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 2015 Instruction Manual’.

**This checklist will be used for audit purposes to ensure that the sample conforms to the sampling 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. Although in-house trusts are not undertaking this, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting patient confidentiality and maintaining high standards. For example, trusts must not send patient identifiable data such as patient names and/or addresses to the Co-ordination Centre. 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.

**For staff drawing the sample:**

Please complete this form once you have drawn your sample of patients. You must sendthis checklist to the Co-ordination Centre (**ip.cc@PickerEurope.ac.uk**) **before** you send your sample file. The Co-ordination Centre 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.**

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 Co-ordination Centre. This form will be sent before the sample file and no name or address details are contained within the sample file (**the mailing file is NOT required by the Co-ordination Centre**).The only fields within the sample file are:NHS Trust codePatient record number (THIS IS NOT THE NHS NUMBER – the URN for the survey)Year of birthGenderEthnic categoryDay, month, and year of admissionDay, month, and year of dischargeLength of stayMain specialty on dischargeTreatment centre admissionRoute of admissionNHS site code on admissionNHS site code on dischargeCCG CodeICD 10 chapter 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 the Survey Co-ordination Centre.

If sample files are sent to the Survey Co-ordination Centre mistakenly containing patients’ names and addresses, or any other directly identifiable data, the Co-ordination Centre 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’.

**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**