

NHS Adult Inpatient Survey 2020

Survey handbook

Ipsos MORI, Coordination Centre for Mixed Methods

30th October 2020

Please ensure you use the 2020 versions of all materials for the survey.



Ipsos MORI



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1 About this handbook

This handbook details the processes involved in preparing for and running the NHS Adult Inpatient Survey 2020. The information contained in this handbook supersedes all previous versions of the handbook, from which the contents differs substantially.

The handbook is designed to be used by trusts delivering the survey in partnership with an Approved Contractor, trusts delivering the survey in-house, and Approved Contractors. While not all information in this handbook is relevant to each party, efforts have been made to ensure that the information provided is reasonably comprehensive.

It is however necessary to supplement this handbook with a small number of complementary documents. These are:

- **The Sampling Handbook:** Which contains detailed information about how the sample should be drawn
- **The Sample Construction Worksheet:** Which is used by trusts to construct the sample of patients
- **The Sample Declaration Form:** Which is used to confirm the sample has been drawn correctly before submission
- **The Data Entry Spreadsheet:** Which is used to collate the final survey data
- **The Data Submission Checklist:** Which is used to confirm that the required checks have been conducted on the final data and provide relevant contact details

The most recent versions of these documents can be downloaded from the <https://nhssurveys.org/surveys/survey/02-adults-inpatients/>.

If you have any queries about the contents of the handbook, please contact your Approved Contractor in the first instance (where relevant), or the Coordination Centre for Mixed Methods at Ipsos MORI at InpatientCoordination@ipsos.com.

2 Introduction

2.1 The importance of patient feedback

Improving the experience of individual patients is at the centre of the NHS Constitution, which requires that services reflect the needs and preferences of patients, their families and their carers.

"You have the right to receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences."^{*}

Furthermore, taking account of patients' views and priorities can lead to the delivery of real service improvements. It is therefore important that all NHS trusts give patients the opportunity to feedback on their care and treatment. The NHS Patient Survey Programme (NPSP) provides an important mechanism for 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; and,
- Providing information for the Care Quality Commission's programme of reviews and inspections.

2.2 Overview of the NHS Inpatient Survey 2020

The NPSP was initiated in 2002, by the then Department of Health, and is now overseen by the Care Quality Commission (CQC), the independent regulator of health and social care in England.

The Adult Inpatient Survey is the most established survey within the NPSP and will be the first to be completed using a mixed method approach. This means that, at the start of fieldwork, patients will only be offered the option of completing the questionnaire online. Only later in fieldwork, will patients be provided with a paper questionnaire. In addition to postal invitations and reminders, patients will also receive text message (SMS) reminders containing a direct link to the online survey.

A pilot was conducted in 2019 to test this new methodology and showed that it's possible to encourage around half of respondents to complete questionnaires online. SMS

^{*} The *NHS Constitution for England*. Department of Health and Social Care. Available at: <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>> [Accessed 11 June 2020].

reminders have been fundamental in helping to increase online completion, and response rates are higher where trusts are consistently recording patient mobile numbers. A report providing the pilot results is available on the <https://nhssurveys.org/>.

The pilot results show that changing the survey methodology changes the way patients respond to questions. This will therefore make results from the 2020 survey incomparable with results from previous surveys. The CQC are using this opportunity to review all aspects of the design of this survey and have chosen to make several changes, summarised in the table below. Additional detail on these changes can be found within Chapter 5. Please do take the time to familiarise yourself with the content to ensure you understand the new survey requirements.

The Adult Inpatient Survey 2020 will be coordinated by the Coordination Centre for Mixed Methods based at Ipsos MORI. At the time of writing this document, other surveys of the NHS patient survey programme remain coordinated by the Picker Institute (under the title of Coordination Centre for Existing Methods).

Table 2.1: Changes to the Adult Inpatient Survey in 2020

Change	Rationale	Chapter for additional detail
Mixed method approach	Using a mixed method is associated with several benefits including: <ul style="list-style-type: none"> • improved data quality through online responses; • more representative responses (particularly in terms of age) which can reduce non-response bias; and, • the potential to make the survey most cost-effective by decreasing postal responses (saving money on return postage, scanning and paper storage). 	Chapter 5
Sampling month of November	It was necessary to change the sampling month to allow redevelopment of the survey. A consultation with NHS Trusts was conducted, and no clear preference for sample month was evident.	Chapter 3

Inclusion of mobile phone numbers in patient sample	Mobile phone numbers are used to send SMS reminders to patients. As shown in the pilot, SMS reminders are associated with significantly higher response rates.	Chapter 6 and Sampling Handbook
Shortened fieldwork period of 15 weeks	This is a step towards making results available to trusts earlier. Analysis of data from previous surveys has shown that shortening fieldwork will not have a detrimental effect on data quality.	Chapter 3
Redevelopment of questionnaire	The break in trends following the move to mixed methods, provided an opportunity to redevelop the questionnaire. The review aimed to reduce the length and ensure the content remains in line with current policy and practice.	Chapter 5
Redevelopment of materials (covering letters, SMS content, multilanguage sheet)	Covering letters and SMS reminders were redeveloped to reflect the mixed method survey methodology. The multilanguage sheet has been updated to include a link to the online survey in nine non-English languages.	Chapter 5
Provision of online survey	Following a successful pilot, an online survey will be offered for the first time for the 2020 survey.	Chapter 7
Increased accessibility options	Accessibility of the Adult Inpatient Survey has been reviewed to ensure it is conforming to all required regulations (for both the online survey and paper accessible formats).	Chapter 10
Data processing to include online completes	Responses from both paper completes and online completes should be entered into a single Data Entry Spreadsheet and submitted to the CCMM as a single file.	Chapter 11

2.3 Uses of the Adult Inpatient Survey data

Asking each hospital trust to carry out the inpatient survey in a consistent way builds a detailed picture of patients' experiences across NHS hospital trusts. The data is used by a range of organisations for different purposes. For example:

- Information drawn from the questions in the Adult Inpatient Survey is used by the CQC within its performance monitoring tools and inspections of acute services.
- Published data from the survey allows for reliable comparisons between Trusts.
- Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability.
- The results are used by NHS England and the Department for Health and Social Care for performance assessment, improvement and regulatory purposes.

Surveys within the NPSP also contribute to the Overall Patient Experience Scores (OPES), which measure overall patients' experiences of NHS services. This means that the results from the survey will be used to inform decision-making and research in the government. The OPES are composite results calculated from questions used in the surveys within the NPSP, which contribute to one of five patient experience domains outlined by NHS England.

CQC 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.

2.4 The role of the Coordination Centres

The Coordination Centre for Mixed Methods (CCMM) for the NPSP is based at Ipsos MORI. The Adult Inpatient survey will be coordinated by Ipsos MORI and any queries relating to this survey should be directed to them at InpatientCoordination@ipsos.com.

Picker, hereon referred to as the Coordination Centre for Existing Methods (CCEM), remains the Survey Coordination Centre for paper method surveys (currently all other surveys within the NPSP). Please note that the Survey Coordination Centre for Existing Methods is a completely separate division at Picker from the Approved Contractor.

The role of the coordination centres is to ensure that Trusts and Approved Contractors carry out the surveys in a consistent and systematic way. This consistency means it is possible to:

- Build up a national picture of patients' experience

- Compare the performance of different Trusts
- Monitor change over time
- Identify variations between different patient groups

3 Survey timetable

The following timetables detail the key dates for; trusts working with Approved Contractors to deliver the survey; trusts delivering the survey in-house; and, Approved Contractors. Please ensure that you refer to the relevant timetable.

