

SURVEY HANDBOOK

2023 Adult Inpatient Survey

Last updated: November 2023

Contents

[Section 1: About this handbook 3](#_Toc144482662)

[Section 2: Introduction 4](#_Toc144482663)

[2.1 The importance of patient feedback 4](#_Toc144482664)

[2.2 Overview of the Adult Inpatient Survey 4](#_Toc144482665)

[2.3 Uses of the Adult Inpatient Survey data 5](#_Toc144482666)

[Section 3: Survey timetable 5](#_Toc144482667)

[Section 4: Survey requirements 8](#_Toc144482668)

[4.1 Data protection and confidentiality 8](#_Toc144482669)

[4.2 Data Security and Protection Toolkit 9](#_Toc144482670)

[4.3 Ethics 9](#_Toc144482671)

[4.4 Research governance requirements 9](#_Toc144482672)

[Section 5: Changes to the survey for 2023 10](#_Toc144482673)

[Section 6: Managing the survey 10](#_Toc144482674)

[6.1 Setting up a project team 11](#_Toc144482675)

[6.2 Displaying dissent posters 11](#_Toc144482676)

[6.3 Compiling a list of patients 12](#_Toc144482677)

[6.4 Conducting DBS checks 12](#_Toc144482678)

[6.5 Submitting your sample file 13](#_Toc144482679)

[6.6 Additional variables 14](#_Toc144482680)

[Section 7: Fieldwork preparation 15](#_Toc144482681)

[7.1 Prepare the survey materials 15](#_Toc144482682)

[7.2 Printing the survey materials 16](#_Toc144482686)

[7.3 Implementing the online survey 17](#_Toc144482687)

[7.4 Quality Assurance of survey materials 18](#_Toc144482689)

[7.5 Publicising the survey 19](#_Toc144482690)

[Section 8: Conducting fieldwork 20](#_Toc144482691)

[8.1 Mailing protocol 20](#_Toc144482692)

[8.2 SMS reminders 21](#_Toc144482693)

[8.3 DBS and local extractions 22](#_Toc144482694)

[8.4 Weekly monitoring 23](#_Toc144482695)

[8.5 Reviewing open-ended comments 23](#_Toc144482696)

[8.6 Processing returned paper questionnaires 23](#_Toc144482697)

[8.7 Notifying participants about results 24](#_Toc144482698)

[Section 9: Survey communications 25](#_Toc144482699)

[9.1 Managing and recording patient communications 25](#_Toc144482700)

[Section 10: Survey Accessibility 26](#_Toc144482702)

[Section 11: Submitting data 27](#_Toc144482703)

[11.1 Interim data 27](#_Toc144482704)

[11.2 Final data 28](#_Toc144482705)

[11.1 Checking final data 28](#_Toc144482706)

[11.2 Submitting data 28](#_Toc144482707)

[11.3 Making sense of the data 29](#_Toc144482708)

[Section 12: Appendix – online survey guidelines 30](#_Toc144482709)

[12.1 Introduction to online survey guidelines 30](#_Toc144482710)

[12.2 Requirements 30](#_Toc144482711)

[12.3 English online survey 33](#_Toc144482712)

[12.4 Translated online survey 33](#_Toc144482713)

[12.5 Quality Assurance 33](#_Toc144482714)

**Contents of Table**

Table 1. Timetable for Approved Contractors ……………………………………………………………5

Table 2. Timetable for contractors wishing to host their own online survey ………………………….6

Table 3. Timetable for trusts working with Approved Contractor ……………………………………...6

Table 4. Timetable for trusts delivering the survey in-house …………………………………………..7

1. Table 5. Changes to the Adult Inpatient Survey in 2023 ………………………………………………10

Table 6. DBS and local checks requirements …………………………………………………………13

Table 7. Print specification ………………………………………………………………………………..17

Table 8. Mailing protocol ………………………………………………………………………………….20

Table 9. DBS protocol ……………………………………………………………………………………..22

Table 10. Guidance on providing accessible formats of the survey …………………………………26

# Section 1: About this handbook

This handbook details the processes involved in preparing and running the 2023 Adult Inpatient Survey. **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 or for trusts delivering the survey in-house.

There are a number of documents that should be used in conjunction with this handbook. These are:

* [The Sampling Instructions](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/), which contains detailed information about how the sample should be drawn.
* [The Sample Construction Spreadsheet](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/), which is used by trusts to construct the sample of patients.
* [The Sample Declaration Form](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/), which is used to confirm the sample has been drawn correctly before submission.
* [The Data Entry Spreadsheet](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/), which is used to collate the final survey data.

The most recent versions of these [documents can be downloaded from the NHS surveys website](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/).

