i>	<i>Title</i>	<i>Initials</i>	<i>Surname</i>	<i>Address1</i>	<i>Address5</i>	<i>Postcode</i>	<i>Year of birth</i>	<i>Gender</i>	<i>Ethnic category</i>	<i>Day of admission</i>	<i>Month of Admission</i>	<i>Year of Admission</i>	<i>Day of discharge</i>	<i>Month of discharge</i>	<i>Year of discharge</i>	<i>Length of Stay</i>	<i>Main Specialty on discharge</i>	<i>Treatment Function Code</i>	<i>ICD 10 (Chapter Code)</i>	<i>CCG code</i>	<i>Treatment centre admission</i>	<i>Route of admission</i>	<i>NHS Site code on admission</i>	<i>NHS Site code on discharge</i>	<i>Day of questionnaire being received</i>	<i>Month of questionnaire being received</i>	<i>Year of questionnaire being received</i>	<i>Outcome</i>	<i>Comments</i>
IP16RX10001	Mrs	A	Abbot	-	-	AB1 1YZ	1934	2	A	5	8	2016	11	8	2016	6	100	102	XI	12H	0	12	RR115	RR115				3	Informed that patient had died
IP16RX10002	Mr	E	Ahmed	-	-	AB2 6XZ	1970	1	J	20	7	2016	12	8	2016	23	101	101	IX	10Q	1	11	RTE03	RTE03	22	10	2016	1	
IP16RX11249	Ms	K	Yoo	-	-	AB4 7MX	1950	2	R	17	6	2016	31	8	2016	75	300	306	IV	09Y	0	21	RR115	RR115					
IP16RX11250	Ms	F	Young	-	-	AB9 5ZX	1946	2	A	14	8	2016	31	8	2016	17	100	107	VII	08L	0	22	RR120	RR117	6	11	2016	1	



**FIRST NAME, SURNAME, ADDRESS1...ADDRESS5 and POSTCODE columns are PATIENT IDENTIFIABLE DATA.**

**PATIENT IDENTIFIABLE DATA MUST NOT BE INCLUDED IN THE ANONYMISED SAMPLE FILE.**

## Important note about Table 2

The headings are in three different colours:

**Black** headings: these columns contain information on patients' names, addresses and comments that may allow them to be identified. This information must not appear in any files sent to the Co-ordination Centre. This information should be removed from the sample file as soon as your sample is finalised and saved to a new file (your "mailing data" file). The patient record number must be retained in both files, in order to be able to link data, where necessary.

*Red italic* headings: these columns should be completed during the sampling phase and submitted to the Co-ordination Centre prior to mailing (to allow for final inspection by the Co-ordination Centre).

*Green italic* headings: these columns will be completed by you when the patient responds to the survey (e.g. by returning a completed questionnaire), or when the trust is notified the patient will not be participating (patient deceased, moved address, too ill, or called to opt out).

The information that must be entered into this spreadsheet will come from a number of different sources:

## Information from hospital records

The following information can be compiled from hospital records:

- **Title** (Mr, Mrs, Ms, etc.)
- **Initials** (or First name)
- **Surname**
- **Address Fields:** This should be held as separate fields (e.g. street, area, town and county)
- **Postcode**

### Note

The **Patient Record Number** (see 'Additional information' section below), **Title**, **Initials**, **Surname**, **Address Fields** and **Postcode** are used for printing out address labels. You can use the mail merge function in a word processing package for this purpose.

- **Year of Birth** should be included in the form NNNN.
- **Gender** should be coded in numeric form: 1 = male, 2 = female.
- **Ethnic Category** is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the 17 item alphabetical coding specified by the Health and Social Care Information Centre (HSCIC). Further information is available at: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/e/end/ethnic\\_category\\_code\\_de.asp?query=ethnicity&rank=70&shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp?query=ethnicity&rank=70&shownav=1). Please note that only patients who refuse to provide ethnic category should be coded as "Z" (not stated). If this code is missing for any other reason, ethnic category should be left blank in the sample information. Ethnic codes are as follows:

#### White

- A British
- B Irish
- C Any other White background

#### Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

#### Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

#### Black or Black British

- M Caribbean
- N African
- P Any other Black background

#### Other Ethnic Groups

- R Chinese
- S Any other ethnic group

- Z Not stated

- **Day** of the month of admission (1 or 2 digits; e.g. 7 or 26)\*
- **Month** of admission (1 or 2 digits; e.g. March = 3 or October = 10)\*
- **Year** of admission (4 digits; e.g. 2016)\*
- **Day** of the month of discharge (1 or 2 digits; e.g. 2 or 30)\*
- **Month** of discharge (1 digit; e.g. June = 6 or July = 7)\*
- **Year** of discharge (4 digits; e.g. 2016)\*
- **Length of stay** (Units = Days). Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/7/2016 and admission date = 14/7/2016, the length of stay = 1. Do not use any other type of unit to calculate length of stay (i.e. do not use hours/minutes/seconds). All patients in the sample should have a length of stay greater than or equal to 1 day.
- **Main Specialty (of consultant) code on discharge.** It is recorded in the form NNN as outlined by the Health and Social Care Information Centre (HSCIC). Please see: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/m/main\\_specialty\\_code\\_de.asp](http://www.datadictionary.nhs.uk/data_dictionary/attributes/m/main_specialty_code_de.asp)
- **Treatment Function Code.** It is recorded in the form NNN as outlined by the Health and Social Care Information Centre (HSCIC). Please see: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/t/tran/treatment\\_function\\_code\\_de.asp](http://www.datadictionary.nhs.uk/data_dictionary/attributes/t/tran/treatment_function_code_de.asp)
- **CCG code:** please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the patient. Please see: <http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs>
- **Treatment Centre Admission** should be coded as '1' for patients who spent any part of their inpatient stay at an NHS treatment centre within the trust, and coded as '0' if they did not.
- **Route of Admission:** Please include the two-digit descriptive code as used within the NHS Commissioning Data Sets. A blank or full-stop should be used if this information cannot be obtained for a patient. Please see: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/a/add/admission\\_method\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/admission_method_de.asp?shownav=1)
- **Hospital Site Code on Admission:** Please record the site of admission of the patient using the five character NHS Trust Site Codes (maintained by HSCIC). Please see: <http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs>
- **Hospital Site Code on Discharge:** Please record the site from which the patient was discharged using the five character NHS Trust Site Codes (maintained by HSCIC). Please see: <http://systems.hscic.gov.uk/data/ods/datadownloads/othernhs>
- **ICD 10 (Chapter Code):** Please enter the ICD10 (4<sup>th</sup> Edition) chapter code in Roman Numerals (i.e. III, VI, IX etc.) **Please note:** This should be based on the **primary diagnosis at discharge**. For a list of the chapter codes please see: <http://apps.who.int/classifications/icd10/browse/2016/en>. We have produced a mapping tool for assigning ICD-10 chapter codes. This tool allows trusts to enter detailed ICD-10 codes (as they are held on trust databases) and converts them into the broad chapter codes. The tool is available on the NHS surveys website at: <http://www.nhssurveys.org/surveys/935>. **If ICD-10 codes are not available when you draw your sample, please contact the Co-ordination Centre.**

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\* Date fields must be supplied in separate columns (e.g. date, month, and year).

## Additional information

A number of additional pieces of information should also be entered into this spreadsheet:

- 1) **Patient record number (PRN).** This is a unique serial number which must be allocated to each patient **by the trust**. It should take the following format: IP16XXXNNNN where XXX is your trust's 3-digit trust code and NNNN is the 4-digit number relating to your sampled patients, e.g., 0001-1250. The PRN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you will be able to use these numbers to monitor which patients have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. Please note: this number should be available in and correctly referenced for every patient dataset for this survey (e.g. sample file, mailing file, final data).
- 2) **Day of questionnaire being received.** This will only be completed if and when a questionnaire is returned.
- 3) **Month of questionnaire being received.** This will only be completed if and when a questionnaire is returned.
- 4) **Year of questionnaire being received.** This will only be completed if and when a questionnaire is returned.
- 5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which patients opt out of the survey, etc.
  - 1 = Returned useable questionnaire
  - 2 = Returned undelivered by the mail service or patient moved house
  - 3 = Patient died
  - 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire
  - 5 = Patient was not eligible to fill in questionnaire
  - 6 = Questionnaire not returned (reason not known)
  - 7 = Service user deceased prior to fieldwork.

The outcome column is left blank at first if the questionnaire has not been returned (in Table 2 you can see that Ms Yoo has not yet returned her questionnaire).