Table 3.1: Timetable for Approved Contractors

Task	Responsibility	Date
Webinar	CCMM	25 August 2020
Final materials available on the website	CCMM	16 November 2020
Send PDF copies of the questionnaire, cover letter and SMS text to CCMM	Approved Contractor	4 December 2020
Send hard copies of the questionnaire, cover letter and SMS to CCMM	Approved Contractor	15 December 2020
Submit sample data to the CCMM	Approved Contractor	By 18 December 2020
CCMM to contact all Trusts with outstanding sample data	CCMM	18 December 2020
CQC to contact all Trusts with outstanding sample data	CQC	6 January 2021
Fieldwork starts	Approved Contractor	18 January 2021*
Deadline for sending first mailing	Approved Contractor	8 February 2021
Fieldwork ends	Approved Contractor	4 May 2021
Send final data to CCMM	Approved Contractor	11 May 2021

Table 3.2: Timetable for trusts working with Approved Contractor

Task	Responsibility	Date
Dissent posters available on the website	CCMM	12 August 2020
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	October 2020
Provide CQC with contact details of project team	Trust	1 October 2020
Webinar	CCMM	16 October 2020
Display dissent posters within Trust	Trust	1 November 2020 – 30 November 2020 [†]
Sample to be drawn and checked	Trust	December 2020

[†] Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 November until 30 November 2020. For trusts drawing sample from across an extended sampling period, the posters must be displayed for the entirety of the extended sampling period.

Completed sample declaration form to be signed by Caldicott Guardian	Trust	To be confirmed by Approved Contractor
Submit sample declaration form to approved contractor	Trust	To be confirmed by Approved Contractor
Submit sample to approved contractor	Trust	To be confirmed by Approved Contractor
CCMM to contact all Trusts with outstanding sample data	CCMM	18 December 2020
CQC to contact all Trusts with outstanding sample data	CQC	6 January 2021
Fieldwork starts	Approved contractor	18 January 2021*
Deadline for sending first mailing	Approved contractor	8 February 2021
Fieldwork ends	Approved contractor	4 May 2021

Table 3.3: Timetable for trusts delivering the survey in-house

Task	Responsibility	Date
Dissent posters available on the website	CCMM	12 August 2020
Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings	Trust	October 2020
Provide CQC with contact details of project team	Trust	1 October 2020
Webinar	CCMM	16 October 2020
Send completed statement of compliance to CCMM	Trust	31 October 2020
Display dissent posters within Trust	Trust	1 November 2020 – 30 November 2020*
Final materials available on the website	CCMM	16 November 2020
Send PDF copies of the questionnaire, cover letter and SMS text to CCMM	Trust	4 December 2020
Send hard copies of the questionnaire, cover letter and SMS to CCMM	Trust	15 December 2020
Sample to be drawn and checked	Trust	By 18 December 2020
Completed sample declaration form to be signed by Caldicott Guardian	Trust	By 18 December 2020
Submit sample declaration form to approved contractor	Trust	By 18 December 2020
Submit sample data to the CCMM	Trust	By 18 December 2020
CCMM to contact all Trusts with outstanding sample data	CCMM	18 December 2020

CQC to contact all Trusts with outstanding sample data	CQC	6 January 2021
Fieldwork starts	Trust	18 January 2021*
Deadline for sending first mailing	Trust	8 February 2021
Fieldwork ends	Trust	4 May 2021
Send final data to CCMM	Trust	11 May 2021

*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the CCMM, and the DBS checks are in date.

4 Data protection and confidentiality

4.1 Data protection and confidentiality

This survey is currently in the process of being reviewed for approval under Section 251 of the NHS Act 2006.

When carrying out your survey, you will need to ensure that your organisation complies with the General Data Protection Regulation (GDPR) by providing patients with sufficient information and ensuring that all responses remain confidential. If you have not already done so, please ensure that you add 'research' as one of the purposes for processing personal data supplied by data subjects under your privacy notices and, to the extent applicable, that any necessary consents are obtained for the sharing of this data.

General Data Protection Regulations (GDPR)

Changes in the law governing the management and use of patient data went into effect 25th May 2018. GDPR replaces the Data Protection Act 1998.

If your trust has implemented operational changes because of the GDPR and you think these changes will impact how you sample and how you share data, please contact the CCMM.

Where a trust has opted to conduct the survey in-house, the Caldicott Guardian and survey lead must complete and sign a statement of compliance with the data protection regulations and submit this to the CCMM by 31 October 2020. This is to confirm that data shall only be displayed, reported or disseminated in compliance with guidelines outlined in the Survey Handbook.

You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the Caldicott principles. You should take particular care to ensure that your use of patient data complies with these six principles. In particular, you should be aware of the flows of patient data, and the issues which these present. If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place, we ask you that you get in touch with the CCMM.

National Data Opt-out Programme

The National Data Opt-out Programme does not apply to the surveys running under the NPSP and you **must not exclude people on this basis**. The Adult Inpatient survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that patients do not have to actively consent to their data being used for the purpose of these surveys.

However, **if patients choose to specifically opt-out of the Adult Inpatient 2020 survey**, their wishes should be respected. **Dissent posters will need to be displayed in the trust during the sampling period**, to ensure potential participants are made aware of the survey and have an opportunity to opt-out in advance if they would like to do so.

4.2 Data Security and Protection Toolkit

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit to measure their performance against the National Data Guardian's 10 data security standards. This is to provide assurance that they are practicing good data security and that personal information is handled correctly. To find out more about the toolkit and create your account, please visit:

<https://www.dsptoolkit.nhs.uk/>.

4.3 Ethics

Patient surveys undertaken by NHS organisations in England generally seek ethical approval, to ensure that the survey is conducted to the highest standards and with a focus on patient well-being. Previous waves of the Adult Inpatient Survey have sought ethical approval from the Health Research Authority (HRA) on a discretionary basis (the NPSP is considered to be a service evaluation and therefore does not strictly require ethical approval). However, from the summer of 2019, the HRA decided they would no longer review service evaluations and an alternative ethical review approach was required for the NPSP programme.

On behalf of the CQC, Ipsos MORI set up an independent ethical review panel consisting of ethics specialists, academics specialising in health research and patient representatives. All elements of the 2020 Adult Inpatient Survey, including the approach and the materials, will have been reviewed by this independent ethics panel.

Organisations will be informed once ethical approval has been granted, so that sampling can commence.

4.4 Research governance requirements

The UK Policy Framework for Health and Social Care Research sets out the principles of good research governance and 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. The CQC has produced a table that sets out the responsibilities of organisations providing care and the arrangements made by the CQC for patient surveys. This is available on the NPSP website:

http://www.nhssurveys.org/Filestore/Inpatient_2017/Research_governance_framework_2.pdf.

5 Changes to the survey

As outlined in the introduction of this handbook, the decision to change the survey methodology to mixed methods, presented further opportunities to review all aspects of the design of the survey. Based on wide consultation with stakeholders and analysis of previous survey data, the CQC have therefore chosen to make several changes. Please do take the time to familiarise yourself with these changes to ensure that you understand the new survey requirements.

5.1 Methodology

The CQC is transitioning the Adult Inpatient Survey from a paper-only method to a mixed mode approach, with support from the Coordination Centre for Mixed Methods at Ipsos MORI. This means patients have the option of completing the questionnaire online in the first instance before being offered a paper questionnaire later in fieldwork. In addition to postal invitations and reminders, patients will also receive text message (SMS) reminders containing a direct link to the online survey. Additional detail on the mailing approach can be found in section 6.1.

There are a number of benefits to a mixed method approach, such as improved data quality through online responses; more representative responses (particularly in terms of age) which can reduce non-response bias, and the potential to make the survey more cost-effective by decreasing postal responses (saving money on return postage, processing paper returns and paper storage). The CQC are continuing to explore greater efficiencies in the delivery of the survey, and to improve methods with a view to maintaining data quality, increasing the value of data and maximising any cost savings, and see a continued shift to online methods as a key way to help achieve this.

To assess the feasibility of conducting the Adult Inpatient survey using a mixed mode approach an experimental pilot was conducted in 2019, which looked to determine:

- How feasible a move to a mixed mode design would be; and,
- What impact this would have on trend data and overall data quality (e.g. does it affect which patients respond to the survey?)

The results of this pilot showed that it is possible to encourage at least half of respondents to complete the questionnaire online. SMS reminders were fundamental in increasing online completion rates, and response rates were better where trusts consistently record patient mobile numbers. If you are interested in reading the full pilot result, this is available on the <https://nhssurveys.org/>.

