

Paper 15

<b>Recommendation</b>  <input type="checkbox"/> DECISION  <input checked="" type="checkbox"/> NOTE	
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	28 <sup>th</sup> September 2017
<b>Paper Title</b>	Summary report CQC National Inpatient survey 2016
<b>Brief Description</b>	<p>The NHS National Inpatient Survey is conducted annually. This report provides a summary of the survey and highlights key areas in which the Trust has demonstrated an improvement in patient experience and the areas in which we need to focus improvement actions.</p> <p>The Trust surveyed Trust 1250 patients during the month of July 2016</p> <p>For this survey SATH achieved a response rate of 53% (52% for SaTH in 2015).</p> <p>Key Facts</p> <ul style="list-style-type: none"> <li>• The 2016 results demonstrate that SaTH showed a statistically significant improvement since 2015 for 3 questions</li> <li>• Two questions showed a statistically significant decline since 2015.</li> <li>• SaTH performed “Worse” than other trusts in one question; all other questions saw SaTH perform “About the Same” as other trusts.</li> </ul>
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<b>Recommended / escalated by</b>	
<b>Previously considered by</b>	Quality & Safety Committee Clinical Quality Review Meeting Senior Leadership Team Meeting
<b>Link to strategic objectives</b>	<p>PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives</p> <p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p>
<b>Link to Board Assurance Framework</b>	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)

<b>Equality Impact Assessment</b>	<ul style="list-style-type: none"><li><input type="radio"/> <b>Stage 1 only (no negative impacts identified)</b></li><li><input type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b><ul style="list-style-type: none"><li><input type="radio"/> negative impacts have been mitigated</li><li><input type="radio"/> negative impacts balanced against overall positive impacts</li></ul></li></ul>
<b>Freedom of Information Act (2000) status</b>	<ul style="list-style-type: none"><li><input type="radio"/> <b>This document is for full publication</b></li><li><input type="radio"/> <b>This document includes FOIA exempt information</b></li><li><input type="radio"/> <b>This whole document is exempt under the FOIA</b></li></ul>

## THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

MAY 2017

## RESULTS OF NHS NATIONAL INPATIENT SURVEY 2016

**1. Background**

The NHS National Inpatient Survey is conducted annually. Information drawn from the core questions in the Inpatient Surveys are used by the Care Quality Commission (CQC) as part of its new Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold Trusts to account for the outcomes the achieved. The results will also be used by the Trust Development Authority to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The 2016 Adult Inpatient Survey was the fourteenth national inpatient survey carried out and involved 149 acute and specialist NHS Trusts. Responses were received from 77,850 patients – an overall response rate of 44%. Each Trust was required to send the survey to 1250 patients aged 16 years or over, who had spent at least one night in hospital during the month of July 2016. Maternity and psychiatric patients were excluded.

The patient sample is drawn in accordance with stipulated criteria issued by the CQC, and is checked for recently deceased and current inpatients. The postal survey includes 84 core questions which are divided into 10 sections, with an additional overall experience section. The remaining questions comprised filter questions (designed to identify whether a set of questions were applicable to the patient), and respondent profile questions, such as age, sex, religion etc. There is also the chance for patients to give their comments at the end.

The initial postal survey is followed up with two written reminders to non-responders.

This year 641 completed usable surveys were received for SaTH, giving a response rate of 53% (52% for SaTH in 2015). This compares favourably to the national response rate of 44%.

**KEY FACTS**

- **The 2015 results demonstrate that SaTH showed a statistically significant improvement since 2014 for 3 questions**
- **Two questions showed a statistically significant decline since 2015.**
- **SaTH performed “Worse” than other trusts in one question; all other questions saw SaTH perform “About the Same” as other trusts.**

## THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST May 2016

### 2. Trust Results

The questions in the annual Inpatient Survey are grouped into eleven Sections and Trusts are rated as “Worse”, “About the Same” or “Better” than other Trusts in England in each section.

The illustration below highlights how The Shrewsbury and Telford Hospital has consistently been “About the Same” as other Trusts in England, for each of the eleven sections, for both 2015 and the current 2016 results.

	CQC Adult Inpatient Survey 2015	CQC Adult Inpatient Survey 2016
	Published May 2016	Published May 2017
	639 inpatients receiving care from the Trust in 2015	641 inpatients receiving care from the Trust in 2016
	Comparison with other Trusts in England	Comparison with other Trusts in England
<b>The Emergency/A&amp;E Department</b>		
<b>Waiting list and planned admissions</b>		
<b>Waiting to get to a bed on the ward</b>		
<b>The hospital and ward</b>		
<b>Doctors</b>		
<b>Nurses</b>		
<b>Care and Treatment</b>		
<b>Operations and Procedures</b>		
<b>Leaving hospital</b>		
<b>Overall views of care and services</b>		
<b>Overall experience</b>		

When these eleven sections are broken down into the individual questions, there was one question which showed SaTH was “Worse” than other Trusts. This was relating to patients feeling they received enough support from health or social care professionals to help them recover and manage their condition (Q59). All other individual questions in the survey indicated that SaTH performed “About the Same” as other Trusts.

The table below illustrates the questions where the Trust has shown a statistically significant (using two-tailed t test) improvement or decline from 2014 to 2015, and or 2015 to 2016. The areas showing a statistically significant improvement have an upward arrow in a green shaded box. The areas showing a statistically significant decline have a downward arrow in a red shaded box. It is particularly important to note that small variations in the scores can occur year-on-year by chance, therefore reporting of results only focuses on highlighting where there have been statistically significant changes.

It was encouraging to see three areas which showed a statistically significant improvement on the previous 2015 results, especially when the 2015 results were so positive. One of these three areas has shown year on year improvement as 2015 also saw a statistically significant improvement on 2014. There were two areas showing a statistically significant decline in 2016 compared to 2015; one of which had seen a statistically significant improvement the previous year compared to 2014.

		2014	2015	Change 14/15	2016	Change 15/16
<b>Section 2 Waiting list and planned admissions</b>						
Q6	How do you feel about the length of time you were on the waiting list?	8.5	8.7		7.8	↓
<b>Section 5 Doctors</b>						
Q16	Were you ever bothered by noise at night from other hospital staff?	7.6	7.6		8.1	↑
Q17	In your opinion, how clean was the hospital room or ward that you were in?	8.8	9.0	↑	9.3	↑
Q18	How clean were the toilets and bathrooms that you used in the hospital?	8.5	8.7		8.9	↑
<b>Overall 10 Overall views of care and services</b>						
Q75	During your hospital stay, were you ever asked to give your views on the quality of your care?	1.4	2.5	↑	1.8	↓

### 3. Conclusions

In summary the results for the 2016 National Inpatient Survey are very positive. All eleven areas surveyed indicate that SaTH is “About the Same” as most other Trusts in England this year, which remains consistent with the 2015 results. There was only one individual question, relating to support from health or social care professionals, which highlighted SaTH as “Worse” than other Trusts.

The 2015 survey results saw 19 areas with statistically significant improvements compared to 2014. With so many improvements it was positive to see even more in 2016. The three areas which improved, relating to noise at night from hospital staff and cleanliness, were all areas the Trust has worked hard to improve over the last year. It was therefore encouraging to see the work implemented did make such a positive impact on patients’ experiences during their inpatient stays at SaTH in 2016.

The two areas which showed a statistically significant decline in its results were relating to the length of time patients were on the waiting list and whether they were asked for views on the quality of their care. It is interesting to note that the later saw an significant increase in 2015. These areas will be included in the focus for the Trust’s action plan this year. It will also be included as a question in the on-going local quarterly inpatient survey.

## National NHS patient survey programme Inpatient Survey 2016

This document provides results from the NHS Inpatient Survey 2016 for your trust. It presents the percentage and count of patients that gave a particular response to each survey question. It can be used to understand your detailed survey results.

**Please note that the information contained in this document is provided for your information only and is not published by CQC.**

### About this data

Please note that the data in these tables are **unweighted**. This means that the survey responses have not been standardised by age, gender and route of admission; the 'scored' data contained in your benchmark report and published on the CQC website *have* been standardised in this way, to allow for fairer comparisons between trusts. For more information on standardisation and the reasons for it, please see your benchmark report.

### Interpreting the tables

This document presents the percentage of respondents who gave a particular response to each question, alongside the total number of respondents (total specific responses) and the number of 'missing' 'not applicable' or unclear responses for each question:

- 'Missing' responses means a respondent has not answered a question but should have done.
- 'Not applicable' means that a respondent should not answer the question and are routed past, based on their response to a previous question.
- Unclear responses are those that do not evaluate trust performance, such as 'don't know/can't remember'.

### Numbers of respondents

When the question base for an individual trust contains fewer than 30 respondents, the results for that question are not shown. This is because the number of respondents is too small for the result to be reliable.

- If any trust's data have been cleaned because they received fewer than 30 respondents to a question, a "cleaned responses" category will be displayed in the table for that particular question.
- If the trust's data have been cleaned, all respondents from the trust will appear under the 'cleaned responses' category.
- If the trust's data have not been cleaned, a '0' will be displayed against this category.

### Filter questions

The survey contains a number of 'routing questions', which instruct respondents to skip certain questions or sections that do not apply to them. An example of a routing question is Q45, which asks respondents if they had an operation or procedure. Those that had not are instructed to skip Q46-Q52 as these questions are not relevant to them. Q46-Q52 are 'filter questions' as they are not intended to be answered by everyone.

If a respondent answers a routing question in a manner which indicates that the subsequent questions should not have been answered (for example, if a respondent answered 'No' to Q45 and then answered Q46-Q52), their answers are removed from the results for these particular questions. Where a routing question is not answered (left blank) but subsequent

questions are answered (for example, if a respondent left Q45 blank and then answered Q46-Q52) their answers are included in the results.

For further information please see the data cleaning document produced by the Coordination Centre, available at: <http://www.nhssurveys.org/survey/1762>

## **Response rate**

The response rate shows the number of patients who returned a questionnaire as a percentage of those who were mailed a questionnaire. We call it the adjusted response as certain patients are removed from the original patient base (due to patient death or because the questionnaire was undeliverable). The adjusted response rate is therefore the total number of returned usable questionnaires divided by the adjusted patient base.

## **Notes on specific questions**

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions. In some cases this will apply to all trusts, in other cases only to applicable trusts.

### **All Trusts**

**Q5:** (“When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?”) This question excludes patients who were not referred for a planned admission to hospital by a GP or health professional in England (i.e. their care was not bought or ‘commissioned’ in England but in Northern Ireland, Scotland or Wales). This is because hospital choice policies differ outside of England.

**Q78 and Q79:** The survey includes two ‘multi-code’ questions with an instruction to “Cross ALL boxes that apply”. Where this is the case we have presented percentages for each option. Some respondents may have ticked more than one option and this means that the results may add up to over 100%.

### **Trusts with no A&E Department**

**Q2-Q4:** If your trust does not have an A&E department but 30 or more patients have answered Q2-Q4 then results will be shown in these tables as this data may be useful to your trust. Please note that these responses are not included in your benchmark report, so you are **not evaluated** on them in any published data.

### **Trusts with female patients only**

**Q11, Q13 and Q14:** If your trust offers services to women only, the results to these questions are not shown as they ask about mixed sex accommodation.

## **Other outputs available**

**Trust:** A benchmark report is also available which shows how the results for your trust compare with all other trusts that took part in the survey. The benchmark report presents each (applicable) question as a ‘score’ and a simplified version of this analysis is also published on the CQC website (see ‘Further Information’ section).