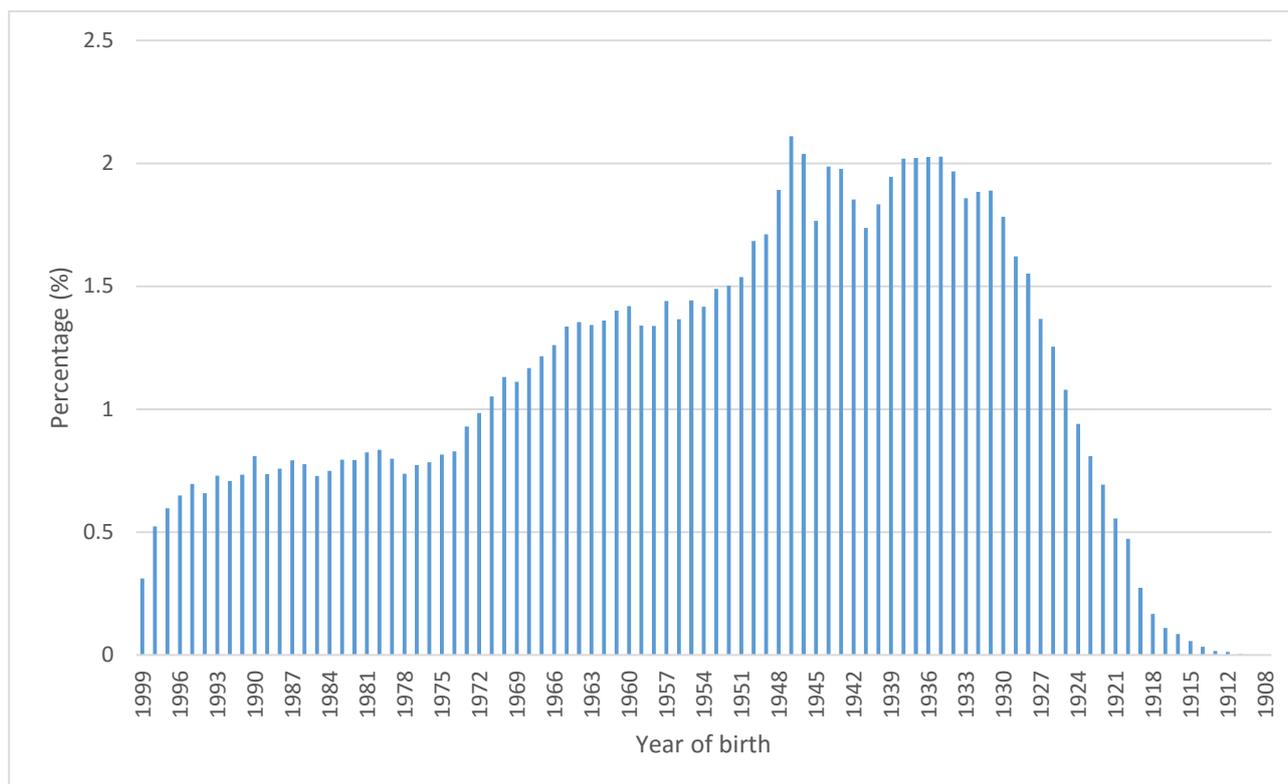
- 6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

## 8.6 Checking the distribution of patient ages in your sample

You should check that patients of all ages are included in your sample, paying particular attention to those aged 16, 17 or 18 years and those over 75 years. We have found these age groups are the most likely to be excluded due to poor sampling. It is possible there may not be any young adults or very old adults in your sample but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

A good way to check that your sampled patients' ages cover the full range of expected ages is to examine the distribution of ages on a histogram (See Figure 1). The histogram for your trust should resemble the shape of the histogram below.

**Figure 1 – Example Age Histogram for Inpatient Survey 2015**



## 8.7 Checking the distribution of patient gender

With the exception of hospitals specialising in one gender, your sample will probably have similar proportions of men and women. You should check that both men and women are included and that you can explain if the sample is skewed toward male or female patients.

## 8.8 Checking the distribution of patient route of admission

Please also check that the split of patients between emergency versus planned admissions is similar to the proportions that were in your sample last year. If there is a substantial change there should be an explanation. For example, if your hospital is now conducting more day case surgery this year than last you may expect to see an increase in the proportion of emergency admissions in your patient sample.

## 8.9 Checking for other errors with your sample

Information on the errors made when samples were drawn for the 2015 Inpatient survey can be found on the following webpage: <http://nhssurveys.org/survey/1731>. **Using this document to check for any errors may reduce delays caused by incorrect sampling and consequentially improve your response rate to this survey.**

## 8.10 Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each patient in the sample to a new file – your 'mailing file'. The patient record number (PRN) for each patient should be copied to the new file, so that the two datasets are connected using the unique PRN. It is essential

to ensure this number is correctly applied to the two datasets. Save this new file as 'Inpatients2016\_mailing data'. It should resemble Table 3 below.

This file should be used for mailing purposes: It will be used to check for deceased patients prior to reminder mailings and will be cross-referenced with the sample file (<NHStrustname>\_Inpatients2016) to identify patients who will need to be sent reminders.<sup>1</sup>

As this mailing file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing file should be destroyed when the survey is complete, along with all other files created for the survey (aside from the survey response file).

## Remember

For patient confidentiality reasons, **it is essential that you do not keep patient name and address details in the same file as their survey response data.**

**Table 3 Example mailing file**

<i>Patient record number</i>	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
IP16RX10001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
IP16RX10002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
IP16RX11249	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
IP16RX11250	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

## 8.11 Sample declaration form

For this survey, there is a sample declaration form that needs to be completed by the person preparing the sample ([see appendix 1](#)). The sample declaration form is available on the NHS Surveys website to download at <http://www.nhssurveys.org/surveys/935>. The form has a number of compliance statements that both the person drawing the sample and also the Caldicott Guardian must sign. An online version of the sample declaration is available.

The form **must** be completed and sent to the Co-ordination Centre **prior to submitting your** anonymised sample file for checking. You will receive notification when you are permitted to submit your data. The form has a separate compliance statement for you to sign to confirm that there are no patient identifiable data (names and addresses) in the sample file before it is submitted to the Co-ordination Centre. This is a key element of the survey methodology as approved under section 251, and must be followed in order to minimise the risk of any data breaches occurring.

Trusts must submit the sample data to the Co-ordination Centre no later than **26<sup>th</sup> August 2016**. If you do not meet this deadline, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors

<sup>1</sup> As shown in Table 2 ([see section 8.5](#)), the 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc.

may result in the data from the trust being excluded from the relevant Care Quality Commission assessments.

Samples that have not been submitted for checking by the **2<sup>nd</sup> September 2016** will be followed up by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **9<sup>th</sup> September 2016**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

## 8.12 Making more use of the survey locally

Up to this point, this section of the guidance has described in detail how sampling must be undertaken to provide the basic required sample of 1250 patients for the NHS Adult Inpatient survey. In addition to this minimum requirement, your trust may wish to use the National Inpatient survey as an opportunity to gather further data beyond that required by the Care Quality Commission. A good way to do this would be to increase your sample size.

Increasing the sample size for the survey may be helpful if, for example, you wish to analyse or compare results for specific subgroups (for example, patients treated at different sites or patients of different ethnicities) in more detail than would be possible from a sample of 1250 patients. By increasing the sample size you can ensure that you have a large enough sample of patients from each group.

Alternatively, if your trust regularly treats very large numbers of patients, you may wish to draw an extra sample of patients to survey in addition to those included in the main survey. For example, you could select patients discharged in a different time period from those in the national survey and send them questionnaires either at the same time as, or at some point after the national survey. By running the survey locally in addition to the national survey you can establish a more frequent pattern of reporting enabling you to track experience over time or test the impact of recent quality improvement initiatives. If you decide to carry out an inpatient survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap. Guidance for carrying out a local survey is available at: <http://www.nhssurveys.org/localsurveys>

If you are using an approved contractor for the national survey they will be able to advise you on the best way to increase your sample size to achieve your specific goals.

Please note that the application for Section 251 approval has been made by the CQC on behalf of all trusts for a national standardised survey. **Therefore Section 251 approval covers the national surveys only, and will not apply to any local surveys.** Please contact your trust's Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further approval.

### Important points to consider

Before you decide whether to gather additional patient feedback (e.g. by increasing your sample size), there are some important points to consider:

- The core sample for the 2016 Inpatient survey **must** be drawn as specified in this sampling instruction manual; any deviation from these instructions may make it impossible for the Care Quality Commission to use the data that you collect. It is therefore essential that any additional sample drawn can be easily distinguished from the core sample, and that it is drawn in such a way as to not interfere with selection of the core sample.
- If you are planning to undertake surveys more frequently than the national programme, then you should consider how any increased sample here will fit with the additional surveys you will be undertaking.

## Remember

If you do choose to increase your sample size, it is essential that you ensure that the sample of patients you draw according to the requirements for the national survey can be easily distinguished from any additional patients you include in the sample. The Co-ordination Centre will be able to advise you on this.

If you decide to carry out an Inpatient survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap.

## 8.13 Summary of key steps

By following the instructions in this section you should have completed all of the tasks set out below:

1. Compiled a list of eligible patients ([Section 8.1](#))
2. Checked your patient list to make sure it meets requirements and only includes eligible patients ([Section 8.2](#))
3. Sent the list to the DBS to check for deceased patients and removed these patients from your list ([Section 8.3](#) and [8.4](#))
4. Created a sample file ([Section 8.5](#))
5. Checked the distribution of patient age, gender and route of admission (planned versus emergency) in your sample file ([Section 8.6](#), [8.7](#) and [8.8](#))
6. Checked for other errors that may have occurred when drawing your sample ([Section 8.9](#))
7. Removed personal data from the sample file and created a mailing file ([Section 8.10](#))
8. Complete the sample declaration form ([see appendix 1](#)) and send this to the Co-ordination Centre **before** sending them your sample file. **Do not send these files before your sample declaration form has been approved.**
9. Share the sample file with the Co-ordination Centre. [See Section 9 for further details.](#)

**PLEASE NOTE:** trusts will NOT be permitted to submit any files to the Co-ordination Centre with more than 1250 records (maximum), from which the Co-ordination Centre **would draw the sample on behalf of the trust**. If trusts do this, it will be considered a breach of the Section 251 Approval for the survey, resulting in follow up action being taken. It is not permissible for the Co-ordination Centre to draw the post DBS sample on behalf of the trust.

## 9 Sampling inspection by the Co-ordination Centre

### 9.1 Procedure for submitting the anonymised sample file to the Coordination Centre

In order for the Co-ordination Centre to make final quality control checks, an anonymised sample file must be submitted to the Co-ordination Centre **prior** to the first mailing. This file **must not contain name, address and postcode details** (see sampling handbook for more details).

#### Remember

Before submitting this data, each trust **must** first complete all checks described in the previous section (see sampling handbook). Further information on the errors made when samples were drawn for the 2015 Inpatient Survey can be found here: <http://nhssurveys.org/survey/1731>

You will need to submit your data directly to the Co-ordination Centre.

Please ensure your sample file does not contain patient name, address or postcode details. Please ensure fields are correctly formatted and contain only the data requested in the format requested e.g. year of birth field does not contain date of birth. If name, address and similar identifiable data are transferred to the Co-ordination Centre, this has to be considered for notification under your Trust Information Governance Toolkit Approval. Additionally, CQC inspectors will be notified of such data breaches and will consider if enforcement action is required.

The sample construction spreadsheets will be formatted to prevent data being entered in the wrong format. It is essential that you submit your sample using the construction spreadsheets provided.

