

# SAMPLING INSTRUCTIONS

# NHS ADULT INPATIENT SURVEY 2017

Last updated: 18 August 2017

## Adherence to the procedures outlined in this document

It is extremely important to follow the instructions in this manual carefully.

The Section 251 approval for this project provides a legal basis for trusts to share names and addresses with approved contractors, for the purpose of sending out questionnaires. Although in-house trusts do not need to share these details, we expect them to follow the standard practices and procedures outlined here, in the interest of protecting patient confidentiality and maintaining high standards. **NHS trusts must not send patient identifiable data, such as patient names and/or addresses to the Survey Coordination Centre.** If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Survey Coordination Centre that the proposed alteration would not compromise data comparability.

CQC use patient survey data for performance monitoring, and the data are also used by NHS England and the Department of Health for Patient Experience Outcome Measures and the NHS Outcomes Framework. If the sampling guidance issued for the survey is not adhered to by a trust, it may be necessary to exclude their results from the survey. Four trusts were excluded from the survey in 2015, for this reason, and details can be found in the [Sampling Errors Report](#). Lack of patient experience data will be flagged within CQC's performance monitoring tool (CQC Insight).

We request that all trust staff involved in drawing samples are made aware of the importance of checking previously written code and other historical arrangements, to minimise the risk of future cases being discovered and the risk that your trust's survey results cannot be used.

## Updates

Before you start work on your survey, check that you have the **latest version** of this document (the date of the last update is on the front page). This document is available from the Survey Coordination Centre website: <http://www.nhssurveys.org/surveys>.

## In this document

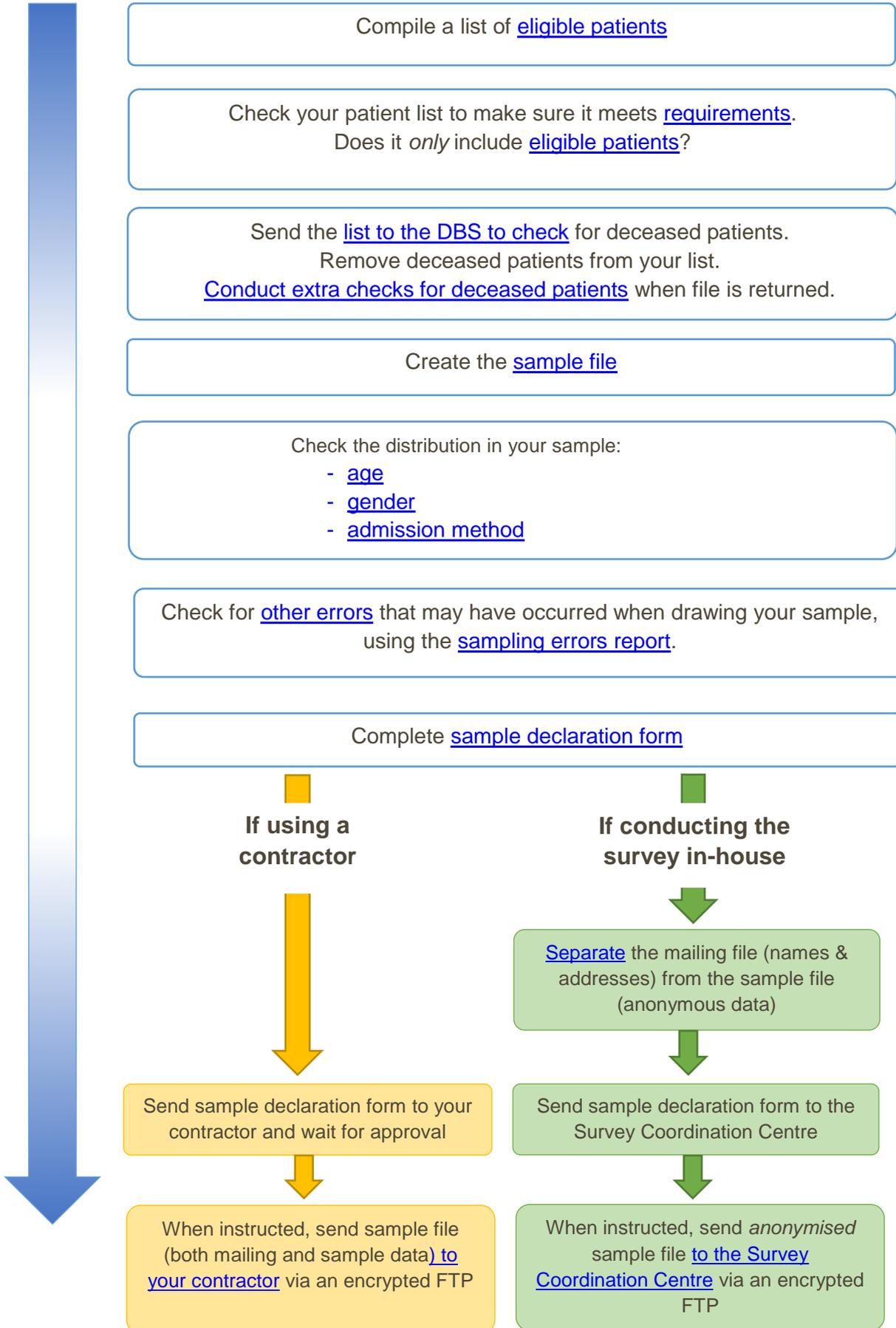
1.	How to draw a sample of patients .....	1
2.	Sampling month and opt-out posters .....	3
3.	Inclusion and exclusion criteria for patients in your sample .....	3
	Include in your list .....	3
	Exclude from your list .....	4
	Treatment Centres .....	4
4.	Checks carried out by the trust .....	5
5.	Submitting your patient list to the Demographics Batch Service (DBS) .....	7
	Create the trace request file .....	9
	Submitting the trace request file .....	9
	Identifying deceased patients when the patient file is returned from DBS .....	9
	The response file .....	10
	After you get the return file .....	10
6.	Create the sample file .....	11
7.	Sample checks prior to submission .....	15
	Checking the distribution of patient ages in your sample .....	15
	Checking the distribution of patient gender .....	16
	Checking the distribution of patient admission method .....	16
	Checking for other errors in your sample .....	16
8.	Separating mailing details from sample information .....	17
9.	Sample declaration form .....	18