Analysis of pilot data have also shown that changing the mode through which patient feedback is collected has a significant impact on how patients answer questions. This is

a common and well documented effect when changing the mode of survey administration and makes results from the 2020 survey incomparable with previous surveys. The CQC are using this opportunity to review all aspects of the design of this survey.

The CCMM will provide draft versions of all materials in August 2020. Once Section 251 and ethical approval has been obtained (currently timetabled for October 2020), the CCMM will provide final materials. Please ensure you use **the 2020 versions of all materials for the survey.**

5.2 Questionnaire

The break in the data series created by the move to mixed methods provides an opportunity to make changes to the questionnaire. Specifically, the questionnaire has been reviewed and updated with the dual aims of:

- Reducing the length, both to reduce the burden on participants and meet best-practice guidelines for online surveys.
- Ensuring the content of the questionnaire reflects the way in which inpatient services are delivered and asks about the right things in the right way (in line with current policy and practice).

During the questionnaire development process, stakeholders, Trusts and patients were invited to provide their opinions. All revisions to the questionnaire were cognitively tested with patients to ensure comprehension and relevance.

The final version of the questionnaire will be available in October 2020. It is likely there will be changes to most questions, and a reduced length of 15-20 minutes (around 55 questions).

5.3 Invitation and reminder letters

The invitation and reminder letters were redesigned for the pilot to make them more appealing to patients and to reflect the mixed methodology. The design of the invitation and reminder letters follows best practice guidelines and have been cognitively tested with patients.

5.4 Online survey

The online survey is set-up to be device-agnostic, meaning that it adapts to devices such as mobile phones, tablets and desktops. The online survey has been usability tested with recent inpatients, to make sure that it is easy for them to access and navigate.

Participants will either be able to click the link provided in the SMS reminders, or log-in using the details provided in their letter. The online survey will be available in English,

British Sign Language and nine non-English languages. For more information on the online survey see section 7.5.

5.5 SMS reminders

Patients who have a mobile number in the sample will also receive reminders via SMS. These reminders will arrive three days following the postal reminder and will include a personalised URL taking the participant directly into the survey (without the need for the patient to input their login details). The wording of the SMS reminders has been developed through cognitive testing with patients. For more information on SMS reminders see section 8.3.

5.6 Multilanguage sheet

The online survey will be translated into the nine non-English languages that are most frequently spoken in the UK. The multilanguage sheet, which will be included in all mailings, has been updated to include a link to the online survey in these languages:

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

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

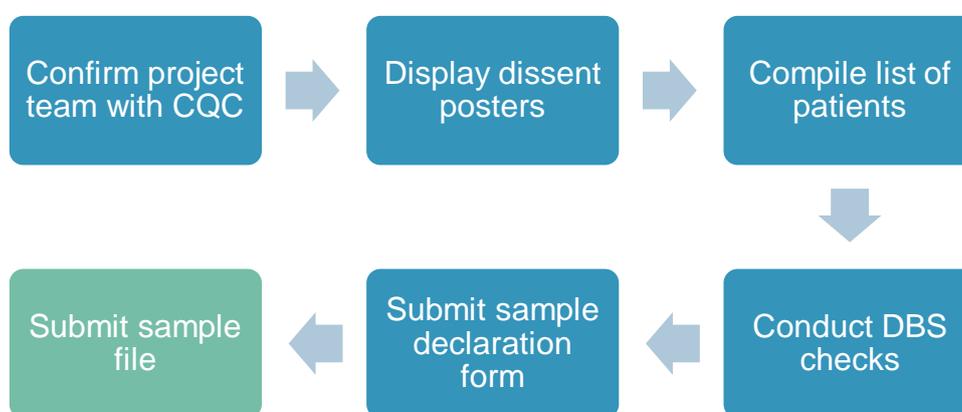
1. Cantonese (Traditional Chinese)
2. Mandarin (Simplified Chinese)
3. Turkish
4. Italian
5. Russian
6. Kurdish
7. Tamil
8. Thai
9. Farsi
10. Somali

6 Sampling

This chapter outlines the key stages involved in drawing and submitting a trust sample. Detailed explanations of each of these stages are provided within the Sampling Handbook (available on the [Survey Website](#)).

The process of drawing and submitting the sample has remained consistent with previous years, with the exception that Trusts are now asked to include patients' mobile phone numbers within the sample where available.

Figure 6.1: Key stages to draw and submit sample



6.2 Setting up a project team

We recommend you set up a survey team in your trust to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

As timing is crucial in implementing the survey, you might want to map any planned leave of the members of the project team in order to ensure that deadlines are met. For example, you might want to consider who would be the person of contact to answer queries if the person who drew the sample is out of the office. This is particularly relevant during the sampling phase and when the questionnaires are being sent out.

Once your project team is assembled, please provide CQC with the name, email address, and phone number of the team members with the following roles:

1. Survey Lead
2. Person who is drawing the sample

3. Caldicott Guardian

6.3 Displaying dissent posters

It is a requirement as per Section 251 approval that your trust advertise the upcoming survey during the sampling period. This is done by putting up dissent posters in the places where patients are most likely to see them. **Please consider whether any COVID-19 arrangements in your trust may impact patients' opportunities to see the poster and ensure the posters are widely visible.** Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 November until 30 November 2020. For trusts drawing sample from across an extended sampling period, the posters must be displayed for the entirety of the extended sampling period.

The poster allows patients to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part. The poster is available in the ten most commonly spoken languages in England. Trusts should display the posters most relevant to their own patient populations.

6.4 Compiling a list of patients

When compiling the list of patients, please follow the instructions in the separate Sampling Handbook. It should have been sent alongside this handbook and is available on the [Survey Website](#).

This year, trusts are being asked to supply the following new variables:

- **Mobile phone numbers** where they are available for a sampled patient. This is to allow for the sending of SMS reminders. In addition to the mobile phone number, a separate variable will flag whether or not mobile number is included.
- **COVID-19 diagnosis and treatment derived variables**, to allow the CCMM and CQC to compare the experiences of those patients whose hospital experience was due to COVID-19 with those who were treated for reasons unrelated to COVID-19.

Other than this change, the sampling eligibility criteria are consistent with previous years of the survey. Please review the sampling instructions in detail, however, to ensure your sample is selected correctly.

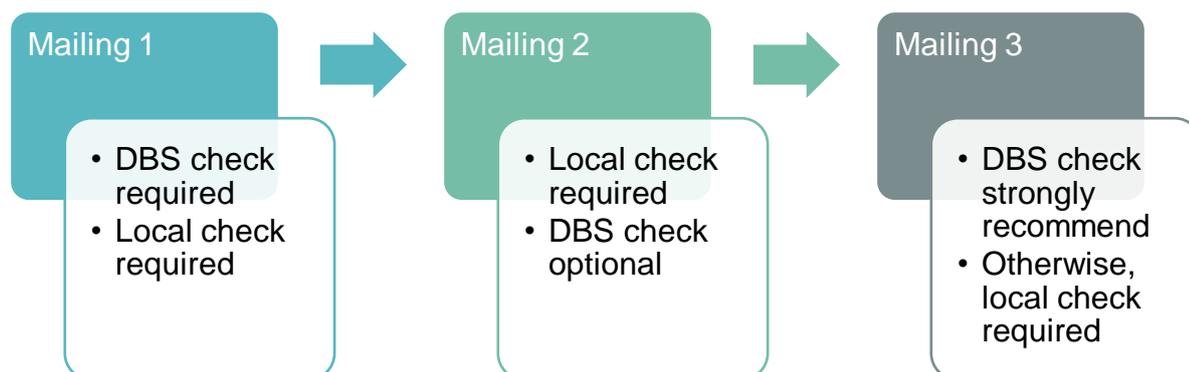
If an error in sampling is detected by the Approved Contractor, or the CCMM, you will be sent queries and we may ask you to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust and could impact on the success of the survey. If you have any questions regarding the eligibility criteria or how to draw your sample, please contact your Approved Contractor or the CCMM in plenty of time before the deadline for submitting the sample.

Three members of staff from the CCMM will be included in the sample for each in-house trust and contractor. This will enable the CCMM to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

6.5 Conducting DBS checks

Once you draw the sample of eligible patients, the sample must be locally checked for deceased patients and it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any patients who may have deceased since they were an inpatient at your trust.