### 9.2 Sample declaration form

For this survey, there is a sample declaration form that needs to be completed by the person preparing the sample. This form has a number of compliance statements which both the person drawing the sample and also the Caldicott Guardian must sign.

The form must be completed and sent to the Co-ordination Centre **prior to submitting your anonymised sample file**. When the Co-ordination Centre has confirmed with you that they have received a completed sample declaration form, you will be permitted to submit your anonymised sample file to the Co-ordination Centre for checking. The aim of this is to minimise the risk of any data breaches occurring and so it is worthwhile ensuring that this stage is followed correctly.

### 9.3 Timetable for submitting data to the Co-ordination Centre

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. E-mails discussing any sample anomalies will be returned to the trust within four working days of receiving the sample.

Samples should be submitted to the Co-ordination Centre no later than **26<sup>th</sup> August 2016**. If they are not, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors may result in the data from the trust being excluded from the relevant Care Quality Commission assessments.

## Important note

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre and certainly **no later than seven days** after this. A large time lag increases the likelihood of patients having died between the sample file being received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

## 9.4 Making the most of the fieldwork period

Because certain demographic groups (specifically younger patients and those from non-white ethnic backgrounds) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking detailed above. The best way to ensure you are able to do this is to prepare before the start date of the survey (29<sup>th</sup> August 2016). There are several ways you can do this:

- 1) Allocate sufficient time to the individual who will generate your sample to allow them to generate it, dispatch it to DBS, and to respond to queries or corrections specified by the Co-ordination Centre.
- 2) Discuss the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey.
- 3) Ensure your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.
- 4) The printing of questionnaires and assembly of mailing packs can take place before the sample is signed off. Please ensure that the envelopes are left open though so that you can check the correct label is applied to the correct questionnaire.

# 10 Weekly monitoring

The Co-ordination Centre requires weekly submissions of data on response rates and usage of the helpline. The first submission of data must be made on **Thursday 1<sup>st</sup> September 2016**, regardless of whether mailing has commenced. Further submissions will be made every Thursday thereafter until the final date of submission. An Excel spreadsheet is available (<http://www.nhssurveys.org/surveys/935>), which **must** be used to return this information to the Co-ordination Centre. This information should be emailed to the Co-ordination Centre ([jp.cc@pickereurope.ac.uk](mailto:jp.cc@pickereurope.ac.uk)) by the end of the workday, every Thursday throughout the survey. However, weekly monitoring forms do not have to be returned over the Christmas holiday period (29<sup>th</sup> Dec 2016). Submissions should be resumed for the following week (5<sup>th</sup> January 2017) for all trusts.

**Note that weekly submissions only apply to the core sample of 1250 patients.**

## Important note

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

### For trusts carrying out the survey in-house:

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

IP16\_<trust code>\_<week of submission>.xls

e.g. IP16\_RAC\_1.xls (first submission of monitoring data on 1<sup>st</sup> September 2016)

IP16\_RY2\_3.xls (third submission of monitoring data on 15<sup>th</sup> September 2016)

## 10.1 Monitoring response rates

The information submitted to the Co-ordination Centre should contain the following data:

- The total number of patients in your sample i.e. the total number of all those included in the first mailing.
- The number of patients in each outcome field (see sampling handbook).

This will allow the Co-ordination Centre to monitor progress at a trust level and to identify trusts that may need assistance. It will also allow us to provide the Care Quality Commission with regular updates on response rate at a trust level.

## 10.2 Helpline monitoring

Each trust must submit the following information to the Co-ordination Centre:

- The overall total number of calls received by the helpline for this survey.
- A breakdown of this overall total number of calls, into:
  - The number of calls that led to completion of the questionnaire using the helpline (this should include completions via translation services)
  - The number of calls seeking assistance with language and translation (this should include completions via translation services)
  - The number of calls that led to completion of the questionnaire using translation services.

### Example: How to record calls

If a caller rang the helpline and completed the questionnaire over the phone using translation services, then this call should be recorded in all four 'categories' detailed above.

If a caller completed the questionnaire over the phone (and did not require translation services) this call should be recorded in the 'overall total' and the 'total number of calls that led to completion' (i.e. first and second categories detailed above).

If a caller rang the helpline to opt out of the survey or to ask a question (and did not require translation services), this call should just be recorded in the 'overall total' number of calls (i.e. first category detailed above).

This information allows the Co-ordination Centre to identify areas of concern to patients and to improve future surveys.

# 11 Publicising the survey

## 11.1 Pre-survey communication with staff

As highlighted in [Section 2](#), the best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey.

### Keeping everyone informed

Notify as many staff members as possible about the survey in case patients contact the trust asking questions about the questionnaire they have received. Patients can be expected to ask receptionists, doctors, nurses, patient liaison officers or the Chief Executive's office about the survey, even when your covering letters give contact details for the survey manager(s) and the dedicated helpline. Notify front line staff and executive offices that a survey is being conducted and give them the name and number of a contact person. Survey manager(s) should be prepared to respond to these calls quickly.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet)
- Paper-based (e.g. staff briefings, newsletters, flyers, posters)
- Face-to-face (e.g. meetings, presentations and events)

**Appendix 2: Suggested text for pre-survey communication with staff** includes information which you can tailor for publicising the survey to staff.

## 11.2 Publicising the survey externally

It is important that the national surveys are publicised and responses encouraged so that as many patients' voices are heard as possible. To help promote involvement and maximise response rates, and to give the opportunity to opt out, the survey can be publicised to patients and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Information to help you draft a press release is shown in **Appendix 3** and can be found on the NHS surveys website: <http://www.nhssurveys.org/surveys/935>. Talk to your hospital's press office for more ways in which you can gain publicity locally.
- Put up posters around the hospital which show the importance the trust places on gathering patient feedback. To be most effective at increasing your response rate, posters should be put up in the hospital during the sampling period (i.e. during the month(s) from which your sample of inpatients will be drawn). A poster is available on the NHS surveys website at: <http://www.nhssurveys.org/surveys/936>
- Consider using social media such as twitter or other local social media to publicise the survey.

To encourage patients to respond, we recommend you illustrate how the trust has acted on the results of the previous inpatient surveys carried out by the trust. Patients are more likely to be motivated to take part in the survey if they can see tangible outcomes from a previous survey.

# 12 Materials

## 12.1 Questionnaires

The questionnaire consists of 84 questions on 12 pages. The questions cover the issues that have been found to be most important to patients and must be included in your survey. The front page of the questionnaire explains the purpose of the survey and gives instructions on how to fill it in. In the pages that follow, the survey questions are divided into sections that broadly follow the patient's experience.

### Questionnaire layout

The questionnaire is rigorously tested in the format of the questionnaire (available on the NHS Surveys website: <http://www.nhssurveys.org/surveys/935>). All questionnaires used by trusts should emulate this format and should be comprised of the following:

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

Q27. Did doctors talk in front of you as if you weren't there?

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

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

### Number of pages

It is practical to ensure that the number of pages in a questionnaire is a multiple of four so that sheets can be printed double-sided on A3 paper and folded to make an A4 booklet, stapled in the middle. If pages are stapled at the corner, there is a greater chance that some pages will become detached and get lost. The questionnaire, available in PDF format on the NHS Surveys website, is designed to fit onto 12 sides of A4 paper.

### Number of questionnaires

When calculating the number of questionnaires to be printed, you will need to allow for sending out duplicate questionnaires with second reminders. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, multiply the number of patients in the sample by 1.7 to obtain the total number of questionnaires required. So, if the number of first mailing questionnaires you intend to send out is 1250, then you might want to print 1.7 x 1250, or approximately 2,125 copies.

## 12.2 Trust headed paper

You will need headed paper from your trust for covering letters for the first and third mailing. A reminder letter is used for the second mailing. Depending on your response to the initial mailings, you will need approximately 1,600 to 2,400 sheets of trust headed notepaper.

## 12.3 Flyer

For this survey, a survey flyer has been produced by the CQC. This flyer explains who the CQC are, the importance of gathering patient feedback and what will be done with the data collected. The flyer will be included in both the first and third mailings. It is hoped that it will highlight the importance and purpose of the survey to patients and provide evidence of how their feedback contributes to monitoring the performance of the NHS.

For in-house trusts who are managing the mailing process themselves - these will be provided to you directly.

## 12.4 Mail out envelopes

It is important that the envelope(s) which you use to mail out your survey materials to patients does not show any indication of the NHS Trust name. Some patients may not have told family or friends that they have gone to hospital and, under data protection regulations, it is important that this information remains confidential to the patient. We would therefore recommend that the return address used on any mail out envelope(s) does not indicate trust name or address. It is, however, important that you record questionnaires which are returned undelivered as this affects the response rate. We would therefore advise that, where necessary (i.e. for trusts conducting the survey in-house), a PO Box address is set up for questionnaires which are returned undelivered.

Please note that the above does not apply to the address on the reply paid envelope (which can be a hospital address) as we assume that the patient is responsible for opening his or her own mail.

For further details on how to set up a PO Box please see [Section 13.2](#).

## 12.5 Materials required for first mailing

You will need 1250 of each of the following items:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patients
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house trusts)
- FREEPOST envelopes for return of questionnaires
- Covering letters using the trust's letterhead
- Multi-language helpline sheet (recommended)<sup>1</sup>
- CQC Flyer.

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

## 12.6 Materials required for second mailing (first reminder)

First reminders are sent to all patients who do not respond to the first mailing (except, of course, those who withdraw). Usually you will need to send first reminders to around 55-75% of the original patient sample. The following items are needed:

- Reminder letters
- Envelopes
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house trusts).

## 12.7 Materials required for third mailing (second reminder)

The second reminder should replicate the first mailing, and you will need to send this to around 45-65% of the original sample, depending on the number of responses to the previous two mailings. The following items are needed:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patients
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes (PO Box address recommended for in-house trusts)
- FREEPOST envelopes for returning questionnaires
- Reminder letters
- Multi-language helpline sheet (if used in first mailing)
- CQC Flyer.

