

Assessment of compliance with the Code of Practice for Official Statistics

Patient Outcome Statistics: Statistics from the Patient Experience Surveys for England

(produced by the Care Quality Commission)

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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Assessment of compliance with the Code of Practice for Official Statistics

Patient Outcome Statistics: Statistics from the Patient Experience Surveys for England *(produced by the Care Quality Commission)*

NATIONAL STATISTICS STATUS

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.



All official statistics should comply with all aspects of the *Code of Practice for Official Statistics*. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is a producer's responsibility to maintain compliance with the standards expected of National Statistics, and to improve its statistics on a continuous basis. If a producer becomes concerned about whether its statistics are still meeting the appropriate standards, it should discuss its concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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1 Summary of findings

Introduction

- 1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act allows an appropriate authority³ to request an assessment of official statistics against the *Code of Practice for Official Statistics*⁴ in order for them to gain National Statistics status. This report is in response to such a request⁵ from the Secretary of State for Health in response to the Statistics Authority's Monitoring Review: *Official Statistics on Patient Outcomes in England*⁶. The report covers the statistics from four patient experience surveys for England that are published by the Care Quality Commission (CQC):
- Inpatient survey⁷
 - Maternity services survey⁸
 - Community mental health survey⁹
 - Accident and Emergency survey¹⁰
- 1.2 This report forms part of a group of assessments of patient outcomes statistics for England produced by the Health and Social Care Information Centre (HSCIC), NHS England and CQC that also includes the NHS Outcomes Framework (NHS OF), Summary Hospital-level Mortality Indicators, Patient Reported Outcome Measures, and Patient Safety Incident statistics.
- 1.3 This report was prepared by the Authority's Assessment team, and approved by the Regulation Committee on behalf of the Board of the Statistics Authority, based on the advice of the Director General for Regulation.

Decision concerning designation as National Statistics

- 1.4 The Authority judges that the statistics covered by this report do not fully comply with the *Code of Practice* in the ways summarised in paragraph 1.11. The Authority judges that the statistics published in the patient experience statistics reports cannot be designated as National Statistics until the Authority has confirmed that CQC has taken appropriate actions to meet the

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ Subsection 12(7) of the Act defines 'appropriate authority' as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

⁴ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁵ <http://www.statisticsauthority.gov.uk/reports---correspondence/correspondence/letter-from-rt--hon--jeremy-hunt-mp-to-sir-andrew-dilnot-170314.pdf>

⁶ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-review-1-2014---official-statistics-on-patient-outcomes-in-england.pdf>

⁷ Initially the Assessment was based on *Inpatient Survey 2013*. During the course of this Assessment CQC published *Inpatient survey 2014* and this Assessment report was updated to take account of the changes that CQC made: <http://www.cqc.org.uk/content/inpatient-survey-2014>

⁸ <http://www.cqc.org.uk/content/maternity-services-survey-2013>

⁹ <http://www.cqc.org.uk/content/community-mental-health-survey-2014>

¹⁰ <http://www.cqc.org.uk/content/accident-and-emergency-survey-2014>

Requirements listed in paragraph 1.11. CQC is expected to report its completed actions to the Authority by November 2015.

- 1.5 This is the first time that the Authority has assessed the official statistics that CQC produces against the *Code of Practice*. It recognises that this has resulted in the need for CQC to address a large number of requirements before the statistics can be designated as National Statistics. Nevertheless, the Authority considers the required actions will greatly enhance the public value of the official statistics that CQC produces.
- 1.6 During the course of this assessment, CQC provided evidence to the Assessment team that it has addressed several areas of compliance with the *Code of Practice* that would have otherwise been Requirements. The Authority welcomes this.

Summary of strengths and weaknesses

- 1.7 The patient experience statistics are the only official statistics that CQC produces. This is the first time that the Authority has assessed these official statistics against the *Code of Practice* and, as a result, this assessment examines CQC's official statistics infrastructure, as well as the official statistics that it publishes. The Assessment team identified several areas where improvements are required to CQC's official statistics infrastructure. These relate to the need to develop policies and planning arrangements that are consistent with the expectations of the *Code of Practice*, and to ensure a much clearer distinction between CQC's statistical production and its regulatory and corporate activity, including in its supporting commentary¹¹. The patient experience statistics team has started to address these issues during the course of this Assessment.
- 1.8 CQC undertakes a large amount of survey development work and is reviewing the programme to make the surveys more relevant to the experiences of service users. It engages well with users of the statistics from within CQC, the Department of Health (DH) and NHS England, and from NHS trusts that both manage the data collection from patients and use the statistics. However, we consider that the patient experience statistics have the potential to reach a wider audience – for example patient representative groups and other third sector organisations – and that by widening its dialogue with users, CQC could produce more insightful analysis to appeal to those users and enhance the public value that it achieves from the patient experience statistics.
- 1.9 We also consider that the wider group of users would benefit from CQC providing information about the different ways in which CQC, NHS England and HSCIC present patient experience statistics, and the uses to which each of these presentations are most suited. And users would benefit from CQC providing information about the methods and quality associated with the surveys in an easily accessible place. In particular CQC could publish guidance about sources of error.

¹¹ Preamble xiii of the *Code of Practice* says 'It is implicit in the Code that there will be sufficient managerial separation between members of staff responsible for official statistics and other members of staff in the organisation, to ensure clear lines of accountability for observance of the Code'.

Detailed recommendations

1.10 The Assessment team identified some areas where it felt that CQC should improve the production and presentation of the patient experience statistics for England. Those which are essential for CQC to address in order to strengthen its compliance with the *Code of Practice* and to enable designation as National Statistics are listed – as Requirements – in paragraph 1.11, alongside a short summary of the key findings that led to each Requirement being made. Other recommended changes, which the Assessment team considers would improve the statistics and the service provided to users but which are not formally required for their designation as National Statistics, are listed – as Suggestions – in paragraph 1.12.

Requirements for designation as National Statistics

1.11 This paragraph includes those improvements that CQC is required to make in respect of its patient experience statistics for England in order to fully comply with the *Code of Practice for Official Statistics*, and to enable designation as National Statistics.

Finding	Requirement
<p>CQC has not actively sought the perspective of statistics users outside of the core health and social care system on topics such as the survey timetable and the frequency of data collection and reporting. It has not gathered users' views about the way that the statistics are presented in the reports for England. CQC should:</p>	<p>1</p> <p>a) Develop a thorough understanding of the use made of the patient experience statistics for England and document more fully the types of decision that they inform, including providing context for users about how they can be used in conjunction with other patient outcome statistics</p> <p>b) Develop a user engagement strategy to outline clearly how it will strengthen its dialogue with users of the patient experience statistics for England, in particular those outside the core health and social care system including patient experience groups and other third sector organisations</p> <p>(para 3.3).</p>
<p>CQC has not published any information about its statistical plans for programme development and to date has not consulted statistical users outside the</p>	<p>2</p> <p>Publish details about its statistical planning process, including how it takes into account the needs of users outside the core health and social care system when setting priorities; and consult users and publish its plans for developing these statistics (para 3.4).</p>

<p>core health and social care system about priorities including about changes it made to elements of the programme. CQC should:</p>		
<p>CQC did not consult users widely about changes in 2014 and 2015 to the surveys timetable and did not adequately inform them about these changes. CQC should:</p>	3	<p>Consult users of the statistics – including those outside the core health and social care system – before making changes to the established survey cycle (para 3.5).</p>
<p>The statistical narrative in the four reports does not distinguish clearly between the statistics that are the subject of the report and CQC’s operational policy. The supporting narrative also strays into presenting CQC’s regulatory view. CQC should:</p>	4	<p>Ensure that a clear distinction is drawn between statistical and corporate identity in statistical publications and in corporate publications that comment on statistical issues (para 3.6).</p>
<p>CQC did not publish any prominent information about previous sampling errors, their impact on the statistics, or their effect on the use of the statistics. CQC should:</p>	5	<p>Publish prominent information for users about the effect of previous errors in sample selection on the use of the affected statistics (para 3.8).</p>
<p>CQC has not provided the patient experience statistics team and the users of its statistics with assurances regarding integrity. CQC should:</p>	6	<p>Publish a statement that:</p> <ul style="list-style-type: none"> a) Sets out the relationship between the Head of Profession (HoP) at DH and CQC’s Lead Official b) Confirms the independence of official statistics production and sets out how CQC ensures that this independence is maintained

		<p>c) Sets out how and where it promotes a culture within which statistical experts can comment publicly on statistical issues including the misuse of official statistics within, as well as outside of, the organisation</p> <p>d) Sets out the procedure that members of staff should follow should any unforeseen political pressures arise</p> <p>(para 3.13).</p>
<p>CQC has not published methods and quality information that covers all of the dimensions of quality for statistical outputs set out in the <i>Quality Assurance Framework of the European Statistical System (ESS)</i>. CQC should:</p>	7	<p>Publish information about the quality of the statistics that covers all aspects of the ESS Quality Framework, including appropriate links to more detailed, relevant, documentation (para 3.14).</p>
<p>The supporting documentation published by CQC does not explain how or why the question scoring system was developed, or the benefits and drawbacks of using this method. CQC should:</p>	8	<p>Publish details about how the scoring system was developed, why CQC uses it to present trust performance, what alternatives were considered, and the benefits and drawbacks of its use (para 3.16).</p>
<p>The statistical reports have started to include information about the quality of the statistics and their limitations, including some of the potential sources of error or bias. CQC has not published information showing response rates over</p>	9	<p>a) Publish further information about the possible sources of variability, bias and other errors and the impact of these on the use of the statistics – including those related to non-response and the impact of this on quality – to aid user interpretation</p> <p>b) Develop actions to improve the response rate for the Community mental health survey, based on reasons specific to that survey as well as the generic actions that CQC has identified in its pilot study for the Inpatient survey</p>

time or about the impact that this has on the quality of the statistics. CQC should:		(para 3.17).
The patient experience statistics are not presented in a coherent way. CQC should:	10	Explain to users the reasons for the differences in the way that the statistics are presented in different publications and on various websites, and publish guidance about the uses to which each one is better or less well suited based on their respective strengths and limitations (para 3.19).
CQC has not published information about, or presented comparisons with, patient experience statistics from surveys that are carried out in the rest of the UK. CQC should:	11	Promote comparability within the UK by publishing appropriate comparative analysis and links to patient experience statistics from the rest of the UK and indicate where no similar statistics are available (para 3.20).
CQC has not developed a business plan for its official statistics function as part of the organisation's business planning process. CQC should:	12	Develop a business plan for the statistical function that articulates the planned programme of activity and the medium term development plans, and that shows the relationship between the statistical planning process, the work programme, the allocation of resources and the outcomes of the patient experience survey programme (para 3.28).
CQC has not consulted users about substantive changes to the resources allocated to the survey programme. CQC should:	13	Consult users – including those beyond the core health and social care system – before substantive changes are made to the allocation of resources to statistical activities (para 3.29).
CQC does not provide sufficient technical and contextual narrative in the statistical reports. Visual presentation is not effective and longer term trends are not	14	<p>a) Improve the narrative in the series of patient experience reports, and in particular, include contextual narrative about the framework for patient experience statistics, the associated policies and operation and comparative information from other sources, to aid user interpretation of the statistics</p> <p>b) Publish a description of what the various</p>

<p>discussed. CQC should:</p>		<p>questionnaire sections cover and how these aspects contribute to patients' experiences of the services they receive</p> <p>c) Improve the visual presentation of the statistics, referring to the Government Statistical Service's (GSS) Good Practice Team's guidance on <i>Effective tables and graphs in official statistics</i> and including appropriate graphs and tables – and if possible maps showing patterns of trust results – that enhance clarity, interpretability and consistency</p> <p>d) Publish and discuss statistics over an appropriate longer time period, where available, to demonstrate longer term trends</p> <p>(para 3.34).</p> <p>As part of meeting this requirement CQC should consider the points detailed in annex 1 and annex 2. To maximise value from this work it is important that CQC present the statistics from its patient experience surveys within the context of statistics on patient outcomes more widely.</p>
<p>CQC has not explained the reasons for the different ways the statistics are presented or published advice on their uses. It has published previous reports and tables inconsistently on the NHS Surveys website. CQC should:</p>	<p>15</p>	<p>a) Publish additional advice on the Surveys web pages about the different ways in which the statistics for NHS trust areas are presented and about their intended uses</p> <p>b) Ensure consistent access to previous patient experience statistical reports and tables for England</p> <p>(para 3.37).</p>
<p>CQC has presented the tables that accompany the official statistics in pdf format. It has not made the data or tables openly-available in a non-proprietary format. CQC should:</p>	<p>16</p>	<p>Publish the data or tables associated with the patient experience statistics in an open, non-proprietary format that equates to at least a three star level under the Five Star Scheme</p> <p>(para 3.38).</p>

CQC did not draw public attention to a change to the pre-announced release date for the <i>Accident and Emergency survey 2014</i> , or explain the reasons for this change. CQC should:	17	Draw public attention to planned changes to pre-announced release dates, explaining fully the statistical reasons for the change (para 3.41).
CQC has not identified or explained – for the benefit of users – the assurance arrangements undertaken by the service providers or the role of external bodies in inspecting or auditing the quality of the data collection using the Patient Administration System. CQC should:	18	Outline the data assurance arrangements for the patient administrative data that is used in the survey sampling, taking into consideration the Authority's <i>Administrative Data Quality Assurance Toolkit</i> (para 3.47).
CQC has not published a Statement of Administrative Sources for the official statistics it produces. CQC should:	19	Publish a Statement of Administrative Sources, reflecting the arrangements it develops for audit and quality assurance of the sample source data (para 3.48).

Suggestions for extracting maximum value from the statistics

1.12 This paragraph includes some suggestions for improvement to CQC's patient experience statistics for England, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

We suggest that CQC:

1	Draw on examples of good practice in user consultation from other health statistics producers and GSS and explore options such as the Health Statistics User Group on StatsUserNet and patient representative groups to facilitate user discussions (para 3.3).
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2	Include additional information in its published timetable, or in another prominent place, that makes clear the frequency of carrying out the individual surveys and other information related to timing that would assist users in planning their use of the patient experience statistics (para 3.5).
3	Include a link in future statistical reports to the revisions policy (para 3.7).
4	Revise the competency framework for analysts to include competences associated with the regulatory framework for official statistics at the earliest opportunity (para 3.25).
5	Engage with the HoP at DH to develop understanding of the government statistical profession and to draw on available expertise in statistical process, planning and resourcing (para 3.28).
6	Work with DH and NHS England, and with other data provider bodies as relevant, to identify the operational and policy issues that affect patient experience statistics and publish helpful explanatory information about wider findings alongside its own statistics (para 3.34).
7	Review the NHS Surveys website with a view to improving navigation and ease of use (para 3.37).
8	Include a complete time series in the published dataset (para 3.38).
9	Publish a policy for pre-release access that includes the categories of people who are granted pre-release access and the reasons that CQC grants it, as well as the decision-making process for additional requests (para 3.43).
10	Work closely with other statistical producer bodies, such as HSCIC, to clarify the data assurance arrangements (para 3.47).
11	Develop a process map to illustrate the supply of administrative data for the patient experience survey samples (para 3.47).

2 Subject of the assessment

2.1 The Care Quality Commission (CQC), an executive non-departmental public body sponsored by DH, produces official statistics from the National Patient Experience Survey Programme for England (patient experience statistics). As the independent health and adult social care regulator, CQC's role is to make sure that health and social care services provide people with safe, effective, compassionate, high-quality care by monitoring, inspecting and regulating services to ensure that they meet fundamental standards of quality and safety.

Patient Outcomes Review and the Francis Inquiry

2.2 Following publication of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*¹² (chaired by Robert Francis QC) in February 2013, the Statistics Authority conducted an independent review of patient outcome statistics in England to consider the extent to which the public could more readily use these statistics. In its report, *Monitoring Review: Official Statistics on Patient Outcomes in England (Patient Outcomes Review)*¹³, which was published on 7 February 2014, the Statistics Authority recommended that the patient outcomes statistics be assessed against the *Code of Practice*. The Secretary of State for Health requested the assessment of CQC's patient experience statistics against the *Code of Practice* in response to that recommendation.

2.3 In addition to recommending the assessment of seven sets of official patient outcomes statistics, most of which are covered by the group of assessments outlined in paragraph 1.2 of this report¹⁴, *Patient Outcomes Review* makes other recommendations pertinent to this group of patient outcome assessments. The Authority:

- sees a vital need for HSCIC and NHS England to disseminate consistent patient outcome statistics from all publicly-funded healthcare providers (whether NHS or independent sector) and, in the interim, to state clearly whether the current statistics do so (Recommendation 2, paragraph 34)
- recommends that HSCIC and NHS England engage closely with expert users such as in third sector organisations with a view to improving the clarity and accessibility of current patient outcome statistics for less-expert users (Recommendation 3, paragraph 46)
- recommends that: HSCIC, NHS England and CQC further research and publish the views of a wide range of users about their needs in respect of: (a) ensuring that the presentation of relevant statistics is accessible, clear and at a level of detail that supports their further use; and (b) extending the range of patient outcome statistics to address currently unmet needs (Recommendation 5, paragraph 52)

¹² <http://www.midstaffpublicinquiry.com/report>

¹³ See footnote 6

¹⁴ Decisions about the timing of assessment by the Statistics Authority of NHS Safety Thermometer: Patient Harms and Harm Free Care and Friends and Family Test are pending

Published patient experience statistics for England

- 2.4 CQC carries out patient experience surveys to collect the views and experiences of people using specific health and social care services that the NHS provides in the acute and community mental health sectors in England. The surveys gather data from patients about their experiences of inpatient, community mental health, maternity, accident and emergency, outpatient¹⁵ and ambulance services¹⁶. CQC is also developing a new children's survey that is expected to report in June 2015, but is not part of this assessment.
- 2.5 The surveys are carried out by post among service users through NHS service providers. These are usually acute and specialist NHS trusts. The Community mental health survey also covers community healthcare social enterprises. The Accident and Emergency survey does not include Urgent Care Centres. The NHS has established these centres recently to treat less urgent cases that existing accident and emergency departments would previously have treated.
- 2.6 Patients that meet the qualifying criteria for the relevant service during the survey period are eligible to take part in the surveys. For example, for the Inpatient survey, a patient must have spent at least one night in hospital. A sample is drawn of individuals who meet the criteria and were patients during a specified reference period. For three of the surveys, the reference period is one month, with an extended reference period possible for a trust where discharges in the sampling month are below the minimum sample threshold. For the Community mental health survey the reference period is three months.
- 2.7 Surveys are typically carried out annually – in the case of the Inpatient survey and the Community mental health survey – or every three years – in the case of the Accident and Emergency survey and the Maternity services survey. On occasion the timetable – in particular for the three-yearly surveys – is varied. For example CQC is conducting the Accident and Emergency survey a year earlier than scheduled due to the re-development of the Outpatient survey.
- 2.8 Table 1 shows the achieved sample sizes and response rates for the most recent of each of the four patient experience surveys:

¹⁵ The patient experience statistics team told us that the Outpatient survey is undergoing a review that is likely to result in a new method and a break in the series. As a result it is not included in this assessment.

¹⁶ CQC has no plans to repeat the Ambulance Survey of 'Hear and Treat' callers due to the quality of the contact details in the administrative data used to source the survey sample.

Table 1: Achieved sample sizes and response rates for most recent patient experience surveys

Survey report	Number of NHS trusts	Achieved sample size	Response rate
<i>Inpatient survey 2014</i>	154	59,083	47%
<i>Maternity services survey 2013</i>	137	<23,000	46%
<i>Community mental health survey 2014</i>	57	13,787	29%
<i>Accident and Emergency survey 2014</i>	142	39,320	34%

Source: Assessment team, compiled from information provided in the reports and supporting information

- 2.9 The questionnaires used in the surveys cover areas such as overall experience, care and treatment, staff, and follow-up advice and care. The questionnaires are tailored to each individual service. For example the *Community mental health survey 2014* includes questions on crisis care, and the *Accident and Emergency survey 2014* includes questions on waiting time after arrival at the accident and emergency department.
- 2.10 CQC reports the patient experience statistics for England as the percentage of patients recording each answer. In addition, some of the reports for England include information about NHS trusts that perform better or worse than expected relative to all other trusts based on their performance scores¹⁷. The scores are obtained by assigning pre-determined numerical values in the range of zero to ten to the answers for each question. The most negative answer is assigned a value of zero and the most positive answer is assigned a value of ten. Answers that lie between are placed at equal intervals along the scale (paragraph 3.15).
- 2.11 CQC publishes the following outputs for each survey:
- national summaries: reports of the headline statistics for each survey; CQC publishes the summary reports on its Surveys web pages
 - individual trust benchmark reports: present trust scores and indicate performance relative to the performance of all trusts using the scale: better than, worse than or as expected; CQC publishes the trust reports on the separate NHS Surveys website¹⁸ and provides a link to these from the CQC Surveys web pages. These reports are out of the scope of this assessment.

¹⁷ In simple terms, performance is based on the distribution of scores for a question across all trusts with the highest and lowest two and a half per cent of trusts in the distribution being categorised respectively as performing better or worse than expected; the remaining trusts are categorised as performing as expected. Technical details for the *Inpatient survey 2013* are provided at:

http://www.cqc.org.uk/sites/default/files/inpatient_survey_technical_document.pdf

¹⁸ <http://www.nhssurveys.org/>

Supporting information includes:

- national tables: present the statistics for the current and most recent previous reference periods; CQC publishes the tables on its Surveys web pages
- technical details: include details of the methods used to score and analyse the surveys; CQC publishes the technical details on the separate NHS Surveys website and provides a link to these from the CQC Surveys web pages.

Users and uses of patient experience statistics and data

- 2.12 Statistics derived from the patient experience survey data are intended to encourage NHS trusts in England to improve services, based on the experiences of those who use them. Some NHS trusts also publish their own results from the surveys in their trust Quality Accounts – a publicly available report about the quality of services that DH requires NHS healthcare providers in England to publish annually on the NHS Choices website¹⁹.
- 2.13 The regulatory function in CQC uses statistics derived from the patient experience survey data as part of its Intelligent Monitoring. This involves a set of indicators – including those derived from the survey programme – that the regulatory function uses to identify where, when and what to inspect by identifying levels of risk to the quality of care provided by registered providers. The regulator supplies packs to its inspection teams that include the trusts' scores. CQC's Intelligence Unit uses the survey data to produce thematic reports on specific topics covered by the survey and on the state of care within the health sector.
- 2.14 NHS England publishes statistics produced from the survey data in the *Overall Patient Experience Scores*. This publication reports nationally on patients' experiences of care in accident and emergency, inpatient and community mental health services. Users of the NHS England publication use it to understand quality and measure service improvement for England as a whole. NHS England also produces statistics about experience of the three services for NHS trust areas in the form of a diagnostic tool for use by NHS managers and the general public.
- 2.15 The statistics that NHS England publishes are used as indicators for the NHS Outcomes Framework (NHS OF)²⁰, specifically in Domain 4: ensuring that people have a positive experience of care. HSCIC publishes the NHS OF. DH uses the NHS OF to hold NHS England to account for improvements in health outcomes, as part of the UK Government's Mandate to NHS England.
- 2.16 Responses to our user consultation (annex 2) demonstrated various uses. Policy makers and analysts in DH brief Ministers on the patient experience survey results and use the patient experience statistics to support Ministers' speeches; to meet ad hoc briefing requests and to respond to parliamentary

¹⁹ <http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/quality-accounts-2013-2014.aspx>

²⁰ <http://www.hscic.gov.uk/searchcatalogue?productid=17374&q=title%3a%22nhs+outcomes+frameworks+indicators%22&sort=Relevance&size=10&page=1#top>

questions. NHS England provides briefings on the statistics to inform their decision-making about projects and programmes to improve patient experience, and to support healthcare commissioners to improve the way that they commission services. NHS trusts use trust results to identify areas and strategies for improvement. Monitor – the sector regulator for health services in England – assesses the governance of NHS foundation trusts. It uses the patient experience statistics to support core information as it forms its regulatory view of a provider. There is potential for use by individual members of the public, representative patient groups and other third sector organisations with an interest in the care and treatment of patients.

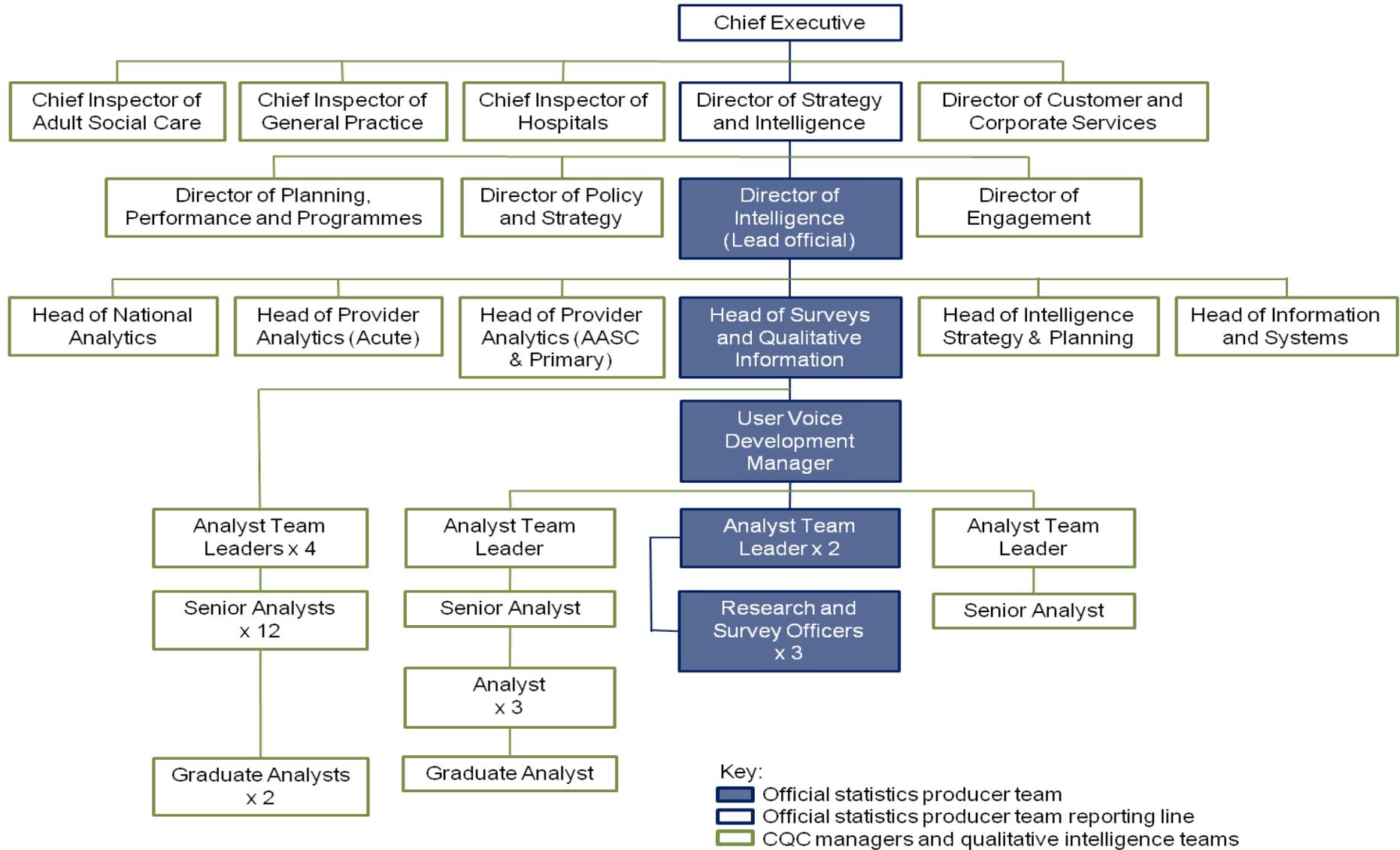
History and management

- 2.17 The *Health and Social Care Act 2008*²¹ established CQC as the regulator of all health and adult social care services. This Act established the commission's powers and duties, and introduced the integration of health and social care regulation in England. It contained some new powers of enforcement that were not held by CQC's predecessor organisations²².
- 2.18 The *Health and Social Care Act 2008* included specific legislative requirements for CQC to perform its functions with regard to the views and experiences of people who use health and social care services, and to encourage the provision of care in a way that is focused on those needs.
- 2.19 CQC's predecessor organisations delivered the patient experience survey programme between 2002 and 2009. CQC has developed and delivered the survey programme and produced the associated official statistics since 2009.
- 2.20 The core team that produces the official statistics – the patient experience statistics team – is led by the User Voice Development Manager, who reports to the Head of Surveys and Qualitative Intelligence. Surveys and Qualitative Intelligence is one of the four analytical teams that report to the Director of Intelligence – the Lead Official for Statistics (Lead Official) in CQC. Figure 1 presents a simplified organisation chart that shows the position of the official statistics producer team within the overall organisation of CQC.

