

# SAMPLING HANDBOOK FOR THE NHS ADULT INPATIENT SURVEY 2006

THE ACUTE CO-ORDINATION CENTRE FOR THE  
NHS ACUTE PATIENT SURVEY PROGRAMME



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## Contacts

The Acute Co-ordination Centre for the NHS Patient Survey Programme<sup>†</sup>  
Picker Institute Europe  
King's Mead House  
Oxpens Road  
Oxford  
OX1 1RX

Tel: 01865 208127  
Fax: 01865 208101  
E-mail: [acute@pickereurope.ac.uk](mailto:acute@pickereurope.ac.uk)  
Website: [www.nhssurveys.org](http://www.nhssurveys.org)

## Key personnel

Sally Donovan  
Jason Boyd  
Chris Graham

## Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this sampling handbook, for example, by offering financial inducements or lottery prizes to respondents. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the Annual Health Check for that trust. If trusts want to make any adjustments to the method set out in this handbook, they will need to seek local research ethics approval, and check with the Acute Co-ordination Centre that the proposed alteration would not compromise comparability.

## Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Acute Co-ordination Centre website at:

**[www.NHSSurveys.org](http://www.NHSSurveys.org)**

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<sup>†</sup> Previously the NHS Patient Survey Advice Centre

# 1 About this handbook

This handbook is produced by the Acute Co-ordination Centre (ACC) for the NHS patient survey programme on behalf of the Healthcare Commission.

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Adult Inpatient Survey 2006* and is intended to assist in the sampling for the survey. This abridged handbook is aimed at those carrying out the sampling for, but not directly coordinating or managing, the adult inpatient survey at each trust. Those co-ordinating the survey are strongly recommended to read the full guidance manual, with special attention to Section 3 entitled "What's new for 2006?"

A glossary of terms is provided at the end of this document, and the new requirements of the acute patient survey programme, namely weekly submissions of outcome and helpline monitoring information.

## 2 Compiling a list of patients

This section explains how to draw a sample of patients. This task will need to be carried out by a member of staff at the NHS Trust. In acute trusts, the sample will normally be drawn from the Patient Administration System (PAS). Prior to sending out questionnaires, the list will also have to be checked by the NHS Strategic Tracing Service (NSTS) to identify deceased patients.

Please follow the instructions below carefully and allocate sufficient work time to check the sample with NSTS before the first mailing and within the trust prior to each mailing.

**We strongly advise that you read all of this section BEFORE you start to compile your patient list.**

### 2.1 Compile a list of eligible patients

- 1) Select the month of inpatient discharges in which your survey sample will end. You should start counting back from the last day of **either** June 2006 **or** July 2006 **or** August 2006. For consistency, please sample the **same month** as was sampled in the 2005 inpatient survey unless you have good reason to believe that this month was irregular in a way that would generate an unusual sample. If so, please choose the next most recent month.
- 2) Compile a list of 900 <sup>‡</sup> adult (**aged 16 and over**) inpatients consecutively discharged alive from your trust working back from the last day of the sampling month. That is, once you have decided on the latest date of patient discharge you will include in the sample (ie 30<sup>th</sup> June 2006 **OR** 31<sup>st</sup> July 2006 **OR** 31<sup>st</sup> August 2006), you should count back through the list of patients discharged live from the trust, including all eligible patients, until you have 900 patients.

The information you obtain about each patient will be used both for administering the survey and for sending to the tracing service to check for deceased patients. It saves time and effort if all the information is gathered at the same time.

The list should **include**:

- **ALL** eligible adult patients, who have had at least **one overnight stay** (see Glossary) within the trust.

The list should **exclude**:

- deceased patients
- children or young persons aged under 16 years
- obstetrics/maternity service users (see Glossary)
- patients admitted for termination of pregnancy
- psychiatry patients (see Glossary)
- day cases
- private patients (non-NHS)
- current inpatients
- patients without a UK postal address (but do not exclude if addresses are incomplete but useable eg no postcode).

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<sup>‡</sup> The final sample size must be no greater than 850, but this allows for a safety margin of a few extra patients, once any deceased patients have been taken out of the sample.