- Sampling will need to be carried out by a member of staff at the NHS Trust – very often a colleague in the trust’s Informatics Team. The sample will normally be drawn from the Patient Administration System (PAS).
- Trusts need to allocate sufficient work time & resources to respond quickly to any sample queries raised by the Survey Coordination Centre and approved contractors (if using one). All queries must be resolved before mailings can proceed.
- Your sample may only be used for the purposes of distributing the 2017 Inpatient Survey and up to two reminder letters. Any additional use of the sample are not be covered by the project’s ethics approval. For example, it would not be appropriate to send additional reminder letters to people in the sample nor to contact them as a group either before or after the survey.

## 1. How to draw a sample of patients

The flowchart on the next page shows the sequential steps that you must follow to draw your sample. Trusts are not permitted to submit any files to the Survey Coordination Centre with more than 1,250 records. If trusts do this, it will be considered a breach of the Section 251 approval for the survey, resulting in follow-up action being taken.



## 2. Sampling month and opt-out posters

The sample month for the adult inpatient survey is July. This means that to start your patient list you must start counting back from the last day of July 2017.

Some trusts have a much lower discharge rate than others. If your trust did not reach a sufficient number of patients in July only, then your trust can include all patients discharged back as far as the 1st January 2017 in order to generate your initial patient list submitted to DBS.

[Opt-out posters](#) must be displayed during your sample month(s) in order to maintain compliance with the [Section 251 approval](#) for this survey, to give patients the chance to opt out from the survey. We recommend that you check how far back your trust had to sample for the previous Inpatient Survey and start displaying the poster then.

## 3. Inclusion and exclusion criteria for patients in your sample

Compile a list of 1,350 adult (aged 16 and over) [inpatients](#), consecutively discharged alive from your trust, working back from the last day of July 2017.

You must count back through the list of patients discharged alive from the trust, including all eligible patients, until you have 1,350 patients.



You will start with a list of 1350 patients: this is to allow for the removal of some patients following checks (for example, deceased patients will need to be removed following DBS checks).

But **your final sample will consist of only [1250 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.

### Include in your list

- o **All** eligible adult patients, who have had at least [one overnight stay](#) within the trust.