²¹ <http://www.cqc.org.uk/content/legislation>

²² CQC replaced the former Commission for Social Care Inspection, Healthcare Commission and Mental Health Act Commission

Figure 1: CQC simplified organisation chart

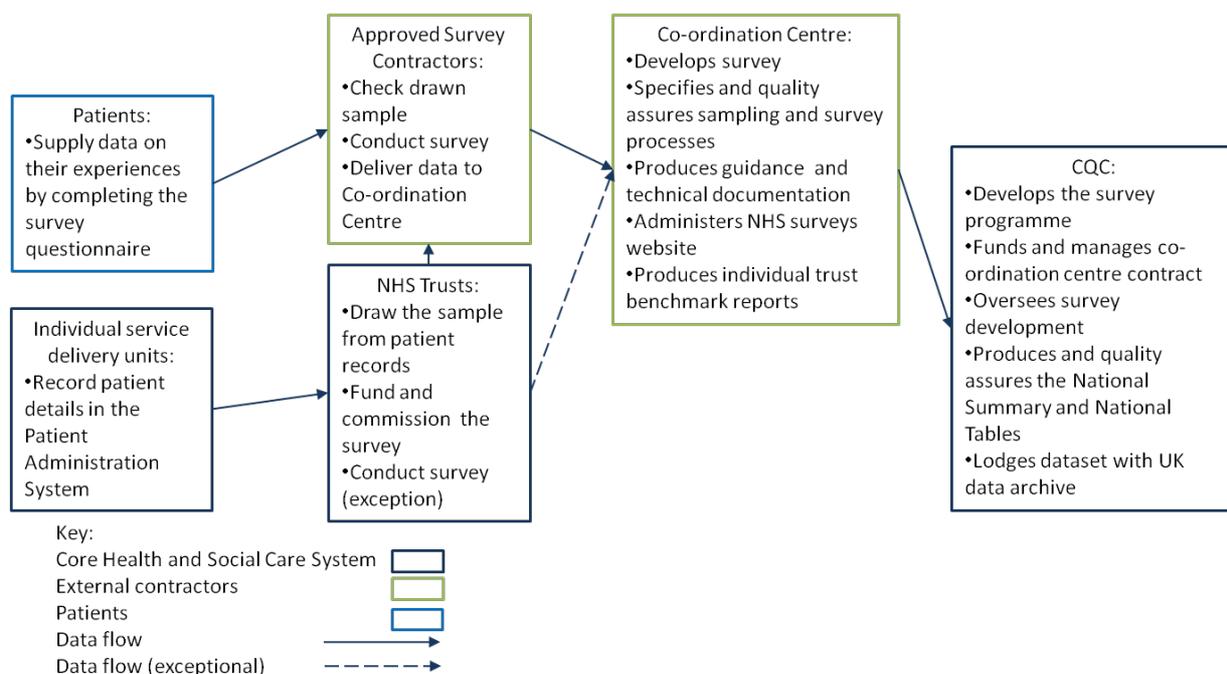


Source: Assessment team

Data sources and survey management

2.21 The National Patient Experience Surveys Co-ordination Centre (the Co-ordination Centre) – a private contractor that is currently the Picker Institute Europe – develops the survey questionnaires, materials and methods centrally. CQC’s patient experience statistics team manages the Co-ordination Centre contract. NHS trusts fund and implement the surveys locally, typically using the services of a survey contractor selected from a framework of Approved Survey Contractors. Trusts draw the eligible sample for each survey from patient data that are recorded by individual service delivery units in the Patient Administration System (PAS). Patients who complete the questionnaire supply the survey data. Figure 2 shows the organisations and individuals that are involved in the patient experience survey programme, their roles and the flows of data from collection to reporting the patient experience statistics.

Figure 2: Patient experience survey programme: organisations involved and data flows



Source: Assessment team

Open data and costs

2.22 CQC deposits a dataset containing respondent data – with personal details removed – with the UK Data Archive; this does not give equal access to all users (paragraph 3.38). CQC publishes supporting tables in pdf or, in one case, in Microsoft Word format for the patient experience statistics for England. This equates to a level of one star under the Five Star Scheme that forms part of the Open Standards Principles proposed in the *Open Data White Paper*:

*Unleashing the Potential*²³ and adopted as UK government policy in November 2012²⁴. Five stars represent the highest star rating within the Scheme.

- 2.23 CQC estimated its current costs of producing statistics from the National Patient Experience Survey Programme to be on average approximately £900,000 to £1,000,000 a year. It estimated the cost to NHS trusts of carrying out the surveys on average is between around £800,000 to £1,000,000 a year. These costs did not include the cost of patient information collected through the PAS.

Patient experience statistics in the devolved administrations

- 2.24 Two of the UK's devolved administrations publish similar patient experience statistics. In Scotland, the Scottish Government has conducted an Inpatient survey since 2010²⁵ and a Maternity services survey since 2013²⁶. The Department of Health, Social Services and Public Safety in Northern Ireland has published the statistics from the *Inpatient Patient Experience Survey 2014*²⁷. It intends this publication to be the first in a regional programme of patient experience surveys across the health and social care service in Northern Ireland. The Welsh Government has not published patient experience statistics for any of the four services that are covered by this Assessment report.

²³ http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf

²⁴ <https://www.gov.uk/government/publications/open-standards-principles/open-standards-principles>

²⁵ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/InpatientSurvey>

²⁶ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey>

²⁷ <http://www.dhsspsni.gov.uk/de/index/statistics/safetyquality/patient-experience.htm>

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 CQC's patient experience statistics team understands the needs of some users of the survey statistics and data in depth, including for the CQC regulatory function, NHS England and NHS trusts. This core group uses the survey data and statistics for NHS trust areas. CQC understands the uses of the statistics for England less well, and knows less about uses of the data outside of the core health and social care system.
- 3.2 CQC involves patients and representative organisations – from the perspective of service users – in survey development for the maternity services and community mental health surveys. CQC told the Assessment team that representative groups are more prominent for the more specialist services. CQC does not involve representative organisations in developing the surveys that cover inpatient, and accident and emergency services. CQC's Intelligence Unit consulted patients previously about the way that it presents results for NHS trust areas in the Intelligent Monitoring information that is used by CQC's regulatory function. However, it has not specifically consulted patients and representative groups – from the perspective of users of the statistics – about the statistics for England. Outside of the core health and social care system, CQC's interaction with users of the statistics is confined to responding to queries that arise – principally from researchers – through use of the patient experience survey data that CQC deposits with the UK Data Archive. CQC provides a bespoke data provision or analytical service to those users.
- 3.3 CQC has not actively sought the perspective of statistics users outside of the core health and social care system on topics such as the survey timetable and the frequency of data collection and reporting. It has not gathered users' views about the way that the statistics are presented in the reports for England. As part of the designation as National Statistics, CQC should:
 - a) develop a thorough understanding of the use made of the patient experience statistics for England and document more fully the types of decision that they inform, including providing context for users about how they can be used in conjunction with other patient outcome statistics
 - b) develop a user engagement strategy to outline clearly how it will strengthen its dialogue with users of the patient experience statistics for England, in particular those outside the core health and social care system including patient experience groups and other third sector organisations²⁸

(Requirement 1).

We suggest that in meeting this Requirement CQC draw on examples of good practice in user consultation from other health statistics producers and the Government Statistical Service (GSS) and explore options such as the Health

²⁸ In relation to Principle 1, Practices 1 and 2, Protocol 1 Practice 1 of the *Code of Practice*

Statistics User Group on StatsUserNet²⁹ and patient representative groups to facilitate user discussions.

- 3.4 CQC develops the survey programme in consultation with NHS England and DH. However, CQC has not published any information about its statistical plans for programme development and to date has not consulted statistical users outside the core health and social care system about priorities. A recent pilot survey examined the possibility of more frequent data collection and reporting for the Inpatient survey – to meet an identified user need for trusts and the CQC regulatory function. CQC has not published the pilot evaluation report. It has sought approval to take some action in response to the pilot recommendations, but has not consulted widely about this. As part of the designation as National Statistics, CQC should publish details about its statistical planning process, including how it takes into account the needs of users outside the core health and social care system when setting priorities; and consult users and publish its plans for developing these statistics³⁰ (Requirement 2).
- 3.5 CQC publishes a forward timetable for upcoming surveys. The frequency with which the various surveys are carried out is unclear from this timetable or the CQC Surveys web pages. CQC told us that the established plan is that some surveys, such as the Inpatient survey, are carried out annually. Others, such as the Accident and Emergency survey are carried out on a rotating three-yearly cycle. However, the survey programme is in a period of re-development and, currently, this cycle is not always maintained. For example CQC is substantially re-developing the Outpatients survey and did not conduct it in 2014 – as might be expected from the previous cycle. Instead, it carried out the Accident and Emergency survey a year earlier than the established cycle would suggest. CQC did not consult users widely about changes in 2014 and 2015 to the surveys timetable and did not adequately inform them about these changes. As part of the designation as National Statistics, CQC should consult users of the statistics – including those outside the core health and social care system – before making changes to the established survey cycle³¹ (Requirement 3). We suggest that, in meeting this requirement, CQC include additional information in its published timetable, or in another prominent place, that makes clear the frequency of carrying out the individual surveys and other information related to timing that would assist users in planning their use of the patient experience statistics.

²⁹ <http://www.statsusernet.org.uk/Home/>

³⁰ In relation to Principle 1, Practice 1 and 3 and Protocol 6, Practices 1 and 7 of the *Code of Practice*

³¹ In relation to Principle 1, Practice 4 and Protocol 6, Practice 7 of the *Code of Practice*

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.6 The narrative that accompanies the statistics in the four survey reports that were reviewed as part of this assessment – and in particular in *Accident and Emergency 2014* – presents contextual information about CQC’s operational policy. To avoid any perception that the presentation of the statistics is anything other than neutral and objective, the narrative needs to distinguish clearly between the statistics that are the subject of the report and CQC’s operational policy. The supporting narrative also strays into presenting CQC’s regulatory view. As part of the designation as National Statistics, CQC should ensure that a clear distinction is drawn between statistical and corporate identity in statistical publications and in corporate publications that comment on statistical issues³² (Requirement 4).
- 3.7 During the course of this assessment, CQC published its policy on revisions and corrections for the patient experience statistics and started to include a statement in the published statistics. Both of these said that the patient experience statistics for England are not subject to scheduled revision. We suggest that CQC include a link in future statistical reports to the revisions policy.
- 3.8 The Co-ordination Centre assures the quality of the sampling that is carried out by trusts for each survey. The report that presented the results of the quality assurance for the *Inpatient survey 2013* identified errors in the sampling procedures for four trusts in previous years³³. The report did not specify which years were affected. It would not, of course, be feasible or appropriate to re-select the samples or to re-run the previous surveys. CQC did not publish any prominent information about the errors, the impact on the statistics, or the effect on the use of the statistics. As part of the designation as National Statistics, CQC should publish prominent information for users about the effect of previous errors in sample selection on the use of the affected statistics³⁴ (Requirement 5).