Submitting for DBS checks prior to the second mailing is not required. However, a local check must still be conducted. Before mailing three, you must do one of the two checks – local checks or DBS checks – and it is up to the trust to decide which they would rather do. Please ensure you read the sampling instructions carefully on how to submit your file to DBS and how to remove deceased patients.



Your sample should only be used for the purposes of distributing the described protocol of invitation, reminder letters and reminder SMS for the Adult Inpatient Survey. This is because the sample collated for survey only has Section 251 approval for these specific uses. Any additional use of the sample (for example, sending out additional reminders, contacting the sample in advance or reusing the sample for a local survey) would therefore be in breach of Section 251 approval.

6.6 Submitting your sample file

Before submitting the sample file, you must complete the sample declaration form. This asks you to confirm that the sample has been drawn as per the sampling instructions. The Trust's Caldicott Guardian is required to sign-off the form. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process.

The completed sample declaration form should be submitted and approved prior to sending your sample data to the Approved Contractor or CCMM. Failure to follow this protocol would constitute a breach of Section 251 and must be reported to the CCMM and CQC.

The sample must be submitted in an encrypted, password protected file and via the secure method specified in the sampling instructions. **Data should never be sent via email.** Failure to follow this protocol would constitute a breach of Section 251 and must be reported to the CCMM and CQC.

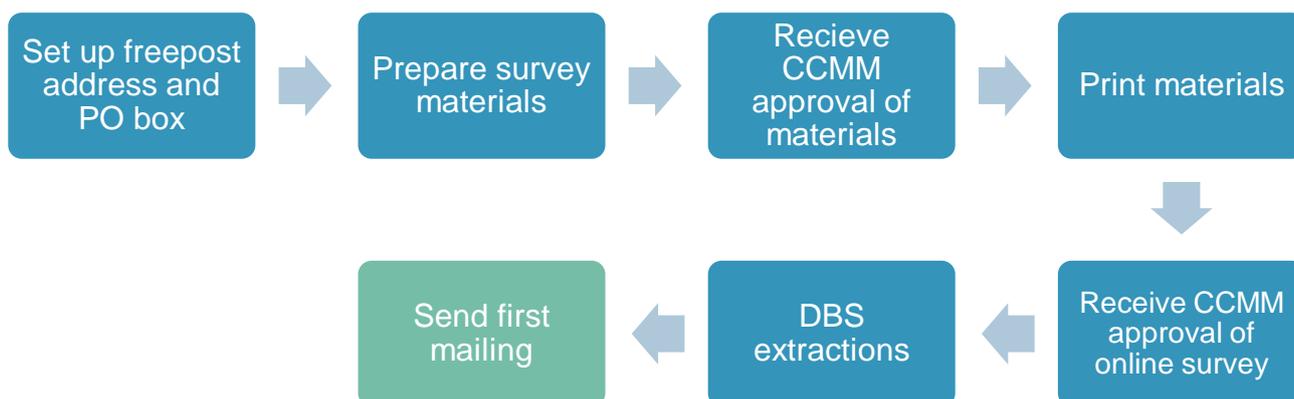
If you are a trust using an Approved Contractor: your Approved Contractor will be in touch with details on how to submit your sample securely, once the declaration form has been approved.

If you are delivering the survey in-house, or are an Approved Contractor: samples will be submitted to the CCMM using a secure website. A series of checks will be conducted on the sample as you submit it. Log-in details and instructions of how to submit the sample will be provided prior to the sampling period.

7 Fieldwork preparation

This chapter outlines the steps to be taken by Approved Contractors and in-house trusts prior to the start of fieldwork. The key steps to be undertaken are outlined in the diagram below and detailed within the chapter.

Figure 7.1: Key stages to prepare for fieldwork



Fieldwork timings

Fieldwork officially commences on 18 January 2021. The first mailing for all trusts must be sent by 8 February 2021 (week three of fieldwork) at the latest. Therefore, all activities described within this chapter must be completed before this date.

If trusts are able to do so, fieldwork can begin earlier than 18 January 2021. However, please **do not** begin fieldwork for any trust before 2 January 2021 as there are known impacts on response rate if mailings are sent over the Christmas and New Year period.

7.2 Set up postal services

Approved Contactors and in-house trusts must set up both a freepost address and a PO box.

Setting up a freepost address

The freepost address will allow patients to return completed questionnaires at no cost to themselves. After the license is paid, organisations will pay only for the responses received. The freepost address must be printed on the envelopes sent with the questionnaires. Printed envelopes must comply with Royal Mail guidelines.

Setting up a PO Box

The mail-out envelope(s) must not include any indication of the sender address, and a PO Box should be set up for undelivered mail. Approved Contractors and trusts conducting the survey in-house must set up a freepost address, as well as a PO address. This will be printed on the envelope and be used to return post to sender if undelivered.

7.3 Prepare the survey materials

The CCMM will provide electronic versions of all survey materials on the NHS surveys website. These materials have been designed to meet best-practice guidelines and have been extensively cognitively tested with patients to ensure maximum engagement and comprehension. Furthermore, they have been approved by Section 251 and ethics.

No changes to the wording of invitation letters, reminder letters, or questionnaire are permissible (due to ethics and Section 251 requirements) and we advise that amends made to other materials are minimised.

Specific considerations for preparing the questionnaire and letters are now detailed.

Questionnaire

We recommend using the questionnaire template provided by the CCMM. The template is provided in a word document which can be edited if needed. However, if you intend to copy the questionnaire into your own format you must be careful to replicate it exactly. This includes:

- The wording of questions and response options
- The numbering and order of questions and response options
- Routing instructions
- Any other instructions to respondents

Questions should be formatted as two columns and set out across the page as per the questionnaire provided by the CCMM. All design and formatting elements of the questionnaire should also be replicated. Questionnaires must be printed in an A4 booklet and centre-stapled.

Invitation and reminder letters

Invitation and reminder letters should be printed on each trust's letterhead paper. There is a different letter for each mailing.

You may not make any modifications to the wording of invitation or reminder letters other than to populate the letters with trust-specific information where required. This is because the letters have been submitted for ethics and Section 251 approval. Once approval has been granted, changes to the wording of invitation and reminder letters are not permissible.

At this point, approval of PDF and hard copies of all materials must be sought from CCMM (see section 7.6 for more information).

7.4 Printing the survey materials

After approval of the digital proofs from CCMM has been received, materials should be printed to the following specifications.

Table 7.1: Print specification

Material	Specification	Personalisation details
Letters	<ul style="list-style-type: none"> • A4 • 1 page • 2 sided • Colour • Personalisation to front and back 	Letters are personalised according to trust, contractor and respondent level information. The letter must be personalised with the patient online survey log-in details.
Multi-language sheet	<ul style="list-style-type: none"> • A4 • 1 page • 2 sided • black and white • No personalisation 	If a contractor is using their own online survey tool, the multi-language sheet will need to be updated to show the links to the translated survey. No patient level personalisation is required.
Questionnaire	<ul style="list-style-type: none"> • A4 • 4-page booklet • 2 sided • Colour • Personalisation to front and back covers 	Each questionnaire needs to be personalised with an identifier to identify the respondent, using either a serial number or a barcode. Details of the freepost/PO box should be printed on the back

Freepost return envelope	<ul style="list-style-type: none"> • Black and White • No personalisation 	Freepost envelopes will be personalised for each contractor and in-house trust to reflect the address completed questionnaires should be sent to. No patient level personalisation is required.
Outer envelope	<ul style="list-style-type: none"> • Black and White • No personalisation 	The PO box on the back of the letter should be personalised for each contractor and in-house trust with their PO box address for undelivered mail.

7.5 Implement the online survey

Patients can now choose whether they would like to complete the survey online or using the paper questionnaire. Based on the pilot results, we anticipate approximately 55 per cent of responses to the survey will be completed online, rather than by paper.

The online survey is identical in content to the paper questionnaire, and there are two options available for the provision of the online survey to patients:

1. Using a central online survey tool provided by the CCMM.
2. Contractors may provide their own online survey tool if preferred. This is on the basis that it will follow guidelines to exactly replicate the central tool.

