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**Mark Pont, Assessment Programme Lead**

Helen Louwrens  
Director of Intelligence  
Care Quality Commission  
(by email)

12 October 2021

Dear Helen

**Statistics from the Adult Inpatient Survey in England**

As you are aware, we recently completed our compliance check of statistics from the Adult Inpatient Survey published by the Care Quality Commission (CQC), against the Code of Practice for Statistics.

Following the decision to switch to a mixed-mode method for collecting data for the suite of patient experience surveys, which is a change from the previous paper-based completion method, CQC approached OSR to provide assurance that the National Statistics designation could be retained. We reviewed the published material about the change, the draft methodology and skeleton release for the Adult Inpatient Survey. Based on the material submitted and published to date, we are content that the Adult Inpatient Survey report and metadata should maintain the National Statistics designation. We found a range of positive features that demonstrates the value and quality of the statistics:

- We found that CQC has undertaken some extensive, independent and transparent engagement practices throughout the change of survey mode, from public consultations to close working with known stakeholders. CQC reviewed and published the findings from the consultation. Modal effects are explained in both the published [pilot reports](#) and a short telephone [survey of COVID-19 adult hospital patients](#) that was published in November 2020. This telephone survey, quickly undertaken early in the coronavirus pandemic, was innovative and provided key stakeholders with a rapid snapshot of patients' experiences.
- The commentary in the statistics report about what the results from the Adult Inpatient Survey show is comprehensive and insightful, and provides users with a comparison of COVID-19 and non-COVID-19 patients' experiences. The statisticians have confirmed that the data will be released, down to Trust level, as ODS files, to allow experienced users to perform their own analyses. The statisticians also told us that they are planning to obtain peer review and user feedback to ensure future report formats continue to meet users' needs.

We also identified some ways in which value and quality could be enhanced:

- We consider that the narrative in the statistics report did not reflect uncertainty in the statistics and could be clearer that the numbers are survey estimates and not facts. The statisticians have agreed to explain the strengths and limitations of the data more fully, and cover what they can and cannot be used for.
- The draft Quality and Methodology document did not explain the quality assurance checks that are performed on the data by CQC prior to publication. To provide assurance for users, the statisticians have agreed to include this material in the published version.
- The statisticians have explained that, as well as the Quality and Methodology report, they will also publish a Technical report for the survey. To reduce user confusion, they will ensure these reports are easily accessible from the statistics report.
- CQC has a published Revisions and Corrections Policy, but this relates to the previous Code of Practice for Statistics. I am pleased that you have agreed to review and update the policy.

You have provided assurance that the other patient experience surveys that are currently badged as National Statistics will undergo similarly rigorous change processes and, accordingly, I am content that they should also maintain the National Statistics designation following those changes. This applies to patient experience surveys on:

- Maternity services
- Urgent and Emergency Care services
- Community Mental Health services

Thank you to your team for their positive engagement during this review and we look forward to continuing to engage with you and the team. Please do not hesitate to get in touch if you would like to discuss any aspects of this letter further.

I have copied this letter to Lucy Vickers, Head of Profession for Statistics at the Department for Health and Social Care, and to Tamatha Webster, Patient Experience Survey Programme Lead, CQC.

Yours sincerely



Mark Pont  
Assessment Programme Lead