³² In relation to Principle 2, Practice 2 of the *Code of Practice*

³³ http://www.nhssurveys.org/Filestore/Inpatient_2013/IP13_Sampling_Problems_v1.pdf

³⁴ In relation to Principle 2, Practice 6 and Practice 7 of the *Code of Practice*

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.9 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to, or identified by, the Assessment team.
- 3.10 The Head of Surveys and Qualitative Information at CQC outlined to the Assessment team the organisational controls that are in place to ensure that members of staff do not abuse the trust placed in them for personal gain. Examples of controls include the use of secure password systems, restricted areas and access controls. CQC also has documented a range of information assurance policies that members of staff must follow. CQC told us that it would take action if it found that a person working for the organisation had deliberately and inappropriately accessed or misused confidential personal information. This could include disciplinary action, ending a contract, or bringing a prosecution³⁵.
- 3.11 Compliance with the *Code of Practice* requires that the relevant statistical Head of Profession (HoP) has the sole responsibility for deciding on statistical methods and procedures, and on the content and timing of statistical reports. The Lead Official in CQC – the Director of Intelligence – has delegated authority from the HoP at DH in relation to the production and publication of statistics. CQC’s organisational structure is such that the Lead Official is managerially separate from the regulatory function and from corporate services (figure 1). The Lead Official’s role is described as: “To deliver intelligence to trigger and inform regulatory activity and publish information in line with the regulatory model”³⁶. Overseeing the production of official statistics is a small part of that role and is not explicit in the description. It is not appropriate for the Authority to express a view on whether statisticians should be integrated within operational teams or not. However, we consider it to be essential that the production of official statistics is demonstrably independent from CQC’s regulatory and statutory functions. We also consider it to be essential that it is clear that the public interest prevails over the interests of the organisation in the production and publication of statistics.
- 3.12 CQC told us that it has a strong challenge culture and a history of challenging misuse of the statistics by external organisations. However, CQC has not set out – for the benefit of its staff members – what is expected of statisticians should political pressure arise from within or outside of the organisation.
- 3.13 In order to provide CQC’s patient experience statistics team and the users of its statistics with assurances regarding integrity, as part of the designation as National Statistics CQC should publish a statement that:
- a) sets out the relationship between the HoP at DH and CQC’s Lead Official

³⁵ http://www.cqc.org.uk/sites/default/files/documents/20121105_code_of_practice_on_cpi.pdf

³⁶ <http://reference.data.gov.uk/gov-structure/organogram/?pubbod=care-quality-commission&post=15012530>

- b) confirms the independence of official statistics production and sets out how CQC ensures that this independence is maintained
 - c) sets out how and where it promotes a culture within which statistical experts can comment publicly on statistical issues including the misuse of official statistics within, as well as outside of, the organisation
 - d) sets out the procedure that members of staff should follow should any unforeseen political pressures arise³⁷
- (Requirement 6).

³⁷ In relation to Principle 3, Practices 2, 3 and 7 of the *Code of Practice*

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

Methods and quality information

3.14 CQC has not published methods and quality information that covers all of the dimensions of quality for statistical outputs set out in the *Quality Assurance Framework of the European Statistical System (ESS)*³⁸. The NHS Surveys website includes detailed guidance to trusts and their contractors about how to carry out the surveys and the quality assurance procedures that they should apply during the survey process. The published information does not help users to interpret the statistics. CQC has published some information about quality assurance, but this is not complete. For example it has not published information about the quality assurance procedures that CQC undertakes when producing the statistical reports for England. CQC includes a link from its Surveys web pages to the NHS Surveys website where technical information is available that explains the methods used to analyse the data. The technical document does not always explain the rationale for using the analysis methods, including for the scoring system. As part of the designation as National Statistics, CQC should publish information about the quality of the statistics that covers all aspects of the ESS Quality Framework, including appropriate links to more detailed, relevant, documentation³⁹ (Requirement 7).

Methods used to produce patient experience scores from survey data

3.15 During the assessment we examined the methods used to measure patient experience. CQC adopts a pragmatic approach that measures the underlying patient experience through a series of deliberate and well-defined choices. The questionnaire development process means that the measurement reflects what patients identify as important aspects of their experience; it also ensures that the questions are valid measures of these aspects. CQC assigns scores to the descriptive statements that are used as question responses, using the survey scoring system. This system converts descriptive answers into scores from zero to ten. The most negative answer is assigned a value of zero and the most positive answer is assigned a value of ten. Answers that lie between are placed at equal intervals along the scale. Table 2 shows the scoring that is applied to a selection of four different types of example questions taken from across the latest surveys⁴⁰.

³⁸ The European Statistical System Quality Framework has five quality criteria: relevance; accuracy and reliability; timeliness and punctuality; coherence and comparability; accessibility and clarity: <http://ec.europa.eu/eurostat/web/quality/quality-reporting>

³⁹ In relation to Principle 4, Practices 1 and 2, and Principle 8, Practice 1 of the *Code of Practice*

⁴⁰ The example questions and scores are taken from the technical documents provided for each survey through the CQC Surveys web pages: <http://www.cqc.org.uk/content/surveys>

Table 2: Example questions and scores assigned to response options

<i>Maternity services survey 2013:</i>		<i>Community mental health survey 2014:</i>		<i>Accident & Emergency survey 2014:</i>		<i>Inpatient survey 2014:</i>	
Question	Score	Question	Score	Question	Score	Question	Score
Was concern raised during labour or birth taken seriously		Sufficient help provided when contacted crisis care		How long waited before spoke to nurse or doctor		Rating hospital food	
Yes	10	Yes definitely	10	Did not have to wait	10	Very good	10
No	0	Yes, to some extent	5	1-30 mins	8	Good	6.7
		No	0	31-60 mins	6	Fair	3.3
				>1 hour, no more than 2	4	Poor	0
				>2 hours, no more than 4	2		
				>4 hours	0		

Source: Assessment team

3.16 The supporting documentation that CQC has published describes the scoring system and shows the scores that are assigned to each question response. It does not explain how or why the scoring system was developed, or the benefits and drawbacks of using this method. As part of the designation as National Statistics, CQC should publish details about how the scoring system was developed, why CQC uses it to present trust performance, what alternatives were considered, and the benefits and drawbacks of its use⁴¹ (Requirement 8).

Sources of error including non-response

3.17 During the course of this assessment, CQC started to include information about the quality of the statistics and their limitations in the statistical report, including some of the potential sources of error or bias although this does not include all possible sources of error or analysis of the impact of these on the use of the statistics and the quality of the data. CQC told us that response rates for some surveys have declined over time, in particular for the Community mental health survey. CQC also told us that this was possibly due to the repeated sampling of the same mental health service users although it did not have evidence to substantiate this. CQC has not published information showing response rates over time or about the impact that this has on the quality of the statistics. The survey data are not weighted to adjust for non-response and CQC has not explained the reason that non-response weighting is not applied. Feedback from our user consultation included a suggestion that survey participants were not always representative of all service users. CQC has not published a sample analysis to demonstrate how close the achieved sample is to the profile of service users. As part of the designation as National Statistics, CQC should:

- a) publish further information about the possible sources of variability, bias and other errors and the impact of these on the use of the statistics – including those related to non-response and the impact of this on quality – to aid user interpretation
- b) develop actions to improve the response rate for the Community mental health survey, based on reasons specific to that survey as well as the

⁴¹ In relation to Principle 4, Practice 1 and Principle 8, Practice 1 of the *Code of Practice*

generic actions that CQC has identified in its pilot study for the Inpatient survey⁴²

(Requirement 9).

Coherence

- 3.18 CQC and NHS England present patient experience statistics – that are drawn from data collected through the patient experience surveys – in different ways. Paragraph 2.11 identified that CQC publishes survey statistics on two different websites: its own Surveys web pages and NHS Surveys. CQC includes links to publications on NHS Surveys from its Surveys web pages. During the course of this Assessment CQC added further links to statistics about individual trusts, and for England as a whole that NHS England and HSCIC publish and that are derived from the patient experience survey data. CQC has not published an overview of the different statistics, the reasons for their differences in format and presentation or their suitability for various uses.
- 3.19 As part of the designation as National Statistics, CQC should explain to users the reasons for the differences in the way that the statistics are presented in different publications and on various websites, and publish guidance about the uses to which each one is better or less well suited based on their respective strengths and limitations⁴³ (Requirement 10).

Comparative statistics in the UK

- 3.20 CQC designs and develops its survey programme based on the Patient Experience Framework for NHS services and works with other producers of patient experience statistics across the health and social care sector in England to increase consistency. During the course of this Assessment, CQC published information about, and links to, patient experience statistics from surveys that are carried out in the rest of the UK. CQC told us that it worked with the Scottish Government to develop consistency between the surveys of patient experiences of maternity services that are carried out in England and Scotland. The Scottish Government report of the Scottish statistics compared these with statistics in England, but CQC did not replicate the analysis in *Maternity services for England 2013* and has not publicised the comparative analysis or published similar analysis subsequently. As part of the designation as National Statistics, CQC should promote comparability within the UK by publishing appropriate comparative analysis and links to patient experience statistics from the rest of the UK and indicate where no similar statistics are available⁴⁴ (Requirement 11).

⁴² In relation to Principle 4, Practice 5, Principle 6 and Protocol 1, Practice 4 of the *Code of Practice*

⁴³ In relation to Principle 4, Practice 3 of the *Code of Practice*

⁴⁴ In relation to Principle 4, Practice 6 of the *Code of Practice*

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 3.21 Each separate survey of patient experience is subject to approval by the Health Research Authority's (HRA) Confidentiality Advisory Group (CAG)⁴⁵. The CAG reviews and agrees the proposed methods, processes and guidance to ensure that confidentiality is adequately protected. CQC applies for this approval on behalf of participating trusts that use a contractor to administer the survey. Potentially identifiable survey data that are obtained from the surveys are treated in accordance with the CAG requirements and the organisational policies of both CQC and the Co-ordination Centre. Both CQC and the Co-ordination centre receive data for individual survey participants. However, neither CQC nor the Co-ordination Centre receives survey data that can directly identify an individual. Measures are in place to prevent records that directly identify survey participants being erroneously sent to either organisation. CQC only publishes statistics that are aggregated for England and by individual trust.
- 3.22 Patients who are invited to participate in a survey of their experience of a particular service receive an accompanying letter with the questionnaire⁴⁶. This is sent from the relevant NHS trust to explain the purpose of the survey. As part of that letter the trust informs potential participants how it ensures that their confidentiality will be protected and refers them to the FAQs⁴⁷ on the NHS Surveys website for more detail. CQC supplies a poster to NHS trusts⁴⁸, which they can display at the point of service delivery. The poster informs patients about the upcoming survey and reassures them that, should they take part, the data they provide will be treated confidentially.
- 3.23 Section 80 of the *Health and Social Care Act 2008* requires CQC to publish a *Code of Practice on Confidential Personal Information (CPI Code)*⁴⁹. The *CPI Code* sets out the principles that CQC follows while performing its regulatory functions or its functions under the *Mental Health Act 2007*⁵⁰ and *Health and Safety at Work etc. Act 1974*⁵¹. It also sets out the principles on which, and processes by which, CQC makes decisions on the collection, use and sharing of confidential information about identifiable (or potentially identifiable) individuals. The *CPI Code* describes CQC's legal obligations and powers, and security arrangements, disclosure control rules and governance for the