If you have any queries about the contents of the handbook, please contact your approved contractor in the first instance (where relevant), or the Survey Coordination Centre (SCC) at Picker [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com).

# Section 2: Introduction

## The importance of patient feedback

1. 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 carer“.

"You have the right to receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences."[[1]](#footnote-2)

1. 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.

## Overview of the Adult Inpatient Survey

1. 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.
2. The Adult Inpatient Survey is the most established survey within the NPSP. 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, 2021 and 2022 survey results.
3. There were a number of changes in 2020, including improvements to patient materials, questionnaire content and provision of accessible options. To maintain trends since these changes, on the whole the 2023 survey will be similar to the 2022, 2021 and 2020 iterations of the survey, with the exception of the changes summarised below. You can find more detail on these in Section 5. Please do take the time to familiarise yourself with the content to ensure you understand the new survey requirements.

The 2023 Adult Inpatient Survey will be coordinated by the Survey Coordination Centre based at Picker.

## Uses of the Adult Inpatient Survey data

1. Asking each hospital trust to carry out the Adult 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.

1. 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.

# Section 3: Survey timetable

1. 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 1. Timetable for Approved Contractors

|  |  |  |
| --- | --- | --- |
| **Task** | **Responsibility** | **Date** |
| Final materials available on the website | Survey Coordination Centre | 16 November 2023 |
| Send PDF copies of the questionnaire, cover letter and SMS text to Survey Coordination Centre | Approved Contractor | 11 December 2023 |
| Send hard copies of the questionnaire, cover letter and SMS to Survey Coordination Centre | Approved Contractor | 5 January 2024 |
| Submit sample data to the Survey Coordination Centre | Approved Contractor | By 10 January 2024 |
| Fieldwork starts | Approved Contractor | 19 January 2024\* |
| Deadline to have 85% of trust in field and 95% of samples signed off | Approved Contractor | 16 February 2024 |
| Fieldwork ends | Approved Contractor | 19 April 2024 |
| Send final data to Survey Coordination Centre | Approved Contractor | 1. April 2024 |

Detailed timings for the development of the online survey 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 Survey Coordination Centre.

Table 2. Timetable for contractors hosting their own online survey

|  |  |  |
| --- | --- | --- |
| Task | Start | Finish |
| Updated English online survey, QA documentation and change log shared with contractors | 16 November 2023 | 16 November 2023 |
| Scripting and checking online survey - English | 17 November 2023 | 08 December 2023 |
| Translations shared with contractors | 23 November 2023 | 23 November 2023 |
| Send English online version to Survey Coordination Centre | 08 December 2023 | 08 December 2023 |
| Survey Coordination Centre to review and feedback | 11 December 2023 | 13 December 2023 |
| Amends made by contractors (English and translated versions) | 14 December 2023 | 18 December 2023 |
| Survey Coordination Centre to sign off contractor surveys | 19 December 2023 | 20 December 2023 |
| CQC to review contractor surveys | 21 December 2023 | 22 December 2023 |
| Amends made by contractors and sent back to CQC | 05 January 2024 | 05 January 2024 |
| CQC review and sign off contractor surveys | 08 January 2024 | 08 January 2024 |

Table 3. Timetable for trusts working with Approved Contractor or running the survey in-house

|  |  |  |
| --- | --- | --- |
| **Task** | **Responsibility** | **Date** |
| Dissent posters available on the website | Survey Coordination Centre | August 2023 |
| Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | Trust | September 2023 |
| Provide Survey Coordination Centre with contact details of project team | Trust | 20 October 2023 |
| Trust Webinar | Survey Coordination Centre | 2 November 2023 |
| Display dissent posters within Trust | Trust | 1 November 2023 – 30 November 2023[[2]](#footnote-3) |
| Sample to be drawn and checked | Trust | 1 December 2023 – 22 December 2023 |
| 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 |
| Fieldwork starts | Approved contractor | 19 January 2024\* |
| Fieldwork ends | Approved contractor | 19 April 2024 |
| **In-house trusts only** - Send final data to Survey Coordination Centre | Approved contractor | 26 April 202.4 |