## 2.2 Treatment Centres

Patients who stayed as an inpatient at a NHS treatment centres at the trust are eligible for inclusion in the sample for the 2006 inpatient survey, provided they meet criteria above. These patients should be flagged up by inserting a '1' in the appropriate column on *Table 1 – Sample Excel file of patient details*.

## 2.3 Checks carried out by the trust

Once you have compiled your list of 900 patients, you should carry out the following checks before you send the list to the NSTS to carry out a further check for deceased patients.

- **Deceased patients.** Check hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital.

### Checks for deceased patients

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a patient having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, patients may also have died at home or while under the care of another trust, so you still need to check with the tracing service (NSTS) as well.

The methodology for this survey requires three stages of checks for deceased patients before the first mailing is sent out. The checks are carried out sequentially by:

- 1) the trust
- 2) NSTS
- 3) again by the trust (for patients who may have died in hospital after submission of the sample to NSTS).

You are also advised to repeat this check before the second and third mailings, and to ensure that approved contractors are advised immediately if any patients in the sample die during the survey period.

- **Overnight stay.** Check that patients had at least one overnight stay in hospital. Patients are considered to have had an overnight stay if they were admitted as an inpatient and occupying a bed at midnight, eg patients who are admitted as an inpatient on Day 1 and discharged on Day 2 are considered to have had a single overnight stay regardless of their admission time or discharge time. Day cases and outpatients are **not** included in this survey.
- **Current inpatients.** Check that none of the patients are known to be current inpatients in your trust (or elsewhere, if possible).
- **Patient ages.** Check that all patients are aged 16 or over at the time of sampling.
- **Postal addresses.** Exclude any addresses that are outside the UK.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those patients. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- **Duplications.** Check that the same patient has not been included more than once.
- **Obstetrics/maternity service user.** Check that the list does not include maternity service users.
- Check again that none of the patients were admitted for a **termination of pregnancy**.

- **Psychiatry patients.** Check that the list does not include psychiatry patients.
- **Private patients.** Remove any private patients from the sample.
- **Patients treated at private hospitals.** Remove any patients who were treated by the trust as NHS patients in private hospitals.

## 2.4 Create the sample file

An example of the spreadsheet you should complete has been included below. This is available to be downloaded from our site ([www.NHSSurveys.org](http://www.NHSSurveys.org)) is entitled “*Sample construction spreadsheet*”. The column headings will match to the validated spreadsheet for final submission of data produced by the Acute Co-ordination Centre and so it will be advantageous for you to use this spreadsheet.

This file has three purposes:

- 1) It will be used to keep a record of which patients have not returned questionnaires so that reminders can be sent to them.
- 2) It will be used to generate weekly response rates for your trust that must be forwarded to the Co-ordination Centre every Thursday from the 21<sup>st</sup> September 2006 until the closing date of the survey.
- 3) The anonymous data in this file (ie all the data **except** patient name and address information) will form part of the file that you will submit to the Acute Co-ordination Centre when the survey is completed.

**Table 1 – Sample Excel file of patient details**

<i>Patient record number</i>	<i>Title</i>	<i>Initials</i>	<i>Surname</i>	<i>Address1</i>	<i>Address5</i>	<i>Postcode</i>	<i>Year of birth</i>	<i>Gender</i>	<i>Ethnic Group</i>	<i>Day of admission</i>	<i>Month of Admission</i>	<i>Year of Admission</i>	<i>Day of discharge</i>	<i>Month of discharge</i>	<i>Year of discharge</i>	<i>Length of Stay</i>	<i>Main Speciality on discharge</i>	<i>PCT of Residence</i>	<i>Treatment centre admission</i>	<i>Day of questionnaire being received</i>	<i>Month of questionnaire being received</i>	<i>Year of questionnaire being received</i>	<i>Outcome</i>	<i>Comments</i>	
1001	Mrs	AM	Abbot			AB1 1YZ	1934	2	1	5	8	2006	11	8	2006	6	100	5LS	0				3	Informed that patient had died	
1002	Mr	EC	Ahmed			AB2 6XZ	1970	1	3	20	7	2006	12	8	2006	23	101	5LT	1	22	10	2006	1		
1849	Ms	K	Yoo			AB4 7MX	1950	2	5	17	6	2006	31	8	2006	75	300	5LS	0						
1850	Ms	F	Young			AB9 5ZX	1946	2	1	14	8	2006	31	8	2006	17	100	5GT	0	6	11	2006	1		