**England:** England level data are provided for all questions in the 2016 Adult Inpatient Survey. Where possible, data from 2016 are compared back to 2006, 2011 and 2015 in each table.

## **Further information**

The results for each trust can be found on the CQC website, together with a 'technical document' which describes the methodology for analysing the trust level results.

A statistical release showing the results for England can also be found here. This document shows the percentage results for each question, compared with the 2015 survey, and with other results from the last ten years, where appropriate:

[www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)

The trust results from previous inpatient surveys can be found at:

<http://www.nhssurveys.org/surveys/425>

Full details of the methodology for the survey, including questionnaires, letters sent patients, instructions on how to carry out the survey and the survey development report, are available at:

<http://www.nhssurveys.org/surveys/935>

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:

<http://www.cqc.org.uk/content/surveys>



## Response Rate

### Adjusted response rate

		%	Number
Shrewsbury and Telford	Responded	53	641
Hospital NHS Trust	Did not respond including opted out or ineligible	47	562
	Eligible cases	100	1203
	Excluded - Moved, deceased, non contact, other unproductive	0	47

## Admission to hospital

**Q1: Was your most recent hospital stay planned in advance or an emergency?**

	%	Number
Emergency or urgent	75.89	450
Waiting list or planned in advance	20.74	123
Something else	3.37	20
Total specific responses	100.00	593
Missing responses	.00	48

Answered by all

## The accident & emergency department

**Q2: When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?**

	%	Number
Yes	86.84	429
No	13.16	65
Total specific responses	100.00	494
Inapplicable	.00	123
Missing responses	.00	24

Answered by all who were admitted for an emergency, urgent or other reason

**Q3: While you were in the A&E Department, how much information about your condition or treatment was given to you?**

	%	Number
Not enough	18.13	68
Right amount	74.93	281
Too much	.27	1
I was not given any information about my treatment or condition	6.67	25
Total specific responses	100.00	375
Don't know / can't remember	.00	51
Cleaned responses	.00	0
Inapplicable	.00	188
Missing responses	.00	27

Answered by all who went to the A&E Department upon arrival

**Q4: Were you given enough privacy when being examined or treated in the A&E Department?**

	%	Number
Yes, definitely	79.23	328
Yes, to some extent	20.05	83
No	.72	3
Total specific responses	100.00	414
Don't know / can't remember	.00	15
Cleaned responses	.00	0
Inapplicable	.00	188
Missing responses	.00	24

Answered by all who went to the A&E Department upon arrival

## Waiting list or planned admission

**Q5: When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?**

	%	Number
Yes	20.38	32
No, but I would have liked a choice	8.92	14
No, but I did not mind	70.70	111
Total specific responses	100.00	157
Don't know / can't remember	.00	4
Inapplicable	.00	381
Missing responses	.00	99

Answered by all whose most recent admission to hospital was waiting list or planned in advance.

This question has been filtered to exclude patients who were not referred for a planned admission to hospital by a GP or health professional in England (i.e. their care was not bought or 'commissioned' in England but in Northern Ireland, Scotland or Wales). This is because hospital choice policies differ outside of England

**Q6: How do you feel about the length of time you were on the waiting list before your admission to hospital?**

	%	Number
I was admitted as soon as I thought was necessary	73.78	121
I should have been admitted a bit sooner	13.41	22
I should have been admitted a lot sooner	12.80	21
Total specific responses	100.00	164
Inapplicable	.00	429
Missing responses	.00	48

Answered by all whose most recent admission to hospital was waiting list or planned in advance

**Q7: Was your admission date changed by the hospital?**

	%	Number
No	79.64	133
Yes, once	14.97	25
Yes, 2 or 3 times	5.39	9
Yes, 4 times or more	.00	0
Total specific responses	100.00	167
Inapplicable	.00	429
Missing responses	.00	45

Answered by all whose most recent admission to hospital was waiting list or planned in advance

**Q8: In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?**

	%	Number
Yes, definitely	79.77	138
Yes, to some extent	18.50	32
No	1.73	3
Total specific responses	100.00	173
Don't know / can't remember	.00	4
Inapplicable	.00	429
Missing responses	.00	35

Answered by all whose most recent admission to hospital was waiting list or planned in advance

## All types of admission

**Q9: From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?**

	%	Number
Yes, definitely	15.96	101
Yes, to some extent	23.70	150
No	60.35	382
Total specific responses	100.00	633
Missing responses	.00	8

Answered by all

## The hospital & ward

**Q10: While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?**

	%	Number
Yes	17.47	105
No	82.53	496
Total specific responses	100.00	601
Don't know / can't remember	.00	23
Missing responses	.00	17

Answered by all

**Q11: When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?**

	%	Number
Yes	9.83	62
No	90.17	569
Total specific responses	100.00	631
Inapplicable - Women's Trust	.00	0
Missing responses	.00	10

Answered by all

**Q12: During your stay in hospital, how many wards did you stay in?**

	%	Number
1	59.06	365
2	31.55	195
3 or more	9.39	58
Total specific responses	100.00	618
Don't know / can't remember	.00	10
Missing responses	.00	13

Answered by all



**Q13: After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?**

	%	Number
Yes	5.04	13
No	94.96	245
Total specific responses	100.00	258
Inapplicable - Women's Trust	.00	0
Inapplicable	.00	375
Missing responses	.00	8

Answered by all who stayed on more than one ward

**Q14: While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?**

	%	Number
Yes	18.03	99
Yes, because it had special bathing equipment that I needed	.55	3
No	81.42	447
Total specific responses	100.00	549
I did not use a bathroom or shower	.00	37
Don't know / can't remember	.00	43
Inapplicable - Women's Trust	.00	0
Missing responses	.00	12

Answered by all

**Q15: Were you ever bothered by noise at night from other patients?**

	%	Number
Yes	40.09	255
No	59.91	381
Total specific responses	100.00	636
Missing responses	.00	5

Answered by all

**Q16: Were you ever bothered by noise at night  
from hospital staff?**

	%	Number
Yes	20.47	130
No	79.53	505
Total specific responses	100.00	635
Missing responses	.00	6

Answered by all

**Q17: In your opinion, how clean was the hospital  
room or ward that you were in?**

	%	Number
Very clean	76.70	484
Fairly clean	22.98	145
Not very clean	.32	2
Not at all clean	.00	0
Total specific responses	100.00	631
Missing responses	.00	10

Answered by all

**Q18: How clean were the toilets and bathrooms that  
you used in hospital?**

	%	Number
Very clean	68.36	417
Fairly clean	27.87	170
Not very clean	3.61	22
Not at all clean	.16	1
Total specific responses	100.00	610
I did not use a toilet or bathroom	.00	22
Missing responses	.00	9

Answered by all

**Q19: Did you feel threatened during your stay in hospital by other patients or visitors?**

	%	Number
Yes	2.85	18
No	97.15	614
Total specific responses	100.00	632
Missing responses	.00	9

Answered by all

**Q20: Did you get enough help from staff to wash or keep yourself clean?**

	%	Number
Yes, always	74.35	258
Yes, sometimes	18.73	65
No	6.92	24
Total specific responses	100.00	347
I did not need help to wash or keep myself clean	.00	283
Missing responses	.00	11

Answered by all

**Q21: If you brought your own medication with you to hospital, were you able to take it when you needed to?**

	%	Number
Yes, always	62.53	227
Yes, sometimes	13.77	50
No	23.69	86
Total specific responses	100.00	363
I had to stop taking my own medication as part of my treatment	.00	57
I did not bring my own medication with me to hospital	.00	198
Missing responses	.00	23

Answered by all

**Q22: How would you rate the hospital food?**

	%	Number
Very good	25.91	157
Good	36.96	224
Fair	25.91	157
Poor	11.22	68
Total specific responses	100.00	606
I did not have any hospital food	.00	26
Missing responses	.00	9

Answered by all

**Q23: Were you offered a choice of food?**

	%	Number
Yes, always	77.89	479
Yes, sometimes	17.89	110
No	4.23	26
Total specific responses	100.00	615
Missing responses	.00	26

Answered by all

**Q24: Did you get enough help from staff to eat your meals?**

	%	Number
Yes, always	67.67	90
Yes, sometimes	18.80	25
No	13.53	18
Total specific responses	100.00	133
I did not need help to eat meals	.00	485
Missing responses	.00	23

Answered by all

## Doctors

**Q25: When you had important questions to ask a doctor, did you get answers that you could understand?**

	%	Number
Yes, always	64.23	352
Yes, sometimes	29.38	161
No	6.39	35
Total specific responses	100.00	548
I had no need to ask	.00	82
Missing responses	.00	11

Answered by all

**Q26: Did you have confidence and trust in the doctors treating you?**

	%	Number
Yes, always	80.16	505
Yes, sometimes	15.87	100
No	3.97	25
Total specific responses	100.00	630
Missing responses	.00	11

Answered by all

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

	%	Number
Yes, often	6.37	40
Yes, sometimes	21.02	132
No	72.61	456
Total specific responses	100.00	628
Missing responses	.00	13

Answered by all

## Nurses

**Q28: When you had important questions to ask a nurse, did you get answers that you could understand?**

	%	Number
Yes, always	72.43	402
Yes, sometimes	23.78	132
No	3.78	21
Total specific responses	100.00	555
I had no need to ask	.00	78
Missing responses	.00	8

Answered by all

**Q29: Did you have confidence and trust in the nurses treating you?**

	%	Number
Yes, always	82.02	520
Yes, sometimes	16.25	103
No	1.74	11
Total specific responses	100.00	634
Missing responses	.00	7

Answered by all

**Q30: Did nurses talk in front of you as if you weren't there?**

	%	Number
Yes, often	3.15	20
Yes, sometimes	12.76	81
No	84.09	534
Total specific responses	100.00	635
Missing responses	.00	6

Answered by all

**Q31: In your opinion, were there enough nurses on duty to care for you in hospital?**

	%	Number
There were always or nearly always enough nurses	61.99	393
There were sometimes enough nurses	28.55	181
There were rarely or never enough nurses	9.46	60
Total specific responses	100.00	634
Missing responses	.00	7

Answered by all

**Q32: Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)**

	%	Number
Yes, always	48.89	307
Yes, sometimes	32.01	201
No	19.11	120
Total specific responses	100.00	628
Missing responses	.00	13

Answered by all

## Your care & treatment

**Q33: In your opinion, did the members of staff caring for you work well together?**

	%	Number
Yes, always	78.61	485
Yes, sometimes	18.80	116
No	2.59	16
Total specific responses	100.00	617
Don't know / can't remember	.00	17
Missing responses	.00	7

Answered by all

**Q34: Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?**

	%	Number
Yes, often	5.91	37
Yes, sometimes	23.00	144
No	71.09	445
Total specific responses	100.00	626
Missing responses	.00	15

Answered by all

**Q35: Were you involved as much as you wanted to be in decisions about your care and treatment?**

	%	Number
Yes, definitely	52.56	329
Yes, to some extent	36.58	229
No	10.86	68
Total specific responses	100.00	626
Missing responses	.00	15

Answered by all



**Q36: Did you have confidence in the decisions made about your condition or treatment?**

	%	Number
Yes, always	69.37	437
Yes, sometimes	24.60	155
No	6.03	38
Total specific responses	100.00	630
Missing responses	.00	11

Answered by all

**Q37: How much information about your condition or treatment was given to you?**

	%	Number
Not enough	24.68	155
The right amount	75.32	473
Too much	.00	0
Total specific responses	100.00	628
Missing responses	.00	13

