National Inpatient Survey 2015

This declaration is to be signed by your trust’s Caldicott Guardian, and the member of staff responsible for drawing the sample of patients as set out in the ‘Inpatient Survey Instruction Manual’. This checklist will be used for audit purposes to ensure that the sample conforms to the instructions 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/833>).

**For staff drawing the sample:**

Please complete this form once you have drawn your sample of patients. You must send this form to your approved contractor **before** you send your anonymised sample file and separate mailing file. Your approved contractor will check the form and confirm that you can submit your samples to them. Following checking of your sample file, your contractor will complete the final two questions on the form (titled “section for approved contractors”), and will send both the form and sample file to the Co-ordination Centre on your behalf.

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

|  |  |
| --- | --- |
| A sample of up to 1250 inpatients who attended in July 2015 has been drawn according to the instructions in the instruction manual. | Initials |
| Patients who indicated dissent have been removed from the sample (PALS team and Survey Lead to check records).  | Initials |
| Please record how many dissenting patients were removed: **If none removed, please record as 0** | Initials |
| The sample has been checked by the Demographic Batch Service (DBS) | Initials & Date |
| The sample has been checked by Trust staff as outlined in the instruction manual. | Initials & Date |
| The sample and mailing files have been separated, with no identifiable information (patient name and address) in the sample file. | Initials |
| The sample file has been prepared and is ready to send to the approved contractor alongside this form for the sample checking, and no name or address details are contained within the sample file.The only fields within the sample file are:NHS trust codePatient record number (THIS IS NOT THE NHS NUMBER – the URN for the study)Year of birthGenderEthnic categoryDay, month, and year of admissionDay, month, and year of dischargeLength of stayMain specialty on dischargeICD-10 chapter codeTreatment centre admissionRoute of admissionNHS site code on admissionNHS site code on dischargeCCG code | Initials |

**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 approved contractor and then by the Survey Co-ordination Centre.

**You will also be sending a separate mailing file to your contractor- that file will contain the names and addresses.** If sample files are sent to your approved contractor mistakenly containing patients’ names and addresses, or 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.

**Declaration by trust staff drawing the sample**

I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name

Contact name

Contact signature

Contact email address and phone number

**Declaration by Caldicott Guardian**

I confirm that the above steps have been completed and all steps have been followed.

Name

Signature

Contact email address and phone number

Section for **approved contractors**:

Please write in how many patients in the sample were replaced:

Please note the reason(s) for these replacements: