**Community Mental Health Survey 2016: Sample Declaration - Trusts using an approved contractor**

This declaration is to be signed by your trust’s Caldicott Guardian, and the members of staff responsible for drawing and checking the sample of service users as set out in the instruction manual for the survey.

**This checklist will be used for audit purposes to ensure that the sample conforms to the instruction manual and if all steps are completed, will greatly help avoid any breaches of confidentiality occurring.**

The national survey has received ‘Section 251 approval’ from the Health Research Authority to enable data to be transferred to survey contractors for the purposes of this survey only. In order to be operating under that approval, you must follow the steps outlined below, otherwise the ’approval’ will not apply. For more information on the approval requirements and confidentiality, please refer to the survey instruction manual <http://www.nhssurveys.org/surveys/891>

**For staff drawing the sample:**

Please complete this form once you have drawn your sample. You must sendthis checklist to your approved contractor **before** you send your sample file. Your contractor will confirm that you are able to send your sample file to them once they have checked this form. **PLEASE NOTE: the sample file will not be opened unless this form is submitted fully complete.**

**Additional variables and additional records:**

**Additional sample variables, and / or additional sample records, other than those required for the national survey, are not covered by the section 251 approval.**

**If you have decided to share additional sample variables or additional sample records with your approved contractor, you must liaise with your Caldicott Guardian before you provide this information. For more information please see section 4.3 of the survey instruction manual.**

**If you do share this information with your approved contractor, your contractor will remove this information from the anonymised sample file before submitting it to the Co-ordination Centre.**

**Approved contractors:**

Please note that there is a box for you to initial confirming that you have removed additional sample variables and / or additional records from the anonymised sample file before submission to the Co-ordination Centre.

**Community Mental Health Survey 2016**

**Sample Declaration Form – Trusts using an approved contractor**

Please provide the information requested in each of the boxes on this form. This will be used for audit purposes to ensure that the sample conforms to the instruction manual.

**SECTION A: Service users at this Trust who have indicated dissent**

|  |  |  |
| --- | --- | --- |
|  | Total service user population before dissenters removed |  |
|  | Total number of service users removed due to dissent |  |

**SECTION B: Service users at this Trust who meet the eligibility criteria**

|  |  |  |
| --- | --- | --- |
|  | Total number of eligible service users at the Trust who used services between 1st September and 30th November 2015, and meet all other eligibility criteria[[1]](#footnote-1)\*  |  |
|  | Number of service users on new CPA |  |
|  | Number of service users not on new CPA |  |
|  | Number of service users where CPA status not known |  |

**SECTION C: sample of service users included in 2016 survey**

|  |  |  |
| --- | --- | --- |
|  | Number of service users in the sample[[2]](#footnote-2)♦ |  |
|  | Number of service users in this sample on new CPA |  |
|  | Number of service users in this sample not on new CPA |  |
|  | Number of service users in this sample where CPA status not known |  |

**CPA definitions**

This Trust’s implementation definitions of CPA are as follows:

|  |  |  |
| --- | --- | --- |
|  | On new CPA: |  |
|  (J) | Not on new CPA: |  |

**SECTION D: Submission of sample to your contractor**

Please complete this form once you have drawn your sample but **before** you have submitted your sample to your approved contractor. Please send this form to them, they will then check and approve your form before you are able to send your anonymised sample file.

Please confirm that the following tasks have been completed on behalf of your NHS trust by initialling the boxes and signing the declaration:

|  |  |
| --- | --- |
| The sample has been checked by the Demographic Batch Service (DBS) |  |
| A random sample of 850 service users has been drawn exactly in line with the step by step processin the instruction manual, and all exclusion and inclusion criteria applied correctly |  |
| The sample has been drawn and then checked by a different member of staff at the Trust. |  |
| The sample and mailing files have been separated, with no identifiable information (name and address) in the sample file (also referred to as the anonymised file). |  |
| Mental Health Care Cluster data has been removed from the main sample data and will be submitted to the Co-ordination Centre separately. |  |
| The anonymised sample file contains the following variables ONLY:NHS Trust codeService User Record Number (**THIS IS NOT THE NHS NUMBER – the SURN for the survey**)Year of birthGenderEthnic categoryDay, month and year of last contactCPA statusCCG code |  |
| The sample file has been prepared and is ready to send to the contractor **once confirmation has been given by them** |  |
| APPROVED CONTRACTORS:Additional sample variables and / or additional records have been removed from the sample file prior to sending the anonymised sample file to the Co-ordination Centre |  |

**Please note** you will be required to amend or update the sample and mailing files if any errors or deviations are identified during the sample check conducted by your contractor (or, subsequent to this, by the Co-ordination Centre).

You will also be sending a separate mailing file to your contractor- that file will contain the names and addresses. If you have not separated the sample file and the mailing file before sending to the approved contractor, or your sample file contains any other directly identifiable data, your contractor is obliged to report this to the Care Quality Commission. Your trust will have to consider logging the incident as a serious incident on the Information Governance Toolkit - see the ‘Guidance for Reporting, Managing and Investigation Information Governance Serious Incidents Requiring Investigation’. The Confidentiality Advisory Group at the Heath Research Authority will also be notified by CQC.

If sample files are sent to the Survey Co-ordination Centre mistakenly containing names and addresses, or any other directly identifiable data, the Co-ordination Centre are obliged to report this to the Care Quality Commission, who in turn must report it to the Confidentiality Advisory Group at the Heath Research Authority.

**Declaration**

The above information is accurate. I confirm that the sample has been drawn in accordance with the instruction manual. I confirm that the sample has been drawn from all databases of service users held by this Trust. I confirm that the sample reflects the proportion of service users who were on CPA and those not on CPA between 1st September and 30th November 2015.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name of person drawing sample: |  | Trust name: |  |
| Email address: |  | Telephone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name of person checking sample: |  | Trust name: |  |
| Email address: |  | Telephone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Caldicott Guardian: |  | Email address: |  |

**Section E** for **approved contractors**:

Please write in how many service users in the sample were replaced:

Please note the reason(s) for these replacements:

1. \* Note that (C) should be equal to the sum of (D), (E) and (F) [↑](#footnote-ref-1)
2. ♦ For almost all Trusts, this figure will be 850 and (G) should be equal to the sum of (H), (I) and (J) [↑](#footnote-ref-2)