Answered by all

**Q38: Did you find someone on the hospital staff to talk to about your worries and fears?**

	%	Number
Yes, definitely	37.02	144
Yes, to some extent	38.82	151
No	24.16	94
Total specific responses	100.00	389
I had no worries or fears	.00	242
Missing responses	.00	10

Answered by all

**Q39: Do you feel you got enough emotional support from hospital staff during your stay?**

	%	Number
Yes, always	56.27	211
Yes, sometimes	31.47	118
No	12.27	46
Total specific responses	100.00	375
I did not need any emotional support	.00	255
Missing responses	.00	11

Answered by all

**Q40: Were you given enough privacy when discussing your condition or treatment?**

	%	Number
Yes, always	71.59	446
Yes, sometimes	21.19	132
No	7.22	45
Total specific responses	100.00	623
Missing responses	.00	18

Answered by all

**Q41: Were you given enough privacy when being examined or treated?**

	%	Number
Yes, always	89.15	559
Yes, sometimes	10.05	63
No	.80	5
Total specific responses	100.00	627
Missing responses	.00	14

Answered by all

**Q42: Were you ever in any pain?**

	%	Number
Yes	61.34	384
No	38.66	242
Total specific responses	100.00	626
Missing responses	.00	15

Answered by all

**Q43: Do you think the hospital staff did everything they could to help control your pain?**

	%	Number
Yes, definitely	64.94	250
Yes, to some extent	28.31	109
No	6.75	26
Total specific responses	100.00	385
Inapplicable	.00	242
Missing responses	.00	14

Answered by all who experienced pain

**Q44: How many minutes after you used the call button did it usually take before you got the help you needed?**

	%	Number
0 minutes / right away	12.84	42
1-2 minutes	39.14	128
3-5 minutes	33.03	108
More than 5 minutes	14.68	48
I never got help when I used the call button	.31	1
Total specific responses	100.00	327
I never used the call button	.00	294
Missing responses	.00	20

Answered by all

## Operations & procedures

**Q45: During your stay in hospital, did you have an operation or procedure?**

	%	Number
Yes	49.52	308
No	50.48	314
Total specific responses	100.00	622
Missing responses	.00	19

Answered by all

**Q46: Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?**

	%	Number
Yes, completely	81.54	243
Yes, to some extent	14.77	44
No	3.69	11
Total specific responses	100.00	298
I did not want an explanation	.00	6
Inapplicable	.00	314
Missing responses	.00	23

Answered by all who had an operation or procedure

**Q47: Beforehand, did a member of staff explain what would be done during the operation or procedure?**

	%	Number
Yes, completely	74.16	221
Yes, to some extent	22.15	66
No	3.69	11
Total specific responses	100.00	298
I did not want an explanation	.00	7
Inapplicable	.00	314
Missing responses	.00	22

Answered by all who had an operation or procedure

**Q48: Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?**

	%	Number
Yes, completely	76.69	204
Yes, to some extent	19.55	52
No	3.76	10
Total specific responses	100.00	266
I did not have any questions	.00	41
Inapplicable	.00	314
Missing responses	.00	20

Answered by all who had an operation or procedure

**Q49: Beforehand, were you told how you could expect to feel after you had the operation or procedure?**

	%	Number
Yes, completely	60.46	185
Yes, to some extent	25.82	79
No	13.73	42
Total specific responses	100.00	306
Inapplicable	.00	314
Missing responses	.00	21

Answered by all who had an operation or procedure

**Q50: Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?**

	%	Number
Yes	77.60	239
No	22.40	69
Total specific responses	100.00	308
Inapplicable	.00	314
Missing responses	.00	19

Answered by all who had an operation or procedure

**Q51: Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?**

	%	Number
Yes, completely	89.41	211
Yes, to some extent	6.36	15
No	4.24	10
Total specific responses	100.00	236
Inapplicable	.00	383
Missing responses	.00	22

Answered by all who had an operation or procedure and were given an anaesthetic

**Q52: After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?**

	%	Number
Yes, completely	68.09	207
Yes, to some extent	22.37	68
No	9.54	29
Total specific responses	100.00	304
Inapplicable	.00	314
Missing responses	.00	23

Answered by all who had an operation or procedure

## Leaving hospital

**Q53: Did you feel you were involved in decisions  
about your discharge from hospital?**

	%	Number
Yes, definitely	52.90	310
Yes, to some extent	31.74	186
No	15.36	90
Total specific responses	100.00	586
I did not want to be involved	.00	25
Missing responses	.00	30

Answered by all

**Q54: Were you given enough notice about when  
you were going to be discharged?**

	%	Number
Yes, definitely	53.63	332
Yes, to some extent	34.25	212
No	12.12	75
Total specific responses	100.00	619
Missing responses	.00	22

Answered by all

**Q55: On the day you left hospital, was your  
discharge delayed for any reason?**

	%	Number
Yes	40.03	247
No	59.97	370
Total specific responses	100.00	617
Missing responses	.00	24

Answered by all

**Q56: What was the MAIN reason for the delay?**

	%	Number
I had to wait for medicines	46.22	110
I had to wait to see the doctor	16.39	39
I had to wait for an ambulance	13.87	33
Something else	23.53	56
Total specific responses	100.00	238
Inapplicable	.00	370
Missing responses	.00	33

Answered by all whose discharge was delayed

**Q57: How long was the delay?**

	%	Number
Up to 1 hour	17.48	43
Longer than 1 hour but no longer than 2 hours	31.30	77
Longer than 2 hours but no longer than 4 hours	27.64	68
Longer than 4 hours	23.58	58
Total specific responses	100.00	246
Inapplicable	.00	370
Missing responses	.00	25

Answered by all whose discharge was delayed



**Q58: Where did you go after leaving hospital?**

	%	Number
I went home	90.71	566
I went to stay with family or friends	4.17	26
I was transferred to another hospital	2.72	17
I went to a residential nursing home	1.60	10
I went somewhere else	.80	5
Total specific responses	100.00	624
Missing responses	.00	17

Answered by all

**Q59: After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?**

	%	Number
Yes, definitely	46.27	149
Yes, to some extent	29.81	96
No, but support would have been useful	23.91	77
Total specific responses	100.00	322
No, but I did not need any support	.00	268
Inapplicable	.00	32
Missing responses	.00	19

Answered by those who went home or to stay with family or friends

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

	%	Number
Yes, definitely	45.79	234
Yes, to some extent	36.01	184
No	18.20	93
Total specific responses	100.00	511
It was not necessary	.00	112
Missing responses	.00	18

Answered by all

**Q61: Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?**

	%	Number
Yes	59.90	366
No	40.10	245
Total specific responses	100.00	611
Missing responses	.00	30

Answered by all

**Q62: Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?**

	%	Number
Yes, completely	75.88	324
Yes, to some extent	15.22	65
No	8.90	38
Total specific responses	100.00	427
I did not need an explanation	.00	101
I had no medicines	.00	88
Missing responses	.00	25

Answered by all

**Q63: Did a member of staff tell you about medication side effects to watch for when you went home?**

	%	Number
Yes, completely	35.25	129
Yes, to some extent	19.40	71
No	45.36	166
Total specific responses	100.00	366
I did not need an explanation	.00	165
Inapplicable	.00	88
Missing responses	.00	22

Answered by all who took medicines home

**Q64: Were you told how to take your medication in a way you could understand?**

	%	Number
Yes, definitely	71.85	268
Yes, to some extent	16.89	63
No	11.26	42
Total specific responses	100.00	373
I did not need to be told how to take my medication	.00	158
Inapplicable	.00	88
Missing responses	.00	22

Answered by all who took medicines home

**Q65: Were you given clear written or printed information about your medicines?**

	%	Number
Yes, completely	68.41	275
Yes, to some extent	19.65	79
No	11.94	48
Total specific responses	100.00	402
I did not need this	.00	113
Don't know / can't remember	.00	16
Inapplicable	.00	88
Missing responses	.00	22

Answered by all who took medicines home

**Q66: Did a member of staff tell you about any danger signals you should watch for after you went home?**

	%	Number
Yes, completely	33.87	146
Yes, to some extent	23.67	102
No	42.46	183
Total specific responses	100.00	431
It was not necessary	.00	190
Missing responses	.00	20

Answered by all

**Q67: Did hospital staff take your family or home situation into account when planning your discharge?**

	%	Number
Yes, completely	60.10	232
Yes, to some extent	23.58	91
No	16.32	63
Total specific responses	100.00	386
It was not necessary	.00	216
Don't know / can't remember	.00	16
Missing responses	.00	23

Answered by all

**Q68: Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?**

	%	Number
Yes, definitely	40.52	171
Yes, to some extent	27.96	118
No	31.52	133
Total specific responses	100.00	422
No family or friends were involved	.00	60
My family or friends did not want or need information	.00	137
Missing responses	.00	22

Answered by all

**Q69: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**

	%	Number
Yes	74.95	413
No	25.05	138
Total specific responses	100.00	551
Don't know / can't remember	.00	67
Missing responses	.00	23

Answered by all

**Q70: Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?**

	%	Number
Yes	77.44	127
No, but I would have liked them to	22.56	37
Total specific responses	100.00	164
No, it was not necessary to discuss it	.00	453
Missing responses	.00	24

Answered by all

**Q71: Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)**

	%	Number
Yes	76.73	244
No, but I would have liked them to	23.27	74
Total specific responses	100.00	318
No, it was not necessary to discuss it	.00	299
Missing responses	.00	24

Answered by all

## Overall

**Q72: Overall, did you feel you were treated with respect and dignity while you were in the hospital?**

	%	Number
Yes, always	81.53	512
Yes, sometimes	16.40	103
No	2.07	13
Total specific responses	100.00	628
Missing responses	.00	13

Answered by all

**Q73: During your time in hospital did you feel well looked after by hospital staff?**

	%	Number
Yes, always	78.27	490
Yes, sometimes	19.97	125
No	1.76	11
Total specific responses	100.00	626
Missing responses	.00	15

Answered by all

**Q74: Overall...**

	%	Number
0 (I had a very poor experience)	.00	0
1	1.31	8
2	.82	5
3	1.64	10
4	2.13	13
5	4.92	30
6	4.92	30
7	10.33	63
8	26.56	162
9	21.31	130
10 (I had a very good experience)	26.07	159
Total specific responses	100.00	610
Missing responses	.00	31

Answered by all

**Q75: During your hospital stay, were you ever asked to give your views on the quality of your care?**

	%	Number
Yes	17.03	95
No	82.97	463
Total specific responses	100.00	558
Don't know / can't remember	.00	68
Missing responses	.00	15

Answered by all



**Q76: Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?**

	%	Number
Yes	22.52	116
No	77.48	399
Total specific responses	100.00	515
Not sure / don't know	.00	110
Missing responses	.00	16

Answered by all

## About you

### Q77: Who was the main person or people that filled in this questionnaire?

	%	Number
The patient (named on the front of the envelope)	84.08	523
A friend or relative of the patient	6.43	40
Both patient and friend/relative together	8.52	53
The patient with the help of a health professional	.96	6
Total specific responses	100.00	622
Missing responses	.00	19

Answered by all

### Q78: Do you have any of the following long-standing conditions?

	%	Number
I have deafness or severe hearing impairment	13.59	81
I have blindness or am partially sighted	6.04	36
I have a long-standing physical condition	27.85	166
I have a learning disability	1.34	8
I have a mental health condition	5.87	35
I have a long-standing illness	30.70	183
I do not have a long-standing condition	41.78	249
Total respondents	100.00	596
Missing responses		45