Table 4. Timetable for trusts delivering the survey in-house

|  |  |  |
| --- | --- | --- |
| **Task** | **Responsibility** | **Date** |
| Dissent posters available on the website | Survey Coordination Centre | August 2023 |
| Ensure project team (Caldicott Guardian and person drawing sample) are aware of project timings | Trust | September 2023 |
| Provide Survey Coordination Centre with contact details of project team | Trust | 20 October 2023 |
| Webinar | Survey Coordination Centre | 27 October 2023 |
| Send completed statement of compliance to Survey Coordination Centre | Trust | 31 October 2023 |
| Display dissent posters within Trust | Trust | 1 November 2023 – 30 November 2023 |
| Final materials available on the website | Survey Coordination Centre | 16 November 2023 |
| Send PDF copies of the questionnaire, cover letter and SMS text to Survey Coordination Centre | Trust | 11 December 2023 |
| Send hard copies of the questionnaire, cover letter and SMS to Survey Coordination Centre | Trust | 5 January 2024 |
| Sample to be drawn and checked | Trust | By 22 December 2023 |
| Completed sample declaration form to be signed by Caldicott Guardian | Trust | By 22 December 2023 |
| Submit sample declaration form to Survey Coordination Centre | Trust | By 22 December 2023 |
| Submit sample data to the Survey Coordination Centre | Trust | By 13 January 2024 |
| Fieldwork starts | Trust | 19 January 2024\* |
| Fieldwork ends | Trust | 19 April 2024 |
| Send final data to Survey Coordination Centre | Trust | 26 April 2023 |

\*Fieldwork may start earlier than the official start date, as long as the sample and survey materials have been signed off by the Survey Coordination Centre, the sample has been loaded into the online survey and the DBS checks are in date.

# Section 4: Survey requirements

## Data protection and confidentiality

This survey has been awarded [approval under Section 251 of the NHS Act 2006.](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/)

When carrying out your survey, you will need to ensure that you comply with the General Data Protection Regulation ([GDPR](https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr)) in providing survey respondent information and [ensure that all responses are kept confidential.](http://nhssurveys.org/survey-instructions/data-protection-and-confidentiality/) 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, any necessary consents are obtained to the sharing of this data.

**General Data Protection Regulation (GDPR)**

Changes in the law governing the management and use of patient data went into effect 25th May 2018 (known as the GDPR). The Data Protection Act 1998 is the UK’s implementation of [the GDPR](https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance) and outlines how personal data should be managed by organisations.

If your trust has implemented operational changes as a consequence of the GDPR and you think these changes will impact how you sample and how you share data, please contact the Survey Coordination Centre: [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com) or 01865 208 127



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 Survey Coordination Centre by 31 October 2023. This is to confirm that data shall only be displayed, reported or disseminated in compliance with guidelines outlines in the Survey Handbook.

You will also need to comply with the [NHS Code of Practice on Confidentiality](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf), which incorporates the [Caldicott principles](https://www.ukcgc.uk/manual/principles). You should take particular care to ensure that your use of patient data in carrying out the survey 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 Survey Coordination Centre.

**National Data Opt-out Programme**

The [National Data Opt-out Programme](https://digital.nhs.uk/services/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 2023 Adult Inpatient Survey will continue to operate separate opt-out mechanisms as described in the [Sampling Instructions](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/). 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 2023 survey, their wishes should be respected. [Dissent posters](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) 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.



## 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 the [data security and protection toolkit web page](https://www.dsptoolkit.nhs.uk).

## Ethics

1. NHS organisations in England follow a [process of seeking approval to undertake research.](http://www.hra.nhs.uk/research-community/before-you-apply/) Although the NPSP is considered a service evaluation and therefore does not require approval, every survey within the programme applies for ethical approval to comply with best practice.
2. All the changes made to the in the 2023 Adult Inpatient Survey (questionnaire, covering letters and so on) have received ethics approval.

## Research governance requirements

The [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-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](https://nhssurveys.org/survey-instructions/ethical-issues-ethics-committees-and-research-governance/) and the arrangements made by the CQC for patient surveys.

# Section 5: Changes to the survey for 2023

1. 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 2022 survey. The table below details changes made to the 2023 survey
2. *Table 5. Changes to the Adult Inpatient Survey in 2023*

| **Change** | **Rationale** |
| --- | --- |
| Questionnaire changes | Six new questions were added to both the online and paper questionnaires. These include; capturing quality of information of communication while on the waiting list to be admitted, reasonable adjustments made for patients, virtual wards and care and compassion. Two new questions have been added to the paper questionnaire to gather details of patients who consent to being recontacted for future research.  Three questions were amended; ethnicity question added Roma, views of care question changed from ‘were you asked’ to ‘were you given the opportunity to…’ and long-term condition question added Physical Mobility Condition.  Four questions were removed; questions asking about operations and a question which asked about whether long term conditions were considered during their care and treatment. |
| Sample variable changes | New variables to include for the 2023 survey are NHS number and full Date of Birth in YYYY/MM/DD format. These are to enable contractors to run centralised DBS checks for all their clients.  A Virtual Ward indicator variable has also been included to indicate whether a patient has been transferred on to a virtual ward from an inpatients ward. Please note, this does not change the eligibility of the survey, patients must have had at least a one-night stay in a physical hospital ward to be eligible for this survey. This variable is to collect information on patients who were identified for early discharge (step down) from inpatient care to a virtual ward. More details are provided in the sampling instructions. |
| Mailing letters | The 2023 mailing letters will include a QR code, allowing patients to scan the code on their device. Once scanned they will be taken directly to the online survey.  This will mitigate the need for patients to type in the web address. Patients will also be automatically logged in without needing to enter their unique password. |
| Notifying participants about results | In 2022, a question was added to the online survey asking participants to provide an email address at the end of the survey if they would like to be contacted when the results are published.  An adapted version of this question has been added to the paper questionnaire. |