## Exclude from your list

- Deceased patients
- Children or young persons under 16 years old at the time of sampling
- Obstetrics/maternity service users, including spontaneous miscarriages
- Patients admitted for planned termination of pregnancy
- [Psychiatry patients](#)
- Day case patients (i.e. patients who arrive and leave on the same day. If the patient stays overnight and is occupying a bed, then they should be included in the sample.)
- Private patients (non-NHS)
- NHS patients treated at private hospitals
- Any patients who are known to be current inpatients at the time of sampling
- Patients without a UK postal address. (but do not exclude if addresses are incomplete but useable, e.g. no postcode)
- Any patient who has requested that their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity; if this information is collected by your trust you should ensure that you remove these patients from your sample list at this stage.

## Treatment Centres

Patients who stayed as an inpatient at an NHS treatment centre at the trust are eligible for inclusion in the sample for the 2017 Inpatient survey, provided they meet the criteria above. These patients should be flagged up by inserting a '1' in the appropriate column in the sample file (see the example sample file in the table below).

## 4. Checks carried out by the trust

Once you have compiled your list of 1,350 patients, you should carry out the following checks *before* you send the list to the DBS (who will carry out a further check for deceased patients):

### Deceased patients

Check that hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital. The next section provides details on [how to check for deceased patients](#).

### 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 to hospital and were occupying a bed at midnight, e.g. patients who are [admitted](#) 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, because they do not stay overnight in hospital.

### Current inpatients

Check that none of the patients are known to be current inpatients in your trust (or elsewhere, if possible). This should be the only time current inpatients are excluded from the survey process, and this is because we want to avoid sending a questionnaire to a patient who is still in hospital.

When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times. This improves the comparability of samples between trusts and thus reduces bias.

### Patient ages

Check that all patients are aged 16 or over at the time of sampling (i.e. on the day you draw your sample the patient must be aged 16 or over). Please do not exclude patients treated at children's hospitals as such sites do treat patients who are 16 years and over.

### Postal addresses

Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Equally, patients whose address is a military base, care home or prison establishment are also eligible.

### Incomplete information

Check for any records with incomplete information on key fields (such as surname and full 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. In the event that duplicates are present, the most recent inpatient stay within the sample period should be included.

## Community Hospitals

As a general rule, patients who have only spent time in a community hospital should not be included in the sample. Patients who have spent time in both a community hospital and an acute hospital can be included depending on circumstance - please [contact the Survey Coordination Centre](#) for further advice.

## Obstetrics/maternity service user

Check that the list does not include maternity service users. Admission Method codes of 31 (ante-partum) and 32 (post-partum), ICD-10 chapter codes of XV (if ICD-10 codes are available) and treatment function codes of 502 (gynaecology) may indicate maternity service users and should be checked with special attention.

## Termination of pregnancy

Check again that no patients were admitted for a termination of a pregnancy.

## Psychiatry patients

Check Treatment Function codes and ensure that the list does not include psychiatry patients. Exclude patients with the following treatment function codes:

700	Learning disability
710	Adult mental illness
711	Child and adolescent psychiatry
712	Forensic psychiatry
713	Psychotherapy
715	Old age psychotherapy
720	Eating disorders
721	Addiction services
722	Liaison psychiatry
723	Psychiatric intensive care
724	Perinatal psychiatry
725	Mental health recovery and rehabilitation service
726	Mental health dual diagnosis service
727	Dementia assessment service

## Private patients

Remove any private patients from the list.

## Patients treated at private hospitals

Remove any patients who were treated by the trust as NHS patients in private hospitals.

## Dissent

Remove any patient known to have requested their details are not used for any purpose other than their clinical care, including requests made following sight of [pre-survey publicity](#) (you must ensure that you remove these patients from your sample list at this stage).

## 5. Submitting your patient list to the Demographics Batch Service (DBS)

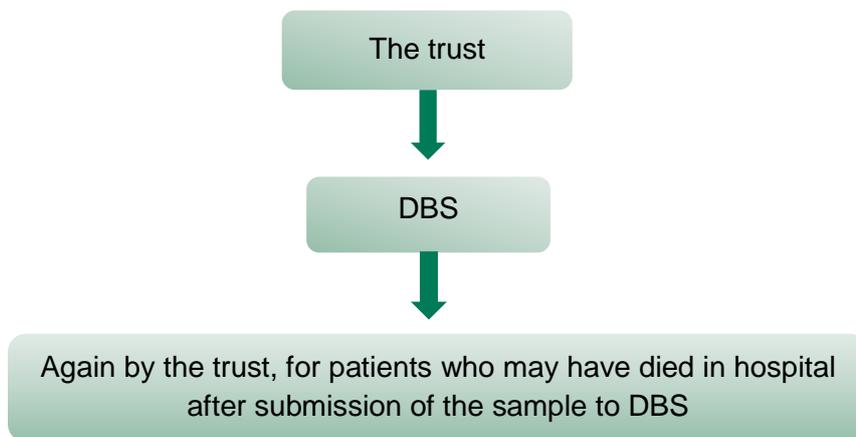
Before sending out the questionnaires, you need to have your list of patients checked for any deaths by the DBS.