## 12.8 Other mailings and inclusion of other information in the mailing packs

Trusts should only use their sample information to mail out the three official survey mailings. The sample list should not be used for any other type of mailing, i.e. trusts should not mail their own letter to the sample list prior to the first mailing being dispatched.

Furthermore, no other material should be included in the questionnaire packs because of the immeasurable impact upon response rates to the survey. Additionally, the Multi-region ethics board judged that inclusion of additional material that they had not viewed would invalidate the ethical approval they have given for the Adult Inpatient survey and the survey would therefore not be able to proceed.

## 12.9 Submitting hard copies of the questionnaire and cover letters

Hard copies of the questionnaire and cover letters must be submitted to the Co-ordination Centre by 29<sup>th</sup> November 2016. As standard, please submit:

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

- Two paper copies of the second reminder letter.

**Please ensure that you completely redact any patient names and/or addresses from hard copies of covering letters; failure to do so will constitute a breach of patient confidentiality.**

These must be sent to:

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

# 13 Implementing the survey – practicalities

## 13.1 Setting up a FREEPOST address

A FREEPOST address allows patients to return completed questionnaires at no cost to themselves. After you have paid for the licence you will only pay for the responses you receive. The FREEPOST address can be printed on the envelopes you send out with the questionnaires. Printed envelopes must comply with Royal Mail guidelines.

Details of how to apply for a FREEPOST licence can be found at the Royal Mail website: <http://www.royalmail.com/>. Alternatively, you can call your local Sales Centre on 0845 7950 950.

## 13.2 Setting up a PO Box

This is recommended for in-house trusts to ensure that the mail out envelope(s) does not include any indication of the hospital address. Information on setting up a PO address can be found at: <http://www2.royalmail.com/delivery/inbound-mail/po-box>.

## 13.3 FREEPHONE line

The covering letter to patients should include a telephone number for patients to call if they have any questions or complaints about the survey. All staff who are likely to take calls should be properly briefed about the details of the survey, and be aware of the questions or complaints they are likely to receive. You might want to set up a FREEPHONE line for this purpose.

### Managing calls to the FREEPHONE line

Where appropriate, ask the patients who call to tell you their patient record number, which should be on the address label of the envelope they received, and on the questionnaire itself. You can then use this number to identify people who do not want to receive any further reminders.

Below are some questions and comments commonly asked by patients and some advice on how they can be managed:

#### I have had two or more hospital admissions - which one should I refer to?

Patients should be advised to refer to their **most recent** hospital inpatient admission. Usually, this is the admission covered by your sampling period but, for the few patients who have been re-admitted since you drew the sample, it is simpler to tell them to refer to their most recent stay. It will not make the results invalid if a few of the patients refer to a more recent episode than the others.

#### I have a specific comment, complaint or question about my care or treatment. Who can I contact at the trust?

Patients can be referred to the trust's PALS, the complaints manager or patient services manager.

#### The person to whom the questionnaire is addressed is unable to understand the questionnaire.

Relatives or carers may call to pass on this information. In some cases, they may offer to complete the questionnaire for the patient, but this is only advisable if there is a good chance that the responses are a true reflection of the patient's views.

### The person to whom the questionnaire is addressed has died.

Even with the use of a deceased patients tracing service, it may not be possible to identify all deceased patients, particularly those who have died most recently. It is very important that staff who take the calls are aware of this possibility and are prepared to respond sensitively to such calls. These patients should be recorded as outcome = 3 (patient deceased) in the sample file (see sampling handbook).

### I would like to take part but English is not my first language.

If a patient's spoken English is better than their written English, they may be willing to have someone, such as a family member, fill in a form on their behalf. It is also strongly recommended that you offer access to a telephone interpretation service, where the questionnaire can be filled in over the telephone. A multi-language sheet in the twenty most commonly spoken languages in England is available on the NHS Surveys website and trusts can make use of this by inserting the appropriate number for their helpline and/or translation service.

### I do not wish to participate in this survey.

A few patients might call to say that they do not want to be involved in the survey and fewer still may object to being sent the questionnaire in the first place. Staff should apologise to the patient and reiterate the statement in the covering letter - that taking part in the survey is voluntary and that the patient's care will not be affected in any way if they do not respond.

A few additional instructions for handling patients who do not want to participate in the survey:

1. Any objection is to be recorded immediately and checks made to determine whether a mailing is underway. If a mailing is underway the caller will need to be advised that it might not be possible to prevent this mailing but assured that they will receive no future mailings.
2. People wishing to receive no further questionnaires can be identified with a flag/ code/ number on the mailing file.

When speaking to callers wishing to opt-out of future survey mailings, **it is not appropriate to try and dissuade them from their intent**. There is a risk that even well intentioned discussion around the benefits of the survey could be perceived as applying pressure to participate. The benefits of the survey should only be mentioned by call-takers in response to queries from callers. If someone feels strongly enough about the survey that they initiate contact to object, callers are advised they are being removed from the mailing list for this survey only and that if they wish to register their dissent against wider research participation at their trust, they need to speak to their trust (via PALS or the trust Information Governance Team to do this).

It is also advisable to ask the patient to ignore any future reminders that they might receive. These patients should be recorded as outcome = 4 (opt out) in the sample file (see sampling handbook).

## Making a record of the calls

It is important to keep a record of the reasons patients called, as this can help to make improvements to future surveys and can provide useful additional information on patients' concerns. A standard form should be produced for completion by those taking the calls. The relevant details of each call can be recorded so that survey organisers can monitor any problems and remove patients who wish to be excluded from the mailing list.

We also ask for weekly submissions of helpline use from each trust to the Co-ordination Centre. This is discussed in detail in [Section 10.2](#).

## 13.4 Covering letters

The standard covering letter for the first mailing is available in Microsoft Word format on the NHS Surveys website for you to download and add your own trust's details (see <http://www.nhssurveys.org/surveys/935>). This letter has been given ethical approval for use in the NHS Adult Inpatient Survey 2016 and changes are not permissible. It should be printed on the trust's letterhead paper. A paper copy of the letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

Please note, for all mailing letters there is the option to include patient name. If patient name is used, please take great care that each letter is correctly matched to its corresponding questionnaire.

## 13.5 Sending out questionnaires

### Address labels

Three address labels are needed for each patient. One set of labels will be used for the first mailing, one for the first reminder and one for the second reminder.

We recommend using the mail merge feature in a word processing package to create the address labels from the database of patient names and addresses. **It is essential that the patient record number is on each address label**, as this has to be matched with the number on the front of the questionnaire. The label should not include any other information except the patient's name, address and postcode details, and the patient record number.

### Note on the patient record number (PRN)

The patient record number (PRN) is a unique number allocated to all patients at the start of the survey that allows their responses to be kept separate from their name and address, but allows matching up of the response data with the sample data. It also allows patients to identify themselves if they contact the trust without needing to provide name and address information. The PRN should be centrally placed and large enough to be visible to all patients. The Royal National Institute of the Blind recommends the PRN be printed in size 14 font and located inside the box on the lower half of the front page of the questionnaire.

If patients delete this number from the cover page and then return the questionnaire, please enter their response information in an additional row at the bottom of the data file before submitting it to the Co-ordination Centre. Please do not attempt to match this data to a non-responder of similar demographics, but instead inform the Co-ordination Centre about this respondent and they will be treated as an additional patient to the sample.

### Questionnaire packs

The envelope sent to each patient at the first mailing should include the following:

- 1) A questionnaire **numbered with the patient record number**. The number must match the number on the address label and the number on the list of patient details.
- 2) A covering letter.
- 3) The multi-language helpline sheet (recommended).
- 4) A large envelope, labelled with the FREEPOST address on it.
- 5) CQC Flyer.
- 6) These items should be packed into an envelope that has a return address on the outside (PO Box recommended for in-house trusts). This should be the contact at the NHS trust.

## Postage

The postage may exceed the standard letter rate. It is essential that the appropriate postage rate is paid.

### 13.6 Booking in questionnaires

When questionnaires are received, match up the patient record numbers against the list of patients so that you can record (in the outcome column of your 'sample file') which patients have returned questionnaires and will not therefore need to be sent reminders. (See text box – 'Note on the patient record number (PRN)' – above about what to do if a questionnaire is returned without the patient record number on the front). You will need to keep paper copies (or scanned pictures of all of the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until **13th July 2017**, but please do not send these to the Co-ordination Centre.

### 13.7 Sending out reminders

For results to be representative, it is essential to get a good response rate. To achieve this you must send out two reminders to non-responders. **Remember, it is essential that you send out both reminders.**

Depending on the time that has elapsed since you first checked your patient list for deaths, it might be necessary to send your list back to the Demographic Batch Service for a further check before you send out reminders.

#### First reminders

The first reminder should be sent to patients who have not responded after **one to two weeks**. We recommend approximately **ten** days between the mailing day of the first questionnaire and the mailing day of the first reminder. The first reminder should reach the participant while they are still in possession of the first questionnaire and the optimal time for this will vary between trusts.

The standard first reminder letter is available in Microsoft Word format on the NHS Surveys website for you to download (see <http://www.nhssurveys.org/surveys/935>); it can be printed on A5. It has been given ethical approval so no changes are permitted. A paper copy of the reminder letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

#### Second reminders

Second reminders should be sent out approximately **two to three weeks** after the first reminder to patients who have not yet responded. Again the optimal time will vary between trusts and experience is the best guide for choosing mailing dates.

The envelopes should include the following:

- 1) A questionnaire numbered with the patient record number. The number must match (or correspond to) the number on the address label and the number on the list of patient details.
- 2) A covering letter.
- 3) A multi-language helpline sheet (if used in first mailing).
- 4) A large envelope, labelled with the FREEPOST address on it.
- 5) CQC Flyer.
- 6) These items should be packed into an envelope that has a return address on the outside (PO Box recommended for in-house trusts). This should be the contact at the NHS trust.

The standard second reminder letter is available in Microsoft Word format on the NHS Surveys website for you to download and add your trust's details to (<http://www.nhssurveys.org/surveys/935>). It has been given ethical approval so no changes are permitted. A paper copy of the second reminder letter you use must be sent to the Co-ordination Centre when you submit your data at the end of the survey.

