

# NHS Adult Inpatient Survey 2021

## Survey handbook

Ipsos MORI, Coordination Centre for Mixed Methods

Version 1

Please ensure you use **the 2021 versions of all materials for the survey.**



Ipsos MORI



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### Version log

| <b>Version</b> | <b>Description/ changes since previous version</b> |
|----------------|--|
| 1              | Initial published version.                         |

# 1 About this handbook

This handbook details the processes involved in preparing for and running the NHS Adult Inpatient Survey 2021. The information contained in this handbook supersedes all previous versions of the handbook.

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 Instructions:** 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 Final Data 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 website: <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](mailto: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."***<sup>\*</sup>

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 2021

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 was the first to be completed using a mixed method approach. This will be the second year of the mixed method approach following a successful transition in 2020. The transition to mixed method has changed how patients respond to questions, which means results from this survey will only be comparable to the 2020 survey results.

There were a number of changes in 2020, including improvements to patient materials, questionnaire content and provision of accessible options. On the whole, the 2021 survey will be similar to 2020, with the exception of the changes summarised below. You can

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<sup>\*</sup> 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].

find more detail on these in 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 2021 will be coordinated by the Coordination Centre for Mixed Methods based at Ipsos MORI. Changes to the Adult Inpatient Survey in 2021.

| Change                                | Rationale   | Chapter for additional detail |
|---------------------------------------|---|-------------------------------|
| Questionnaire changes                 | <p>The content of the 2020 questionnaire was reviewed to ensure it reflected any new policies or changes in the way inpatient services are delivered. New areas of interest were identified, and new questions were developed and cognitively tested with patients.</p> <p>Questions related to COVID-19 have been removed or modified to reflect changes in how services are provided.</p> | Chapter 5                     |
| Sample variable changes               | One of the COVID-19 variables was not used in analysis for 2020 data, so it will be removed this year.  | Chapter 6                     |
| Letter changes                        | There are some minor amends to the initial mailing letter and reminders.  | Chapter 5.2                   |
| Weekly monitoring information         | There will be some small changes in the information collected in the weekly monitoring reports during fieldwork. These will streamline the information provided.  | Chapter 8.5                   |
| Additional guidance on communications | In chapter 9.2, additional guidance is provided to support with the management of respondent communications during fieldwork.   | Chapter 9.2                   |
| Data submission method                | The data submission method has changed from the sample upload portal and will now be uploaded via secure transfer. Please note this is for final data only and not samples.   | 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.

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](mailto:InpatientCoordination@ipsos.com).

Picker, hereon referred to as the Coordination Centre for Existing Methods (CCEM), remains the Survey Coordination Centre for paper method surveys.

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                | 3 September 2021  |
| Final materials available on the website                                | CCMM                | 23 November 2021  |
| Send PDF copies of the questionnaire, cover letter and SMS text to CCMM | Approved Contractor | 3 December 2021   |
| Send hard copies of the questionnaire, cover letter and SMS to CCMM     | Approved Contractor | 14 December 2021  |
| Submit sample data to the CCMM  | Approved Contractor | By 7 January 2022 |
| Fieldwork starts  | Approved Contractor | 21 January 2022*  |
| Deadline for sending first mailing                                      | Approved Contractor | 11 February 2022  |
| Fieldwork ends  | Approved Contractor | 9 May 2022        |
| Send final data to CCMM   | Approved Contractor | 16 May 2022       |

**Table 3.2: Timetable for trusts working with Approved Contractor**

| Task  | Responsibility | Date  |
|---|----------------|---|
| Dissent posters available on the website  | CCMM           | 6 September 2021                                |
| Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | Trust          | September 2021                                  |
| Provide CCMM with contact details of project team   | Trust          | 30 September 2021                               |
| Webinar   | CCMM           | 14 October 2021                                 |
| Display dissent posters within Trust  | Trust          | 1 November 2021 – 30 November 2021 <sup>†</sup> |

<sup>†</sup> Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 November until 30 November 2021. For trusts drawing sample from across an extended sampling period, the posters must be displayed for the entirety of the extended sampling period.