The DBS enables users to submit and receive an electronic file containing relevant patient records, using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS). The PDS does not hold any clinical or sensitive data such as ethnicity or religion.



## Checks for deceased patients

- You need to check that your trust has no record of a patient selected for the survey 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.
- Patients may have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.
- The method for this survey requires three stages of checks for deceased patients before the first mailing is sent out. The checks are carried out sequentially in three stages by:



- Check your hospital records for any further deaths prior to posting the second and third mailings. We strongly recommend that trusts **conduct further DBS checks before the second and third mailing** to avoid sending reminders to patients who have died between mailings.
- **If you are using a contractor...** advise your contractor immediately if any patients in your sample die during the survey period.

## Create the trace request file

Using your list of patients, you need to [create a batch trace request file](#) to send to DBS. You should take advice from your local trust PAS team on the correct format to submit files. For each patient you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach.

OR

- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1\*). The postcode is not mandatory but it will help avoid incorrect matches, but please do not include address lines.

## Submitting the trace request file

DBS requires that request and response files are transferred using the dedicated DBS client software. The DBS client software should have already been installed on a server within your trust and most trusts use this on a routine basis. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, please [contact the DBS implementation team](#).

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client inbox. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed.



During periods of high demand for DBS service, it may take 48 hours for your file to be returned!

## Identifying deceased patients when the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any patients who have died and therefore need to be removed from the sample file (see below). This will reduce the numbers in your sample list slightly. Please **do not exclude patients just because it was not possible for DBS to match them on their records**. If you did this, you would bias the sample.

## The response file

The DBS will return a file with:

- Header row
- Response body. This will be in two parts:
  - The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
  - An additional response column, which is returned only when there is a single unique match. It is in this additional response column that patients found to be deceased will be indicated (by a letter 'D').
- Trailer row.



- Tracing services are not infallible: 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.
- So 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.

## After you get the return file

### I have more than 1,250 patients remaining on my list, what should I do?

When your patient list is returned by DBS, and you have removed all deceased patients, there should still be more than 1,250 patients in the list. You will need to remove **the least recently discharged patients** from your sample so that only the 1,250 most recent patients remain.

### I have fewer than 1,250 patients remaining on my list, what should I do?

If your patient list has fewer than 1,250 patients after deceased patients have been removed, you need to [contact the Survey Coordination Centre](#). If possible, the next most recently discharged patients, prior to those already sampled, will need to be added to create a sample of 1,250 patients, although these must also be checked by DBS.

## 6. Create the sample file

Now you will enter all the information relating to your sample in the template [sample construction spreadsheet](#) and save this file as <NHStrustname>\_Inpatients2017.

Make sure that you save the file in a secure location, as you will need it to:

- 1) Keep a record of which patients have not returned questionnaires, so that reminders can be sent to them. If you are using a contractor, your contractor will do this for you.
- 2) Generate [weekly response rates](#). These must be forwarded to the Survey Coordination Centre every Thursday from the first week of fieldwork until the closing date of the survey. If you are using a contractor, your contractor will do this for you.
- 3) The anonymous data in this file (i.e. all the data except patient name and address information) will form part of the file that you will submit to the Survey Coordination Centre when the survey is completed.