The following guidance is for those using option 1. For more details on option 2, please see the appendix of this document.

Guidance for those using a central online survey tool

There are two routes into the online survey:

- **Using the URL provided in the letters:** the URL and log-in details are provided on the survey invitation letters. These log-in details are personalised for each respondent, to allow identification of which patients have taken part and their removal from future mailings. The link will follow this format:
NHSinpatient.co.uk/login
- **SMS reminder:** there is a shortened URL included in the SMS reminder that is unique to each patient. This will allow patients to access the survey directly without needing their log-in details.

The online log-in details will be generated by the sample construction sheet once populated. The long URLs will also be generated at this point. They will need to be shortened for the SMS reminder, see the following section for more information on this.

Once the sample is signed off, log-in details will need to be uploaded to the online survey to allow the patient access. Do not send a mailing unless you have confirmation from the CCMM that your sample has been loaded into the online survey as patients will not be able to access it.

The online survey will be made live on 4 January 2021 to allow trusts whose samples have been signed off to begin fieldwork early.

Once fieldwork has begun, you will receive daily updates with the survey identification numbers of those who have completed the online survey, to allow you to remove them from future reminders.

Each contractor and in-house trust will also be sent an export of the data from the online survey one week after fieldwork starts, and at the mid-point of fieldwork to allow for data processing to begin.

7.6 Quality Assurance of survey materials

In house trusts and contractors are required to submit PDF and hard copies of the survey materials to the CCMM before any mailings take place. The deadline for providing these is included in the timetable section. Approval of each of these is a requirement before the first mailing can be sent.

All proofs created ahead of printing must match the style, format and content of the materials provided on the NHS Surveys website.

Three members of staff from the CCMM will be included in the sample for each in-house trust and contractor. This will enable the CCMM to receive each mailing and reminder (including SMS reminders) in real time. These names and addresses will be provided ahead of sampling and should be randomly allocated to trusts where contractors are working with multiple trusts.

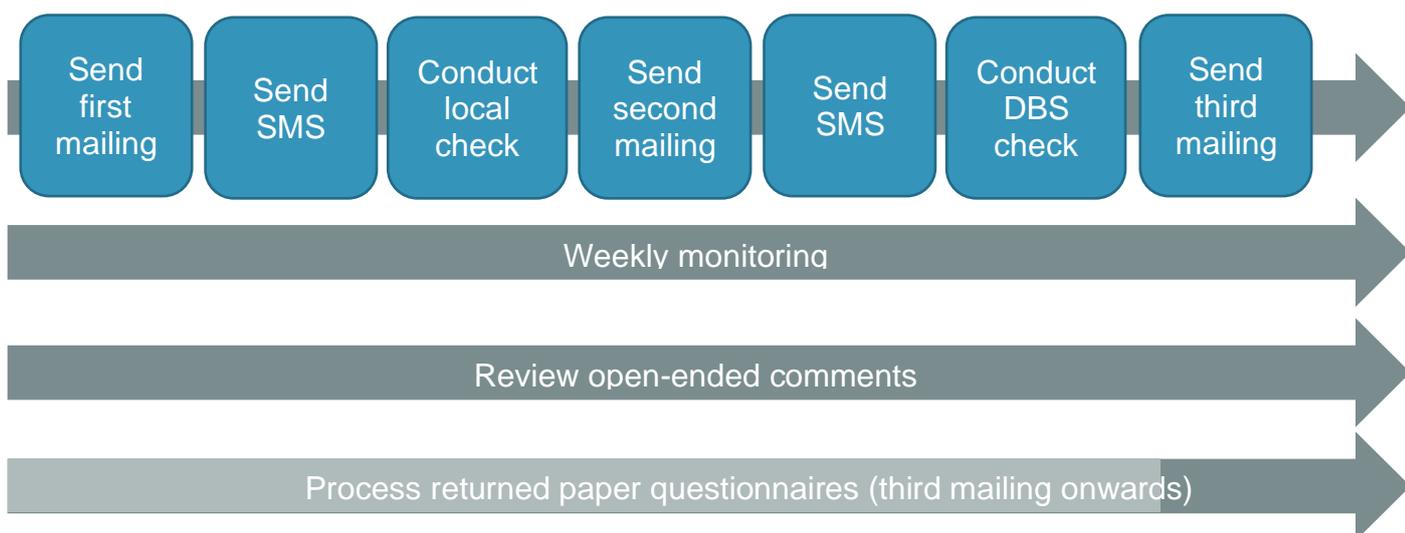
7.7 Publicising the survey

The best way to ensure your survey is a success is to ensure that you 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 recommend that you keep everyone in your trust informed and that you publicise the survey externally. You can learn more about how to promote the survey internally on the website [here](#).

8 Conducting fieldwork

This chapter outlines the steps to be taken by Approved Contractors and in-house trusts from the first mailing onwards. The key steps to be undertaken are outlined in the diagram below and detailed within the chapter.

Figure 8.1: Key stages to conduct fieldwork



8.2 Mailing protocol

The following table outlines the mailing protocol to be followed. This approach has been developed to maximise the proportion of patients who complete the survey online.

The intervals between each contact must be adhered to once the first mailing has been sent to maximise response rates. Where the timing of an SMS reminder falls on a weekend or Bank Holiday, it should be sent on the next working day.

Table 8.1: Mailing protocol

Contact	Type	Content of contact	Days from first mailing
1	Postal	Invitation letter Multi-language sheet	1
1.1	SMS	SMS reminder (if phone number available)	4
2	Postal	Reminder letter Multilanguage sheet	8
2.1	SMS	SMS reminder (if phone number available)	11
3	Postal	Reminder letter Questionnaire Freepost return envelope Multi-language sheet	22

8.3 SMS reminders

To encourage a higher proportion of patients to complete the survey online, we will be sending SMS reminders to those patients who have phone numbers in the sample. There will be two SMS reminders sent – the first three days after contact 1, and the second three days after contact 2. If the day the reminder is due to be sent is a weekend or bank holiday, it should be sent on the next working day.

The SMS will be sent at different times of day to reach different groups:

- the first SMS should be sent between 3pm and 4pm three days after mailing 1 is sent
- the second SMS should be sent between 9am and 10am three days after mailing 1 is sent

The content and sender name will be provided by the Coordination Centre. This guidance must be followed.

Each SMS will be personalised for each patient, with the name of the hospital they attended, and a unique link which will allow them to enter the survey without their log in details. These unique links will need to be shortened before including the SMS, to ensure they do not exceed 35 characters. Your SMS provider should be able to provide this service.

At the end of the SMS, there will be a contact phone number provided. This should be the phone number of the helpline provided for patients who will receive this survey. It will not be possible for patients to reply to the SMS reminder.

To monitor the quality of the phone numbers in the sample, it is a requirement to report on the number of messages which have not been delivered within 72 hours of the SMS being sent as part of the weekly monitoring report.

Any SMS provider can be used for this purpose, but the provider chosen must use technology which supports concatenation and should also confirm they are not using a "grey route" to send SMS reminders. Messages sent without these requirements in place will risk the message being split into two messages and being received in a different order. Text messages sent in this way can get delayed, lost or suddenly blocked.

8.4 DBS and local extractions

Ahead of each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS or local check on the full sample. If anyone has requested to be opted out of further reminders, they should also be removed.

On the day of the mailing, the DBS or local check should aim to be no more than 2 weeks old. If the check expires before the mailing is sent, a local check should be undertaken before the mailing begins.

Contact	Content	Type of check to do on the sample before sending the mailing (DBS or local)	Should online responses be removed from the mailing?	Should anyone who has opted out be removed from the mailing?
1	Postal – Letter only	DBS check	N/A – First mailing	N/A – First mailing
1.1	SMS	No check required	Yes	Yes
2	Postal – Letter only	Local check	Yes	Yes
2.2	SMS	No check required	Yes	Yes
3	Postal – Letter + Questionnaire	DBS check or local check	Yes	Yes

8.5 Weekly monitoring

Contractors and in-house trusts are required to submit a monitoring report to the CCMM each week during fieldwork. This will allow the CCMM to monitor response rates, volume of patient communications and uptake of accessible options across the fieldwork period.

These reports should follow the template provided on the Survey Website and be submitted each Friday during fieldwork by 2pm, starting on Friday 22 January 2021 until Friday 7 May 2021. Please send reports to InpatientCoordination@ipsos.com, using the file naming format “IP20_Weekly monitoring report_DATE_CONTRACTOR”.

Please note that if the first mailing is sent in advance of the 18th January, weekly monitoring reports must be sent to the CCMM from the first Friday of fieldwork. For example, if the first mailing is sent on the 11th January, the first weekly monitoring report should be sent on 15th January.

8.6 Reviewing open-ended comments

It is strongly recommended that all free text comments are reviewed by approved contractors and trusts conducting the survey in-house for possible reports of safeguarding issues and followed up with the appropriate authority to allow further investigation. The following text has been included within all cover letters to inform respondents of the possible follow-up action which may be taken. *“If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.”*

8.7 Processing returned paper questionnaires

If using a contractor, your contractor will process the questionnaires received.

If conducting the survey in-house, when questionnaires are received, match up the Patient Record Number 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.

Keep paper copies (or scanned pictures of all the pages of the questionnaires, including the front page) of any questionnaires that are returned to you until further notice – but do not send these to the Coordination Centre unless requested.

If a questionnaire is returned with the Patient Record Number removed, please enter the response information in an additional row at the bottom of the data file when submitting it to the Coordination Centre.

9 Survey communications

Each contractor or in-house trust should have both a freephone line and an email address for patients to contact in the event of queries. Details of both the freephone number and email address should be provided in the invitation and reminder letters.

All staff who are likely to respond to patient communications should be properly briefed about the details of the survey and be aware of the questions or complaints they are likely to receive.

The freephone line and email inbox should be monitored between 9am and 5pm on weekdays as a minimum.

9.1 Managing and recording patient communications

All communication with patients should be logged and included in the weekly monitoring report. Wherever relevant, the following information should be logged for each contact with a patient:

- Patient Record Number
- Date of contact
- Reason for contact
- Action to be taken

The pilot showed that the mixed method approach will likely result in an increased number of communications compared to previous surveys (of those sampled, around 2% of those who received a postal only approach got in touch, compared to 7% who received a mixed method approach).

Most of this additional volume of communications was by telephone, with call volumes peaking following a reminder, and decreasing between mailings, particularly towards the end of fieldwork.

9.2 Frequently asked questions

There were two main queries raised by patients as part of the mixed method pilot; requests for a paper questionnaire and opt out requests.

Requests for a paper questionnaire

The most common reason for a participant in a pilot group contacting the helpline was **to request a paper questionnaire**. The majority (97.5%) of these requests were via telephone.

When patients request a paper questionnaire, advise them when they will be receiving a paper questionnaire later in fieldwork and to disregard any reminders they receive before this point. Managing ad hoc requests to send patients a paper questionnaire early is likely to disrupt planned activities and incur costs so we would not advise this approach. However, where possible, patients who have requested a paper questionnaire should not be sent further SMS reminders.

The CCMM would recommend including a note in the helpline voicemail and/or email auto-response to address queries around requests for paper questionnaires to make volumes of calls more manageable.

Opt-outs

Any patient who requests to opt-out of the survey should be taken out of all future reminders.

If patients request to be removed from the SMS reminder only, postal mailings should still be sent and the patient should be recorded as an SMS opt-out in the weekly monitoring report.

10 Survey Accessibility

The accessibility of the Adult Inpatient Survey has been reviewed to ensure it conforms to regulations. The accessible formats that will be offered for the 2020 survey are detailed in the table below, alongside guidance on how to administer and process these formats.

It is important to monitor the number of requests and returns for these accessible formats in the weekly monitoring spreadsheet.

Please note if a large print, Easy Read or Braille format is requested, you **do not** need to wait until the third mailing to provide this format to the participant.

Table 10.1: Guidance on providing accessible formats of the survey

Accessible format	Administering the format	Processing the return
<p>Online survey: Ability to change font size and background colour; screen reader compatible.</p>	<p>This will be provided by the Coordination Centre for Mixed Methods.</p> <p>If using a contractor-provided online survey tool, guidance on scripting the online survey to meet these accessibility standards is included in the appendix of this document.</p>	<p>Processed through the online survey.</p>
<p>Online survey: non-English language completes (9 languages).</p>	<p>Excel templates with translations will be provided to contractors. Guidance on scripting the online survey in 9 languages will be included in the online survey specification for contractor.</p> <p>All contractors and in-house trusts will need to update the multilanguage sheet with online survey links and helpline details.</p>	<p>Processed through the online survey or via Language Line.</p> <p>For non-English online survey completes, open-ended comments will be translated by the CQC.</p>

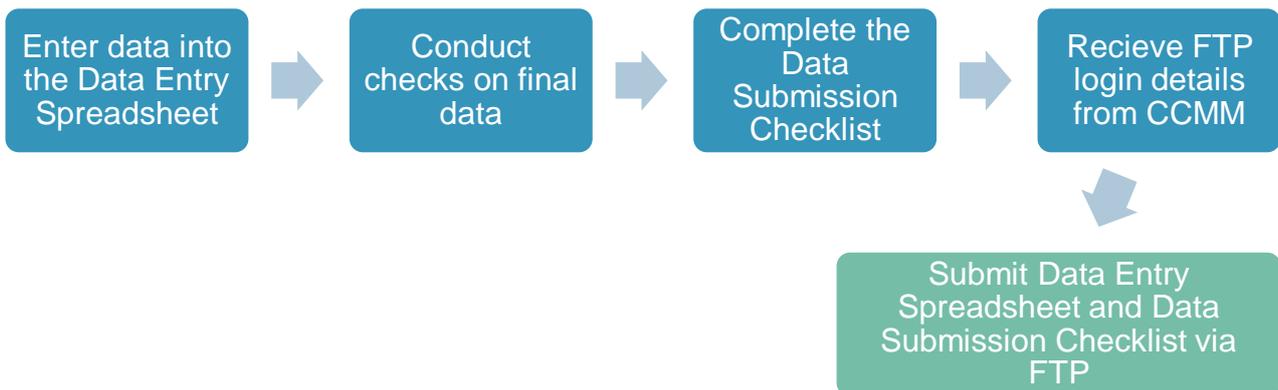
<p>Online survey: British Sign Language (BSL).</p>	<p>Translated BSL videos will be provided to contractors. Guidance on scripting the online survey in BSL will be included in the online survey specification for contractors.</p>	<p>Processed through the online survey.</p>
<p>Telephone assisted complete: In English or in a non-English language using a service such as Language Line.</p>	<p>Contractor or in-house trust helpline staff to complete survey over the phone with participant, entering their responses into the online survey (or on paper if that is preferable).</p>	<p>Processed through the online survey and noted as a telephone assisted complete in the weekly monitoring report and in the final dataset.</p>
<p>Large print: Signposted on the letters and administered at the request of the patient.</p>	<p>Large print invitation letter will be provided by the CCMM (using font size 18). Contractor or in-house trust to print invitation letter on A4 paper (adding patient contact details and survey number) and standard PDF questionnaire on A3 paper (adding patient survey number), and post these to patient alongside a return envelope. Further instructions can be found on the large print covering letter.</p>	<p>Large print return processed manually (e.g. responses entered into the excel data entry sheet for that patient).</p>
<p>Easy Read: Signposted on the letter and administered at the request of the patient.</p>	<p>Easy Read invitation letter and questionnaire will be provided by the CCMM. Contractor or in-house trust to print both documents on A4 paper and post these to patient (adding patient log-in details to the questionnaire for processing) alongside a return envelope. Further instructions can be found on the Easy Read questionnaire.</p>	<p>Easy Read return processed manually into an excel template provided by the CCMM. These returns will not be combined with the main dataset due to differences in question wording and answer codes.</p>
<p>Braille: Signposted on the letter and administered at the request of the participant.</p>	<p>Braille questionnaire and invitation letter to be set up centrally by CCMM. Contractor or in-house trust to request both documents from external Braille supplier (personalising letter with patient log-in</p>	<p>Braille questionnaires cannot be completed in Braille, and invitation letter would advise the participant to complete this online (using a screen reader or with the</p>

	<p>details). . Supplier should not be provided with patient contact details, but can post these to the contractor or in-house trust, who will then post documents to the patient. Further instructions can be found on the Braille covering letter.</p>	<p>help of a friend/family member) or as a telephone assisted complete.</p>
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11 Submitting final data

Final data must be entered into the Data Entry Spreadsheet and checked before being submitted to the CCMM. This chapter details the steps that should be taken in order to submit the data. These instructions are complemented by the Data Entry Spreadsheet, and Data Submission Spreadsheet. These can be downloaded from the [Survey Website](#).