|  |                     |  |
|--|---------------------|--|
| Sample to be drawn and checked                                       | Trust               | 1 December 2021 – 22 December 2021     |
| 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               | 23 December 2021                       |
| CCMM to contact all Trusts with outstanding sample data              | CCMM                | 10 January 2022                        |
| CQC to contact all Trusts with outstanding sample data reminder 1    | CQC                 | 17 January 2022                        |
| CQC to contact all Trusts with outstanding sample data reminder 2    | CQC                 | 24 January 2022                        |
| Fieldwork starts   | Approved contractor | 21 January 2022*                       |
| Deadline for sending first mailing                                   | Approved contractor | 11 February 2022                       |
| Fieldwork ends   | Approved contractor | 9 May 2022                             |
| Send final data to CCMM  | Approved contractor | 16 May 2022                            |

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

| Task  | Responsibility | Date                                |
|---|----------------|-------------------------------------|
| Dissent posters available on the website  | CCMM           | 6 September 2021                    |
| Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | Trust          | September 2021                      |
| Provide CCMM with contact details of project team   | Trust          | 30 September 2021                   |
| Webinar   | CCMM           | 14 October 2021                     |
| Send completed statement of compliance to CCMM  | Trust          | 15 October 2021                     |
| Display dissent posters within Trust  | Trust          | 1 November 2021 – 30 November 2021* |
| Final materials available on the website  | CCMM           | 23 November 2021                    |
| Send PDF copies of the questionnaire, cover letter and SMS text to CCMM                         | Trust          | 3 December 2021                     |
| Send hard copies of the questionnaire, cover letter and SMS to CCMM                             | Trust          | 14 December 2021                    |
| Sample to be drawn and checked  | Trust          | By 22 December 2021                 |

|  |       |                     |
|--|-------|---------------------|
| Completed sample declaration form to be signed by Caldicott Guardian | Trust | By 22 December 2021 |
| Submit sample declaration form to CCMM                               | Trust | By 22 December 2021 |
| Submit sample data to the CCMM                                       | Trust | By 23 December 2021 |
| Fieldwork starts   | Trust | 21 January 2022*    |
| Deadline for sending first mailing                                   | Trust | 11 February 2022    |
| Fieldwork ends   | Trust | 9 May 2022          |
| Send final data to CCMM  | Trust | 16 May 2022         |

\*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the CCMM, the sample has been loaded into the online survey 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 25<sup>th</sup> 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 2021. 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 2021 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 2021 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:

<https://nhssurveys.org/survey-instructions/ethical-issues-ethics-committees-and-research-governance/>

## 5 Changes to the survey

The questionnaire and materials were reviewed to ensure they reflect any new policies or changes in the way inpatient services are delivered, to identify any areas that are no longer relevant, and to incorporate feedback and learnings from the 2020 survey.

### 5.1 Questionnaire

The questionnaire was extensively redeveloped in 2020 and most of the questionnaire will remain the same to allow for comparability. However, a few updates have been made to reflect changing context and policy:

| Question | IP20 wording  | IP21 wording  | Rationale   |
|----------|---|---|---|
| 4        | 4. Did you ever stay in a hospital room or ward for those with coronavirus (COVID-19) or suspected coronavirus?   | N/A – Q4 removed  | Was not used in IP20 analysis.  |
| 4A       | 4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay? | 4. Did you get help from staff to keep in touch with your family and friends?   | Needed to update COVID-19 wording. Changed to focus on what staff are doing to help patients keep in touch. |
| 11       | 11. Were you offered food that met any dietary needs you had?   | 11. Were you offered food that met any dietary needs or requirements you had?<br><br>This could include religious, medical or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food. | Explanation added to make question clearer.   |

|                     |   |   |  |
|---------------------|---|---|--|
| <b>New Question</b> | N/A   | 14. Were you able to get hospital food outside of set meal times?<br><br>This could include additional food if you missed set meal times due to operations/procedures or another reason.    | New question on access to food. This question will help understand access to food /timeliness of accessing food (e.g. around planned procedures).  |
| <b>38</b>           | 38. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital? | 39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?<br><br>This includes any verbal, written or online information. | Explanation added to encompass all information provided (not just written).  |
| <b>New Question</b> | N/A   | 40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?   | New question to capture understanding of information, rather than just provision of information (Q38), in order to assess whether trusts are providing information that is understood by patients. |
| <b>50</b>           | 50. Do any of these conditions reduce your ability to carry out day-to-day activities?  | 52. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?   | Explanation added to make question clearer.  |

During the questionnaire review process, stakeholders and Trusts 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 2021.

## **5.2 Invitation and reminder letters**

Feedback from trusts, patients and contractors informed the minor changes to the invitation and reminder letters, to make instructions clearer and guidance on completing the survey via a paper questionnaire.