Answered by all

**Q79: Does this condition(s) cause you difficulty  
with any of the following?**

	%	Number
My condition causes difficulties with everyday activities that people of my age can usually do	59.34	197
My condition causes difficulties at work, in education, or training	13.25	44
My condition causes difficulties with access to buildings, streets or vehicles	31.02	103
My condition causes difficulties with reading or writing	16.27	54
My condition causes difficulties with people's attitudes to me because of my condition	13.55	45
My condition causes difficulties with communicating, mixing with others, or socialising	26.81	89
My condition causes difficulties with other activities	17.77	59
My condition causes difficulties with none of these	24.70	82
Total respondents	100.00	332
Missing responses		60

Answered by those with a long-standing condition

**Proportions responding to the survey by sex**

	%	Number
Male	46.18	296
Female	53.82	345
Total specific responses	100.00	641
Missing data	.00	0

Based on sample and response data

**Proportions responding to the survey by age**

	%	Number
16-35	6.86	44
36-50	9.05	58
51-65	20.28	130
66-80	39.78	255
>80	24.02	154
Total specific responses	100.00	641
Missing data	.00	0

Based on sample and response data. Age group calculated from year of birth

**Q82: What is your religion?**

	%	Number
No religion	16.64	103
Buddhist	.32	2
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	79.00	489
Hindu	.32	2
Jewish	.00	0
Muslim	.16	1
Sikh	.16	1
Other	1.13	7
I would prefer not to say	2.26	14
Total specific responses	100.00	619
Missing responses	.00	22

Answered by all

**Q83: Which of the following best describes how you think of yourself?**

	%	Number
Heterosexual/straight	93.80	560
Gay/lesbian	.67	4
Bisexual	.50	3
Other	1.01	6
I would prefer not to say	4.02	24
Total specific responses	100.00	597
Missing responses	.00	44

Answered by all

**Proportions responding to the survey by ethnicity**

	%	Number
White	98.85	604
Mixed	.49	3
Asian or Asian British	.65	4
Black or Black British	.00	0
Arab or other ethnic group	.00	0
Total specific responses	100.00	611
Not known	.00	30

Answered by all

## Care Quality Commission (CQC)

### Technical details – patient survey information 2016 Inpatient Survey May 2017

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## 1. Introduction

This document outlines the methods used by the Care Quality Commission (CQC) to score and analyse trust level results for the 2016 Inpatient Survey, as available on the Care Quality Commission website, and in the benchmark report for each trust.

The survey results are available for each trust on the CQC website. Here, survey data are shown in a simplified way, identifying whether a trust performed 'better' or 'worse' or 'about the same' as the majority of other trusts for each question. This analysis is done using a statistic called the '**expected range**' (see section 5.3). On publication of the survey, an A-to-Z list of trust names will be available at the link below, containing further links to the survey data for all NHS trusts that took part in the survey: [www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)

A benchmark report is also available for each trust. Results displayed in the benchmark report are a graphical representation of the results displayed for the public on the CQC website (see further information section). These have been provided to all trusts and will be available on the Co-ordination Centre's website at: <http://nhssurveys.org/surveys/1089>. The tables in the back of each benchmark report also highlight any statistically significant changes in the trust score between 2016 and 2015.

The CQC webpage also contains national results for England, comparing against results for previous surveys.

## 2. Selecting data for reporting

Scores are assigned to responses to questions that are of an evaluative nature: in other words, those questions where results can be used to assess the performance of a trust (see section 5 "Scoring individual questions" for more detail). Questions that are not presented in this way tend to be those included solely for 'filtering' respondents past any questions that may not be relevant to them (such as: 'Did you have an operation or procedure?') or those used for descriptive or information purposes.

The scores for each question are grouped on the website and in the benchmark reports according to the sections of the questionnaire completed by respondents. For example, the Inpatient Survey includes sections on 'the accident and emergency department', 'the hospital and ward' and 'care and treatment' among others. The average score for each trust, for each section, was calculated and will be presented on the website and in the benchmark reports.

Accompanying both the question and the section scores on the website are one of three statements:

- Better
- About the same
- Worse

This analysis is done using a statistic called the '**expected range**' (see section 5.3)

### 3. The CQC organisation search tool

The organisation search tool contains information from various areas within the CQC's functions. The presentation of the survey data was designed using feedback from people who use the data, so that as well as meeting their needs, it presents the groupings of the trust results in a simple and fair way; so as to show where we are more confident that a trust's score is 'better' or 'worse' than we'd expect, when compared with most other trusts.

The survey data can be found from the A to Z link available at:  
[www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)

Or by searching for a hospital from the CQC home page, then clicking on 'Patient survey information' on the right hand side then clicking 'latest patient survey results'.

### 4. Trust benchmark reports

[Benchmark reports](#) should be used by NHS trusts to identify how they are performing in relation to all other trusts that took part in the survey. They also show if a score has significantly increased or decreased compared with the last survey. This enables areas for improvement to be identified.

The graphs included in the reports display the scores for a trust, compared with the full range of results from all other trusts that took part in the survey. Each bar represents the range of results for each question, across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- If a trust score lies in the orange section of the graph, the trust result is 'about the same' as most other trusts in the survey
- If a trust scores lies in the red section of the graph, the trust result is 'worse' than expected when compared with most other trusts in the survey.
- If your score lies in the green section of the graph, the trust result is 'better' than expected when compared with most other trusts in the survey

A black diamond represents the score for this trust. The black diamond (score) is not shown for questions answered by fewer than 30 people because the uncertainty around the result would be too great.

### 5. Interpreting the data

#### 5.1 Scoring

Questions are scored on a scale from 0 to 10. Details of the scoring for this survey are available in [Appendix A](#) at the end of this document.

The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a response that was assigned a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance, in terms of patient experience, the responses are classified as "not



applicable” and a score is not given. Where respondents stated they could not remember or did not know the answer to a question, a score is not given.

## **5.2 Standardisation**

Results are based on ‘standardised’ data. We know that the views of a respondent can reflect not only their experience of NHS services, but can also relate to certain demographic characteristics; such as their age and sex. Older respondents, for example, tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. The mix of patients varies across trusts, and this could lead to bias, resulting in a trust appearing better or worse than they would if they had a slightly different profile of patients. To account for this we ‘standardise’ the data. Standardising data adjusts for these differences and enables the results for trusts to be compared more fairly than could be achieved using non-standardised data.

The inpatient survey is standardised by: age, gender and method of admission (emergency or elective).

## **5.3 Expected range**

The better / about the same / worse categories are based on the ‘expected range’, which is calculated for each question. This is the range within which we would expect a particular trust to score if it performed about the same as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are ‘better’ or ‘worse’ than the majority of other trusts (see [Appendix B](#) for more details). Analysing the survey information in such a way allows for fairer conclusions to be made in terms of each trust’s performance, and allows the findings to be presented in a way that both takes in to account of all necessary factors, as well as being presented in a simple manner.

As the ‘expected range’ calculation takes into account the number of respondents at each trust who answer a question, it is not necessary to present confidence intervals around each score for the purposes of comparing across all trusts.

## **5.4 Comparing scores across or within trusts, or across survey years**

The expected range statistic is used to arrive at a judgement of how a trust is performing compared with all other trusts that took part in the survey. However, if you want to use the scored data in another way, to compare scores (either as trend data for an individual trust or between different trusts) you will need to undertake an appropriate statistical test to ensure that any changes are ‘statistically significant’. ‘Statistically significant’ means that you can be very confident that any change between scores is real and not due to chance.

The benchmark report for each trust includes a comparison to the 2015 survey scores and indicates whether the change is statistically significant. However, to compare back to earlier surveys (where possible) you would need to undertake a similar significance test.

## 5.5 Conclusions made on performance

It should be noted that the data only show performance relative to other trusts; we have not set out absolute thresholds for 'good' or 'bad' performance. Thus, a trust may have a low score for a specific question, while still performing very well on the whole. This is particularly true on questions where the majority of trusts exhibit a high score.

The better / worse categories are intended to help trusts identify areas of good or poor performance. However, when looking at scores within a trust over time, it is important to be aware that they are relative to the performance of other trusts. If, for example, a trust was 'better' for one question, then 'about the same' the following year, it may not indicate an actual decrease in the performance of the trust, but instead may be due to an improvement in many other trusts' scores. Hence, it is more accurate to look at actual changes in scores and to test for statistically significant differences.

## 6. Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):

<http://www.cqc.org.uk/inpatientsurvey>

The results for the adult inpatient surveys from 2002 to 2015 can be found at:

<http://www.nhssurveys.org/surveys/425>

Full details of the methodology of the survey can be found at:

<http://www.nhssurveys.org/surveys/935>

More information on the NHS patient survey programme is available at:

<http://www.cqc.org.uk/content/surveys>

More information about how CQC monitors hospitals is available on the CQC website at:

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

## Appendix A: Scoring for the 2016 Inpatients survey results

The following describes the scoring system applied to the evaluative questions in the survey. Taking question 24 as an example (Figure A1), it asks respondents whether the doctor answered their questions in a way they could understand. The option of “No” was allocated a score of 0, as this suggests that the experiences of the patient need to be improved. A score of 10 was assigned to the option ‘Yes, always’, as it reflects the most positive patient experience. The remaining option, ‘Yes, sometimes’, was assigned a score of 5 as the patient did not always receive understandable answers. Hence it was placed on the midpoint of the scale.

If the patient did not have any questions to ask, this was classified as a ‘not applicable’ response.

### Figure A1 Scoring example: Question 25 (2016 Inpatient Survey)

#### Q25. When you had important questions to ask a doctor, did you get answers that you could understand?

Yes, always	10
Yes, sometimes	5
No	0
I had no need to ask	Not applicable

Where a number of options lay between the negative and positive responses, they were placed at equal intervals along the scale. For example, question 17 asks respondents how clean the hospital room or ward they were in was, (Figure A2). The following response options were provided:

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

A score of 10 was assigned to the option ‘very clean’, as this represents the best outcome in terms of patient experience. A response that the room or ward was ‘not at all clean’ was given a score of 0. The remaining two answers were assigned a score that reflected their position in terms of quality of experience, spread evenly across the scale. Hence the option ‘fairly clean’ was assigned a score of 6.7, and ‘not very clean’ was given a score of 3.3.

### Figure A2 Scoring example: Question 17 (2016 Inpatient Survey)

#### Q17. In your opinion, how clean was the hospital room or ward that you were in?

Very clean	10
Fairly clean	6.7
Not very clean	3.3
Not at all clean	0

Details of the method used to calculate the scores for each trust, for individual questions and each section of the questionnaire, are available in Appendix B. This also includes an explanation of the technique used to identify scores that are better, worse or about the same as most other trusts.

All analysis is carried out on a 'cleaned' data set. 'Cleaning' refers to the editing process that is undertaken on the survey data, and a document describing this can be found at: <http://www.nhssurveys.org/survey/1762>

As part of the cleaning process, responses are removed from any trust that has fewer than 30 respondents to a question. This is because the uncertainty around the result is too high, and very low numbers would risk respondents being recognised from their responses. However, please note that when scoring the data, there are **exceptions to this rule for questions eleven and thirteen, and questions fifty-four and fifty-five**. This is due to these questions having composite scoring; the results from two or more questions are used to create a single score. If a trust has fewer than thirty responses to a question used in composite scoring, that information is retained during the calculation of the composite score, so as to enable fairer scoring.