## Important note about table 1

The headings of Table 1 are in three different colours:

**Bold black** headings: these columns contain information on patients' names, addresses and comments that may allow them to be identified. This information should be deleted from all files sent to the Acute Co-ordination Centre

*Red italic* headings: these columns should be completed during the sampling phase and submitted to the Acute Co-ordination Centre prior to mailing for final inspection (see Section 3) and at the conclusion of the survey

*Green italic* headings: these columns should be completed when the patient responds to the survey, either by returning a completed questionnaire, or the trust is notified the patient will not be participating (patient deceased, moved address, too ill, or called to opt out).

The following information is compiled using hospital records:

- **Title** (Mr, Mrs, Ms, etc.)
- Initials (or First name)
- Surname
- Address Fields §
- Postcode

## Note

The **Patient Record Number, Title, Initials, Surname, Address** fields and **Postcode** are used for printing out address labels. You (or your contractor) can use the mail merge function in a word processing package for this purpose.

- The **Year of Birth** should be included in the form of NNNN.
- **Gender** should be coded as 1 = male and 2 = female.
- **Ethnic Group** should be coded using the broad categories 1 = White; 2 = Mixed; 3 = Asian or Asian British; 4 = Black or Black British; 5 = Chinese; 6 = any other ethnic Group. These are *derived from* the standard categories introduced by the NHS Information Authority from 1<sup>st</sup> April 2001, but if your trust is not using these categories, the data will need to be re-coded to these numeric codes.

## Note

If the ethnic group is unknown, this cell should be left blank. Do NOT automatically code unknown ethnic groups as 6 – this code is reserved for patients whose ethnic group is known, but does not fall into one of the categories labelled 1-5 above.

- **Day** of the month of admission (1 or 2 digits; eg 7 or 26)\*
- **Month** of admission (1 or 2 digits; eg 9 or 10)\*
- **Year** of admission (4 digits; eg 2006)\*
- **Day** of the month of discharge (1 or 2 digits; eg 2 or 30)\*
- **Month** of discharge (1 or 2 digits; eg 9 or 10)\*

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§ The address should be held as separate fields (eg street, area, town, and county), consistent with the address format required by the NSTS.

\* Date fields must be supplied in separate columns (eg date, month, and year).

- **Year of discharge** (4 digits; eg 2006) \*
- **Length of Stay** (Units = Days)\*\*
- Main Specialty on Discharge is recorded in the form NNN as outlined in the Updated National Specialty List which was implemented on the 1 April 2004. See **Supporting Information: Main Specialty And Treatment Function Codes**.
- **PCT of Residence** should be coded using the *first three* characters of the PCT character codes (maintained by the National Administrative Codes Service). They provide postcode files which link postcodes to the PCTs
- **Treatment Centre Admission** should be coded as '1' for patients who spent any part of their inpatient stay at an NHS treatment centre within the trust, and coded as '0' if they did not.

Additional information should also be entered on this spreadsheet. The details of this information are discussed below:

- 1) **Patient record number.** This field will be a series of consecutive whole numbers (for example, 1001 through to 1850). This number is unique for each patient. It can be seen in the example that the numbers are in ascending order, starting at 1001 at the top of the list, through to 1850 at the bottom. The patient record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you (or the approved contractor) will be able to use these numbers to monitor which patients have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your patients.
- 2) **Day of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trust or approved contractor. It should be a one or two digit numerical response eg N or NN, **not** a date format eg 12/07/74.
- 3) **Month of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a one or two digit numerical response, **not** a date format.
- 4) **Year of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a four digit numerical response, **not** a date format.
- 5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which patients opt out of the survey, etc.
  - 1 = Returned useable questionnaire
  - 2 = Returned undelivered by the mail service or patient moved house
  - 3 = Patient died
  - 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire
  - 5 = Patient was not eligible to fill in questionnaire
  - 6 = questionnaire not returned (reason not known).

The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire).
- 6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform you that the respondent has died or is no longer living at this address.

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\*\* Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/7/2006 and admission date = 14/7/2006, the Length of Stay = 1. Do not use any other type of unit to calculate Length of Stay (ie do not use hours/minutes/seconds). All patients in the sample should have a Length of Stay greater than or equal to 1 day.