Table 1: Sample construction spreadsheet of patient details

<i>Patient record number</i>	<b>Title</b>	<b>Initials</b>	<b>Surname</b>	<b>Address1</b>	<b>Address5</b>	<b>Postcode</b>	<i>Year of birth</i>	<i>Gender</i>	<i>Ethnic category</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>Treatment Function code</i>	<i>ICD 10 (Chapter Code)</i>	<i>CCG code</i>	<i>Treatment centre admission</i>	<i>Admission method</i>	<i>NHS Site code on admission</i>	<i>NHS Site code on discharge</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>	<b>Comments</b>
IP17RX10001	Mrs	A	Abbot	-	-	AB1 1YZ	1934	2	A	5	8	2017	11	8	2017	6	102	XI	12H	0	12	RR115	RR115				3	Inform ed that patient had died
IP17RX10002	Mr	E	Ahmed	-	-	AB2 6XZ	1970	1	J	20	7	2017	12	8	2017	23	101	IX	10Q	1	11	RTE03	RTE03	22	10	2017	1	
IP17RX11249	Ms	K	Yoo	-	-	AB4 7MX	1950	2	R	17	6	2017	31	8	2017	75	306	IV	09Y	0	21	RR115	RR115					
IP17RX11250	Ms	F	Young	-	-	AB9 5ZX	1946	2	A	14	8	2017	31	8	2017	17	107	VII	08L	0	22	RR120	RR117	6	11	2017	1	

About the headings in this table...

**Black headings:** columns contain information on patients' names, addresses and comments that may allow them to be identified. This information must not appear in any files [sent to the Survey Coordination Centre](#).

**Red italic headings:** these columns should be completed during the sampling phase and submitted to the Survey Coordination Centre prior to mailing to allow for final inspection by the Survey Coordination Centre.

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

The information that must be entered into this spreadsheet will come from:

## a) Information from hospital records

The following information can be compiled from hospital records:

- **Title** (Mr, Mrs, Ms, etc.)
- **Initials** (or First name)
- Surname
- **Address Fields:** This should be held as separate fields (e.g. street, area, town and county)
- Postcode
- **Year of Birth** should be included in the form NNNN. Only the year is necessary, do not include the day or month.
- **Gender** should be coded in numeric form: 1 = male, 2 = female, 9 = not specified.
- **Ethnic Category** is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the [17 item alphabetical coding specified by the Health and Social Care Information Centre \(HSCIC\)](#). Some trust systems no longer accept missing ethnic data, so please note that any patient whose ethnic category is unknown may be coded as “Z” or left blank; Ethnic codes are as follows:

- **White**
  - A British
  - B Irish
  - C Any other White background
- **Mixed**
  - D White and Black Caribbean
  - E White and Black African
  - F White and Asian
  - G Any other mixed background
- **Asian or Asian British**
  - H Indian
  - J Pakistani
  - K Bangladeshi
  - L Any other Asian background
- **Black or Black British**
  - M Caribbean
  - N African
  - P Any other Black background
- **Other Ethnic Groups**
  - R Chinese
  - S Any other ethnic group
  - Z Not stated.

- **Day** of the month of admission (1 or 2 digits; e.g. 7 or 26).\*
- **Month** of admission (1 or 2 digits; e.g. March = 3 or October = 10)\*

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

- **Year** of admission (4 digits; e.g. 2017)\*
- **Day** of the month of discharge (1 or 2 digits; e.g. 2 or 30)\*
- **Month** of discharge (1 digit; e.g. June = 6 or July = 7)\*
- **Year** of discharge (4 digits; e.g. 2017)\*
- **Length of stay** (Units = Days). Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/7/ 2017 and admission date = 14/7/2017, the length of stay = 1. Do not use any other type of unit to calculate length of stay (i.e. do not use hours/minutes/seconds). All patients in the sample should have a length of stay greater than or equal to 1 day.
- **Treatment Function Code.** It is recorded in the form NNN [as outlined by the Health and Social Care Information Centre \(HSCIC\)](#).
- **ICD-10 (Chapter Code):** Please enter the ICD-10 [chapter code](#) in Roman Numerals (i.e. III, VI, IX etc.), based on the **primary diagnosis at discharge**. We have produced a [mapping tool for assigning ICD-10 chapter codes](#), which will allow you to enter detailed ICD-10 codes (as they are held on your trust's database) and convert them into the broad chapter codes. If ICD-10 codes are not available when you draw your sample, please [contact the Survey Coordination Centre](#).
- **CCG code:** please provide the [3 character CCG code](#). This should be the CCG which will be billed for the care of the patient.
- **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.
- **Admission Method:** Please include the two-digit descriptive code as used within the NHS [Commissioning Data Sets](#). A blank or full-stop should be used if an [admission method](#) code cannot be obtained for a patient.
- **Hospital Site Code on Admission:** Please record the site of admission of the patient using the [five character NHS Trust Site Codes](#) (maintained by HSCIC).
- **Hospital Site Code on Discharge:** Please record the site from which the patient was discharged using the [five character NHS Trust Site Codes](#) (maintained by HSCIC).