Figure 11.1: Key stages to submit final data



11.1 Entering final data

Final data must be entered into the Data Entry Spreadsheet provided, following the coding rules described below. Nothing more should be done to amend or clean the data.

Survey responses received through online and paper methods must follow the same coding rules and be provided in a single spreadsheet.

Coding final data

- Response data must be entered following the coding rules described below. Each row records one patient's response to the survey.
- If a response is missing for any reason, it should be coded as a full stop (.).
- If two boxes are crossed on a single response question, the response should be coded as a full stop (.).
- Where a respondent has given their response inconsistently with the routing 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.

- If the respondent provides an unrealistic year of birth (e.g. the current survey year), this should be entered into the final dataset unless they have unambiguously indicated their actual year of birth elsewhere.
- Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response but indicated a second response option, this second choice should be entered in the data.
- For most questions, each column corresponds to one survey question. However, this is not the case for multiple response questions which will have a separate column per response. Multiple response questions are coded '1' if the box is crossed and '0' if the box is not crossed.
- Regarding the overall question (question 46), if two boxes are circled or if the respondent provided an answer which is difficult to interpret (e.g. they have drawn a mark between two numbers), please code this as '98'. If this question is left entirely blank, the response should be coded as a full stop (.).

Coding free-text data

All free-text comments are required to be submitted to the CCMM. Any analysis of these free text comments will be conducted in a way that would not allow individuals to be identified.

The free text comments must be included in full, including any comments on additional sheets of paper. Comments should be recorded verbatim with sensitive information included. The only exception to the above is that names of individual staff members may be redacted at your discretion or on advice from a trust. Redacted characters should be replaced with 'X',

Comments that are submitted in a language other than English should be sent to the CQC in the language they are submitted in at the end of fieldwork, alongside a flag which confirms which language this is (i.e. which online survey was used). The CQC will be responsible for translating any non-English free-text data into English. Once translated, the comments will be shared and can be combined with the remainder of the dataset.

11.2 Checking final data

Before submitting final data to the CCMM, please carry out the checks listed below. It is essential that these checks are carried out thoroughly. The CCMM is not responsible for correcting any errors in the data. If errors are identified, the Approved Contractor or trust will be required to correct and resubmit the final data.

- All data is raw (uncleaned) and has been validated according to the instructions in section 11.1.
- The file name follows the correct naming convention <IP20_surveydata_XXX.xls> (where XXX is the Trust or contractor code).
- The data has been saved as an Excel worksheet, rather than a workbook.
- Data columns are available for all 58 questions. Please note that the questionnaire includes Q4 and Q4A, so the highest question label number will be Q57.
- Any additional variables collected in the sample frame, other than those required by the national survey have been removed.
- Questions 5, 14, 39, 49 and 51 have been entered as multiple choice questions.
- All data are correct and all values are in range (cells highlighted orange are indicative of an invalid entry).
- Free-text comments have been entered verbatim and in full (including comments written on additional sheets). Comments that are submitted in a language other than English should be included in the language they are submitted, alongside a flag which confirms which language this is (i.e. which online survey was used). The CQC will be responsible for translating any non-English free-text data into English.
- Only 1,250 records are listed per trust, with all extra records from an increased sample size removed.
- All the response data are in numeric format (including dates).
- Columns for the day, month, and year you receive a completed questionnaire from patients have been completed.
- Any identifiable sample information (e.g. patient's name and address) have been removed.
- Your file has been zipped, encrypted and password protected.

Having conducted these checks, please complete the Data Submission Checklist, including the contact details of two team members. The data checking form must be uploaded when submitting the data to the CCMM.

11.3 Submitting data

The completed Data Entry Spreadsheet must be submitted to the CCMM as a single file. It must include all anonymised sample information as well as the survey responses.

The Data Entry Spreadsheet should be submitted to the CCMM using the dedicated application programming interface (API). Final data **must not** be sent via email.

Following the final weekly monitoring report, the CCMM will provide you with details on how to submit your files via the secure API.

12 Appendix – online survey guidelines

12.1 Introduction to online survey guidelines

This guidance is for any contractor wishing to host their own online survey. If you would like to use the central online survey tool provided by the CCMM, please refer to chapter 5.5 of this document.

If you would like to use your own internal online tool, this must be confirmed by 30th June 2020, and you must be able to meet each of the below requirements. If these requirements cannot be met, the central tool should be used. Use of any internal online tool is subject to sign-off from CQC that it can sufficiently replicate the format of the CCMM tool and provide all accessibility options.

12.2 Requirements

For the 2020 survey, the set-up process for the online survey timetable will start in August. There will be 3 phases of development:

- 1 **Creation of online survey “shells”** – this will include all accessibility, formatting and design elements of the survey, with examples of each type of question (single code, multi code, free text).
- 2 **Scripting the English survey** – this will be the full questionnaire in English
- 3 **Scripting the translated versions of the survey** – all languages will be scripted at this stage

Inputs from the CCMM

The contractor will be provided with the following documentation by the CCMM to support with set up of the online survey:

- Guidance on set up and requirements (this document)
- Online questionnaire with routing and scripting instructions included
- Quality assurance declaration to be returned to the CCMM alongside links for sign off
- Translations
- NHS and CQC logos
- British Sign Language video translations

Routes into the online survey

There are 3 routes into the online survey:

- **Using the link on the letters** - there is a link and online log in details provided on the survey invitation letters. These details are personalised for each respondent, so you can be sure who has taken part and remove them from future mailings. The link will follow this format: NHSinpatient.co.uk/QH (for Quality Health) and NHSinpatient.co.uk/PR (for Picker)
- **SMS reminder** – there is a link included in the SMS reminder which will be unique to that respondent. This will allow them to go straight into the survey without needing their log in details. The links for the SMS can be in any format but cannot exceed 35 characters and must be unique to that respondent. If respondents enter the survey through this route, they should be asked which language they would like to complete the survey in before proceeding to the main survey.
- **From the multilanguage sheet** – there will be specific links for each language included on the multi-language sheet. These will take the patient to a version of the online survey that has been translated into their chosen language. This link should follow this format: NHSinpatient.co.uk/contractor identifier/language. For example NHSinpatient.co.uk/QH/Arabic.

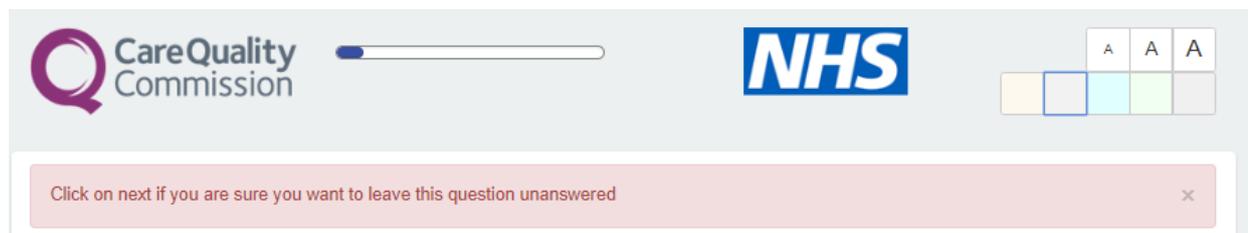
Log in details

The online log in details will be generated using the sample construction sheet when the sample is populated. The log in details must be a combination of the Patient Record Number and a five letter upper case password.