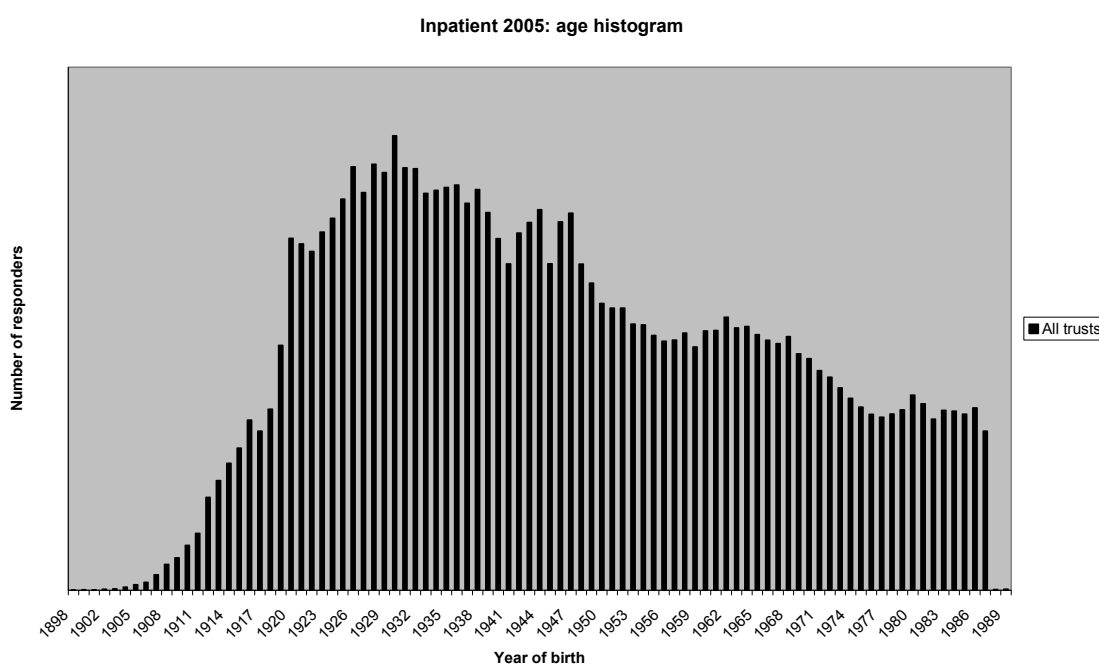


## 2.5 Distribution of patient ages

You should check that patients of all ages are included in your sample, especially for those aged 16, 17 or 18 years or those over 75 years. We have found these age groups are the most likely to be excluded due to poor sampling. It is possible there may not be any young adults or very old adults in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

Check that your sampled patients' ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (See Table 2). For most trusts the histogram should start out with a broad base (representing substantial numbers of young adults), then increase for those aged around 60 years (baby-boomers), before entering a slow decline to reflect fewer people at extreme old age.

**Table 2 - Age Histogram for Inpatient 2005 survey**



## 2.6 Distribution of patient gender

With the exception of hospitals specialising in one gender, your sample will probably have similar proportions of men and women. You should check each of these genders are included and that you can explain if the sample is skewed toward male or female patients.

## 2.7 Submit the patient list to the NHS Strategic Tracing Service (NSTS)

Before sending out the questionnaires, the list of patients **must** be checked for any deceased patients by the NHS Strategic Tracing Service (NSTS). NSTS will return your sample file with deceased patients clearly identified.

The NSTS contact details are as follows:

Help desk telephone number: 0121 788 4001  
Website: <http://www.connectingforhealth.nhs.uk/nsts/>

The time required to carry out the checks depends partly on the compatibility of the patient list you submit to the NSTS with their system requirements. NSTS tracing takes between 12 to 48 hours if submitted correctly. To avoid any delay, check carefully that your list is in the correct format for NSTS. The Caldicott Guardian for your trust will be able to provide you with details on how to carry out a “batch trace” for deceased patients.

### **Remember to keep a copy of the file you send to NSTS!**

- Specific details are required by the NHS Strategic Tracing Service (NSTS). These should not be submitted to the Acute Co-ordination Centre. One of these is the patient’s NHS number. The NHS number can assist more accurate tracing, especially if addresses are incomplete. It is advisable to liaise with the registered NSTS batch trace user to ensure that you have extracted all the required fields.