## b) Additional information

A number of additional pieces of information should also be entered into this spreadsheet:

### Patient record number (PRN)

This is a unique serial number which must be allocated to each patient **by the trust**. It should take the following format: IP17XXXNNNN where XXX is your trust's 3-digit trust code and NNNN is the 4-digit number relating to your sampled patients, e.g., 0001-1250. The PRN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you 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. Please note: this number should be available in and correctly referenced for every patient dataset for this survey (e.g. sample file, mailing file, final data).

### Day of questionnaire being received

This will only be completed if and when a questionnaire is returned.

### Month of questionnaire being received

This will only be completed if and when a questionnaire is returned.

### Year of questionnaire being received

This will only be completed if and when a questionnaire is returned.

### Outcome code

This 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. Please use the following codes:

- 1 = Returned useable questionnaire
- 2 = Returned undelivered by the mail service or patient moved house
- 3 = Patient died (identified after first mailing has gone out)
- 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)
- 7 = Service user deceased prior to fieldwork.

The outcome column is left blank at first if the questionnaire has not been returned (in the example on Table 1 you can see that Ms Yoo has not yet returned her questionnaire).

### Comments

In this column you can note any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

## 7. Sample checks prior to submission

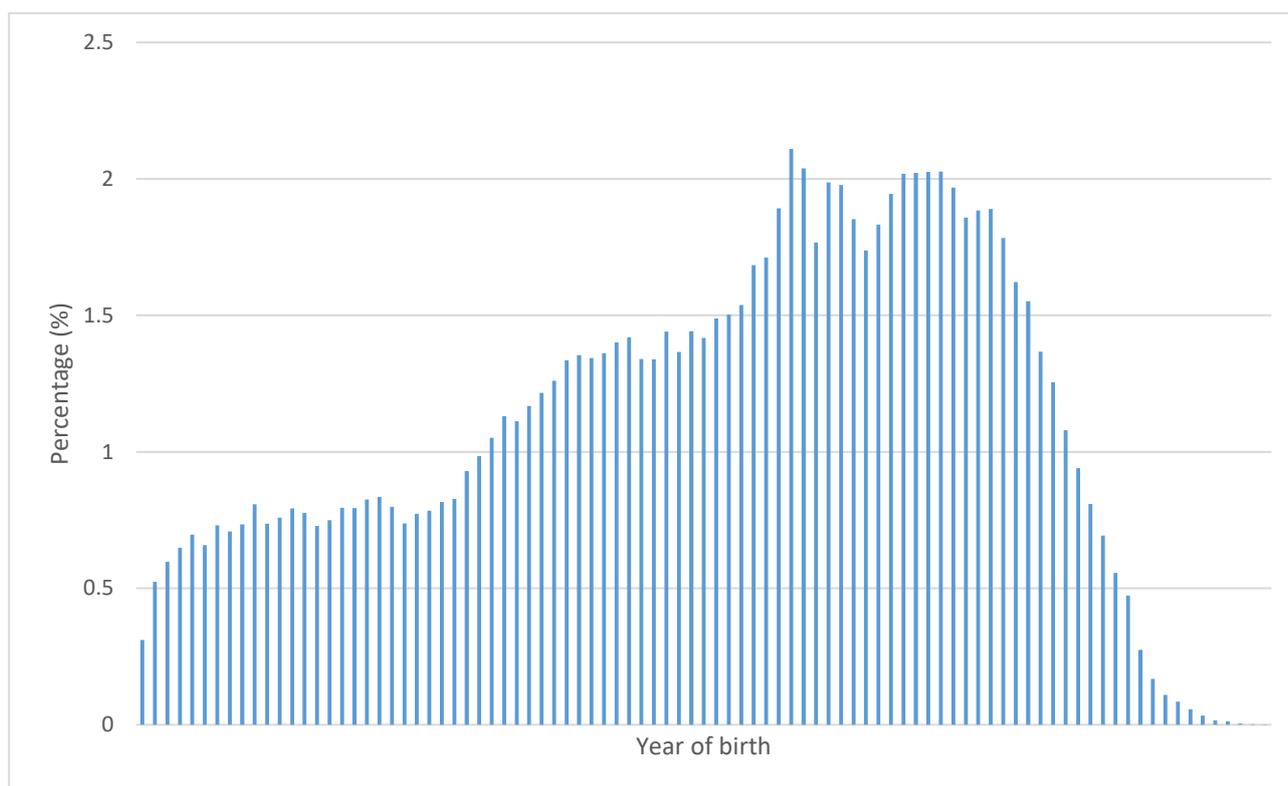
Before you submit your sample, you are asked to carry out a number of checks on your sample: the distribution of age, gender and admission method.