**Remember that you should check your trust's own records for deaths before sending out reminders.**

While trusts should choose the most suitable time to send out reminder mailings to achieve the optimal response rate, **please do not leave more than 3 weeks between each mailing.**

# 14 Entering data

Final data must be submitted to the Co-ordination Centre in the appropriate format by the deadline of **13th January 2017**.

## 14.1 Entering data from the questionnaire

The data should be entered into the pre-designed Excel file, called the 'Data entry spreadsheet', which can be found on the NHS Surveys website (<http://www.nhssurveys.org/surveys/935>).

You will see that at the bottom of the Excel screen there are labelled tabs for each of the worksheets within the workbook. The first of these tabs is labelled "Data". Click on this tab to show the data entry window. Data should be entered using the following guidelines:

- Each row records one patient response to the survey
- Patients who are missing their patient record numbers should be added to the bottom of the list and not matched to patients with similar demographics
- For each question the small number next to the box crossed by the patient should be entered as the response
- If a response is missing for any reason, it should be left blank or coded as a full stop (.)<sup>1</sup>
- If two boxes are crossed (where only one should be crossed), the response should be left blank or coded as a full stop (.)
- For most questions each column corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions (e.g. Q78 and Q79 which instruct respondents to "Cross ALL boxes that apply", each response option is treated as a separate question (see example text box below)
- When saving this file to submit data to the Co-ordination Centre, please save only the first sheet (the 'Data' sheet) as a worksheet, rather than saving the whole file as a workbook; the Co-ordination Centre does not need the additional formula pages.

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<sup>1</sup> If you want frequencies of missing responses by question to be displayed on the other pages of the workbook, you will need to fill in the blank cells with a full stop (.)

## Example: Entering data for multiple response questions

78. Do you have any of the following long-standing conditions? (Cross ALL boxes that apply)

- 1  Deafness or severe hearing impairment
- 2  Blindness or partially sighted
- 3  A long-standing physical condition
- 4  A learning disability
- 5  A mental health condition
- 6  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 7  No, I do not have a long-standing condition

Responses to each part of this question are coded: **1 if the box is crossed**  
**0 if the box is not crossed**<sup>1</sup>

Q78 takes up seven columns in the data file, labelled as follows:

Column headings	Q78_1	Q78_2	Q78_3	Q78_4	Q78_5	Q78_6	Q78_7
Codings for this example	1	0	0	0	1	0	0

## 14.2 Entering written comments ('free text') from patients

The Care Quality Commission has asked the Co-ordination Centre to request all written comments ('free text comments') provided by respondents to the 2016 Inpatient survey.

The questionnaire includes a note to respondents to inform them that the comments will not be anonymised, to ensure that full use can be made of the detailed feedback. You may want to exercise discretion if a particular staff member is named in the comments, though we request that all patient feedback is respected and noted accordingly.

The comments should be entered in the main data file alongside the responses to the 84 questions and submitted to the Co-ordination Centre by the **13<sup>th</sup> January 2017**. Please see Table 4 in [Section 14.5](#).

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<sup>1</sup> Please note: if a respondent does not answer any part of a multiple response question, (i.e. does not select any of the response options) then it should be left blank or coded as a full stop (.)

### 14.3 Coding data

For the 2016 National Inpatient survey trusts are required to submit raw ('uncleaned') data to the Co-ordination Centre. For clarification, raw data is created as follows:

- 1) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (e.g. where patients answer questions that they have been directed to skip past, these responses should still be entered).
- 2) Where a respondent has selected more than one response category on a question, this question should be set to missing for that person in the data (i.e. left blank or coded as a full stop (.)). The **exception** to this is for the 'multiple response' questions (e.g. Q78 and Q79), where respondents may select more than one response option (see [Section 14.1](#) for details about how to enter responses to these types of questions).
- 3) Where a respondent has crossed out a response, this should not be entered in the data (the response should be left blank, or coded as a full stop (.)). Where a respondent has crossed out a response and instead selected a second response option, this second choice should be entered into the data.
- 4) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a patient has written their date of birth in the boxes for Q81 (What was your year of birth) but written their year of birth in at the side of this, then the respondent's year of birth should be entered.
- 5) For the year of birth question (Q81), unrealistic responses should still be entered except following rule (4) above. For example, if a respondent enters '2016' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.
- 6) Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must not be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

A data cleaning document will be provided during the fieldwork that will document all filtering and cleaning carried out on the collated dataset by the Co-ordination Centre so that trusts can duplicate this process after submitting the raw data to the Co-ordination Centre.

### 14.4 Coding Q74 'Overall' question

Please follow the rules detailed above for all questions with the exception of Q74. This is the 'Overall' question where patients, instead of being asked to cross a box, are asked to circle a number on an 11 point scale from 0-10. We recommend that this question is entered manually (rather than scanning it) and should only be entered where the response is unambiguous. If two boxes are circled or if patients have provided an answer which is in any manner difficult to interpret e.g. they have drawn a mark between two of the numbers, please code this as '98'. If the question is left entirely blank, the response should be left blank or coded as a full stop (.).

## 14.5 Submitting data to the Co-ordination Centre

The data from the questions of the 2016 Inpatient survey must be supplied to the Co-ordination Centre as one anonymised Excel file that includes information about the patient sample as well as data from respondents to the survey. The easiest way to do this is to use the pre-designed Excel file available on the NHS Surveys website (the 'Data entry spreadsheet', see <http://www.nhssurveys.org/surveys/935>) as described in [Section 14.1](#).

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

### Required file format for final data

Please submit the file to the following specifications:

- Use Microsoft Excel Worksheet (not Workbook). Any version of Excel is acceptable
- The file name must be in the form <NHStrustName>\_Inpatients2016.xls
- Use one row of data for each patient in the sample
- Use one column of data for each item of patient information or response
- Patients who are missing their patient record numbers should be added to the bottom of the list and not matched to patients with similar demographics
- Missing data should be left blank or coded as a full stop (.).<sup>1</sup>

Table 3 details the information that must be provided for each of the 1250 patients in the original sample. Table 4, below, provides an example of the columns of data to be included in the file. Your file should have 1250 rows (one for each patient included in your sample).

**Table 4** *Data fields to be included in final data file submitted to Co-ordination Centre*

Field	Format	Data codes	Comments
Patient record number	IP16XXXNNNN		The unique serial number allocated to each patient by the trust administering the survey.
Year of birth	NNNN		Format this simply as a number, not in date format.
Gender	N	1 = male 2 = female	If gender is not known or unspecified, this field should be left blank or coded as a full stop (.).

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

**Table 4 continued**

<b>Field</b>	<b>Format</b>	<b>Data codes</b>	<b>Comments</b>
Ethnic category	N	<b>National Codes:</b>  <b>White</b> A British B Irish C Any other White background <b>Mixed</b> D White and Black Caribbean E White and Black African F White and Asian G Any other mixed background <b>Asian or Asian British</b> H Indian J Pakistani K Bangladeshi L Any other Asian background <b>Black or Black British</b> M Caribbean N African P Any other Black background <b>Other Ethnic Groups</b> R Chinese S Any other ethnic group  Z Not stated	Ethnic category should be included if the information is available.
Day of admission	N or NN		For example, if the patient was admitted on 14 <sup>th</sup> July 2016, this column should read '14'.
Month of admission	N or NN		For example, if the patient was admitted on 14 <sup>th</sup> July 2016, this column should read '7'.
Year of admission	NNNN		For example, if the patient was admitted on 14 <sup>th</sup> July 2016, this column should read '2016'.
Day of discharge	N or NN		For example, if the patient was discharged on 29 <sup>th</sup> July 2016, this column should read '29'.
Month of discharge	N		For example, if the patient was discharged on 29 <sup>th</sup> July 2016, this column should read '7'.
Year of discharge	NNNN		For example, if the patient was discharged on 29 <sup>th</sup> July 2016, this column should read '2016'.

**Table 4 continued**

<b>Field</b>	<b>Format</b>	<b>Data codes</b>	<b>Comments</b>
Length of Stay	N to NNNN		For example, if the admission date was 15/7/2016 and the discharge date was 16/7/2016, the Length of Stay = 1.
Main Specialty on Discharge	NNN	Use the codes as provided by HSCIC to complete this field.	Only supply the 'Main specialty' (of consultant) for each patient on their DISCHARGE.
Treatment Function Code	NNN	Use the codes as provided by <a href="#">HSCIC</a> to complete this field.	Use the three digit Treatment Function code.
ICD 10 (Chapter Code)	N to NNNNN	See <a href="#">this link</a> for a list of all the ICD 10 chapter codes.	Chapter codes are in Roman Numerals.
CCG	NNN	Use the character codes provided by HSCIC to complete this field.	Use the three characters of the CCG.
Treatment centre admission	N (0 or 1)	This flags whether the patient spent time in a NHS treatment centre at the trust.	If the patient spent any time as an inpatient in a treatment centre, this should be recorded as '1'; if they did not then it should be recorded as '0'.
Route of admission	NN	Please use the two-digit descriptive code provided by HSCIC to complete this data.	A blank or full-stop should be used if this information cannot be obtained for a patient.
NHS Site Code on admission	NNNNN	Use the character codes provided by HSCIC to complete this field.	Use the five characters of the NHS site code.
NHS Site Code on discharge	NNNNN	Use the character codes provided by HSCIC to complete this field.	Use the five characters of the NHS site code.
Day of receiving questionnaire	N or NN	This is the day you received a returned questionnaire from a respondent, or were notified that the patient will not be participating in the survey (patient deceased, moved address, too ill, or called to opt out).	For example, if the questionnaire was received on 15 <sup>th</sup> October 2016, this column should read '15'.
Month of receiving questionnaire	N or NN	This is the month you received a returned questionnaire from a respondent, or were notified that the patient will not be participating in the survey (patient deceased, moved address, too ill, or called to opt out).	For example, if the questionnaire was received on 15 <sup>th</sup> October 2016, this column should read '10'.