For further help on batch tracing for patients, please view the document:

[http://www.connectingforhealth.nhs.uk/nsts/docs/trace\\_out.pdf](http://www.connectingforhealth.nhs.uk/nsts/docs/trace_out.pdf)

#### Note

Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, some patients may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

## 2.8 When the patient file is returned from the NSTS

The file returned from NSTS can be used to identify any records that need to be deleted from the sample file. This will reduce the numbers in your sample list slightly.

### If you have more than 850 patients remaining on your list

When your patient list is returned by NSTS, and you have removed all deceased patients, there should still be more than 850 patients in the list. You will need to remove the **least recent** patients from your sample so that only the 850 most recent patients remain.

### If you have fewer than 850 patients remaining on your list

If your patient list has fewer than 850 patients after deceased patients have been removed, you **MUST** contact the Acute Co-ordination Centre. If possible, the next most recently discharged patients after the sample will need to be added to create a sample of 850 patients, although these must also be checked by NSTS.

#### Important note

You are aiming for a **response rate of at least 60%**, which means that you should have about 500 completed questionnaires if you send questionnaires to 850 patients. You will be able to maximise your response rate by following this guidance carefully, and you will need to send out two reminders. It is **not** acceptable to try to boost the number of responses you receive by sending out questionnaires to a larger number of patients. The Acute Co-ordination Centre will only be able to accept responses from the patients in your list of 850 that have been correctly sampled and mailed.

**Remember, you should only have 850 patients in the list at this stage.**

## 2.9 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have an honorary contract, the full sample information **and** the name and address information should be sent to those contractor staff covered by the honorary contract. If you are working with an approved contractor, but **not** using an honorary contract to share patients' name and address details, you should supply them with a version of the list shown in **Table 1 – Sample Excel file of patient details**, with names and addresses removed. The contractor can use this list to record the outcome codes, and you should ensure that the contractor is kept up to date with any information that comes directly to the trust about patient deaths, etc.

## 2.10 Creating the mailing and response spreadsheets

At this point, you should generate two copies of your sample file and name them “<NHStrustName>\_Inpatient2006.xls” and “Inpatient 2006 mailing spreadsheet”. The following changes should be made:

- <NHStrustName>\_Inpatient2006.xls: delete all name, address and comment columns ie all columns in bold black in **Table 1 – Sample Excel file of patient details** by the Acute Co-ordination Centre (on our website [www.NHSSurveys.org](http://www.NHSSurveys.org)), which has all the required columns for the sample information, as well as columns for the response data from returned questionnaires. Only this “anonymised” version can be used to record patient responses. It is this version of the spreadsheet that must be submitted to the Acute Co-ordination Centre.
- Inpatient 2006 mailing spreadsheet: this spreadsheet is used for mailing purposes. It is essential that the “Outcome” column (about whether patients have responded, or why they have not responded) is kept accurate and up-to-date. Reminders can then be sent to patients who have not yet responded.

For patient confidentiality reasons, **it is essential that you do not keep patient name and address details in the same file as their survey response data.**

### 3 Final sampling inspection by the Acute Co-ordination Centre

Trust data should still be checked for errors and received back from NSTS before being forwarded to the Acute Co-ordination Centre. An anonymised sample file<sup>††</sup> **must** be submitted to the Acute Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns *in red italics* must be submitted, but name, address and postcode details must be removed.

If you are using an **approved contractor**, the sample should be checked as normal by the trust and by NSTS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous years, but will then submit the file to the Acute Co-ordination Centre. The Acute Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

The Acute Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. Files that arrive Monday to Thursday (inclusive) will be returned to the trusts or approved contractors they were received from on the following Monday afternoon. A timetable has been included below:

<b>Date sample received</b>	<b>Date sample returned</b>
4 <sup>th</sup> -8 <sup>th</sup> September 2006	11 <sup>th</sup> September 2006
11 <sup>th</sup> -15 <sup>th</sup> September 2006	18 <sup>th</sup> September 2006
18 <sup>th</sup> -22 <sup>nd</sup> September 2006	25 <sup>th</sup> September 2006
25 <sup>th</sup> -29 <sup>th</sup> September 2006	2 <sup>nd</sup> October 2006

Samples must reach the Acute Co-ordination Centre by 28/09/06 or your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate.