### Checking the distribution of patient ages in your sample

You should check that patients of all ages are included in your sample, paying particular attention to those aged 16, 17 or 18 years and those over 75 years. We have found these age groups are the most likely to be excluded due to sampling errors. 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.

A good way to check that your sampled patients' ages cover the full range of expected ages is to examine the distribution of ages on a histogram. The histogram for your trust should resemble the shape below:

## Example age histogram for the Inpatient Survey



## Checking the distribution of patient gender

With the exception of hospitals specialising in one gender, your sample will most probably have similar proportions of men and women. You should check that both men and women are included and that you can explain if the sample is skewed toward male or female patients (for instance, if there have been recent changes in the profile of patients seen by your trust).

## Checking the distribution of patient admission method

The split of patients between emergency versus planned admissions should be similar to the proportions that were in your sample last year. If there is a substantial change there should be an explanation. For example, if your hospital is now conducting more day case surgery this year than last, you may expect to see an increase in the proportion of emergency admissions in your patient sample.

## Checking for other errors in your sample

We recommend that you read the [2016 Inpatient Survey Errors Report](#) to check for common errors in your sample. This will reduce delays caused by incorrect sampling and so improve your trust's response rate to this survey.

### If you are using a contractor...

Your contractor will do this step for you.

You only have to send the contractor your patient file via their secure data transfer method. Please go straight to the section about the [Sample declaration form](#).

### If you are conducting the survey in-house...

Please follow the instructions in the section [Separating mailing details from sample information](#) carefully.

## 8. Separating mailing details from sample information



This section is only relevant for trusts that conduct the survey in-house. If you are using a contractor, please skip this section and go to the [Sample declaration form](#) section.

At this point you should transfer the names, address and postcode for each patient in the sample to a new file – your ‘mailing file’. The patient record number (PRN) for each patient must be copied to the new file, so that **the two datasets are connected using the unique PRN**. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as ‘Inpatients2017\_mailing data’. It should resemble the table in the next page.

You will use this file to:

- 1) Check for deceased patients prior to reminder mailings.
- 2) Cross-reference it with the sample file (<NHStrustname>\_Inpatients2017) to identify patients who will need to be sent reminders.<sup>1</sup>

As this mailing file will only be used occasionally during the survey, we recommend you keep this file encrypted. For patient confidentiality reasons, you are asked **not to keep patient name and address details in the same file as their survey response data**. The mailing file should be destroyed when the survey is complete, along with all other files created for the survey (aside from the survey response file).

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<sup>1</sup> The ‘outcome’ field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc.

Table 2: Example of a mailing file

Patient record number	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
IP17RX10001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
IP17RX10002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
IP17RX11249	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
IP17RX11250	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

## 9. Sample declaration form

Both the person drawing the sample and the trust's Caldicott Guardian must complete and sign the [Sample Declaration Form](#) – this is a requirement of [the survey's Section 251 approval](#), and is a key element to minimise the risk of any data breaches occurring.

The form **must** be completed and sent to the Survey Coordination Centre **prior to submitting** your anonymised sample file for checking. You will receive notification when you are permitted to submit your data.

### If you are using a contractor...

You will submit your Sample Declaration Form to your contractor.

Your contractor will let you know how and [when to submit your sample to them](#), and they will submit your sample to the Survey Coordination Centre on your behalf.

### If you are conducting the survey in-house...

You will submit your Sample Declaration form to the Survey Coordination Centre prior to submitting your anonymised sample file for checking.

The Survey Coordination Centre will notify you [when and how you can submit](#) your data.



### Did you know?

You can find all detailed information about all the topics in this document on the NHS Surveys website <http://www.nhssurveys.org/usefullinks>

You can also find the Survey Handbook for this survey on our website <http://www.nhssurveys.org/surveys/1097>

For detailed instructions and templates that are specific to the 2017 NHS Adult Inpatient Survey, please go to <http://www.nhssurveys.org/surveys/1084>