# Section 6: Managing the survey

1. This section outlines the key stages involved managing the survey, including drawing and submitting a trust sample. Detailed explanations of each of these stages are provided within the Sampling Instructions (available on the NHS [Survey Website](https://nhssurveys.org/surveys/survey/02-adults-inpatients/)).
2. The process of drawing and submitting the sample has remained consistent with previous years, but some variables have changed.

Figure 1. Key stages to draw and submit sample.

## Setting up a project team

We recommend you [set up a survey team](http://nhssurveys.org/survey-instructions/setting-up-a-project-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 sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust’s systems. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process.

If there are any changes to the project team from previous years, please inform the Survey Coordination Centre.

As timing is crucial in implementing the survey, you might want to map 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.

## Displaying dissent posters

1. It is a requirement as per [Section 251 approval](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) that your trust advertise the upcoming survey during the sampling period. This is done by putting up [dissent posters](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) in all the relevant places. 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.

Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 November until 30 November 2023. For trusts drawing sample from across an extended sampling period, the posters must be displayed for the entirety of the extended sampling period.

## Compiling a list of patients

You are required to follow the [sampling instructions](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) published for this survey. If an error in sampling is detected, queries will be raised and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria or how to draw your sample, be sure to contact your approved contractor or the Survey Coordination Centre in plenty of time before drawing your sample.

1. 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 Survey Coordination Centre, 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 Survey Coordination Centre in plenty of time before the deadline for submitting the sample.

1. 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.

## Conducting DBS checks

Once you draw your sample of eligible patients, this list 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 died since they used services at your trust.

If there is more than two weeks between the DBS check and the first mailing, additional local and DBS checks have to be conducted.

Before mailing two, a local check **must** be completed (unless your contractor is running DBS checks on your behalf) and we would recommend doing another DBS check. Before mailing three, another local check **must** be conducted (unless your contractor is running DBS checks on your behalf) and we would recommend doing another DBS check. Please ensure you read the sampling instructions carefully on how the file is submitted to DBS and how deceased patients are removed.

**Contractors running DBS Checks**

**on behalf of trusts**

Some contractors have the capability of running DBS checks during fieldwork on the trusts behalf. This removes the requirement for trusts to run DBS and local checks ahead of mailing two and mailing three. **Trusts are still expected to run the initial DBS checks when drawing the initial sample.**

**Please contact your contractor to discuss this further**.

Table 6. DBS and local checks requirements

|  |  |
| --- | --- |
| **DBS & local checks requirements** | |
| Before mailing 1 | Local checks **AND** DBS checks at the time of drawing your sample **(This must be conducted by the trust).**  (further deceased checks may be needed if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1 – this can be conducted by your contractor if they have the capability). |
| Before SMS 1 | No checks |
| Before mailing 2 | Local checks (+ strongly recommended DBS check).  DBS checks can be conducted by your contractor if they have the capability. However, Trusts can still choose to run local checks. Please check with your contractor. |
| Before SMS 2 | No checks |
| Before mailing 3 | Local checks (+ strongly recommended DBS check)  DBS checks can be conducted by your contractor if they have the capability. However, Trusts can still choose to run local checks. Please check with your contractor. |

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.

## Submitting your sample file

Before [submitting your sample file](http://nhssurveys.org/survey-instructions/submitting-samples/), you must complete the [sample declaration form](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/), confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is required to sign off on the form.

Your completed sample declaration form should be submitted (copying in the Caldicott Guardian) and approved prior to sending your sample data. [Your sample file must be transferred over a secure encrypted link](http://nhssurveys.org/survey-instructions/submitting-samples/), meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected (unless your contractor uses a file transfer site with inbuilt encryption).

1. **Data should never be sent via email as this would constitute a breach of section 251 approval**. Please note that unless you are conducting the survey in-house, you should not be submitting any data files to the Survey Coordination Centre. That is your sample data and mailing data should be submitted all in one file to your approved contractor via their secure transfer site.

