**Declaration of compliance with the Data Protection Act 1998**

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DECLARATION

**RELATING TO THE**

**2015 adult inpatient survey**

**FOR TRUSTS USING IN-HOUSE SURVEY TEAMS**

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While carrying out the 2015 adult inpatient survey, all trusts need to comply with:

* the Data Protection Act 1998,
* the NHS Code of Practice on Confidentiality, and
* the Caldicott principles.

Due to the large amount of patient information requested by the NHS patient survey programme, it has become necessary to regulate which individuals at a trust are able to view the raw data and some of the processed data. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise access to patient identifiable information, all declarations must be co-signed by the trust’s Caldicott Guardian. If the trust’s Caldicott Guardian does not authorise this, the trust must carry out the survey using an approved contractor.

For further information on the guidelines, please see the “Data protection and confidentiality” section of the Instruction Manual for the 2015 adult inpatient survey.

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the NHS patient survey programme will conform to the guidelines set out under the section “Data protection and confidentiality” in the Instruction Manual for the 2015 adult inpatient survey.

Signature: ………………………………………….. Date: …………………………

I, [**insert name of first survey lead**] the first Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 adult inpatient survey and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section “Data protection and confidentiality” in the Instruction Manual for the 2015 adult inpatient survey.

Signature: ………………………………………….. Date: …………………………

I, [**insert name of second survey lead**] the second Survey Lead for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the 2015 adult inpatient survey and will ensure that data collected while carrying out the NHS patient survey programme will conform to these requirements and the guidelines set out under the section “Data protection and confidentiality” in the Instruction Manual for the 2015 adult inpatient survey.

Signature: ………………………………………….. Date: …………………………