**Table 4 continued**

<b>Field</b>	<b>Format</b>	<b>Data codes</b>	<b>Comments</b>
Year of receiving questionnaire	NNNN	This is the year you received a returned questionnaire from a respondent, or were notified that the patient will not be participating in the survey (patient deceased, moved address, too ill, or called to opt out).	For example, if the questionnaire was received on 15 <sup>th</sup> October 2016, this column should read '2016.
Outcome of sending questionnaire	N	1 = Returned useable questionnaire 2 = Returned undelivered by the mail service or patient moved house 3 = Patient died 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire 5 = Patient was not eligible to fill in questionnaire 6 = Questionnaire not returned (reason not known) 7 = Patient deceased prior to fieldwork	Remember to fill in all the blank cells with the number 6 when the survey is complete.
Responses to each of the 84 questions	N or NN or NNNN		Each column must be clearly headed with the question number. Data should be coded using the numbers next to the response boxes on the printed surveys.
Patients' free text comments: Was there anything particularly good about your hospital care?	Text		Please enter comment verbatim: the questionnaire includes a note to respondents to inform them that the comments will not be anonymised, to ensure that full use can be made of the detailed feedback
Patients' free text comments: Was there anything that could be improved?	Text		Please enter comment verbatim: the questionnaire includes a note to respondents to inform them that the comments will not be anonymised, to ensure that full use can be made of the detailed feedback

**Table 4 continued**

Patients' free text comments: Any other comments?	Text		Please enter comment verbatim: the questionnaire includes a note to respondents to inform them that the comments will not be anonymised, to ensure that full use can be made of the detailed feedback
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**Note:** To comply with the Data Protection Act, name and address details **must not** be sent to the Co-ordination Centre.

**Table 5 Example of data file to be submitted to Co-ordination Centre**

**Patient Sample Information**

**Patient Response Information**

Patient record number	Year of birth	Gender	Ethnic category	Day of admission	Month of Admission	Year of Admission	Day of discharge	Month of discharge	Year of discharge	Length of Stay	Main Specialty on discharge	Treatment Function code	ICD10	CCG code	Treatment centre admission	Route of admission	NHS Site code on admission	NHS Site code on discharge	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome	Q1	Q2	Q84	Was there anything particularly good about your hospital care?	Was there anything that could be improved?	Any other comments?	
IP16ABC0001	1934	2	A	5	7	2016	11	7	2016	6	100	102	V	10Q	0	12	RR115	RR115				3			-				
IP16ABC0002	1970	1	J	20	6	2016	12	7	2016	22	101	101	II	10Q	1	11	RTE03	RTE03	22	10	2016	1	1	1	-	1	I was seen straight away	No	
IP16ABC0003	1943	2	C	5	7	2016	11	7	2016	6	100	100	III	09Y	0	21	RR115	RR115				3			-				
IP16ABC0004	1938	1	Z	20	6	2016	12	7	2016	22	101	101	VIII	08L	1	11	RTE03	RTE03	22	10	2016	1	2	1	-	1	The nurses were very helpful	Car parking	
IP16ABC1249	1950	2	R	17	5	2016	31	7	2016	75	300	306	IX	08L	0	11	RR115	RR115				6			-				
IP16ABC1250	1946	2	A	14	7	2016	31	7	2016	17	100	107	XII	09Y	0	22	RR120	RR117	6	11	2016	1	2		-	2	The staff were great!		Food could be better

You will notice that there are several blank cells in the response section of the file, shown in Table 5 above. This is because the file includes a row for every patient in the sample, but you will only have responses from about 50% of the patients (that is, those who have returned a completed questionnaire and who will therefore have an outcome code “1”).

## Additional information required

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

- **Contact details** (telephone numbers and e-mail addresses) of at least two members of trust staff (usually the main and secondary contacts) who will be available to answer any queries about the data.
- A completed copy of the **checklist** (see [Section 14.6 below](#)).
- **If you haven't already sent through copies of the questionnaire, covering letter and the reminder letters you used** (these should be sent to the Co-ordination Centre by 29<sup>th</sup> November 2016 – See [section 7](#)), send these with the completed checklist. **Please ensure that you completely redact any patient names and/or addresses from hard copies of covering letters**; failure to do so will constitute a breach of patient confidentiality.

## Delivery

Data should be submitted to the Co-ordination Centre using our secure FTP facility. Please contact us directly in order to set up your access to the secure FTP site (email: [jp.cc@pickereurope.ac.uk](mailto:jp.cc@pickereurope.ac.uk) tel: (01865) 208127).

Hard copy documents should be posted to the address below:

Inpatient Survey 2016  
The Patient Survey Co-ordination Centre  
Picker Institute Europe  
Buxton Court  
3 West Way  
Oxford  
OX2 0JB

## Deadline for submission

The data must be supplied by **13<sup>th</sup> January 2017**.

## 14.6 Checklist

Before sending your data to the Co-ordination Centre, carry out the checks listed below in Table 6, and include this checklist when you submit your final data file (the checklist can be found on the NHS Surveys website at: <http://www.nhssurveys.org/surveys/935>).

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

**If incorrect data are submitted it is possible that the data will be considered unreliable and will not be used by the Care Quality Commission in its assessment of your trust. We cannot accept re-submissions of data after the deadline and likewise, data is unlikely to then be included in the Care Quality Commission assessments.**

**Table 6 Checks to be carried out on final data prior to submitting the data to the Coordination Centre**

Check	Done?
1) Check that your <b>file name</b> follows the naming convention: <NHStrustName>_Inpatients2016.xls).	
2) Please send us your final data worksheet only. We do not require the frequency and percentage counts provided on the other worksheets of the data entry workbook.	
3) Check that you have included data columns for <b>all 84 questions</b> .	
4) Send data only for the <b>1250 patients</b> consecutively discharged from your trust in July.	
5) Check that all the data (excluding written comments) are in <b>numeric format</b> only, including dates, which should be entered as separate numeric fields for day, month and year.	
6) Check that you have included patients' written comments.	
7) Check that you have completed the columns for the day, month and year you received the questionnaires back from patients.	
8) To comply with data protection regulations, any <b>patient name and address details must be removed</b> before the file is sent to the Co-ordination Centre.	
9) Please zip, encrypt and password protect your data before uploading it to the Co-ordination Centre secure FTP site (please contact the Co-ordination Centre if you need help doing this). And remember to inform us of the password	
10) Include <b>telephone and e-mail contact details of two people</b> who will be available to respond to any queries about the data.	

# 15 Making sense of the data

The usefulness of your survey data will depend on how well you plan the survey process and on how effectively you analyse the data. Standard data analysis usually involves examination of the frequency of responses to each question and some cross-tabulation of responses against demographic and other information.

## 15.1 Using the 'Data Entry Spreadsheet' to analyse your results

Once you have entered the data from the questions into the 'Data' worksheet of the Excel file provided (the 'Data entry spreadsheet'), the counts and percentages of responses to each of the 84 questions are automatically computed and displayed on the other worksheets of the Excel workbook. These worksheets correspond to the sections of the Inpatient questionnaire (excluding the "Other Comments" section). For each question, the numbers and percentages of respondents who gave each answer are shown. The number of missing responses will also be shown, as long as you have coded missing responses on the data sheet as a full stop (.).

## 15.2 Suggestions for data analysis

The following suggestions may help you make the data analysis more useful and focused.

### Use the data to help pinpoint problems

It is often tempting to focus on organisational strengths. This may be important for public relations and employee morale. However, if you emphasise only the positive you may miss a critical opportunity to use the data to spur improvement.

One way to focus attention on where improvements are needed is to analyse responses in terms of the proportion of answers that suggest a problem with care. Try to maintain high standards in determining what constitutes a problem. For example, if questions allow respondents moderate response categories (such as "to some extent" or "sometimes") in addition to more extreme ones ("always" or "never"), your analysis will be more powerful if you identify these moderate responses as also indicating a problem.

### "Drill down" into the data

It is impossible to analyse absolutely every issue a patient survey raises. One reasonable way to control the number of analytical questions is to conduct a staged analysis.

The **first** level of analysis should be the most general - for example, summary measures or measures of overall performance. The next level should delve into particular issues that underlie the summary measures - performance along particular dimensions of care, for example, or of particular units or staff. The final level should entail statistical or cross-tab analysis to attempt to get at the causes of the particular issues.

### Group similar questions together to provide summary analysis

Analysing questions and presenting findings in a way that is comprehensive, logical and not overwhelming is a significant challenge. To make the data more compelling for others and to speed up the analysis we suggest:

- Linking questions that cover similar topics or processes.
- Combining several questions into a single composite measure (by averaging responses, for example).

## Use statistical tests to make comparisons and analyse subgroups

Statistical tests can be used to examine relationships and associations between groups (for example age, sex or ethnic categories). These tests take into account the number of responses, the variation in responses and values of the items you are comparing (such as average responses). If tests show that the differences between two groups are not statistically significant<sup>1</sup>, you should view the patterns of responses as only suggestive.

## Calculate confidence intervals to give an indication of the uncertainty surrounding your results

Although there are many methods of describing uncertainty, confidence intervals<sup>2</sup> are used most often. By taking into account the number of responses, the variation in response, and the magnitude and direction of the estimate, the confidence interval describes the range of plausible values within which the "true" value for the population is likely to fall. Remember that the estimate itself is the most likely result and this is therefore your best estimate, not the limits of the confidence interval.

## Make use of the free text

Patients' comments on the back page of the questionnaire can provide valuable feedback about their experiences. Such data illustrate responses to closed questions and allow respondents to identify new issues not captured elsewhere in the questionnaire. It can be effective to group comments made about similar topics to identify themes in patients' experiences.

## Use patient feedback data with other data

Patient feedback data provides one valuable source of information about how patients experience and feel about the health services they receive. Linking feedback data with clinical data, outcomes data and routinely collected data, when done appropriately, can provide useful insights.

## Perform analysis by sub-groups

You may want to compare the answer to a survey question between two different groups to see if the differences are statistically significant (e.g. the answers for men versus women, or between patients treated under different specialties). However, comparing results within your trust considerably reduces the number of responses in each group. This will impact upon the level of confidence you have in the results and, therefore, your ability to accurately detect differences between these groups.