## Additional variables

1. If during the main sample submission phase, the ICD-10 Chapter Codes were not provided, you will need to submit these afterwards as an additional variable. To submit this, please follow the steps outlined in the separate Sampling Instructions (available on the [NHS Survey Website](https://nhssurveys.org/surveys/survey/02-adults-inpatients/)).
2. If the ICD-10 chapter codes (XV) were submitted and have been approved as part of the main sample, then resubmission of this variable is not required.

**Trusts are encouraged to submit this variable within the initial sample file where possible.**

# Section 7: Fieldwork preparation

This section 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 throughout this section.

Figure 2. Key stages to prepare for fieldwork

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the [implementing the survey advice sheet.](http://nhssurveys.org/survey-instructions/implementing-the-survey-the-practicalities/)

The fieldwork period is 13 weeks. It is important that your trust enters fieldwork on time to maximise response rate and response from younger and black and minority (BME) groups. [Previous research](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2007/f) shows that these groups take longer to respond.

The best way to optimise the length of available fieldwork is:

1. To map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.
2. To inform the Survey Coordination Centre immediately of changes of survey lead.
3. To ensure that you generate your sample promptly - within the recommended three-week sample checking period.
4. Please note that you might need to resubmit the sample following queries from the Survey Coordination Centre. This should be considered when planning your sampling.
5. Respond to queries as quickly as possible to avoid unnecessary delays.
6. Adhere to the [key dates](#_Section_3:_Survey) listed above.

## Prepare the survey materials

1. The Survey Coordination Centre 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.
2. 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.
3. Specific considerations for preparing the questionnaire and letters are now detailed.

Questionnaire

1. The questionnaire template will be provided by the Survey Coordination Centre. The template is provided in a word document which can be edited if needed. 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

1. Questions should be formatted as two columns and set out across the page as per the questionnaire provided by the Survey Coordination Centre. 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

1. Invitation and reminder letters should be printed on each trust’s letterhead paper. There is a different letter for each mailing.
2. Do 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.
3. At this point, approval of PDF and hard copies of all materials must be sought from Survey Coordination Centre and CQC (see section 7.4 for more information).

Materials for those aged 80 and over

1. As per the 2022 Survey, anyone born in 1943 or earlier will receive an additional paper questionnaire in mailing 1. They also have a different letter for mailing 1 and 2. Please ensure you are using the correct versions of materials for each age group.

## Printing the survey materials

1. After approval of the digital proofs from Survey Coordination Centre has been received, materials should be printed to the following specifications.

Table 7. Print specification

|  |  |  |
| --- | --- | --- |
| **Material** | **Specification** | **Personalisation details** |
| **Letters (for both 80+ and under 80s)** | * 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 and QR code. |
| **Multi-language sheet** | * 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 and QR codes. No patient level personalisation is required. |
| **Questionnaire** | * 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** | * 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** | * 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. |

## Implementing the online survey

1. **This section is for Approved contractors and in-house trusts only.**

Patients can now choose whether they would like to complete the survey online or using the paper questionnaire. There are two options available for the provision of the online survey to patients:

1. Using a central online survey tool provided by the Survey Coordination Centre.
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 the Survey Coordination Centres central online survey tool

There are four 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](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nhsinpatient.co.uk%2F&data=02%7C01%7CChristopher.Sutherland%40cqc.org.uk%7C2f28a9c15ec44a598eb208d7fd662fa9%7Ca55dcab8ce6645eaab3f65bc2b07b5d3%7C1%7C0%7C637256487648872400&sdata=7pRzYeXobwLpu2H2RwYfZY2qJxnGLPJVshXvQYSJEGE%3D&reserved=0)/login
* **QR codes**: QR codes should be included within the survey invitation letters. Each respondent has the option to scan the QR code which will take them directly to the online survey, without needing their log-in details. QR codes will be included on both the under 80s and 80+ letters.
* **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. QR codes will also be included next to each 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 Survey Coordination Centre 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 12 January 2024 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.

## Quality Assurance of survey materials

1. **In-house trusts and approved contractors** are required to submit PDF and hard copies of the survey materials to the Survey Coordination Centre 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.
2. 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 Survey Coordination Centre will be included in the sample for each in-house trust and contractor. This will enable the Survey Coordination Centre 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.

## 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](https://nhssurveys.org/survey-instructions/publicising-surveys/).