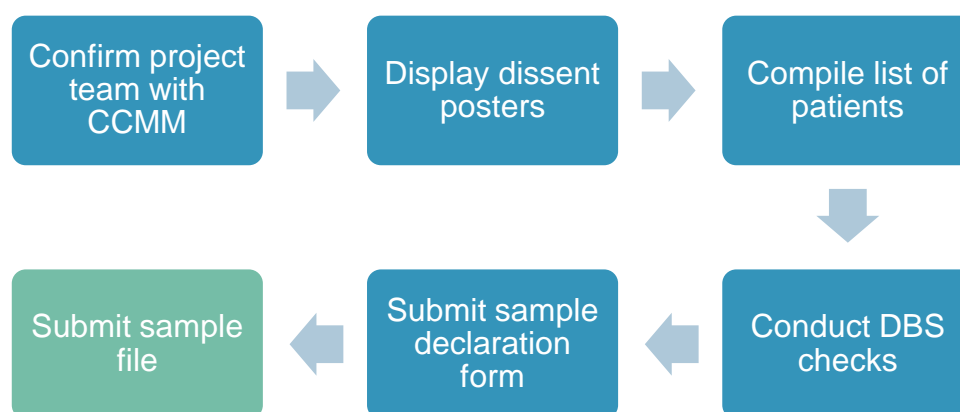


## 6 Sampling

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 Instructions (available on the [Survey Website](#)).

The process of drawing and submitting the sample has remained consistent with previous years, but some variables have changed.

**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 CCMM 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 2021. 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 English and the 14 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 Instructions. It should have been sent alongside this handbook and is available on the survey website: <https://nhssurveys.org/surveys/survey/02-adults-inpatients/>

This year, there is one change to the required sample variables:

- **COVID-19 variables:** the diagnosis variable will no longer be collected, only the treatment variable (in the same way as 2020).

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.

Please ensure you provide patients' mobile numbers, as this allows us to send SMS reminders. The Section 251 approval grants "the legal basis to allow access to the specified confidential patient information without consent." This allows for trusts to provide details like patients' postal addresses and applies to mobile numbers too.

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

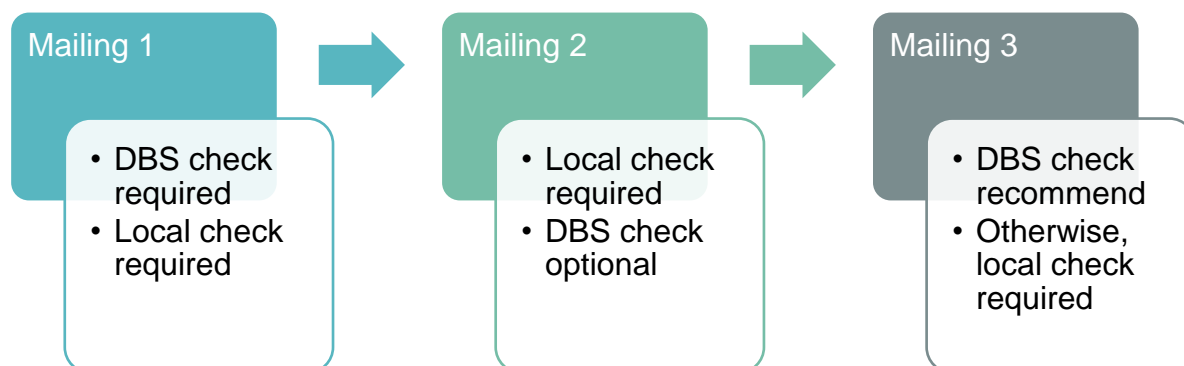
eligibility criteria or how to draw your sample, please contact your Approved Contractor or the CCMM in plenty of time before the deadline for submitting the sample.

Two members of staff from CQC will be included in the sample for each in-house trust and contractor. This will enable CQC 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.



**DBS checks must not be more than 2 weeks old ahead of a mailing where a DBS is required (mailing 1 and 3). Where a DBS check expires ahead of Mailing 1 whilst approvals are pending, a local check must be done before sending Mailing 1.**

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.