For example, Q11 and Q13 are scored together to provide a score based on whether a respondent ever shared a sleeping area with patients of the opposite sex. If a respondent answered 'yes' to either Q11 or Q13 a trust will receive a score of 0.

The scoring rules for Q11 and Q13 state that if either Q11 or Q13 are missing, the other is used for the scoring.

If fifty respondents answered Q11, but only twenty of these said they were moved to a different ward (at Q12), this means that only twenty respondents answer Q13, which asks if they had to share a sleeping area with patients of the opposite sex after being moved to another ward. Following the cleaning rules, these responses would be cleaned out due to being less than thirty. However, fifteen of these respondents may have said that, after moving wards, they did share a sleeping area with patients of the opposite sex. If these responses had been cleaned out, the trust would therefore have received a more positive score than they should have.

For clarity, please note that, in any instances of low numbers of respondents to questions included in composite scoring, such responses would be cleaned for all other outputs. As such, they do not contribute the national results, nor are they included in the anonymised data set submitted to the UK Data Archive.

The below details the scoring allocated to each of the 'scored questions'.

### **Section 1: The Accident and Emergency Department (A&E)**

---

#### **3. While you were in the A&E Department, how much information about your condition or treatment was given to you?**

---

Not enough	5
Right amount	10
Too much	5
I was not given any information about my condition or treatment	0
Don't know / Can't remember	Not applicable

---

Answered by those who went to the A&E department

---

**4. Were you given enough privacy when being examined or treated in the A&E Department?**

---

Yes, definitely	10
Yes, to some extent	5
No	0
Don't know / Can't remember	Not applicable

---

Answered by those who went to the A&E department

**Section 2: Waiting lists and planned admissions**

---

**6. How do you feel about the length of time you were on the waiting list before your admission to hospital?**

---

I was admitted as soon as I thought was necessary	10
I should have been admitted a bit sooner	5
I should have been admitted a lot sooner	0

---

Answered by those who had a planned admission

---

**7. Was your admission date changed by the hospital?**

---

No	10
Yes, once	6.7
Yes, 2 or 3 times	3.3
Yes, 4 times or more	0

---

Answered by those who had a planned admission

---

**8. In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?**

---

Yes, definitely	10
Yes, to some extent	5
No	0
Don't know / can't remember	Not applicable

---

Answered by those who had a planned admission

**Section 3: All types of admission**

---

**9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?**

---

Yes, definitely	0
Yes, to some extent	5
No	10

---

Answered by all

#### **Section 4: The hospital and ward**

---

**11. When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? AND 13. After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?**

---

Yes	0
No	10

---

Filtered to exclude respondents who said that they stayed in a critical care area at Q10 as the majority of patients in these areas are exempt from the mixed sex accommodation guidelines due to the necessity for clinical needs to be prioritised.

Q11 and Q13 are scored together to provide a single score on whether patients who have not stayed in a critical care area have ever shared a sleeping area with members of the opposite sex.

Q11 and Q13 are not scored if option 1 ("Yes") is selected to Q10.

Q11 and Q13 score "10" if the respondent did not ever share a sleeping area with patients of the opposite sex, i.e. selected option 2 ("No") to Q11 AND option 2 ("No") to Q13.

If option 1 ("Yes") is selected for EITHER Q11 or Q13 then a score of "0" is assigned.

If ONE of Q11 & Q13 is missing, the other is used for scoring.

The two trusts providing services for women only are excluded from this question

If a trust has less than 30 respondents to Q13, responses are not cleaned out to enable fairer scoring.

---

**14. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?**

---

Yes	0
Yes, because it had special bathing equipment that I needed	10
No	10
I did not use a bathroom or shower	Not applicable
Don't know / Can't remember	Not applicable

---

Answered by all

Note: the two trusts providing services for women only are excluded from this question

---

**15. Were you ever bothered by noise at night from other patients?**

---

Yes	0
No	10

---

Answered by all

---

**16. Were you ever bothered by noise at night from hospital staff?**

---

Yes	0
No	10

---

Answered by all

---

**17. In your opinion, how clean was the hospital room or ward that you were in?**

---

Very clean	10
Fairly clean	6.7
Not very clean	3.3
Not at all clean	0

---

Answered by all

---

**18. How clean were the toilets and bathrooms that you used in hospital?**

---

Very clean	10
Fairly clean	6.7
Not very clean	3.3
Not at all clean	0
I did not use a toilet or bathroom	Not applicable

---

Answered by all

---

**19. Did you feel threatened during your stay in hospital by other patients or visitors?**

---

Yes	0
No	10

---

Answered by all

---

**20. Did you get enough help from staff to wash or keep yourself clean?**

---

Yes, always	10
Yes, sometimes	5
No	0
I did not need help to wash or keep myself clean	Not applicable

---

Answered by all

---

**21. If you brought your own medication with you to hospital, were you able to take it when you needed to?**

---

Yes, always	10
Yes, sometimes	5
No	0
I had to stop taking my own medication as part of my treatment	Not applicable
I did not bring my own medication with me to hospital	Not applicable

---

Answered by all

---

---

**22. How would you rate the hospital food?**

---

Very good	10
Good	6.7
Fair	3.3
Poor	0
I did not have any hospital food	Not applicable

---

Answered by all

---

**23. Were you offered a choice of food?**

---

Yes always	10
Yes sometimes	5
No	0

---

Answered by all

---

**24. Did you get enough help from staff to eat your meals?**

---

Yes, always	10
Yes, sometimes	5
No	0
I did not need help to eat meals	Not applicable

---

Answered by all

---

**Section 5: Doctors**

---

---

**25. When you had important questions to ask a doctor, did you get answers that you could understand?**

---

Yes, always	10
Yes, sometimes	5
No	0
I had no need to ask	Not applicable

---

Answered by all

---

**26. Did you have confidence and trust in the doctors treating you?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

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

---

Yes, often	0
Yes, sometimes	5
No	10

---

Answered by all



## **Section 6: Nurses**

### **28. When you had important questions to ask a nurse, did you get answers that you could understand?**

Yes, always	10
Yes, sometimes	5
No	0
I had no need to ask	Not applicable
Answered by all	

### **29. Did you have confidence and trust in the nurses treating you?**

Yes, always	10
Yes, sometimes	5
No	0
Answered by all	

### **30. Did nurses talk in front of you as if you weren't there?**

Yes, often	0
Yes, sometimes	5
No	10
Answered by all	

### **31. In your opinion, were there enough nurses on duty to care for you in hospital?**

There were always or nearly always enough nurses	10
There were sometimes enough nurses	5
There were rarely or never enough nurses	0
Answered by all	

### **32. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)**

Yes, always	
Yes, sometimes	
No	
Answered by all	

## **Section 7: Care and Treatment**

### **33. In your opinion, did the members of staff caring for you work well together?**

Yes, always	10
Yes, sometimes	5
No	0
Don't know/ Can't remember	Not applicable
Answered by all	

---

**34. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?**

---

Yes, often	0
Yes, sometimes	5
No	10

---

Answered by all

---

**35. Were you involved as much as you wanted to be in decisions about your care and treatment?**

---

Yes, definitely	10
Yes, to some extent	5
No	0

---

Answered by all

---

**36. Did you have confidence in decisions made about your condition or treatment?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

**37. How much information about your condition or treatment was given to you?**

---

Not enough	0
The right amount	10
Too much	0

---

Answered by all

---

**38. Did you find someone on the hospital staff to talk to about your worries and fears?**

---

Yes definitely	10
Yes, to some extent	5
No	0
I had no worries or fears	Not applicable

---

Answered by all

---

**39. Do you feel you got enough emotional support from hospital staff during your stay?**

---

Yes, always	10
Yes, sometimes	5
No	0
I did not need any emotional support	Not applicable

---

Answered by all

---

**40. Were you given enough privacy when discussing your condition or treatment?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

---

**41. Were you given enough privacy when being examined or treated?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

---

**43. Do you think the hospital staff did everything they could to help control your pain?**

---

Yes, definitely	10
Yes, to some extent	5
No	0

---

Answered by those who said they were ever in any pain

---

---

**44. How many minutes after you used the call button did it usually take before you got the help you needed?**

---

0 minutes / right away	10
1-2 minutes	7.5
3-5 minutes	5.0
More than 5 minutes	2.5
I never got help when I used the call button	0
I never used the call button	Not Applicable

---

Answered by all

---

---

**Section 8: Operations and Procedures**

---

---

**46. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not want an explanation	Not Applicable

---

Answered by those who had an operation or procedure during their stay in hospital

---

---

**47. Beforehand, did a member of staff explain what would be done during the operation or procedure?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not want an explanation	Not Applicable

---

Answered by those who had an operation or procedure during their stay in hospital

---

---

**48. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not have any questions	Not Applicable

---

Answered by those who had an operation or procedure during their stay in hospital

---

**49. Beforehand, were you told how you could expect to feel after you had the operation or procedure?**

---

Yes, completely	10
Yes, to some extent	5
No	0

---

Answered by those who had an operation or procedure during their stay in hospital

---

**50. Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?**

---

Yes, completely	10
Yes, to some extent	5
No	0

---

Answered by those who had an operation or procedure during their stay in hospital and were given an anaesthetic or medication to put them to sleep or control their pain

---

**52. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?**

---

Yes, completely	10
Yes, to some extent	5
No	0

---

Answered by those who had an operation or procedure during their stay in hospital

---

**Section 9: Leaving Hospital**

---

---

**53. Did you feel you were involved in decisions about your discharge from hospital?**

---

Yes definitely	10
Yes, to some extent	5
No	0
I did not want to be involved	Not Applicable

---

Answered by all

---

**54. Were you given enough notice about when you were going to be discharged?**

---

Yes, definitely	10
Yes, to some extent	5
No	0

---

Answered by all

---

**55. On the day you left hospital, was your discharge delayed for any reason?**

---

Yes	0
No	10

---

Answered by all

---

**56. What was the MAIN reason for the delay? (Cross ONE box only)**

---

I had to wait for medicines	0
I had to wait to see the doctor	0
I had to wait for an ambulance	0
Something else	Not Applicable

---

Answered by those who said that their discharge was delayed

If response to Q55 is 2 (discharge WAS NOT delayed), Q56 is scored 10.

If response to Q55 is 1 (discharge WAS delayed), and response to Q56 is 1, 2, 3 or 4, the scores above are assigned to Q56. If Q55 is missing, Q56 is not scored. If Q56 is missing, scoring is as per Q55.

If a trust has fewer than 30 respondents to Q55, responses are not cleaned out to enable fairer scoring.

---

**57. How long was the delay?**

---

Up to 1 hour	7.5
Longer than 1 hour but no longer than 2 hours	5
Longer than 2 hours but no longer than 4 hours	2.5
Longer than 4 hours	0

---

Answered by those who said that their discharge was delayed

If response to Q55 is 4 (some other reason for the delay), Q56 is not scored.

If response to Q54 is 2 (discharge WAS NOT delayed), Q56 is scored 10.

If response to Q54 is 1 (discharge WAS delayed) AND the response to Q55 is 1, 2 or 3, the scores above are assigned to Q56.

If response to Q54 is 1 (discharge WAS delayed) AND the response to Q55 is missing, the scores above are assigned to Q55.

If response to Q54 is 1 (discharge WAS delayed) AND the response to Q56 is missing, Q56 is not scored.

If response to Q54 is missing, Q56 is not scored

If a trust has fewer than 30 respondents to Q55, responses are not cleaned out to enable fairer scoring.