Complementary documents will be shared with your trust before and during fieldwork to help you raise awareness of the survey, boost engagement and response rates to your survey. These are:

* **Press Release template,** which explains the purpose, value of participation, how to participate and what happens to the feedback. We welcome your trust to add to this template to explain how your trust will use the data or what actions have previously been taken as a result of the survey.
* **Publicity poster**, to be displayed during the sampling period (November). The poster will highlight key messages for the survey, such as confidentiality, value, independence. These posters will adopt the ‘You said, We did’ principles. The poster will be simple in content (‘Last year you told us to do X, we did X, have your say this year for change’) to demonstrate importance and value.
* **Social Media Cards**, which provide information about the purpose, value and dates of the survey, these can be shared on your social media platform, such as Facebook, twitter and LinkedIn.
* **Infographic,** will be produced for use by NHS Trusts to share their results with patients for publication. The infographic will use an editable template so NHS providers can amend to suit their results. This would close the feedback loop for those who participated. We will provide these infographics to Trusts to coincide with the publication of the results.

In addition, it is a requirement as per [Section 251 approval](https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2022/) that your trust advertise the upcoming survey during the sampling period. This is done by putting up [dissent posters](https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2023/) in all the relevant places. The poster is available in the eleven most commonly spoken languages in England. Trusts should display the posters most relevant to their own patient populations.

# Section 8: Conducting fieldwork

1. This section 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 section.

Figure 3. Key stages to conduct fieldwork

Send first mailing

Send SMS

Conduct local or DBS checks

Send second mailing

Conduct DBS check

Send SMS

Send third mailing

Weekly monitoring

Review open-ended comments

Process paper questionnaires (after third mailing)

Process returned paper questionnaires (third mailing onwards)

## 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.

**For those aged 80+ this approach is adapted to optimise response from this group, please review the following table for more detail.**

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.

**After the initial full DBS check, trusts may have the option of allowing their contractor to conduct the DBS checks on their behalf, this depends on contractor access to the DBS. Please liaise with your contractor.**

Table 8. Mailing protocol

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact** | **Type** | **Content of contact** | **Days from first mailing** | **Example of mailing days** |
| 1 | Postal | **Aged 79 and under:**  Invitation letter (note, there is a letter for 79 and under)  Multi-language sheet  **Aged 80+:**  Invitation letter (note, there is a letter for one for 80+)  Paper questionnaire  Multi-language sheet  Freepost return envelope | 0 | Monday |
| 1.1 | SMS | SMS reminder (if phone number available) | 4  (4 working days  after contact 1) | Friday |
| 2 | Postal | **All ages:**  Reminder letter (note, there are 2 letters, one for 79 and under, and one for 80+) Multilanguage sheet | 8  (4 working days  after contact 1.1) | Thursday |
| 2.1 | SMS | SMS reminder (if phone number available) | 12  (4 working days  after contact 2) | Wednesday |
| 3 | Postal | **All ages:**  Reminder letter  Questionnaire  Freepost return envelope  Multi-language sheet | 22  (10 working days  after contact 2.1) | Wednesday |

## SMS reminders

1. There will be two SMS reminders sent to patients who have mobile phone numbers – the first four working days after contact 1, and the second four working 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.**
2. The SMS will be sent at different times of day to reach different groups:

* the first SMS should be sent between 9am and 10am four working days after mailing 1 is sent
* the second SMS should be sent between 4pm and 5pm four working days after mailing 1 is sent

The timings of both SMS reminders have changed since the 2021 Adult Inpatient Survey to increase response rates. By sending the first SMS between 9am-10am this should encourage responses from younger, less likely to respond groups. In addition, sending the second SMS after 4pm is most effective across all groups, whilst remaining within the opening hours of the helpline so queries can be raised. This is supported by analysis that has been conducted using GP Patient Survey data and has helped to identify when the optimal time of day is to reach specific groups.

1. The content and sender name will be provided by the Survey Coordination Centre and will be available on the [NHS Surveys website](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/). This guidance must be followed.
2. 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.
3. 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.
4. **Note for approved contractors and in house trusts – if it will help with processing respondent comms, you may add the survey ID number to the SMS which is sent. Please see the SMS guidance on the survey website for more information and exact text to include.**

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.

## 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[[3]](#footnote-4). 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.

Table 9. DBS protocol

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 (plus paper questionnaire for over 80s) | DBS check | N/A – First mailing | N/A – First mailing |
| 1.1 | SMS | No check required | Yes | Yes |
| 2 | Postal – Letter only | Local check or DBS checks[[4]](#footnote-5) | Yes | Yes |
| 2.2 | SMS | No check required | Yes | Yes |
| 3 | Postal – Letter + Questionnaire | DBS check or local check | Yes | Yes |

## Weekly monitoring

1. Contractors and in-house trusts are required to submit a monitoring report to Survey Coordination Centre each week during fieldwork. This will allow the Survey Coordination Centre to monitor response rates, volume of patient communications and uptake of accessible options across the fieldwork period.
2. These reports should follow the template provided on the NHS Survey Website and be submitted each Thursday during fieldwork by 12 noon once fieldwork has started. First report is due on 25th January 2024. Please send reports to [Inpatient@surveycoordination.com](mailto:InpatientCoordination@ipsos.com), using the file naming format “IP23\_Weekly monitoring report\_DATE\_CONTRACTOR”.