The Patient Record Number will follow this structure: **D1111XXX**. **D** identifies an inpatient survey respondent, **XXX** denotes trust code and **1111** will be a unique number for that respondent.

Non-response and navigation

Any question can be left blank by the respondent. The message below should be shown and the respondent will be allowed to move on if they click next.



Respondents are able to go back to previous questions and change their responses if required using the back button.

Para data

There are several metrics which will need to be collected for everyone who has entered the online survey:

- Time and date of survey access
- Mode of survey access (type of device used)
- Time and date of survey submissions
- Access mode – short or unique link
- Operating system – iOS, android etc
- Active participation in the survey – how long were they actively taking part in the survey, excluding breaks
- Drop out question for those who do not complete
- Time and date of drop-outs

The para data will be included in the data entry sheet to be submitted to the CCMM at the end of fieldwork. The CCMM will provide examples of this data from the pilot survey to support with set up of these variables.

Free text questions

For free text questions, a character count of 1000 should be included to show how many characters are available and how many respondents have used. It should not be possible to type more than the characters available so respondents do not get frustrated.

Translations

The online survey will be offered in 9 non-English languages and British Sign Language. The non-English languages are:

- Arabic
- Bengali
- French
- Gujarati
- Polish
- Portuguese
- Punjabi
- Spanish
- Urdu

The translations for these languages will be provided in an excel format, which will include all translations in one document for all questions, respondent instructions and supporting text.

British Sign Language translations will be provided in video format, and the videos will need to show above the question text as per the example below.



12.3 Creation of online survey shells

At this stage all design, accessibility, para data, formatting and log in screens should be scripted. This includes the following:

- Set up of the log in page, including a drop-down menu for languages.
- Mobile optimisation – the content of the screen should adapt to the size of the screen on the device the patient is using.
- Progress bar at the top of the page (after the log in screen)
- Accessibility:
 - o The ability to increase and decrease the font size. Exact sizes are included below to ensure consistency across all tools.
 - Smallest size: Question and headers 15.4 pixels, answer options 14 pixels
 - Medium size: Question and headers 19.8 pixels, answer options 18 pixels
 - Largest size: Question and headers 24.2 pixels, answer options 22 pixels
 - o The ability to change the colour of the screen behind the question text. The HEX and RGB codes for the colours are included below to ensure a colour match across online survey tools.

	HEX codes	RGB codes
Cream	HEX: #FDF9EE	RGB: 253,249,238

Light grey	HEX: #F2F2F2	RGB: 242,242,242
Light blue	HEX: #E0FFFF	RGB: 224,255,255
Light green	HEX: #F0FFEF	RGB: 240,255,239
Gray	HEX: #F0F0F0	RGB: 240,240,240

- Screen reader functionality
- 1 question in British Sign Language
- 3 questions:
 - Single code question
 - Multi code question
 - Free text question (including a character count)
- Functionality where respondents can choose to leave a response blank if they wish- they should be prompted to confirm they would like to leave it blank
- Set up of each route into the survey – via short link, language short links and unique links in SMS
- Para data:
 - Time and date of survey access
 - Mode of survey access (type of device used)
 - Time and date of survey submissions
 - Access mode – short or unique link
 - Operating system – iOS, android etc
 - Active participation in the survey – how long were they actively taking part in the survey, excluding breaks
 - Drop out question for those who do not complete
 - Time and date of drop outs

All of this functionality should be in place before the links are submitted to the CCMM for review.

12.4 English online survey

Once the survey shell is signed off, the English survey will be ready to be scripted. The full questionnaire along with routing instructions and scripting information will be provided to all contractors who wish to use their own online survey tool.

12.5 Translated online survey

Once the English survey is signed off, the translations for the survey will be provided. There will be 9 non-English languages and BSL. The translations will be provided in excel format with all languages in one document.

12.6 Quality Assurance

Quality assurance documentation will be provided to contractors to submit to the CCMM along with the survey links for review at each stage.

There are several stages at which sign off by the Coordination Centre for Mixed Methods and CQC is required:

- **The online survey tool:**
 - Shells
 - Full English version
 - Full translated versions
 - Live version loaded with sample

- **The online survey data:**
 - First week of fieldwork – to check data is being captured correctly. This should be submitted to the Coordination Centre for Mixed Methods no more than 1 week after the first mailing is sent.
 - Mid-point of fieldwork – This should be submitted to the Coordination Centre for Mixed Methods no more than 1 week after the third mailing is sent.

12.7 Timetable for development

	Start	Finish
Creation of contractor online survey "shells"	Thu 09/07/20	Wed 26/08/20
Online survey guidelines shared with contractors	Thu 09/07/20	Thu 09/07/20
Contractors to produce online survey shells	Fri 10/07/20	Wed 29/07/20
CCMM review and feedback on shells	Thu 30/07/20	Mon 03/08/20
Contractors update shells based on feedback	Tue 04/08/20	Thu 06/08/20
CCMM review and sign off	Fri 07/08/20	Mon 10/08/20
CCMM to share with CQC	Tue 11/08/20	Tue 11/08/20

CQC to review and feedback	Wed 12/08/20	Mon 17/08/20
CCMM to share feedback with contractors	Tue 18/08/20	Wed 19/08/20
Contractors making updates	Thu 20/08/20	Mon 24/08/20
CQC to sign off	Tue 25/08/20	Wed 26/08/20
Contractor online surveys - English	Thu 10/09/20	Wed 14/10/20
Online survey content shared with contractors	Thu 10/09/20	Thu 10/09/20
Scripting and checking online surveys	Fri 11/09/20	Wed 16/09/20
Send to CCMM for sign off	Thu 17/09/20	Thu 17/09/20
CCMM to review and feedback	Fri 18/09/20	Tue 22/09/20
Amends made by contractors	Wed 23/09/20	Fri 25/09/20
CCMM to sign off contractor surveys	Mon 28/09/20	Wed 30/09/20
CQC to review contractor surveys	Thu 01/10/20	Mon 05/10/20
Amends made by contractors	Tue 06/10/20	Thu 08/10/20
CQC review and sign off contractor surveys	Fri 09/10/20	Tue 13/10/20
Online surveys ready for translations	Wed 14/10/20	Wed 14/10/20
Contractor online surveys - Translations	Wed 14/10/20	Thu 19/11/20
Translations sent to contractors	Wed 14/10/20	Wed 14/10/20
Contractors translating online surveys and checking	Thu 15/10/20	Wed 21/10/20
Translated surveys to CCMM for review	Thu 22/10/20	Thu 22/10/20

CCMM reviewing translated surveys	Fri 23/10/20	Thu 05/11/20
Feedback from CCMM to contractors	Fri 06/11/20	Fri 06/11/20
Amends made by contractors	Mon 09/11/20	Wed 11/11/20
Contractors sending updated surveys to CCMM	Thu 12/11/20	Thu 12/11/20
CCMM review and sign off	Fri 13/11/20	Thu 19/11/20

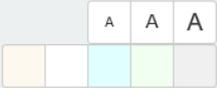
12.8 Example screenshots

The below screenshots are intended as a guide only, test links will be provided to use as live examples for scripting purposes.

Example of the log in screen:

The screenshot shows the login interface for a survey. At the top left is the Care Quality Commission logo, and at the top center is the NHS logo. To the right of the NHS logo are three accessibility icons (A, A, A) and a row of five colored squares (yellow, white, cyan, green, grey). Below the header, a grey box contains the text: "Please provide your Survey number and Password to participate in the survey." Underneath this text are two input fields: "Survey number" and "Password". Below the input fields is the text: "Your log-in details can be found on the front of your letter." At the bottom of the grey box is a blue button labeled "Enter".

Example of a question page:



ADMISSION TO HOSPITAL

Was your most recent hospital stay planned in advance or an emergency?
Please select one option only

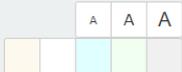
Emergency or urgent

Waiting list or planned in advance

Something else

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Example of a background colour change:



ADMISSION TO HOSPITAL

Was your most recent hospital stay planned in advance or an emergency?
Please select one option only

Emergency or urgent

Waiting list or planned in advance

Something else

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For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/ipsosMORI>

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