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<sup>1</sup> **Statistical significance** is the degree to which a result is substantially different than would be expected by chance alone. For example, if the difference in data for a question from two survey years is statistically significant, this means that there has been a true change in the results that cannot be attributed solely to chance.

<sup>2</sup> A **confidence interval** is an upper and lower limit within which you have a stated level of confidence that the trust mean (average) lies somewhere in that range. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before any conclusions are made.

Table 7 (below) shows the level of confidence you would achieve for various numbers of respondents.

**Table 7 Confidence intervals\* for different numbers of respondents**

Number of respondents	Widest Confidence Interval (+/-) <sup>1</sup>
50	13.9%
100	9.8%
200	6.9%
300	5.7%
400	4.9%
500	4.4%
600	4.0%

\*at a 95% confidence level

If you are interested in looking at different sub-groups within your trust population (for example, patients treated at different sites in your trust), you will need to think about the number of respondents you need in each group, and how this will impact on the confidence you can have in the results. The Co-ordination Centre recommends a minimum of 100 respondents per group for comparison between sub-groups. Confidence intervals for analysis with groups of fewer than 100 respondents will be so large that there would be little certainty of detecting reliable statistical differences.

### Example: How confident you can be in your results?

For a trust, 400 patients responded in total. Taking a particular question, of which 50% of respondents answered 'Yes', from Table 7 we can see that the widest confidence interval for 400 respondents would be +/- 4.9%. We would therefore be 95% confident that the true results would be between 45.1% and 54.9% - that is, if you had surveyed the entire population of inpatients at a trust.

However, if we are looking at the results for this particular question *by eight different groups of patients* (assuming an equal number of respondents in each region), there would only be 50 respondents in each group. If there are 50 respondents and 50% answered 'Yes', the confidence interval would be +/- 13.9%, so the true results could be between 36.1% and 63.9%.

<sup>1</sup> This column (the widest confidence interval) shows the **maximum** margin of error for binomial estimates of proportions

# 16 Reporting results

## 16.1 Prioritising your findings

Patient surveys can raise many compelling and important issues. To help you decide which issues to focus on first you may like to consider the following suggestions:

### **Rank results by their magnitude**

The most straightforward method of prioritising is to rank issues in order of the size of the problem and to focus first on those that are the greatest.

### **Compare your results against outside norms or benchmarks**

A common method of prioritising is to select issues that compare unfavourably with national, regional, or local norms or with benchmark institutions. This allows you to focus on areas of comparative weakness. Compare your trust's results with the benchmarks on the Care Quality Commission website to find out where your trust performs better or worse than other trusts.

### **Compare results within your organisation**

Comparisons within organisations can facilitate networking among units or departments and the sharing of information about effective practices. Internal 'competitiveness' may also fuel improvement efforts.

### **Compare results over time**

Investigating trends in survey results over time is another powerful analytical tool for prioritising areas for improvement. Analysis of trends allows you to focus on correcting aspects of performance that are slipping, although you should confirm any apparent changes between years are statistically significant. The nature of a trend in the data (does the trend go up, or down, or is there no trend) and the extent of any trends or changes (are they steady, sharp rises or falls, or erratic) are good starting points for making comparisons over time. It should also be possible to measure the impact of any initiatives that have been introduced.

However, the composition of both the samples and the respondents can vary significantly between surveys, even if the sampling criteria remain unchanged. Certain groups of patients respond more positively than others, such as older patients compared with younger; if your results improve significantly from one survey to the next but the proportion of older patients has increased, the improvement may be due to a change in those responding. One solution to this issue is to "standardise" your data, i.e. to control for these variations in the population so that you can be more confident that any change reported is due to changes in service quality, not just a change in the type of patients who are responding.

If comparing two or more sets of survey results we suggest that you compare the key demographics of the respondents early in your analysis. If there are significant differences in the proportions of respondents by patient age, gender, ethnic group or route of admission, you may need to weight or otherwise standardise your data. Some analysis programmes can standardise your data for you, but you may need to seek the assistance of a statistical expert before you attempt to control for variations in respondent demographics.

## **Comparison with predefined goals**

Another way to identify priorities is to set threshold or target goals prior to the survey. You would then focus on issues where performance does not meet these goals. This method is particularly effective when there is clear consensus on what those goals should be.

## **Correlation with overall measures**

Correlating patient responses to specific questions with their response to the question about their overall experience, can help focus attention on issues that are important for patients.

## **Predictive value on overall measures (regression analysis)**

Similar to correlation, regression analysis also gives a sense of the issues that most sharply affect patients' overall assessments of care. Regression analysis is superior to simple correlation, in that it can adjust for other things that have an impact on the overall measure and it provides more precise estimates of how overall measures will change in response to improvement on individual items. Regression analysis is also more complex, but, in essence, it allows for a more level 'playing field'. There are limits to a univariate (crude) analysis and so regression analysis is an attractive option.

## **Ease of action**

Many organisations focus initially on the issues that are easiest to improve. By demonstrating successful interventions, this prioritisation method can rally support for more difficult improvement efforts later on.

## **Areas of excellence**

An organisation may also want to maintain excellence in areas where it is already perceived to be doing well. This approach can provide a clear and positive focus for clinical and administrative staff.

## **16.2 Writing the report**

User-friendly reports that enable readers to understand and begin to take action on key issues are critical to the success of any survey project. The following suggestions will help you produce useful reports:

### **Tailor the document to the audience**

- Use brief, succinct summaries for executive audiences.
- Use comprehensive summaries for those who will implement improvements. They will help achieve buy-in and generate action.
- A separate resource booklet or data disks/CD-ROMs with full details may be important if staff or researchers have questions.

### **Use graphics**

- Data that are displayed visually can be easier to interpret.
- Display trends or comparisons in bar charts, pie charts and line charts.
- Remember that colours don't photocopy or fax very well.

## **Keep the format succinct and consistent**

- Graphics, bullets, tables and other visuals help guide the reader.
- Choose a few of these elements and use them consistently.
- Too many types of visual elements can detract from the message.
- Be consistent in the use and appearance of headers, fonts, graphic styles and placement of information.

## **Emphasise priorities clearly**

- Emphasise the highest priority items for action or commendation in executive summaries and major findings sections.
- Highlight the most important items - for example, use bold type.

# 17 Glossary

## **Adult inpatient**

Any person having at least one overnight stay (see below) and aged 16 years or over.

## **Current inpatient**

For the purposes of this survey, we define a current inpatient as a participant who meets the inclusion criteria for the survey but is a current inpatient at any hospital in England. Please check your own trust records for any current inpatients during sampling and exclude these people from the sample during the sampling phase only. If you are aware that a patient is a current inpatient at another trust you should also exclude this person. When checks for deceased patients are carried out prior to subsequent mailings do not check for, or exclude, current inpatients.

## **Research Ethics Committee (REC)**

The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. A favourable ethical opinion from the committee implies that the research does protect the participants' aforementioned rights. A REC can grant a favourable ethical opinion for studies carried out in multiple regions of England. The inpatient survey is operated under approval from the North West REC. Prior to each survey a substantial amendment is applied for to cover any changes in questionnaire content or wording in the cover letters. The favourable ethical opinion for the study covers all NHS hospital trusts in England.

## **Section 251 Approval and Confidentiality Advisory Group (CAG)**

The purpose of CAG in reviewing a proposed studies application for Section 251 Approval is to ensure that the request for the transfer of patient identifiable data (patient names and addresses) by a trust to a third party is valid, without specific consent from the patient. A favourable opinion from the committee implies that there is a valid and public need for the survey to proceed and that data can be transferred without consent for this purpose only. The Co-ordination Centre completes the application process for each survey and approval has been given for this survey.

## **Research Governance Framework**

This outlines the principles of good research practice and is key to ensuring that health and social care research is conducted to high scientific and ethical standards.

## **Overnight stay**

Patients are considered to have had an overnight stay if they were admitted as an inpatient and occupying a bed at midnight, i.e. patients who are admitted as an inpatient on Day 1 and discharged on Day 2 are considered to have had a single overnight stay regardless of their admission time or discharge time.

## **Obstetrics/Maternity patients**

Any patients with route of admission codes of 31 or 32 and/or coded with a treatment function code of 501 (obstetrics) or 560 (midwife) admitted for management of pregnancy and childbirth, including miscarriages and/or coded with an ICD-10 chapter code of XV (if ICD-10 codes are available) should be excluded from the sample. If codes of 500 (obstetrics and gynaecology) are included, please ensure any included patients have been treated for gynaecology and not obstetrics.

## Psychiatry patients

Patients admitted as an inpatient to hospital for primarily psychiatry reasons should not be included in the sample. This will include all those with treatment function codes of:

- 700 learning disability
- 710 adult mental illness
- 711 child and adolescent psychiatry
- 712 forensic psychiatry
- 713 psychotherapy
- 715 old age psychiatry
- 720 eating disorders
- 721 addiction services
- 722 liaison psychiatry
- 723 psychiatric intensive care
- 724 perinatal psychiatry
- 725 mental health recovery and rehabilitation service
- 726 mental health dual diagnosis service
- 727 dementia assessment service

# 18 Appendices

## Appendix 1 Inpatient survey 2016 sampling declaration: in house trusts

This declaration is to be signed by your trust's Caldicott Guardian and the member of staff responsible for drawing the sample of patients as set out in the 'Inpatient 2016 Instruction Manual'. **This checklist will be used for audit purposes to ensure that the sample conforms to the instructions and if all steps are completed will greatly help avoid any breaches of confidentiality occurring.**

This declaration is also available to complete online. Trusts wishing to complete the declaration online will need to provide the Co-ordination Centre with the names and email addresses for the person drawing their sample and the trust's Caldicott Guardian. Unique links will be sent to these named individuals by email.

The national survey has received 'section 251 approval' from the Health Research Authority to enable data to be transferred to survey contractors for the purposes of this survey only. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre. In order to be operating under that approval, you must follow the steps outlined below, otherwise the 'approval' will not apply. For more information on the approval requirements and confidentiality please refer to the survey instruction manual.