Please note that if the first mailing is sent in advance of the 19th January, weekly monitoring reports must be sent to the Survey Coordination Centre from the first Thursday of fieldwork. For example, if the first mailing is sent on the 15th January, the first weekly monitoring report should be sent on 18th.

## Reviewing open-ended comments

1. It is strongly recommended that all free text comments are reviewed by approved contractors and in-house trusts 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.”*

## Processing returned paper questionnaires

1. **If using a contractor,** your contractor will process the questionnaires received.
2. **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.
3. 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 Survey 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 Survey Coordination Centre.

## 8.7 Notifying participants about results

As per 2022 Survey, there is an additional question which gives participants the option to be notified when the results of the survey are published. This question is now included in the online and paper questionnaire. If a participant would like to be notified, they will be requested to provide their email address as follows:

**If you would like us to tell you about the results of this survey, please provide your email address below.**

**<<TEXT BOX FOR EMAIL ADDRESS>>**

**No, don’t tell me about the results**

Email addresses will be captured with responses to the survey. In house trusts and Contractors should securely share this information with the Survey Coordination Centre once fieldwork is complete (a template will be provided for this information).

The Survey Coordination Centre will share this information with CQC who will contact all participants who requested to be notified of the results.

# Section 9: Survey communications

1. Each approved 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.
2. 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.
3. The freephone line and email inbox should be monitored between 9am and 5pm on weekdays as a minimum.

## Managing and recording patient communications

1. Throughout fieldwork, 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

1. A large volume of calls and emails are expected for this survey. Across the whole fieldwork period, please expect 4% of all sampled patients to contact the helpline. 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.

# Section 10: Survey Accessibility

1. The accessible options to be provided for the survey are the same as for the 2022 survey. These options are outlined below, with guidance on how they should be administered, recorded and processed.
2. 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. Guidance on providing accessible formats of the survey

|  |  |  |
| --- | --- | --- |
| **Accessible format** | **Administering the format** | **Processing the return** |
| **Online survey:** Ability to change font size and background colour; screen reader compatible. | This will be provided by the Survey Coordination Centre.  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. | Processed through the online survey. |
| **Online survey:** non-English language completes (9 languages). | 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.  All contractors and in-house trusts will need to update the multilanguage sheet with online survey links, QR codes and helpline details. | Processed through the online survey or via Language Line.  For non-English online survey completes, open-ended comments will be translated by the CQC. |
| **Online survey:** British Sign Language (BSL). | This will be provided by the Survey Coordination Centre.  If using a contractor-provided online survey tool, translated videos will be provided to contractors to incorporate into their surveys. | Processed through the online survey. |
| **Telephone assisted complete:** In English or in a non-English language using a service such as Language Line. | 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). | Processed through the online survey and noted as a telephone assisted complete in the weekly monitoring report and in the final dataset. |
| **Large print:** Signposted on the letters and administered at the request of the patient. | 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. | Large print return processed manually (e.g. responses entered into the data entry sheet for that patient). |
| **Easy Read:** Signposted on the letter and administered at the request of the patient. | 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. | Easy Read return processed manually into the separate data entry sheet. These returns will **not** be combined with the main dataset due to differences in question wording and answer codes. |
| **Braille:** Signposted on the letter and administered at the request of the participant. | Braille questionnaire and invitation letter to be set up centrally by Survey Coordination Centre. 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. | 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. |

# Section 11: Submitting data

## 11.1 Interim data

1. During fieldwork an interim data file will be required, to aid data management set up and allow early checks to be conducted. Interim data should be submitted in the Data Entry Spreadsheet, and should include raw, uncleaned data of both paper and online responses.
2. **Your interim data file should be submitted to the Survey Coordination Centre on 15th March 2023.** Responses from all trusts should be included, as well as all outcome codes, not just those that have responded. The total number of records submitted should match the sample for each trust. The data file should not include free text comments.

## 11.2 Final data

Figure 4. Key stages to submit final data

Final data must be submitted to the Survey Coordination Centre uncleaned and checked using the [final data checklist](https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2023/) and [data entry spreadsheet](https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2023/) provided in the [Instructions and Guidance section](https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2023/). Response data must be entered following the coding rules described in the [entering and submitting final data guidance.](http://nhssurveys.org/survey-instructions/entering-and-submitting-final-data/) This includes guidelines on how to code missing responses, free-text comments and multiple response questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted via our secure transfer site.

Free-text comments should be entered verbatim and in full. More details on how to code final data is detailed in the [data entry spreadsheet](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/).