## 6.7 Additional variables

If during the main sample submission phase, any of the ICD-10 Chapter Codes or the COVID-19 treatment variable were not provided, you will need to submit them afterwards as additional variables. To submit these, please follow the steps outlined in the separate Sampling Instructions. (available on the survey website:

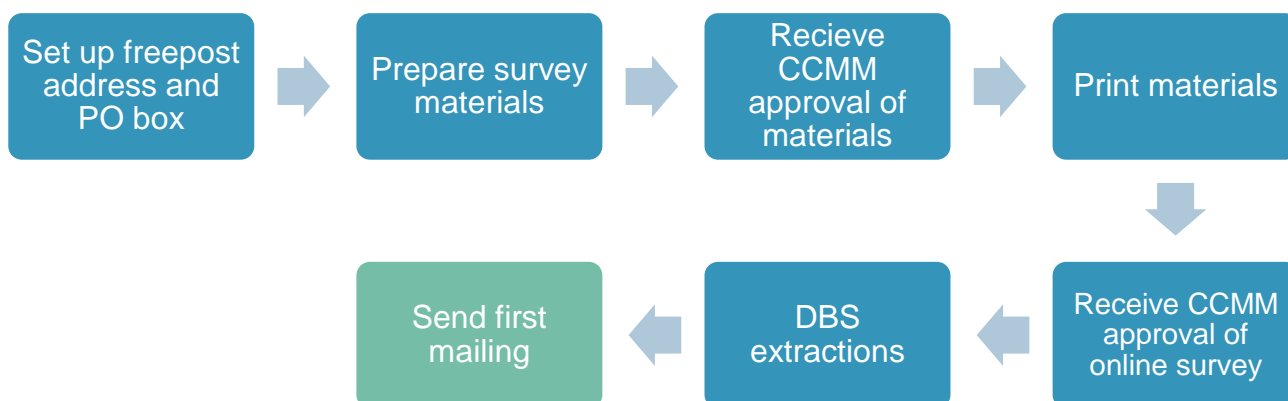
<https://nhssurveys.org/surveys/survey/02-adults-inpatients/>)

If the variables outlined above were submitted and have been approved as part of the main sample, then submission of the additional variables spreadsheet is not required.

# 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 21 January 2022. The first mailing for all trusts must be sent by 11 February 2022 (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 21 January 2021. However, please **do not** begin fieldwork for any trust before 4 January 2022 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 and CQC (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  |
|-----------------------------|---|--|
| <b>Letters</b>              | <ul style="list-style-type: none"> <li>• A4</li> <li>• 1 page</li> <li>• 2 sided</li> <li>• Colour</li> <li>• Personalisation to front and back</li> </ul>                | Letters are personalised according to trust, contractor and respondent level information. The letter must be personalised with the patient online survey log-in details.                           |
| <b>Multi-language sheet</b> | <ul style="list-style-type: none"> <li>• A4</li> <li>• 1 page</li> <li>• 2 sided</li> <li>• black and white</li> <li>• No personalisation</li> </ul>                      | 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.  |
| <b>Questionnaire</b>        | <ul style="list-style-type: none"> <li>• A4</li> <li>• 4-page booklet</li> <li>• 2 sided</li> <li>• Colour</li> <li>• Personalisation to front and back covers</li> </ul> | 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 |

|                                 |   |   |
|---------------------------------|---|---|
| <b>Freepost return envelope</b> | <ul style="list-style-type: none"> <li>• Black and White</li> <li>• No personalisation</li> </ul> | 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. |
| <b>Outer envelope</b>           | <ul style="list-style-type: none"> <li>• Black and White</li> <li>• No personalisation</li> </ul> | 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 results from 2020, we anticipate approximately 64 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 three 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](https://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.



- **Using the URL provided on the multi-language sheet:** there are separate links for each language provided on the multi-language sheet which will take patients to a translated log-in page in their chosen language.

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 2022 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 and CQC 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.

Members of staff from CQC 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**