⁴⁵ CAG is an advisory group appointed by the Health Research Authority (HRA). Its members advise the HRA on access to confidential patient information for medical research purposes. By agreement, CAG also provides advice to the Secretary of State for Health (SoS) on all other non-research requests to access confidential patient information in relation to the SoS's functions under the Health Service (Control of Patient Information) Regulations 2002: <http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/>

⁴⁶ For example the accompanying letter – for customisation by NHS trusts – to accompany the Inpatient survey 2014: <http://www.nhssurveys.org/survey/1278>

⁴⁷ <http://www.nhssurveys.org/faq>

⁴⁸ For example the pre-survey poster for the *Maternity survey 2015*:

http://www.nhssurveys.org/Filestore/MAT15/20141203_MAT15_Poster_v1.1_final.pdf

⁴⁹ http://www.cqc.org.uk/sites/default/files/documents/20121105_code_of_practice_on_cpi.pdf

⁵⁰ <http://www.legislation.gov.uk/ukpga/2007/12/contents>

⁵¹ <http://www.legislation.gov.uk/ukpga/1974/37>

organisation as a whole. During the course of this assessment, CQC published a separate confidentiality policy⁵² to complement the *CPI Code* that describes the confidentiality arrangements (as outlined in paragraphs 3.21 and 3.22) that apply specifically to the patient experience surveys and to the associated official statistics that CQC publishes.

⁵² <http://www.cqc.org.uk/content/accident-and-emergency-survey-2014>

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

3.24 The statistics from the series of patient experience surveys are, at the time of writing, the only official statistics that CQC produces. The surveys collect patients' opinions about, and perceptions of, various aspects of their care. These cannot be collected through administrative data sources. Participation in the surveys is voluntary and is sought through informed consent. The patient experience statistics team told us that, in developing the survey programme, it balances the overall costs of the programme with the utility of the information produced from it. For example, a review of the Inpatient survey recommended increasing the sample size and collecting data more frequently in response to identified user needs. CQC proposed a two-stage implementation of the recommendations – including a partial extension to the sample size at the first stage – with the second stage introduced only after the first stage demonstrates value for money. CQC routinely involves service users in survey development, including cognitive testing of new questions to ensure relevance and comprehension, and to reduce respondent burden.

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.25 CQC produces the official statistics about patient experience using a dedicated team that is supported by the Co-ordinating Centre (paragraph 2.20 – 2.21; figures 1 and 2); resources appear to be sufficient for the current frequency and scale of production. Posts in CQC’s patient experience statistics team require specialist skills and competences. During the course of this assessment, CQC developed a competency framework for analysts – including the patient experience statistics team – to set the requirement needs of statistical posts and the development needs of staff. This is based on government frameworks for professional groups including the GSS, Government Social Research, and the Government Economic Service. The Authority welcomes its development and suggests that CQC revise the competency framework for analysts to include competences associated with the regulatory framework for official statistics at the earliest opportunity.
- 3.26 The Head of Surveys and Qualitative Information has close links to statisticians in DH and NHS England, for example through the current system reviews of patient experience statistics. CQC provided less evidence of similar contact with the HoP at DH about organisational matters such as planning and resources. The Authority considers that increased contact through the statistical HoP at DH will assist CQC to develop its independent statistical function.
- 3.27 The expenditure that CQC incurs for the survey programme, and the number of employees involved, is small compared with the organisation’s total expenditure and staff resource. The statistics on patient experiences are just one input that contributes to CQC’s Intelligent Monitoring programme. The organisation’s current business plan did not mention the statistics or the survey programme separately. CQC allocates resources to the survey programme through its business planning process. CQC’s Acute Design and Delivery Board (the Board) considers requests from the Lead Official for resources to conduct the patient experience surveys. CQC provided evidence to the Assessment team that demonstrates that relevant development work is conducted to support such requests.
- 3.28 CQC has not developed a business plan for its official statistics function as part of the organisation’s business planning process. The Head of Surveys and Qualitative Information told us that the patient experience statistics team has support from central management in CQC that would enable her to maintain the resources and survey quality that are required to deliver the survey programme. Because the patient experience statistics are the only official statistics that CQC produces, there are no competing priorities for resources from other statistical products. Despite this, the Authority considers that the patient experience statistics team should be aware of the risk, however small, that CQC experiences financial constraint that leads to increased competition within the organisation for resources. As part of the designation as National Statistics, CQC should develop a business plan for the statistical function that articulates the planned programme of activity and the medium term

development plans, and that shows the relationship between the statistical planning process, the work programme, the allocation of resources and the outcomes of the patient experience survey programme⁵³ (Requirement 12). We suggest that in implementing this Requirement, the Lead Official or Head of Surveys and Qualitative Information, whichever is most appropriate, engage with the HoP at DH to develop understanding of the government statistical profession and to draw on available expertise in statistical process, planning and resourcing.

- 3.29 The Head of Surveys and Qualitative Information identified that the survey programme is in a period of development that is resulting in various changes to resource allocation to statistical activities. These are most usually associated with changes to the frequency of individual surveys. She acknowledged that the patient experience statistics team has not publicised the changes to the programme in the past, and undertook to do this for the changes that are planned in the future. CQC has not consulted users about substantive changes to the resources allocated to the survey programme. As part of the designation as National Statistics, CQC should consult users – including those beyond the core health and social care system – before substantive changes are made to the allocation of resources to statistical activities⁵⁴ (Requirement 13).

⁵³ In relation to Principle 7, Practice 3 of the *Code of Practice*

⁵⁴ In relation to Principle 7, Practice 6 of the *Code of Practice*

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

Narrative, visual presentation and trends

- 3.30 All of the patient experience statistics reports lack an overall description of how the statistics fit into the wider framework of patient experience and patient outcome statistics. The quality of the reports that present the patient experience statistics for England varies markedly. At one end of the scale was *Inpatient survey 2013*⁵⁵, which did not include supporting narrative or context, or use any graphs or tables to present the statistics⁵⁶. The report for England from *Maternity services survey 2013*⁵⁷ presents selected statistics in tabular format, although the most noteworthy statistics are not highlighted in the tables. The report also includes a selection of comments – made by women who took part in the survey – to illustrate the statistics, but includes little other supporting narrative. In the reports for these two surveys in particular, the narrative tends to focus on describing percentages and does not give sufficient insight to users about what the patterns and trends in the statistics say about patients' experiences of the specific service.
- 3.31 In contrast the *Community mental health survey 2014*⁵⁸ includes contextual information about applicable policies and operation; information about the questionnaire; and presents the statistics using a series of tables and a graph to complement the text. The Assessment team particularly welcomes the improvements to the supporting narrative and presentation in this report and encourages the patient experience statistics team to introduce similar improvements to – and to go further in – the next survey reports.
- 3.32 In general – even in the later published reports where CQC has made some improvements – it does not usually explain the possible effect of policy and operational changes on the statistics. One exception is in *Accident and Emergency survey 2014*, where CQC includes some explanation of recent changes that may have affected the statistics⁵⁹. The reports do not draw on contextual information that is available from other sources. For example the Assessment team considers that, if such statistics are available, it would be illuminating to compare waiting times in accident and emergency facilities – as measured by administrative data – with patient's perceptions of the time they had waited as collected in the Accident and Emergency survey.
- 3.33 As discussed in paragraph 3.6, in all of the reports – and in particular in *Accident and Emergency survey 2014* – the Assessment team considers that the narrative does not distinguish sufficiently between the statistics and operational policy and in particular should not include text written from the perspective of CQC's regulatory function.

⁵⁵ <http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013>

⁵⁶ Towards the end of this Assessment, CQC published *Inpatient survey 2014*, which has begun to address some of these issues; annex 1 was subsequently revised and is based on this latest report

⁵⁷ <http://www.cqc.org.uk/content/maternity-services-survey-2013>

⁵⁸ <http://www.cqc.org.uk/content/community-mental-health-survey-2014>

⁵⁹ <http://www.cqc.org.uk/content/accident-and-emergency-survey-2014>

3.34 In the four publications, CQC typically compares statistics for the most recent year with those from the previous year that the survey was conducted. The exception is in *Community mental health survey 2014*, where comparison is not possible as the survey was substantially revised in that year. Statistically significant changes that are reported through these year-on-year comparisons are often small due to the large samples sizes for England. As a result, differences in some case of less than one per cent are reported as statistically significant. The reports do not show statistics over a longer time period to demonstrate whether these changes are part of a longer-term trend or are fluctuations that do not indicate noticeable improvements or a decline in services.

As part of the designation as National Statistics, CQC should:

- a) improve the narrative in the series of patient experience reports, and in particular, include contextual narrative about the framework for patient experience statistics, the associated policies and operation and comparative information from other sources, to aid user interpretation of the statistics
- b) publish a description of what the various questionnaire sections cover and how these aspects contribute to patients' experiences of the services they receive
- c) improve the visual presentation of the statistics, referring to the GSS Good Practice Team's guidance on *Effective tables and graphs in official statistics*⁶⁰ and including appropriate graphs and tables – and if possible maps showing patterns of trust results – that enhance clarity, interpretability and consistency
- d) publish and discuss statistics over an appropriate longer time period, where available, to demonstrate longer term trends⁶¹

(Requirement 14).

As part of meeting this requirement CQC should consider the points detailed in annex 1 and annex 2. To maximise value from this work it is important that CQC present the statistics from its patient experience surveys within the context of statistics on patient outcomes more widely. In doing so, we suggest that CQC work with DH and NHS England, and with other data provider bodies as relevant, to identify the operational and policy issues that affect patient experience statistics and publish helpful explanatory information about wider findings alongside its own patient experience statistics.