---

**59. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?**

---

Yes, definitely	10
Yes, to some extent	5
No, but support would have been useful	0
Do, but I did not need any support	Not Applicable

---

Answered by those who said they went home or stayed with family or friends after leaving hospital.

---

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

---

Yes definitely	10
Yes, to some extent	5
No	0
It was not necessary	Not applicable

---

Answered by those who said they were transferred to another hospital, went to a residential nursing home or went somewhere else.

Q59: This question does not contribute to the Section score for 'Leaving hospital' (Section 9), though is displayed for trusts where 30 or more respondents answered this question. In the instances where 30 or more respondents answered this question, the question score is displayed for the trust. If the row for Q59 is blank, this means that less than 30 responses were received for this question.

---

**61. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?**

---

Yes	10
No	0

---

Answered by all

---

**62. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not need an explanation	Not Applicable
I had no medicines	Not Applicable

---

Answered by all

---

**63. Did a member of staff tell you about medication side effects to watch for when you went home?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not need an explanation	Not Applicable

---

Answered by those who were prescribed medication to take home

---

**64. Were you told how to take your medication in a way you could understand?**

---

Yes, definitely	10
Yes, to some extent	5
No	0
I did not need to be told how to take my medication	Not Applicable

---

Answered by those who were prescribed medication to take home

---

**65. Were you given clear written or printed information about your medicines?**

---

Yes, completely	10
Yes, to some extent	5
No	0
I did not need this	Not Applicable
Don't know / Can't remember	Not Applicable

Answered by those who were prescribed medication to take home

---

**66. Did a member of staff tell you about any danger signals you should watch for after you went home?**

---

Yes, completely	10
Yes, to some extent	5
No	0
It was not necessary	Not Applicable

Answered by all

---

**67. Did hospital staff take your family or home situation into account when planning your discharge?**

---

Yes, completely	10
Yes, to some extent	5
No	0
It was not necessary	Not Applicable
Don't know / Can't remember	Not Applicable

Answered by all

---

**68. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?**

---

Yes, definitely	10
Yes, to some extent	5
No	0
No family or friends were involved	Not Applicable
My family or friends did not want or need information	Not Applicable

Answered by all

---

**69. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**

---

Yes	10
No	0
Don't know / Can't remember	Not Applicable

Answered by all

---

**70. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?**

---

Yes	10
No, but I would have liked them to	0
No, it was not necessary to discuss it	Not Applicable

Answered by all

---

**71. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social service or the voluntary sector)**

---

Yes	10
No, but I would have liked them to	0
No, it was not necessary to discuss it	Not Applicable

---

Answered by all

**Section 10: Overall**

---

**72. Overall, did you feel you were treated with respect and dignity while you were in the hospital?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

**73. During your time in hospital did you feel well looked after by hospital staff?**

---

Yes, always	10
Yes, sometimes	5
No	0

---

Answered by all

---

**74. Overall...**

---

I had a very poor experience	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
I had a very good experience	10

---

Answered by all

---

**75. During your hospital stay, were you ever asked to give your views on the quality of your care?**

---

Yes	10
No	0
Don't know / Can't remember	Not Applicable

---

Answered by all



---

**76. Did you see, or were you given, any information explaining how to complain about the care you received?**

---

Yes	10
No	0
Not sure / Don't know	Not Applicable

---

Answered by all

## **Appendix B: Calculating the trust score and category**

### **Calculating trust scores**

The scores for each question and section in each trust were calculated using the method described below.

Weights were calculated to adjust for any variation between trusts that resulted from differences in the age, sex and method of admission (planned or elective) of respondents. A weight was calculated for each respondent by dividing the national proportion of respondents in their age/sex/admission type group by the corresponding trust proportion. The reason for weighting the data was that younger people and women tend to be more critical in their responses than older people and men. If a trust had a large population of young people or women, their performance might be judged more negatively than if there was a more consistent distribution of age and sex of respondents.

### **Weighting survey responses**

The first stage of the analysis involved calculating national age/ sex/ admission method proportions. It must be noted that the term “national proportion” is used loosely here as it was obtained from pooling the survey data from all trusts, and was therefore based on the respondent population rather than the entire population of England.

All respondents at both Birmingham and Liverpool Women's NHS Foundation Trusts are coded as 'female', even where self-reported gender is coded as male. These trusts are then weighted using the national all female population as a reference.

The questionnaire asked respondents to state their year of birth. The approximate age of each patient was then calculated by subtracting the figure given from 2016. The respondents were then grouped according to the categories shown in Figure B1.

If a patient did not fill in their year of birth or sex on the questionnaire, this information was inputted from the sample file. If information on a respondent's age and/or sex was missing from both the questionnaire and the sample file, the patient was excluded from the analysis.

Question 1 asked “Was your most recent hospital stay planned in advance or an emergency?” Respondents that ticked “emergency or urgent” were classed as emergency patients for the purpose of the weightings. Those who ticked “waiting list or planned in advance” were classed as elective patients. However, if respondents ticked “something else” or did not answer question 1, information was taken from other responses to the questionnaire to determine the method of admission.

### **Emergency admission:**

- If the respondent answered "emergency or urgent" at question 1.
- Or
- If the respondent answered "something else" or did not respond to question 1, and answered 'yes' to question 2.
- Or
- If the respondent answered "something else" or did not respond to question 1, did not answer question 2, but responded to one or more of questions 3 or 4.

Elective admission:

- If the respondent answered "waiting list or planned in advance" at question 1.
- Or
- If the respondent answered "something else" or did not respond to question 1, and answered 'no' to question 2.
- Or
- If the respondent answered "something else" or did not respond to question 1, did not answer questions 2, 3 and 4 and gave at least one response to questions 5, 6, 7 and 8.

All other combinations of responses for questions 1 to 8 resulted in the respondent being excluded from the analysis, as it was not possible to determine admission method.

The national age/sex/admission method proportions relate to the proportion of men, and women of different age groups who had emergency or elective admission. As shown in Figure B1, the proportion of respondents who were male, admitted as emergencies, and aged 51 to 65 years is **0.066**; the proportion who were women, admitted as emergencies, and aged 51 to 65 years is **0.061** etc.

**Figure B1 National Proportions**

Admission Method	Sex	Age Group	National proportion 2016
Emergency	Men	≤35	0.012
		36-50	0.022
		<b>51-65</b>	<b>0.066</b>
		66+	0.200
	Women	≤35	0.022
		36-50	0.031
		<b>51-65</b>	<b>0.061</b>
		66+	0.210
Elective	Men	≤35	0.006
		36-50	0.012
		51-65	0.045
		66+	0.110
	Women	≤35	0.011
		36-50	0.028
		51-65	0.057
		66+	0.108

Note: All proportions are given to three decimal places for this example. The analysis included these figures to nine decimal places, and can be provided on request from the CQC surveys team at [patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk).

These proportions were calculated for each trust, using the same procedure.

The next step was to calculate the weighting for each individual. Age/sex/admission type weightings were calculated for each respondent by dividing the national proportion of respondents in their age/sex/admission type group by the corresponding trust proportion.

If, for example, a lower proportion of men who were admitted as emergencies aged between 51 and 65 years within Trust A responded to the survey, in comparison with the national proportion, then this group would be under-represented in the final scores. Dividing the national proportion by the trust proportion results in a weighting greater than “1” for members of this group (Figure B2). This increases the influence of responses made by respondents within that group in the final score, thus counteracting the low representation.

**Figure B2 Proportion and Weighting for Trust A**

Sex	Admission	Age Group	National Proportion	Trust A Proportion	Trust A Weight (National/Trust A)
Men	Emergency	≤35	0.012	0.018	0.667
		36-50	0.022	0.035	0.629
		51-65	<b>0.066</b>	0.047	<b>1.404</b>
		66+	0.200	0.095	2.105
Women	Emergency	≤35	0.022	0.045	0.489
		36-50	0.031	0.057	0.544
		51-65	<b>0.061</b>	0.085	<b>0.718</b>
		66+	0.210	0.117	1.795
Men	Elective	≤35	0.006	0.018	0.334
		36-50	0.012	0.035	0.343
		51-65	0.045	0.047	0.957
		66+	0.110	0.095	1.158
Women	Elective	≤35	0.011	0.045	0.244
		36-50	0.028	0.057	0.491
		51-65	0.057	0.085	0.671
		66+	0.108	0.119	0.907

Note: All proportions are given to three decimal places for this example.

Likewise, if a considerably higher proportion of women admitted as emergency patients aged between 36 and 50 years from Trust B responded to the survey (Figure B3), then this group would be over-represented within the sample, compared with national representation of this group. Subsequently this group would have a greater influence over the final score. To counteract this, dividing the national proportion by the proportion for Trust B results in a weighting of less than one for this group.

**Figure B3 Proportion and Weighting for Trust B**

Sex	Admission	Age Group	National Proportion	Trust B Proportion	Trust B Weight (National/Trust B)
Men	Emergency	≤35	0.012	0.016	0.750
		36-50	0.022	0.029	0.759
		51-65	<b>0.066</b>	0.062	1.065
		66+	0.200	0.091	2.198
Women	Emergency	≤35	0.022	0.034	0.647
		36-50	0.031	0.075	0.413
		51-65	<b>0.061</b>	0.080	0.763
		66+	0.210	0.110	1.909
Men	Elective	≤35	0.006	0.016	0.375
		36-50	0.012	0.029	0.414
		51-65	0.045	0.062	0.758
		66+	0.110	0.097	1.134
Women	Elective	≤35	0.011	0.034	0.324
		36-50	0.028	0.075	0.373
		51-65	0.057	0.080	0.713
		66+	0.108	0.110	0.982

Note: All proportions are given to three decimals places for this example.

To prevent the possibility of excessive weight being given to respondents in an extremely underrepresented group, the maximum value for any weight was set at five.

### Calculating question scores

The trust score for each question displayed on the website was calculated by applying the weighting for each respondent to the scores allocated to each response.

The responses given by each respondent were entered into a dataset using the 0-10 scale described in section 3. Each row corresponded to an individual respondent, and each column related to a survey question. For those questions that the respondent did not answer (or received a “not applicable” score for), the relevant cell remained empty. Alongside these were the weightings allocated to each respondent (Figure B6).

**Figure B4 Example scoring for the ‘A&E Department’ section, 2016 Inpatients survey, Trust B**

Respondent	Scores		Weight
	Q3	Q4	
1	10	0	0.750
2	5	10	0.759
3	.	5	0.647

Respondents’ scores for each question were then multiplied individually by the relevant weighting, in order to obtain the numerators for the trust scores (Figure B5).

**Figure B5 Example numerators for the ‘A&E’ section, 2016 Inpatients survey, Trust B**

Respondent	Scores		Weight
	Q3	Q4	
1	7.50	0.000	0.750
2	3.795	7.590	0.759
3		3.235	0.647

**Obtaining the denominators for each domain score**

A second dataset was then created. This contained a column for each question, grouped into domains, and again with each row corresponding to an individual respondent. A value of one was entered for the questions where a response had been given by the respondent, and all questions that had been left unanswered or allocated a scoring of “not applicable” were set to missing (Figure B8).

**Figure B6 Example values for non-missing responses, ‘A&E’ section, 2015 Inpatients survey, Trust B**

Respondent	Scores		Weight
	Q3	Q4	
1	1	1	0.750
2	1	1	0.759
3		1	0.647

The denominators were calculated by multiplying each of the cells within the second dataset by the weighting allocated to each respondent. This resulted in a figure for each question that the respondent had answered (Figure B9). Again, the cells relating to the questions that the respondent did not answer (or received a 'not applicable' score for) remained set to missing (Figure B8).