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<sup>††</sup> By removing the patients' names, addresses and postcodes.

## 4 Increasing sample size beyond minimum requirement

Your trust may wish to use the acute patient survey programme as an opportunity to gather data in addition to that required by the Healthcare Commission. One way to do this is to increase the number of patients you sample, and ensuring that you target sufficient numbers from each of the units you want to compare so that you can get enough responses to make comparisons. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2006 inpatient survey **must** be drawn as specified in this guide. It is essential that any additional sample drawn can be easily distinguished from the core sample, and that it is drawn in such a way as to not interfere with selection of the core sample.
- Small, limited surveys are easier for in-house staff to handle than large surveys. You may wish to consider keeping the two things separate by doing the large acute patient survey on its own (either in-house or with an approved contractor) and then following it up with smaller, targeted in-house surveys.

### To summarise

If you do choose to increase your sample size, it is essential that you ensure that the sample of patients you draw according to the requirements for the national survey can be easily distinguished from any additional patients you include in the sample.

You must **only** send the Acute Co-ordination Centre data for the 850 patients sampled according to these guidelines, and these patients **must** be those discharged most recently. Any additional patients selected to increase your survey beyond the minimum requirements of the 2006 inpatient survey must have been discharged **earlier** than the core sample.

## 5 Timetable

### Timetable for inpatient survey 2006

		August					September				October				November					Dec	
		W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
		1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2
Trust contacts	Notification date for trust to identify survey contacts to the ACC																				
Publish guidance	Publish guidance to trusts and contractors																				
Approved contractor status	Date by which the ACC must be notified by, if a trust is to use an approved contractor																				
Samples checking	Submission of samples to the ACC for checking																				
First weekly submission	First submission of outcome and helpline monitoring to ACC																				
National survey	National survey carried out over this period																				
Data due	Final data due																				

The Acute Co-ordination Centre requires trusts carrying out the survey in-house, and approved contractors carrying out the survey on behalf of trusts, to submit data at various times throughout the survey process. The following table sets out these key dates.

Actions	Date due
Notify the ACC of first and second survey contacts for your trust.	9 <sup>th</sup> August 2006
Notify the ACC Centre if carrying out survey in-house or which approved contractor will be used.	25 <sup>th</sup> August 2006
Submit patient sample to the ACC	4 <sup>th</sup> -25 <sup>th</sup> September 2006
Send first weekly response rate document to the ACC	21 <sup>st</sup> September 2006
Send first weekly freephone/helpline calls log to the ACC	21 <sup>st</sup> September 2006
Send final data to ACC	8 <sup>th</sup> December 2006

## 6 Glossary

### Adult inpatient

Any person having at least one overnight stay (see below) and aged 16 years or over.

### Ethics Committee

The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety, and well-being of all actual or potential research participants. A favourable ethical opinion from the committee implies that the research does protect the participant's aforementioned rights.

### Multi-Centre Research Ethics Committee (MREC)

A MREC can grant a favourable ethical opinion for studies carried out in many regions of England. The inpatient survey has applied and been given a favourable ethical opinion for the study to be carried out in all acute NHS trusts in England.

### Overnight stay

Patients are considered to have had an overnight stay if they were admitted as an inpatient and occupying a bed at midnight, i.e. patients who are admitted as an inpatient on Day 1 and discharged on Day 2 are considered to have had a single overnight stay regardless of their admission time or discharge time

### Obstetrics/Maternity service users

Any patients coded with a main specialty of 501 (obstetrics) or 560 (midwife) and admitted for management of pregnancy and childbirth, including miscarriages, should be excluded from the sample. A separate survey of maternity service users' experiences is planned for 2007.

### Psychiatry patients

Patients admitted as an inpatient to hospital for primarily psychiatry reasons should not be included in the sample. This will include all those with main specialties of:

- 700 learning disability
- 710 adult mental illness
- 711 child and adolescent psychiatry
- 712 forensic psychiatry
- 713 psychotherapy
- 715 old age psychiatry

### Research Governance Framework

This outlines the principles of good research practice and is key to ensuring that health and social care research is conducted to high scientific and ethical standards.