Navigation and accessibility

3.35 During the course of this Assessment, CQC set up a prominent link on its homepage to the Surveys landing page. CQC's Surveys landing page includes clear links to the official statistics. For the patient experience statistics, the latest versions of the statistical reports and supporting tables are easily accessible. CQC's Surveys landing page also includes a link to a-z listings of overview results by trusts. These are presented as part of CQC's Intelligent

⁶⁰ <https://gss.civilservice.gov.uk/wp-content/uploads/2014/12/Effective-graphs-and-tables-in-official-statistics-version-1.pdf>

⁶¹ In relation to Principle 8, Practice 2 of the *Code of Practice*

Monitoring information that is used by its regulatory function, although this is not explained prominently. A second link gives access to more-complete individual trust statistics that are presented on the separate NHS Surveys website. NHS Surveys is managed by the Co-ordination Centre. This website is not intuitive to navigate and does not guide users on how to access the statistics and supporting information.

- 3.36 The previous reports for patient experience statistics for England are not available on CQC's Surveys web pages. The NHS Surveys website includes the reports or tables – or sometimes both – for England among the separate survey material for each survey. During the course of this Assessment, CQC added a link from their Surveys web pages to the NHS Surveys website. Provision remains inconsistent across all surveys for all years.
- 3.37 As part of the designation as National Statistics, CQC should:
- a) publish additional advice on the Surveys web pages about the different ways in which the statistics for NHS trust areas are presented and about their intended uses
 - b) ensure consistent access to previous patient experience statistical reports and tables for England⁶²

(Requirement 15).

We suggest that in implementing this recommendation, CQC review the NHS Surveys website with a view to improving navigation and ease of use.

- 3.38 CQC has presented the tables – which include statistics for two years – that accompany the official statistics in pdf format. It has not made the data or tables openly-available in a non-proprietary format. This equates to one star under the Five Star Scheme that forms part of the Open Standards Principles proposed in the *Open Data White Paper: Unleashing the Potential*⁶³ and adopted as government policy in November 2012⁶⁴. CQC deposits the data with the UK Data Archive. This archive is primarily used by researchers and for teaching purposes and is not easily accessible to other categories of users. A user who responded to our consultation confirmed that the data are not easily accessible and suggested that the data was not deposited in a specified and defined period. However, CQC told us that it deposits the datasets promptly in the archive at the end of each survey. As part of the designation as National Statistics, CQC should publish the data or tables associated with the patient experience statistics in an open, non-proprietary format that equates to at least a three star level under the Five Star Scheme⁶⁵ (Requirement 16). In implementing this recommendation, we suggest that CQC include a full time series in the published dataset.

⁶² In relation to Principle 8, Practice 4 of the *Code of Practice*

⁶³ See footnote 22

⁶⁴ See footnote 23

⁶⁵ In relation to Principle 8, Practice 6 of the *Code of Practice*

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.39 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.40 CQC publishes the patient experience statistics for England at 9.30am and it has not reported any timing or access breaches. During the course of this assessment CQC started to publish the patient experience survey reports on the release calendar on the GOV.UK website⁶⁶, which is the replacement for the National Statistics Publication Hub.
- 3.41 CQC presents a prominent 12-month publication schedule for its official statistics on its own Surveys landing page. During the course of this Assessment it included a statistics release announcement on the statistics release calendar on GOV.UK for the publication of the next Community mental health survey report in September 2016. User feedback obtained as part of the Authority's concurrent series of patient outcome assessments suggested that the timing of the publication of patient experience statistics for England was not always as originally publicised. CQC told us that the patient experience statistics team published the *Accident and Emergency survey 2014* a week ahead of the date that was originally scheduled to meet the needs of users in the regulatory function of CQC. CQC did not draw public attention to a change to the pre-announced release date for this publication or explain the reasons for this change. As part of the designation as National Statistics, CQC should draw public attention to planned changes to pre-announced release dates, explaining fully the statistical reasons for the change⁶⁷ (Requirement 17).
- 3.42 During the course of this Assessment, CQC started to include the name and contact details of the responsible statistician in a prominent place in the patient experience statistical reports.
- 3.43 CQC publishes – alongside each patient experience statistics report for England – lists of those people that are given restricted pre-release access to the statistics 24 hours before release. The basis on which pre-release access is granted is not explained to users of the statistics. The patient experience statistics team told us that each list is generated in discussion with NHS England to ensure that it meets the needs of both organisations, given their simultaneous publication of the survey data. We suggest that CQC publish a policy for pre-release access that includes the categories of people who are granted pre-release access and the reasons that CQC grants it, as well as the decision-making process for additional requests.

⁶⁶ <https://www.gov.uk/government/statistics>

⁶⁷ In relation to Protocol 2, Practice 5 of the *Code of Practice*

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

- 3.44 In light of the de-designation of police recorded crime statistics in January 2014 (in Assessment report 268), the Statistics Authority published⁶⁸ a regulatory standard that confirms the quality assurance arrangements that are required for statistics compiled using administrative data to comply with the *Code of Practice*. The *Administrative Data Quality Assurance Toolkit*⁶⁹ is the mechanism that the Authority is using to determine compliance in relation to four areas of practice:
- operational context and administrative data collection
 - communication with data supply partners
 - QA principles, standards and checks by data suppliers
 - producers' QA investigations & documentation
- 3.45 The judgment by statistical producers about the suitability of the administrative data for use in producing official statistics should be pragmatic and proportionate. It should be made in the light of an evaluation of the likelihood of quality issues arising in the data that may affect the quality of the statistics. It should also reflect the nature of the public interest served by the statistics. Statistical producers should determine the types of assurance and documentation required to inform users about the quality assurance arrangements for administrative data.
- 3.46 Patients' administrative data – that are recorded on the PAS by service providers in NHS trusts – are used to draw eligible samples for the patient experience surveys. The Head of Surveys and Qualitative Information told the Assessment team that she estimated that there were more than 500 hospital data collection points across participating NHS trusts in the various patient experience surveys. The Co-ordinating Centre supplies clear guidance to trusts and their contractors about how to identify eligible patients who are invited to take part in the survey, and conducts a series of quality assurance checks that trusts have drawn the sample correctly. CQC has not identified or explained – for the benefit of users – the assurance arrangements undertaken by the service providers or the role of bodies external to CQC in inspecting or auditing the quality of the data collection using the PAS.
- 3.47 As part of the designation as National Statistics, CQC should outline the data assurance arrangements for the patient administrative data that are used in the survey sampling, taking into consideration the Authority's *Administrative Data Quality Assurance Toolkit*⁷⁰ (Requirement 18). In meeting this requirement, we suggest that CQC work closely with other statistical producer bodies, such as HSCIC, to clarify the data assurance arrangements. We further suggest that

⁶⁸ <http://www.statisticsauthority.gov.uk/assessment/monitoring/administrative-data-and-official-statistics/index.html>

⁶⁹ <http://www.statisticsauthority.gov.uk/assessment/monitoring/administrative-data-and-official-statistics/quality-assurance-toolkit.pdf>

⁷⁰ In relation to Principle 4, Practice 2 and Protocol 3, Practice 5 of the *Code of Practice*

CQC develop a process map to illustrate the supply of administrative data for the patient experience survey samples.

- 3.48 The patient experience statistics team has not published a Statement of Administrative Sources for the official statistics it produces. As part of the designation as National Statistics, CQC should publish a Statement of Administrative Sources, reflecting the arrangements it develops for audit and quality assurance of the sample source data⁷¹ (Requirement 19).

⁷¹ In relation to Protocol 3, Practice 5 of the *Code of Practice*

Annex 1: Compliance with Standards for Statistical Reports

A1.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*⁷². While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical reports associated with CQC's patient experience statistics for England, this annex comments on compliance with the statement on standards. The comments included in this annex are based on a review of:

*Inpatient survey 2014*⁷³

*Community mental health survey 2014*⁷⁴

*Accident and Emergency survey 2014*⁷⁵

*Maternity services survey 2013*⁷⁶

A1.2 In implementing any Requirements of this report (at paragraph 1.11) which relate to the content of statistical reports, we encourage CQC to apply the standards as fully as possible.

Include an impartial narrative in plain English that draws out the main messages from the statistics

A1.3 The summary sections at the start of the patient experience statistics reports bring together the main findings, but in some cases these are long and could be more focused on fewer, noteworthy messages. The summary that is included in *Community mental health survey 2014* follows three pages of introduction, and information about policy and about how care is organised, rather than being situated at the beginning of the report. *Inpatient survey 2014* starts by presenting the key facts, although there is no explanation of why the facts presented are key. The key facts are not clearly distinguished from the rest of the summary. As well as key facts, the summary discusses survey results for around half of the remaining questions and focuses on some areas where people's experiences of care were less positive. The summary does not explain why the particular results featured are discussed; such as they concern areas that are important to patients, or research has shown that they improve patient outcomes.

A1.4 The reports do not describe how the statistics relate to the wider context of patient experience statistics and of patient outcome statistics. The narrative in *Inpatient survey 2014* explains that the patient experience survey programme produces a number of key indicators that support the NHS Outcomes Framework for England (NHS OF), though it does not specify the indicators. The remaining reports do not explain this link to the NHS OF indicators. *Inpatient survey 2014* describes the other statistics that are produced using

⁷² <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

⁷³ <http://www.cqc.org.uk/content/inpatient-survey-2014>. See footnote 7 for further details of Inpatient survey publications reviewed

⁷⁴ <http://www.cqc.org.uk/content/community-mental-health-survey-2014>

⁷⁵ <http://www.cqc.org.uk/content/accident-and-emergency-survey-2014>

⁷⁶ <http://www.cqc.org.uk/content/maternity-services-survey-2013>

data from the survey programme, but does not explain which statistics are best suited for what purpose and does not include links to related research. The remaining reports do not include an explanation of how the statistics relate to other statistics, data and research on the same and related topics.