**Figure B7 Denominators for the “A&E” section, 2015 Inpatients survey, Trust B**

Respondent	Score		Weight
	Q3	Q4	
1	0.750	0.750	0.750
2	0.759	0.759	0.759
3		0.647	0.647

The weighted mean score for each trust, for each question, was calculated by dividing the sum of the weighted scores for a question (i.e. numerators), by the weighted sum of all eligible respondents to the question (i.e. denominators) for each trust.

Using the example data for Trust B, we first calculated weighted mean scores for each of the three questions that contributed to the 'A&E' section of the questionnaire.

$$Q3: \quad \frac{7.50 + 5.620}{0.750 + 0.759} = 8.694$$

$$Q4: \quad \frac{0.000 + 7.590 + 3.325}{0.750 + 0.759 + 0.647} = 5.063$$

### Calculating section scores

A simple arithmetic mean of each trust's question scores was then taken to give the score for each section. Continuing the example from above, then, Trust B's score for the 'Accident & Emergency' section of the Inpatients survey would be calculated as:

$$(7.099 + 5.536) / 2 = 6.318$$

### Calculation of the expected ranges

Z statistics (or Z scores) are standardized scores derived from normally distributed data, where the value of the Z score translates directly to a p-value. That p-value then translates to what level of confidence you have in saying that a value is significantly different from the mean of your data (or your 'target' value).

A standard Z score for a given item is calculated as:

$$z_i = \frac{y_i - \theta_0}{s_i} \quad (1)$$

where:  $s_i$  is the standard error of the trust score<sup>1</sup>,  
 $y_i$  is the trust score  
 $\theta_0$  is the mean score for all trusts

Under this banding scheme, a trust with a Z score of < -1.96 is labeled as "Worse" (significantly below average; p<0.025 that the trust score is below the national average), -1.96 < Z < 1.96 as "About the same", and Z > 1.96 as "Better" (significantly above average; p<0.025 that the trust score is above the national average) than what would be expected based on the national distribution of trust scores.

However, for measures where there is a high level of precision (the survey indicators sample sizes average around 400 to 500 per trust) in the estimates, the standard Z score may give a disproportionately high number of trusts in the significantly above/below average bands (because  $s_i$  is generally so small). This is compounded by the fact that all the factors that may affect a trust's score cannot be controlled. For example, if trust scores are closely related to economic deprivation then there may be significant variation between trusts due to this factor, not necessarily due to factors within the trusts' control. In this situation, the data are said to be 'over dispersed'. That problem can be partially overcome by the use of an 'additive random effects model' to calculate the Z score (we refer to this modified Z score as the  $Z_D$  score). Under that model, we accept that there is natural variation between trust scores, and this variation is then taken into account by adding this to the trust's local

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<sup>1</sup> Calculated using the method in Appendix C.

standard error in the denominator of (1). In effect, rather than comparing each trust simply to one national target value, we are comparing them to a national distribution.

The  $Z_D$  score for each question and section was calculated as the trust score minus the national mean score, divided by the standard error of the trust score plus the variance of the scores between trusts. This method of calculating a  $Z_D$  score differs from the standard method of calculating a Z score in that it recognizes that there is likely to be natural variation between trusts which one should expect, and accept. Rather than comparing each trust to one point only (i.e. the national mean score), it compares each trust to a distribution of acceptable scores. This is achieved by adding some of the variance of the scores between trusts to the denominator.

The steps taken to calculate  $Z_D$  scores are outlined below.

#### Winsorising Z-scores

The first step when calculating  $Z_D$  is to 'Winsorise' the standard Z scores (from (1)). Winsorising consists of shrinking in the extreme Z-scores to some selected percentile, using the following method:

1. Rank cases according to their naive Z-scores.
2. Identify  $Z_q$  and  $Z_{(1-q)}$ , the 100q% most extreme top and bottom naive Z-scores. For this work, we used a value of  $q=0.1$
3. Set the lowest 100q% of Z-scores to  $Z_q$ , and the highest 100q% of Z-scores to  $Z_{(1-q)}$ . These are the Winsorised statistics.

This retains the same number of Z-scores but discounts the influence of outliers.

#### **Estimation of over-dispersion**

An over dispersion factor  $\hat{\phi}$  is estimated for each indicator which allows us to say if the data for that indicator are over dispersed or not:

$$\hat{\phi} = \frac{1}{I} \sum_{i=1}^I z_i^2 \quad (2)$$

where  $I$  is the sample size (number of trusts) and  $z_i$  is the Z score for the  $i$ th trust given by (1). The Winsorised Z scores are used in estimating  $\hat{\phi}$ .

#### **An additive random effects model**

If  $I \hat{\phi}$  is greater than  $(I - 1)$  then we need to estimate the expected variance between trusts. We take this as the standard deviation of the distribution of  $\theta_i$  (trust means) for trusts, which are on target, we give this value the symbol  $\hat{\tau}$ , which is estimated using the following formula:

$$\hat{\tau}^2 = \frac{I\hat{\phi} - (I - 1)}{\sum_i w_i - \sum_i w_i^2 / \sum_i w_i} \quad (3)$$

where  $w_i = 1 / s_i^2$  and  $\hat{\phi}$  is from (2). Once  $\hat{\tau}$  has been estimated, the  $Z_D$  score is calculated as:

$$z_i^D = \frac{y_i - \theta_0}{\sqrt{s_i^2 + \hat{\tau}^2}} \quad (4)$$

## Appendix C: Calculation of standard errors

### 1. Calculation of standard errors

In order to calculate statistical bandings from the data, it is necessary for CQC to have both trusts' scores for each question and section and the associated standard error. Since each section is based on an aggregation of question mean scores that are based on question responses, a standard error needs to be calculated using an appropriate methodology.

For the patient experience surveys, the z-scores are scores calculated for section and question scores, which combines relevant questions making up each section into one overall score, and uses the pooled variance of the question scores

### Assumptions and notation

The following notation will be used in formulae:

$X_{ijk}$	is the score for respondent $j$ in trust $i$ to question $k$
$Q$	is the number of questions within section $d$
$w_{ij}$	is the standardization weight calculated for respondent $j$ in trust $i$
$Y_{ik}$	is the overall trust $i$ score for question $k$
$Y_{id}$	is the overall score for section $d$ for trust $i$

Associated with the subject or respondent is a weight  $w_{ij}$  corresponding to how well the respondent's age/sex is represented in the survey compared with the population of interest.

### Calculating mean scores

Given the notation described above, it follows that the overall score for trust  $i$  on question  $k$  is given as:

$$Y_{ik} = \frac{\sum_j w_{ij} X_{ijk}}{\sum_j w_{ij}}$$

The overall score for section  $d$  for trust  $i$  is then the average of the trust-level question means within section  $d$ . This is given as:



$$Y_{id} = \frac{\sum_{k=1}^Q Y_{ikd}}{Q}$$

### Calculating standard errors

Standard errors are calculated for both sections and questions.

The variance within trust i on question k is given by:

$$\hat{\sigma}_{ik}^2 = \frac{\sum_j w_{ij} \left( X_{ijk} - Y_{ik} \right)^2}{\sum_j w_{ij}}$$

This assumes independence between respondents.

For ease of calculation, and as the sample size is large, we have used the biased estimate for variance.

The variance of the trust level average question score, is then given by:

$$\begin{aligned} V_{ik} &= \text{Var}(Y_{ik}) = \text{Var} \left( \frac{\sum_j w_{ij} X_{ijk}}{\sum_j w_{ij}} \right) \\ &= \frac{\text{Var} \left( \sum_j w_{ij} X_{ijk} \right)}{\left( \sum_j w_{ij} \right)^2} \\ &= \frac{\hat{\sigma}_{ik}^2 \sum_j w_{ij}^2}{\left( \sum_j w_{ij} \right)^2} \end{aligned}$$

Covariances between pairs of questions (here,  $k$  and  $m$ ) can be calculated in a similar way:

$$COV_{ik.im} = \text{Cov}(Y_{ik}, Y_{im}) = \frac{\hat{\sigma}_{ikm} \sum_j w_{ij}^2}{\left( \sum_j w_{ij} \right)^2}$$

Where 
$$\hat{\sigma}_{ikm} = \frac{\sum_j w_{ij} (X_{ijk} - Y_{ik})(X_{ijm} - Y_{im})}{\sum_j w_{ij}}$$

Note:  $w_{ij}$  is set to zero in cases where patient  $j$  in trust  $i$  did not answer both questions  $k$  and  $m$ .

The trust level variance for the section score  $d$  for trust  $i$  is given by:

$$V_{id} = Var(Y_{id}) = \frac{1}{Q^2} \left\{ \sum_{k=1}^Q V_{ik} + 2 \sum_{k=2}^Q \sum_{m=1}^{k-1} COV_{ik,im} \right\}$$

The standard error of the section score is then:

$$SE_{id} = \sqrt{V_{id}}$$

## 2016 Adult Inpatient Survey Benchmark Reports: Q&A

This document is provided to answer some of the questions you may have on the benchmark reports, and on the underlying data. A technical guidance document is also available on the CQC website which goes into further detail on the statistical techniques used to categorise trust scores, and can be found here:

[www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)

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## The Benchmark Reports

### ***What are the red, green and orange sections in the chart?***

The coloured bars represent the full range of all trust scores, from the lowest score achieved by a trust to the highest. The orange section in the charts represents the **expected range** for a score for a trust. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. If a score falls above or below the expected range it will be in the 'better' or 'worse' category, represented by green and red areas respectively. The calculation of the expected range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts (see the technical guidance for more details, available from: <http://www.cqc.org.uk/inpatientsurvey> and sent to survey trust leads prior to publication).

### ***How do I know which category my trust's score is in if the diamond representing the score appears to be on the threshold in the benchmark charts?***

Text to the right of the graphs clearly states if a trust score for a particular question, or section, is 'better' or 'worse' compared with most other trusts that took part in the survey. If there is no text present, the result is 'about the same'.

### ***How do I refer to these scores and categories when reporting on the results for my trust?***

We have produced a brief guide on how to refer to the findings when disseminating the scored data. This was provided to Trust survey leads prior to publication, and is available on request from the surveys team at: [patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk).

## About the Scores

### ***Why are the scores presented out of ten?***

The scores are presented out of ten to emphasise that they are scores and not percentages.

### ***How are the scores calculated?***

For each question in the survey, the **standardised** individual responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response and a score of 0 the worst. The higher the score for each question, the better the trust is performing. For more detailed information on the methodology, including the scores assigned to each question, please see the technical document.

## About the Analysis

### ***What is the 'expected range'?***

The better / about the same / worse categories are based on a statistic called the 'expected' range that is calculated for each question for each trust. This is the range within which we would expect a particular trust to score if it performed about the same as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the distribution of scores for all other trusts, and allows us to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts. Analysing the survey information in such a way allows for fairer conclusions

to be made in terms of each trust’s performance. This approach presents the findings in a way that takes account of all necessary factors, yet is presented in a simple manner.

***Why are the percentage results for all trusts not provided?***

The percentage data is provided to trusts for their own information only and can be used to understand the results for individual trusts.

It is not however suitable for making comparisons between trusts because the results are not **standardised**, meaning that differences in the profiles of respondents between trusts are not taken into account. Any differences across trusts that are shown in non-standardised data may be in part due to differences in the characteristics of respondents. We know that age, gender and route of admission are three such characteristics and so we adjust for this in the data to make fairer comparisons across trusts with differing population profiles.