## Checking final data

Before submitting final data to the Survey Coordination Centre, 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 Survey Coordination Centre 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 Survey Coordination Centre.

## Submitting data

The completed Data Entry Spreadsheet must be submitted to the Survey Coordination Centre 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 Survey Coordination Centre by secure transfer. Final data **must not** be sent via email.

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

## 11.3 Making sense of the data

CQC will provide **full benchmark reports** based on each individual trust results from the survey. This report provides the score for each trust for each question and section and whether it performs ‘’much better’, ‘better’, ‘somewhat better’, ‘about the same’ ‘somewhat worse’, ‘worse’ or ‘much worse’ compared to other participating trusts. These results will also be made public on the NHS patient survey website and on CQC’s website under the organisation’s search tool.

Approved contractors might provide trusts with additional analysis of the data as part of their contractual agreement with the trust. Please note that CQC does not see these outputs and cannot comment on these.

The usefulness of trusts survey data will depend on having a clear improvement programme in place and on how well you are able to make use of the data. The fundamental steps of understanding and interpreting data usually involve:

1. Examining the number and percentage of patients giving each response to a question
2. Analysing the data by particular groups of patients, or other information (e.g. different services or teams in your trust). This type of analysis requires additional data not delivered by CQC as standard.
3. Look at the comments from the last question – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

You can find further advice and suggestions tailored to the surveys within the NPSP in the [making sense of the data document.](http://nhssurveys.org/survey-instructions/making-sense-of-the-data/)

# Section 12: Appendix – online survey guidelines

## 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 Survey Coordination Centre, please refer to section 7.3chat of this document.

1. 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 Survey Coordination Centre tool and provide all accessibility options.

## Requirements

**Inputs from the Survey Coordination Centre**

1. The contractor will be provided with the following documentation by the Survey Coordination Centre 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 2022
* Quality assurance declaration to be returned to the Survey Coordination Centre alongside links for sign off
* Translations for all new or changed questions
* NHS and CQC logos
* British Sign Language video translations

**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.

1. The Patient Record Number will follow this structure: **IP23XXX1111**. **IP23** identifies an inpatient survey respondent, **XXX** denotes trust code and **1111** will be a unique number for that respondent.
2. **Non-response and navigation**
3. 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.
4. A screenshot of a computer

   Description automatically generated
5. Respondents are able to go back to previous questions and change their responses if required using the back button.
6. **Para data**
7. 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 or QR Code
* Operating system – iOS, android etc
* Active participation in the survey – how long were they actively taking part in the survey, excluding breaks

The para data will be included in the data entry sheet to be submitted to the Survey Coordination Centre at the end of fieldwork.

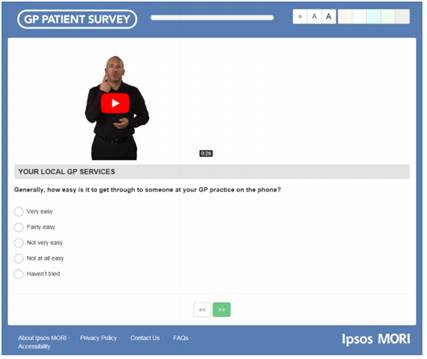
**Free text questions**

1. 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.
2. **Translations**
3. 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

1. 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.



1. **Functionality requirements**

The English version of the online survey will need the full questionnaire content included, alongside accessibility and functionality requirements. At this stage all content, design, accessibility, para data, formatting and log in screens should be scripted. This includes the following:

All questions and survey content as per the online questionnaire document.

* Set up of the log in page, including a drop-down menu for languages.
* Mobile optimisation – the content of the screen should automatically adapt to the
* size of the screen on the device the respondent is using.
* Progress bar at the top of the page (after the log in screen)
* Accessibility:
  + 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
  + 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.

Text, table

Description automatically generated

* Screener reader functionality
* 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 as outlined above.

## English online survey

1. 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 2022 survey will be highlighted and logged in a change log for quick reference.

## Translated online survey

1. 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.

## Quality Assurance

1. Quality assurance documentation will be provided to contractors. This will need to be submitted to the Survey Coordination Centre along with the survey links for testing.

1. 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]. [↑](#footnote-ref-2)
2. Posters must be displayed throughout the entire sampling period. At minimum, this will be from 1 November until 30 November 2023. For trusts drawing sample from across an extended sampling period, the posters must be displayed for the entirety of the extended sampling period. [↑](#footnote-ref-3)
3. You now have the option of asking your contractor to conduct DBS that are required after the initial first full DBS check. Please liaise with your contractor to arrange this. [↑](#footnote-ref-4)
4. If your contractor is able to run DBS checks for you, local checks will be optional. [↑](#footnote-ref-5)