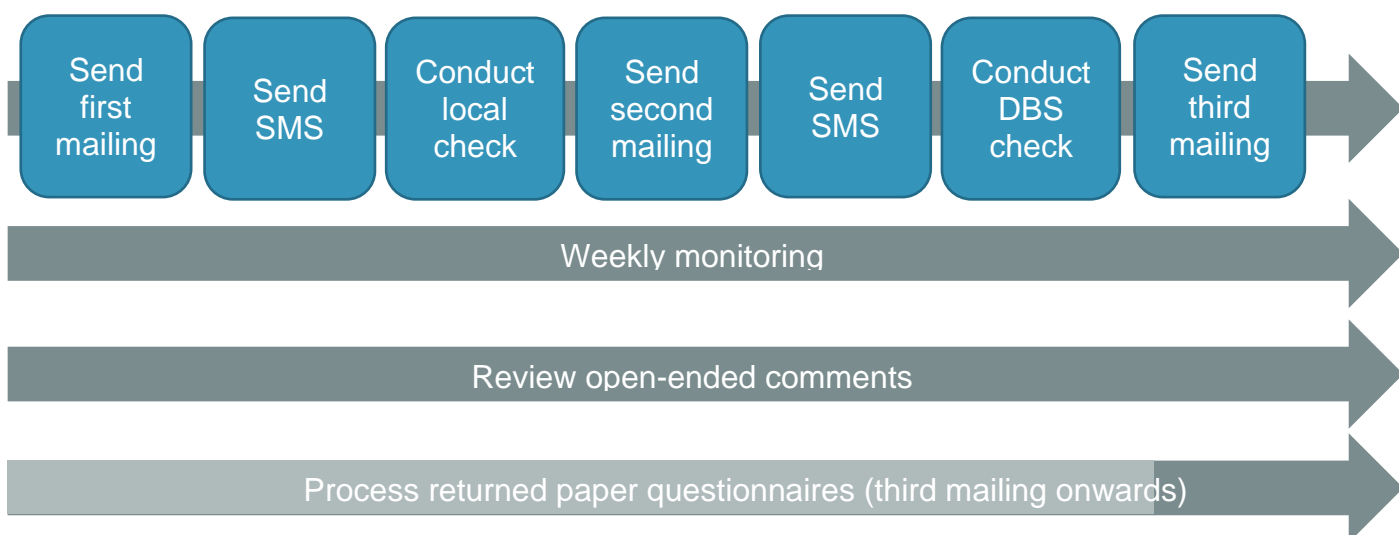
The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on patients' experiences and who will be responsible

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.

Please ensure DBS and local checks are provided in plenty of time to send the mailings on time. Contractors and trusts should work together to agree dates for these in advance of fieldwork start.

**Table 8.1: Mailing protocol**

| Contact | Type   | Content of contact                        | Days from first mailing |
|---------|--------|---|-------------------------|
| 1       | Postal | Invitation letter<br>Multi-language sheet | 1                       |
| 1.1     | SMS    | SMS reminder (if phone number available)  | 4                       |
| 2       | Postal | Reminder letter<br>Multilanguage sheet    | 8                       |

|     |        |  |    |
|-----|--------|--|----|
| 2.1 | SMS    | SMS reminder (if phone number available)   | 11 |
| 3   | Postal | Reminder letter<br>Questionnaire<br>Freepost return envelope<br>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 and will be available on the website (<https://nhssurveys.org/surveys/survey/02-adults-inpatients>) . 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 12 noon once fieldwork has started. Please send reports to [InpatientCoordination@ipsos.com](mailto:InpatientCoordination@ipsos.com), using the file naming format "IP21\_Weekly monitoring report\_DATE\_CONTRACTOR".

Please note that if the first mailing is sent in advance of the 21<sup>st</sup> 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 17<sup>th</sup> January, the first weekly monitoring report should be sent on 21<sup>st</sup> 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

A large volume of calls and emails are expected for this survey. Across the whole fieldwork period, please expect 7% of all sampled patients to contact the helpline, with 97% of those contacting the helpline in the first 7 weeks of fieldwork. You should expect peaks in calls 2-3 days after a mailing, and on the day of sending an SMS reminder. Please ensure there are appropriate resources in place to respond to queries.

### 9.2 Frequently asked questions

The most commonly asked questions are requests for a paper questionnaire, queries on how to access the online survey and opting out of the survey.

These queries do not necessarily require support from a team member and can be addressed through a bounce-back email or voicemail message. Therefore, we would recommend including the following responses on both of these to assist with managing queries. These responses can be adapted to include additional information and ensure they are relevant for each contractor and in-house trust's operational processes.

**Do you need help with accessing the online survey?**

Please try clicking this link to access the online survey: INSERT LINK

If you are still experiencing issues, please provide details on the issue you are experiencing.

**Would you like a paper questionnaire?**

A paper questionnaire will be sent soon if you do not respond to the survey online. Please ignore any further invitations to take part online and respond to the paper questionnaire when it arrives.

**Would you like to opt out of the survey?**

If you would like to opt out, please ensure you have provided your full name and the survey number at the top of the letter so we can remove you from future mailings.

**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.



# 10 Survey Accessibility

The accessible options to be provided for the survey are the same as for the 2020 survey. These options are outlined below, with guidance on how they should be administered, recorded and processed.

**Table 10.1: Guidance on providing accessible formats of the survey**

| Accessible format   | Administering the format   | Processing the return   |
|---|--|---|
| <p><b>Online survey:</b><br/>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><b>Online survey:</b><br/>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><b>Online survey:</b><br/>British Sign Language (BSL).</p>   | <p>This will be provided by the Coordination Centre for Mixed Methods.</p> <p>If using a contractor-provided online survey tool, translated videos will be provided to contractors to incorporate into their surveys.</p>  | <p>Processed through the online survey.</p>   |
| <p><b>Telephone assisted complete:</b> 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>                     |

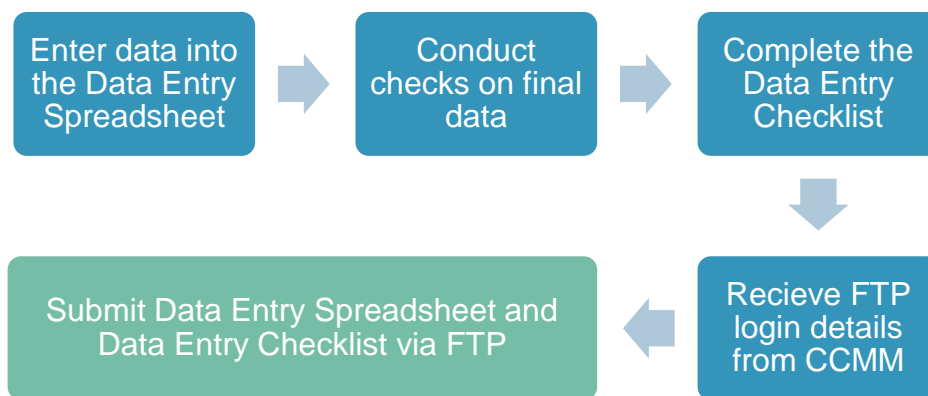
| Accessible format  | Administering the format  | Processing the return  |
|--|---|--|
| <p><b>Large print:</b><br/>Signposted on the letters and administered at the request of the patient.</p> | <p>Large print invitation letter will be available on the website. Contractor or in-house trust to print 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><b>Easy Read:</b><br/>Signposted on the letter and administered at the request of the patient.</p>    | <p>Easy Read invitation letter and questionnaire will be available on the website. 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 the data entry sheet. These returns will <b>not</b> be combined with the main dataset due to differences in question wording and answer codes.</p>   |
| <p><b>Braille:</b> 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 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>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 help of a friend/family member) or as a telephone assisted complete.</p> |

# 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 Entry Checklist. These can be downloaded from the [Survey Website](#).

**The process for submission of data is different to 2020. Instead of logging onto the portal to upload the survey data, in house trusts and contractors will be provided with a secure transfer link to upload their final data.**

Figure 11.1: Key stages to submit final data



## 11.1 Coding 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.

**Response data must be entered following these coding rules:**

- Each row records one patient's response to the survey. If duplicate responses are received for the same participant (e.g. they have completed both on paper and online), please submit both sets of responses for that participant, one set on each row.
- 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 '997'. Please note this is a change to the data entry method, as incorrect multi-coding was previously entered as '98'.
- 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 (e.g. it has not been crossed out), then the respondent's intended response should be entered. For example, if the respondent answers "Emergency or urgent" at Q1 but provides a response at Q2, their response to both Q1 and Q2 should be included in the data entry spreadsheet.
- 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. Please note: If a respondent does not answer any part of a multiple response question (i.e. does not tick any of the response options) then it should be left blank or coded as a full stop
- Regarding the overall question (question 48), if two boxes are selected 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 '997'. Please note this is a change to the data entry method, as incorrect multi-coding was previously entered as a '98'. If this question is left entirely blank, the response should be coded as a full stop (.).
- If a respondent returns their paper questionnaire but it's not possible to determine the Survey Number (e.g. it has been removed by the participant), this should still be entered into the data entry spreadsheet. For these participants, the Patient Record Number column of the spreadsheet should be entered as "99999999", to enable the CCMM to distinguish between accidentally missing PRNs and those removed by the participant.

## **11.2 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.

## **11.3 Entering easy read responses**

The easy read questions and answer codes are different and are therefore listed in separate columns of the data entry spreadsheet (corresponding to Q1 to Q14 of the easy read questionnaire) under the heading “responses to easy read questionnaire”.

For easy read completes, please also complete the relevant columns containing information about the samples, mode of completion and responses to the easy ready questionnaire. These will be clearly labelled.

The remaining sections of the data entry spreadsheet (responses to questionnaire and online survey para data) are not applicable – these columns should be left blank.

Use the outcome of “returned useable” for any easy read returns.

## **11.4 Checking final data**

Before submitting final data to the CCMM, please carry out the checks included in the data entry checklist, which is available on the website. 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.

Having conducted the checks in the checklist, please ensure the relevant information is populated, including the contact details of two team members. The data entry checklist must be uploaded when submitting the data to the CCMM.

### **11.5 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 by secure transfer. Final data **must not** be sent via email.

**Following the closure of fieldwork, CCMM will provide you with a link to upload the data via secure transfer.**

# 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 5.4 of this document.

If you would like to use your own internal online tool, you must be able to meet each of the below requirements. 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

### 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
- Change log outlining changes since 2020
- Quality assurance declaration to be returned to the CCMM alongside links for sign off
- Translations for all new or changed questions
- 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.

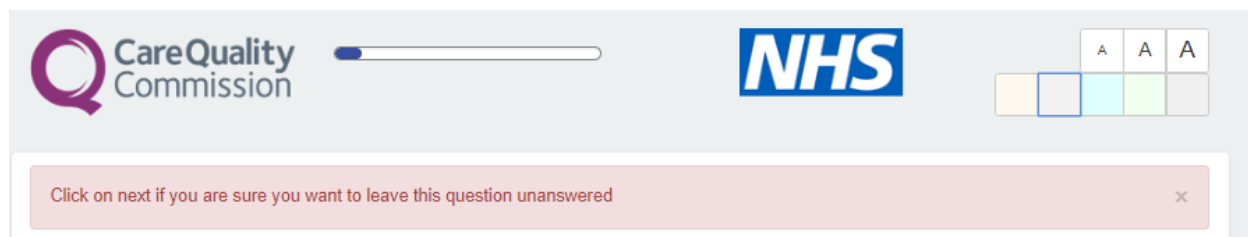
### Log in details

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: **G1111XXX**. **G** 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

The following variables were collected for the 2020 survey, but will not be required for 2021.

- 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.

### **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 following example.



### 12.3 English online survey

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. Changes vs the 2020 survey will be highlighted and logged in a change log for quick reference.

### 12.4 Translated online survey

Survey translations will be provided to contractors in 9 non-English languages and BSL. The translations will be provided in excel format with all languages in one document. BSL videos will be provided separately.

### 12.5 Quality Assurance

Quality assurance documentation will be provided to contractors. This will need to be submitted to the CCMM along with the survey links for testing.

### 12.6 Timings for development

The change log and English questionnaire will be provided first, to be followed by the translations. All changes to both the English and translated online surveys should be made before sending to CCMM for review.

Detailed timings are outlined below, if there are likely to be challenges with meeting these timings this should be flagged at least 10 days in advance to CCMM.

| Task   | Start      | Finish     |
|--|------------|------------|
| Updated English online survey, QA documentation and change log shared with contractors | 28/10/2021 | 28/10/2021 |

|  |            |            |
|--|------------|------------|
| Scripting and checking online survey - English           | 29/10/2021 | 17/11/2021 |
| Translations shared with contractors                     | 18/11/2021 | 18/11/2021 |
| Scripting and checking online survey - with translations | 18/11/2021 | 25/11/2021 |
| Send to CCMM for sign off                                | 26/11/2021 | 26/11/2021 |
| CCMM to review and feedback                              | 29/11/2021 | 06/12/2021 |
| Amends made by contractors                               | 07/12/2021 | 09/12/2021 |
| CCMM to sign off contractor surveys                      | 10/12/2021 | 15/12/2021 |
| CQC to review contractor surveys                         | 16/12/2021 | 21/12/2021 |
| Amends made by contractors and sent back to CQC          | 22/12/2021 | 05/01/2022 |
| CQC review and sign off contractor surveys               | 06/01/2022 | 07/01/2022 |

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## About the Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.250 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.

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