- A1.5 The reports' narratives do not include possible reasons, appropriately justified, to explain what the statistics show, and few descriptions of particular events that may have affected the statistics. One exception is in *Accident and Emergency survey 2014*. In this report the text highlights changes to the way urgent and emergency care is organised in the NHS and the increase in older patients using accident and emergency facilities since the previous report, both of which have the potential to affect the statistics.
- A1.6 The reports have not explained uncertainty in the estimates, for example by presenting percentages, or statistics based on assigned scores, with associated confidence intervals.
- A1.7 CQC makes comparisons with the previous year and describes rises and falls in the percentages without explanation. The reports do not explore longer-term trends. *Accident and Emergency survey 2014* and *Community mental health survey 2014* each includes some comparison between trusts, indicating for example the trusts with high numbers of questions where their performance was better than expected or worse than expected⁷⁷. These two reports also include analysis of the results for England by sub-groups of interest, but the analysis is presented separately at the end of each report and could be overlooked.
- A1.8 The narrative in *Inpatient survey 2014* is presented separately – but still within the report – from the tables and only a very limited number of graphs are used. The tables and graphs are presented in a different order from the narrative and using different headings, and no links are made between the two. All of these factors combined make the report difficult to use. *Community mental health survey 2014* and *Maternity services survey 2013* present some statistics in tables adjacent to the associated text and have a useful amount of percentages in the narrative. The tables that are included in *Accident and Emergency survey 2014* contain responses for all questions in each section in a single table, with minimal narrative highlighting very few noteworthy statistics. *Community mental health survey 2014* includes one graph showing patients' overall rating of experiences on a scale of one to ten.
- A1.9 The summary text in *Inpatient survey 2014* is impartial, apart from appendix C that describes the main uses of the survey, which includes text that is written from the perspective of the regulator. As well as messages arising from the statistics, the summary sections in the remaining reports include comments that are written from the point of view of CQC's regulatory function and are not, as a result, impartial. This is particularly the case with the summary for *Accident and Emergency survey 2014* where the text throughout the report includes statements of opinion written from the perspective of CQC's regulatory function.
- A1.10 The language used in the reports is straightforward and jargon free. Where technical terms are used – for example 'primiparous' (or first-time mothers) in *Maternity survey 2013* – these are explained when first used.

⁷⁷ See footnote 16 for an explanation of expected performance

Include information about the context and likely uses of the statistics

- A1.11 Of the four reports reviewed, *Maternity survey 2013* includes the clearest description of what is being measured and why CQC measures it. *Community mental health survey 2014* includes factual information about the policy and operational context in which the statistics will be used but none of the other three reports do. *Accident and Emergency survey 2014* does not include a description of what is being measured and why.
- A1.12 *Inpatient survey 2014* describes some known and likely uses of the statistics and the principle users. It focuses on known users in the health and social care system and extends to possible use by the general public. It does not explain clearly the differences in use of similar statistics. In one case the explanation refers to future, rather than current use. The earlier reports include few details of known and likely uses of the statistics and do not describe the types of decisions that are made based on them. The information about use that is included in the earlier reports is generic and only describes known users within the core health and social care system – specifically NHS trusts, CQC, NHS England, the NHS Trust Development Authority and DH.
- A1.13 *Accident and Emergency survey 2014* includes the following sentence in the text about uses that is written from the perspective of the regulatory function of CQC: ‘The detailed survey results have been provided back to NHS trusts and we would expect all trusts to use their results to identify and make the improvements they need in order to drive better experience for every patient.’

Include information about the strengths and limitations of the statistics in relation to their potential use

- A1.14 None of the reports refer to the statistics as estimates. *Inpatient survey 2014* includes information in appendix D about the strengths and limitations in the statistics and descriptions of the main errors including those arising from non-response. However it does not include numerical information that illustrates the impact of non-response or known sampling errors on the use of the statistics. The earlier reports do not include any such information.
- A1.15 *Inpatient survey 2014* makes it clear that the statistics are not revised, but none of the earlier reports do that.

Be professionally sound

- A1.16 The Community mental health survey was re-developed in 2014 and is not comparable with previous surveys on the same topic. For the remaining three surveys, the latest summary reports and accompanying tables present the statistics compared with the previous survey. The tables indicate the results that are statistically significant between the two years and the statistically significant differences are highlighted in the text. The samples sizes for England as a whole are large – for example: over 59,000 for the Inpatient Survey 2014 and a little under 23,000 for the Maternity services survey 2013. This means that changes of less than one per cent could be significant and are reported, although such a change in statistics may not indicate a noticeable

improvement in the particular aspect of care or a sustained change over the longer term.

Include, or link to, appropriate metadata

- A1.17 The report titles describe the coverage of the statistics in plain English, although the titles are not consistent across the four reports. The reports use the word 'national' in the title instead of describing the statistics less ambiguously as 'for England'. It is not clear whether the date that is included in the titles refers to the point at which the service was provided, the point at which the data about the service were collected or – with the exception of *Inpatient survey 2014*, which shows the published date on the cover – the date that the statistics were published.
- A1.18 The reports do not include a statement about the frequency of carrying out the surveys and releasing the statistics, or the planned timing of the next release.
- A1.19 The reports include the name of the producer body. *Inpatient Survey 2014* includes the name and contact details for the responsible statistician, but the earlier reports do not.
- A1.20 CQC's Surveys web pages include links to technical information about scoring and analysis. They also include links to guidance for trusts about how to conduct the survey, although these documents are not designed for users of the statistics.
- A1.21 The survey reported in *Community mental health survey 2014* was re-developed before it was conducted. The report includes a prominent section on the survey re-development. It also includes a link to a report that gives more details of the changes made. The extent of the changes to the questionnaire means that statistics from the 2014 survey are not comparable to the previous surveys and this is indicated in the report.
- A1.22 *Inpatient survey 2014* discusses similar statistics that are available for other areas of the UK, and includes links to those statistics. The earlier reports do not and none of the reports – including *Inpatient Survey 2014* – indicate whether international comparisons are available. HSCIC and NHS England publish selected patient experience statistics in NHS OF and *Overall Patient Experience Scores* respectively. NHS England also publishes statistics for NHS trust areas in the form of a diagnostic tool. CQC's Surveys web pages and *Inpatient survey 2014* include links to these publications – though in the case of the latter these are not complete – and explain the different publications. The remaining reports do not include links or explanations. None of the publications explains the reasons for the differences in presentation between different publications or guidance about which source to use for which purpose.
- A1.23 CQC publishes tables of the statistics described in the reports. The tables do not highlight noteworthy statistics and do not follow the GSS Good Practice Team guidance on *Effective tables and graphs in official statistics*. Tables providing statistics over time are published on the NHS Surveys website – where individual trust benchmark reports are published – although publication is not consistent for each survey and for every year. *Inpatient survey 2014* incorporates tables for 2012 and 2013 into the report. CQC's Surveys web pages include a link to the tables that publish the statistics over time. The

earlier reports do not incorporate the tables or include a link to them. CQC does not publish a dataset of the statistics on its Surveys web pages or on NHS Surveys. It deposits a dataset with the UK Data Archive, although this is not easily accessible (paragraph 3.38).

A1.24 CQC published its policy on revisions and corrections during the course of this assessment.

Annex 2: Summary of assessment process and users' views

- A2.1 This assessment was conducted from September 2014 to June 2015.
- A2.2 The Assessment team – Pat MacLeod and Oliver Tatum – agreed the scope of and timetable for this assessment with representatives of CQC in September 2014. The Written Evidence for Assessment was provided on during December 2014 and January 2015. The Assessment team subsequently met CQC during January 2015 to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

- A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare Assessment reports.
- A2.4 As it was known that some of the users that we planned to approach would have an interest in the range of patient outcomes statistics we invited comments about all of the sets of statistics in this group of assessments as part of a single user consultation. We received 29 responses and the respondents were grouped as follows:

NHS England	4
NHS trusts	4
Department of Health	3
Professional/Membership Bodies	3
Regulators	2
Public Health England	2
Office for National Statistics	2
Commercial	2
Charities	1
Academics	1
Data suppliers	5

Common Themes

- A2.5 Users of patient outcomes statistics identified with some common themes:
- Volume of statistics and data – users appreciated the availability of statistics and data about patient outcomes and experiences and said that this is an area of increasing policy and operational focus within the health sector (see Section 2). However, users indicated that the range and volume of different data and statistics available from different sources can be overwhelming. Users said that it is difficult to know what statistics best serve particular needs and to determine the coherence and comparability of the different statistics

- Accessibility – users told us that they found it difficult to locate and navigate the range of patient outcomes statistics and supporting datasets. Users told us that they would welcome better search functionality and one user suggested that an app be developed that would explain what statistics and data are available for different themes and where to find them. Users were particularly critical of HSCIC’s website and the layout and functionality of its Indicator Portal. Some users also highlighted that often the greatest value lies in the individual record-level data, which are more difficult to access, though they noted the importance of protecting confidentiality
- Commentary – some users only used the data and did not refer to the commentary; others found the commentary helpful; but some users told us that they would welcome more insightful commentary and trend analysis to aid interpretation
- Timeliness – some users in NHS trusts told us that hospitals thrive on real time information, and that the delayed availability of statistics reduces their relevance
- Assurance of source data – suppliers provided details of a range of checks carried out on the data but some users and suppliers raised potential concerns about the quality of the data and administrative processes that underpin the statistics – issues raised included: patchy response rates to patient surveys; limitations caused by the different organisational structures in the NHS; the potential for different interpretations of definitions; and the lack of information available to inform the sign off processes by trusts and CCGs
- Engagement with producer bodies – those users who had direct contact with the teams producing the statistics were positive about their experiences and the helpfulness of the statisticians

Patient experience statistics

A2.6 The comments specific to patient experience statistics were mainly centred on four areas: frequency; methods; the publications and accessibility. Users who had contact with CQC also commented on the service they had received.

- Frequency – while one user said that ideally the surveys would be conducted annually, another reported being happy with the current frequency. A specific suggestion was that it would be useful to incorporate local surveys that are collected more frequently
- Methods – this category of comments included a request for more easily accessible information about methods; a suggestion that items should be weighted according to importance to patients; and an observation that survey response rates are not always high
- Publications – a specific comment was provided that the sub-group analysis at the end of a report was easily missed. Another user observed that the commentary had improved

- Accessibility – a user observed that data are not easily accessible to download and suggested that access would be improved by having machine readable data that was available on CQC’s website

Where users had contact with the CQC’s patient experience statistics team, they were complimentary about the service that they provided; observing that CQC have always engaged effectively and in a timely manner, and reporting that they had good relationships with the team who they found to be very helpful.

Key documents/links provided

Written Evidence for Assessment document