A further advantage of using scored data is that it allows for all response options to be taken into account, rather than looking at just a subset of responses from the question. For example, if you look at the table below, from looking at the ‘yes, definitely’ responses only, you would think that trust A and trust B are performing equally well. However, taking into account the other responses, it becomes apparent that trust B has the more positive result overall.

**Q33: Were you involved as much as you wanted to be in decisions about your care and treatment?**

	<b>Trust A</b>	<b>Trust B</b>
<b>Yes definitely</b>	<b>59%</b>	<b>59%</b>
<b>Yes to some extent</b>	<b>10%</b>	<b>39%</b>
<b>No</b>	<b>31%</b>	<b>2%</b>

Scored, standardised data is therefore considered to be the fairest way to include survey data in the Commission’s regulatory activities, as well as by other stakeholders such as NHS England and the Department of Health for their measures and assessments.

In the past the percentage results or scores have been used to present data in a league table form, or to identify the ‘better’ or ‘worse’ trusts. Such use would be misleading and inaccurate, as the differences have not been tested for significance.

***Why is the data standardised by the age, gender and route of admission of respondents?***

The reason for ‘standardising’ data is that we know that the views of a respondent can reflect not only their experience of NHS services, but can also relate to certain demographic characteristics, such as their age. To account for this we ‘standardise’ the data. Standardising data adjusts for these differences and enables the results for trusts with different population profiles to be compared more fairly than could be achieved using non-standardised data.

***Why are there no confidence intervals surrounding the score?***

As the ‘expected range’ calculation takes into account the number of respondents at each trust who answer a question, as well as the scores for all other trusts, it is not necessary to present confidence intervals around each score.

## Understanding the Data

### ***Why do most trusts appear to be performing 'about the same'?***

The expected range is a conservative statistic. It accounts for the possibility that there is variation across trusts for other reasons, aside from differences in trust performance. There may be significant variation between trusts due to certain factors that are not within the trusts' control. The technique used takes this into account, and so if a trust is found to be performing 'better' or 'worse' compared with most other trusts that took part in the survey, you can be really very confident that this is the case and it is extremely unlikely to have occurred by chance.

Even though your trust may appear to be performing 'about the same' compared to most other trusts nationally, the results should still be useful to you locally, for example you may want to:

- Make comparisons to the results from previous surveys to look for questions where you have improved or declined.
- Identify particular areas you may wish to improve on ahead of the next survey.
- Compare your results with those of other similar trusts.
- Look at your results by different service user groups to understand their different experiences, for example, by age, long term condition, ethnic group, etc.
- Undertake follow up activity with service users such as interviews, workshops or focus groups to get more in depth information into areas in which you would like to improve.

Please remember that for points 1-3 above, to do this accurately you should undertake an appropriate **significance test**.

The survey guidance manual provides more information on making use of survey data. The guidance manual is available on the NHS surveys website, please see the further information section.

### ***Why does the number of trusts performing 'better' or 'worse' at each question vary?***

It is important to be aware that the ranges of performance on different questions varies and this has an influence on how much a trust needs to differ from the average by, in order to be considered 'better' or 'worse' than the average. This means that the number of trusts performing 'better' or 'worse' at each question will vary.

### ***Why has no trust come out as performing better or worse for a particular question?***

This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the expected range is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' will be very wide, and hence will also cover the highest and / or lowest scoring trusts for that question.

***Is the lowest scoring trust the worst trust in the country, for each question? And likewise the highest scoring trust the best?***

If a trust is in the 'better' or 'worst' category this means that they are performing either better or worse compared with *most other trusts* that took part in the survey. However, a trust is not necessarily *the best*, or *the worst*, and this could not be determined without undertaking an appropriate significance test.

If you took the scores and ordered them by size, you would most likely find that the highest and lowest ones would change if you ran the survey again. This is because the scores are estimates – we have only had questionnaires from some patients who used inpatient services (those receiving care in July), not all service users. If another sample of service users were surveyed, and you put the scores in order again, you would find that there would probably be a different trust at the top and at the bottom. By analysing the data the way we have, we can say which trusts are likely to always be 'better' and those that will always be 'worse', so they should be looked at as a group of 'better' trusts, and 'worse' trusts, rather than in order of scores. This is the fairest way to present the data as it means that individual trusts are not pulled out as the very 'best' or very 'worst', when that may not be the case and it may be that if all service users were surveyed, different trusts would be shown to be the very 'best' or 'worst'.

***The score for one of my questions has gone up but is categorised as 'about the same' yet in the 2015 survey we were 'better'?***

When looking at scores within a trust over time, it is important to be aware that they are relative to the performance of other trusts. If, for example, a trust was 'better' for one question, then 'about the same' the next time the survey was carried out, it may not indicate an actual decrease in the performance of the trust, but instead may be due to an improvement in many other trusts' scores, leaving the trust to appear more 'average'. Hence it is more useful to look at actual changes in scores over time.

***We are categorised as 'about the same' for a question yet a trust with a slightly lower score than us is categorised as 'better'. Why is this?***

The 'expected range' calculation takes into account the number of respondents from each trust as well as the distribution of scores for all other trusts, and allows us to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts. As set out above the expected range is a conservative statistic: it accounts for the possibility that there is variation across trusts for other reasons, aside from differences in trust performance. There may be significant variation between trusts due to certain factors that are not within the trusts' control. The technique used takes this into account. It is likely that your trust came out as 'about the same' because your trust had fewer respondents to the question which creates a greater degree of uncertainty around the result. The trust with the lower score would likely have had more respondents to the question, and so their expected range would have been narrower.

***Why is the category for one of my sections 'worse' yet all of the questions that fall into that section are 'about the same'?***

This can happen because the calculation of the section scores is a separate calculation and not an average of all questions that make up a particular section. If this has occurred, it is likely that your trust scored very lowly or even on the threshold for all or most of the questions that are in a section.

The thresholds for 'worse', 'about the same' and 'better' are based on the score variance. For sections, this is a composite of the separate question variances, but not a straightforward sum, because it also depends on the correlation between questions. It does not therefore follow that a trust that is above the threshold on separate questions will also be above the threshold when those questions are combined.

The 'expected range' is dependent on the (sampling) variance of the trust's results – with a more reliable score (as would normally be the case for section scores), it is easier to be significantly different from the 'average' group than for a less reliable score.

### ***How do I calculate an overall score for my trust?***

It is important to remember that there is no overall indicator or figure for 'patient experience', so it is not accurate to say that a trust is the 'best in the country' or 'best in the region' *overall*. Adding up the number of 'better' and 'worse' categories to find out which trust did better or worse overall is misleading: we do not provide a single overall rating for each NHS trust as this would be too simplistic. The survey assesses a number of different aspects of patient's experience (such as the staff, care in hospital) and trust performance varies across these different aspects. This means that it is not recommended to compare trusts overall. It is better to look at the trusts that are similar to yours, or particular trusts against which you want to compare yourself, and see how they perform across the particular aspects that are of interest to you.

### ***Why do the results and / or number of respondents provided by CQC differ from those provided to me by our approved contractor?***

CQC do not see the reports provided to you by your approved contractor and therefore cannot comment on these. You should raise any queries directly with your approved contractor. However, likely reasons for any discrepancies are:

- The approved contractor may have cleaned the data differently to CQC. In particular, CQC remove respondents from the base of a question that do not analyse the performance of a trust - we refer to these as 'nonspecific responses', such as 'don't know or can't remember'. A guide to data cleaning is available here: <http://nhssurveys.org/survey/1762>
- Trust level data published by CQC has been 'standardised' by age, gender and route of admission to enable fairer comparisons between the results of trusts which may have different population profiles. Approved Contractors may not have done this or may have applied a different standardisation. To be able to standardise the data, information is needed on both age and gender, if either of these pieces of information are missing, or not able to be determined, the respondent must be dropped from the analysis as it is not possible to apply a weight.
- CQC analyses trust level data by scoring (and standardising) the responses to each question. Each response option that evaluates performance is scored on a scale of 0-10. Approved Contractors may have analysed and / or scored the data in a different way.
- The Approved Contractor will not be able to make comparisons against all trusts that took part in the survey, only against those that commissioned them. Therefore any 'national' results they publish will not be based on all trusts and any thresholds they calculate may be different.



## Comparing Results

### ***Why is statistical significance relevant?***

Survey scores are estimates – we have only received questionnaires from some service users who used services during the sampling period, not all service users, as the survey uses a sample of patients from a chosen month (July) and some choose not to respond. If another sample of service users were surveyed, you may find the results would change slightly. This is why it is important to test results for statistical significance.

A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Without significance testing you cannot be sure that a difference between two results would still be different if you repeated the survey again. If a result is not significant then you cannot be sure of its accuracy. If a significant difference is present then it is likely that it is a true difference, and if the survey was repeated again that you would see the same outcome.

### ***How can I make comparisons to previous years' survey data, or to other trusts?***

The purpose of the expected range is to arrive at a judgement of how a trust is performing compared with all other trusts that took part in the survey. To use the data in another way: to make comparisons to scores achieved in previous surveys, or between trusts, you will need to undertake an appropriate statistical test to ensure that any change is statistically significant. A statistically significant change means that you can be very confident that the change is real and not due to chance.

The previously published results for the inpatient surveys are available here:

**<http://nhssurveys.org/surveys/425>**

For advice on making accurate comparisons you may like to speak to someone within your trust with statistical expertise, or your approved contractor (if used) should be able to advise on this. You can also contact the survey team on **[patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk)**.

### ***Which trusts are performing best / worst?***

We have compiled a list of all trusts that performed 'better' or 'worse' when comparing data across all trusts, for each scored question in the survey, which is available from the surveys team on request upon publication. This can be used to at a glance identify which trusts are in each group, rather than searching through each individual trust page or benchmark report. Please note the 'interpretation' information at the beginning of the document, which explains how the information should be most appropriately reported.

### ***Why can't I sort the scores for all trusts and rank the trusts in order of performance?***

It is not appropriate to sort the scores:

1) Firstly, due to the analysis technique applied, where the number of respondents is taken into account, it is possible that one trust may score higher than another - though the higher scoring trust is classed as 'about the same' and the second, lower scoring, trust is put into the 'better' category. This may occur if the second trust has a considerably larger number of respondents, as it will be assumed that their score is more reliable, and hence more likely always to be high.

2) Secondly, the statistical technique does not measure how different individual trust scores are from one another (whether statistically significant), and so it would be too simple to attempt to sort by scores alone, without running more analysis on the data. The banding technique used is helpful in identifying which trusts are likely always to be in the 'better', 'worse', or 'about the same' category, no matter how many surveys are sent out.

## **Further information**

The full national results for the 2015 survey are on the CQC website, together with an A to Z list to view the results for each trusts inpatient questions, and the technical document outlining the methodology and the scoring applied to each question:

**[www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)**

The results for the all the previous surveys can be found on the NHS surveys website at:  
**<http://nhssurveys.org/surveys/425>**

Full details of the methodology for the survey can be found at:  
**<http://nhssurveys.org/surveys/935>**

More information on the programme of NHS patient surveys is available at:  
[www.cqc.org.uk/public/reports-surveys-and-reviews/surveys](http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys)

## **Further Questions**

If you have any further questions please contact the surveys team at CQC:  
**[patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk)**

**CQC Surveys team**  
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