### **For staff drawing the sample:**

Please complete this form once you have drawn your sample of patients. You must send this checklist to the Co-ordination Centre ([ip.cc@PickerEurope.ac.uk](mailto:ip.cc@PickerEurope.ac.uk)) **before** you send your sample file. The Co-ordination Centre will confirm that you are able to send your sample file to them once they have checked this form. **PLEASE NOTE: the sample file will not be opened unless this form is submitted fully complete.**

Please confirm that the following tasks have been completed by **initialling and ticking the boxes** and **signing the declaration**:

A sample of up to 1250 inpatients who attended in July 2016 has been drawn according to the instructions in this sampling instruction manual.	Initials
<p>Have you <b>excluded</b> the following groups?</p> <p>Patients who did not stay overnight <input type="checkbox"/></p> <p>Deceased patients <input type="checkbox"/></p> <p>Patients known to be current inpatients <input type="checkbox"/></p> <p>Patients under the age of 16 at the time of sampling <input type="checkbox"/></p> <p>Obstetrics/Maternity service users <input type="checkbox"/></p> <p>Patients admitted for planned termination of pregnancy <input type="checkbox"/></p> <p>Psychiatry patients <input type="checkbox"/></p> <p>Private patients or NHS patients treated at private hospitals <input type="checkbox"/></p> <p>Patients without a UK postal address <input type="checkbox"/></p> <p>Any patient known to have requested their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity <input type="checkbox"/></p>	Confirmed
<p>Have you <b>included</b> the following groups?</p> <p>All eligible patients who had at least one overnight stay <input type="checkbox"/></p> <p>Patients born in 2000 who were 16 at the time of sampling <input type="checkbox"/></p> <p>Patients treated by a consultant with main specialty 500 or 501, who were not actually treated for obstetrics and maternity <input type="checkbox"/></p> <p>Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered <input type="checkbox"/></p> <p>Patients with an address in the UK, but not England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel <input type="checkbox"/></p>	Confirmed
<p><b>Please check your extraction code/data logic</b>, to ensure you <b>do not exclude</b> ANY patients simply because they are missing an item of data or are NULL for a sample data field.</p>	Initials

Please check your extraction code/data logic again, to ensure you have not accidentally excluded any eligible patient groups, or any other patient groups not specified in the sampling instructions.	Initials
Please check that your sample consists of <b>the most recently discharged, eligible patients, counting back from the 31<sup>st</sup> July (inclusive)</b> : You must not use admission dates, or a random number generator, or any other criteria to select which eligible patients you include in your sample.	Initials
Patients who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).	Initials
Please record how many dissenting patients were removed: (If none were removed, please record as 0)	Initials
The sample has been checked by the Demographic Batch Service (DBS)	Initials & Date
How many records were <b>submitted to DBS</b> for checking, in total?	Initials
How many records <b>could not be matched</b> by DBS?	Initials
The sample has been checked by Trust staff as outlined in the instruction manual.	Initials & Date
The sample and mailing files have been separated, with no identifiable information (patient name and address) in the sample file.	Initials
The sample file has been prepared and is ready to send to the Co-ordination Centre alongside this form for the sample checking, and no name or address details are contained within the sample file.  The only fields within the sample file are:  NHS trust code Patient record number (THIS IS NOT THE NHS NUMBER – it is a unique reference for this survey only) Year of birth Gender Ethnic category Day, month, and year of admission Day, month, and year of discharge Length of stay Main specialty on discharge Treatment Function Code ICD10 chapter code Treatment centre admission Route of admission NHS site code on admission NHS site code on discharge CCG code	Initials

**Please note** you will be required to amend or update the sample and mailing files if any errors or deviations are identified during the sample check conducted by the Survey Co-ordination Centre.

**If sample files are sent to the Survey Co-ordination Centre mistakenly containing patients' names and addresses, or any other directly identifiable data, the Co-ordination Centre is obliged to report this to the Care Quality Commission.** Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit - see the 'Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation'. The Confidentiality Advisory Group at the Health Research Authority will also be notified by CQC.

**Declaration by trust staff drawing the sample**

**I understand that any errors with the way the sample has been drawn may limit, or prevent, the use of the survey data. Where data cannot be used, this would mean survey results would not be available for my trust in 2016 and may increase my trust's level of risk within CQC's risk monitoring tools. I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.**

Trust name:

Contact name

Contact signature

Contact email address

Contact phone number

**Declaration by Caldicott Guardian**

I confirm that the above steps have been completed and all steps have been followed.

Name

Signature

Contact email address

Contact phone number

## Appendix 2 Suggested text for pre-survey communication with staff

### **Example titles:**

What do our patients think about us?

Getting patients' views on the quality of care in [trust name]

Understanding patients' experiences in [trust name]

Patient views vital to drive service improvements in [trust name]

We [or NHS Trust name / Hospital name] will soon be carrying out a survey to find out what patients think about the care that we provide. The survey of adult inpatients is part of the national NHS patient survey programme.

### **Why are we doing another patient survey?**

The survey needs to be run every year using the same method and asking the same (or similar) questions so that we can see any changes in patients' experiences over time. This enables us to make improvements in a specific area if people's responses show a poor experience. It also helps us to evaluate the success of quality improvement initiatives implemented since the last survey.

It's vital to gather feedback from patients and take their views and priorities into account to improve the quality of care.

### **When is the survey happening?**

Questionnaires will be posted to a sample of patients during [month]. A reminder will then be sent during [month] to those who have not responded.

Patients are being asked about various aspects of their care, including [arrival at hospital, the quality of care and treatment, pain management, communication with doctors and nurses, information, and the hospital environment.]

### **Who is the questionnaire being sent to?**

The questionnaire will be sent to a sample of [number] patients, aged 16 years and over, who spent at least one night in hospital during [month]. [An external survey contractor, {name}, is administering the survey so that patients' responses are anonymous].

### **How have we used the results from previous survey?**

Results from the 2015 inpatient survey helped to identify areas where there was most room for improvement [a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here].

### **When will the results of this survey be available?**

The results of the 2016 survey will be available in [month/date] in [location of where results will be published or shared with staff]. The survey findings will be reported in [format, e.g. a summary report, at a meeting etc...]. We will work with our staff and patients to use the feedback from this survey to help improve patient's experiences at the trust.

### **Where can I find out more?**

Please contact [lead survey name and contact details].

## Appendix 3 Suggested template text for pre-survey article for external media

### Example titles:

[NHS Trust name] seeks patient views

Patient views vital to drive service improvements in [NHS Trust name]

Your chance to tell [NHS Trust name] about quality of care

We [NHS trust name] want to hear about your care

[NHS Trust name] is carrying out a survey to find out what patients think about the care they received when they were in hospital. The trust plans to use this feedback to improve patients' experiences. [NHS Trust name] will use the results of the survey to highlight areas where they perform well and to identify the areas where they need to improve.

Patients who have recently stayed in hospital as an inpatient at [Hospital A and Hospital B] may receive a questionnaire in [month], asking about their experiences. They will be asked about various aspects of their care, including [arrival at hospital, the quality of care and treatment, communication with doctors and nurses, information, and the hospital environment.]

Obtaining feedback from patients and taking account of their views is really important for bringing about improvements in the quality of care. Results from the survey will be used to [insert purpose of survey here, e.g. to track patients' experiences of care received at the trust since the last survey was undertaken in [2015] / or to measure the impact of changes made at the trust based on feedback from the 2015 survey / or to find out if recent changes made to the service has led to an improvement in patients' experiences.]

Results from the 2015 adult inpatient survey helped to identify areas where there was most room for improvement [a summary of the key findings from the previous survey and how the trust acted on the results can be inserted here.]

People's responses are anonymous and the results of the survey will be presented in a form that does not allow any individual's answers to be identified. The results will be published by [NHS Trust name] in [month and year].

[A senior executive at the trust] says "We hope that our patients will take the time to help us with this survey. Their views are vital in helping us to find out how we are doing and how we can improve. This is an excellent way for patients to help shape the services we provide in the future."

## Appendix 4 Responsibilities of NHS organisations who are carrying out research

<b>Research Governance Framework</b>	<b>Care Quality Commission sponsored patient surveys</b>
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	<i>The survey is carried out on the experiences of patients after they have received the care so this does not apply.</i>
Be aware of and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	<i>All Chief Executives are informed of the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.</i>
Ensure patients or users and carers are provided with information on research that may affect their care.	<i>The survey does not affect the care of the patients. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and for local quality improvement initiatives. Detailed instructions are issued to survey leads regarding the publicity of the results and its impact on patient care.</i>
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	<i>This requirement is not specific to this survey.</i>
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	<i>The Care Quality Commission as sponsors of the study have sought ethics approval from MREC. There is a designated lead for each survey who is appointed by the Chief Executive.</i>
Ensure that no research with human participants, their organs, tissue or data begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	<i>As sponsors, the Care Quality Commission have undertaken steps to ensure that all the duties of the sponsors listed in of the Research Governance Framework are followed thoroughly.</i>
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	<i>Detailed instructions are issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.</i>

Continued...

<b>Research Governance Framework</b>	<b>Care Quality Commission sponsored patient surveys</b>
Maintain the necessary links with clinical governance and/or best value processes.	<i>The instruction manual very strongly recommends that the trusts maintain these links and follow best practice evidence.</i>
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities. <sup>1</sup>	<i>In situations where trusts opt to use the services of an external contractor to draw the sample for the survey, the contractor is required to enter into an appropriate contract with the trust. These procedures are specifically detailed in the instruction manual.</i>
Put and keep in place systems to identify and learn from errors and failures.	<i>The Care Quality Commission also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in light of these.</i>
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	<i>This requirement is not specific to this survey.</i>
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	<i>The Care Quality Commission maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the patient surveys.</i>
Ensure that any research-related adverse events are included in reports to the National Patient Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	<i>Not applicable to the patient survey. Patient safety is not compromised, this being a postal survey.</i>
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	<i>The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission.</i>

<sup>1</sup> When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See: *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).