

# SAMPLING INSTRUCTIONS

## NHS ADULT INPATIENT SURVEY 2019

Last updated: 5<sup>th</sup> August 2019

# 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. **NHS trusts must not send patient identifiable data, such as patient names and/or addresses to the Survey Coordination Centre for Existing Methods.** Any breach of the conditions will be reported to the CQC and the Confidentiality Advisory Group at the Health Research Authority.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend producing versions of the questionnaire translated into other languages. The terms of the ethical approval do not permit these types of alterations. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the Survey Coordination Centre for Existing Methods that the proposed alteration would not compromise data comparability and if they were permissible, would then need to be cleared with a local ethics board.

CQC use patient survey data for performance monitoring, and the data are also used by NHS England and the Department of Health and Social Care 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. 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 historic errors being repeated 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 NHS Surveys website <https://nhssurveys.org/surveys/>



HOW?

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 and resources to respond quickly to any sample queries raised by the Survey Coordination Centre for Existing Methods 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 Adult Inpatient Survey 2019 and up to two reminder letters. Any additional use of the sample is not 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.



## Did you know?

Throughout this document, there are hyperlinks provided to direct you to detailed information on the topics covered in this handbook.

If you are reading this on your computer, please click any of the blue underlined text for more information or visit the NHS Surveys website here: <https://nhssurveys.org/surveys/>

You can also find the Survey Handbook, Sample Declaration Form and sample Construction Spreadsheet on the website.

For definitions of terminology used in this document, please refer to our [universal glossary](#) for the NHS Patient Survey Programme (NPSP).

## In this document

1. General information .....	7
1.1. Sampling month and opt-out posters.....	7
1.2 What is a consecutive discharge sample of patients? .....	8
2. Compile a list of eligible patients .....	8
2.1. Include eligible patients.....	9
Treatment Centres.....	9
2.2. Exclude ineligible patients.....	10
2.3. Check you have included the correct patients .....	12
2.4. Add additional data .....	13
2.5. Create the sample file by transferring data into the sample construction spreadsheet .. .....	15
2.6. Add monitoring variables.....	17
3. Check for deceased patients and submit your sample to the Demographics Batch Service (DBS).....	17
3.1. Local checks for deceased patients .....	19
3.2. Create the trace request file .....	20
3.3. Submit the trace request file .....	20
4. Remove deceased patients following DBS checks.....	21
4.1. Identifying deceased patients from the DBS file .....	21
4.2. I have more than 1,250 patients remaining on my list, what should I do?.....	22
4.3. I have fewer than 1,250 patients remaining on my list, what should I do? .....	22
5. Check the sample prior to submission for approval .....	22
5.1. Check the age distribution.....	22
5.2. Check the gender distribution.....	23
5.3. Check the admission method.....	23
5.4. Check for other errors .....	23
6. Prepare and submit the sample declaration form .....	24
6.1. Complete the sample declaration form.....	24
6.2. Submit the sample declaration form .....	24
6.3. Receiving permission to submit the sample .....	25

7. Submit the sample .....	27
8. Checks done on the sample data .....	28

# 1. General information

Identify a survey lead(s) for the project and who will be responsible for drawing the sample at your trust. This person drawing the sample will need to be available to answer any queries that arise after the sample has been checked by your contractor and then by the Survey Coordination Centre for Existing Methods.

Ensure that your Caldicott Guardian is aware of the process and timelines for signing off the sample declaration form.

## 1.1. Sampling month and opt-out posters

The sample month for the Adult Inpatient Survey is July. This means that to start pulling together your patient list you must start **counting back from 31<sup>st</sup> July 2019**.

Some trusts have a much lower discharge rate than others. If your trust did not discharge a sufficient number of patients in July, then you can include patients discharged back as far as the 1st January 2019 in order to generate your initial patient list submitted to DBS. Please discuss with the Survey Coordination Centre for Existing Methods if this happens to you.

Dissent posters (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 of the survey. These have been made available in the ten most commonly spoken languages in England.



### General Data Protection Regulation (GDPR): National Data Opt-out Programme

The NHS Patient Survey Programme has received exemption from the National Data Opt-out Programme. This means that the Adult Inpatient Survey 2019 will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, patients **do not** have to actively consent to the sharing of their data and this is for the purpose of the NHS Adult Inpatient Survey 2019 only.

#### Please note:

We have been informed that some trusts decide to draw a “boost-sample” (i.e. a sample bigger than the required 1,250 patients) or conduct local surveys using similar sampling criteria. These samples are **not** reviewed by the Survey Coordination Centre for Existing Methods and are **not** used as part of the analysis delivered by CQC. It is crucial that you ensure that any additional sampling does not affect the quality or the timeliness of the sampling for the survey. Common examples include sampling the same patient twice or not adhering to the initial discharge date (31<sup>st</sup> of July).

## 1.2 What is a consecutive discharge sample of patients?

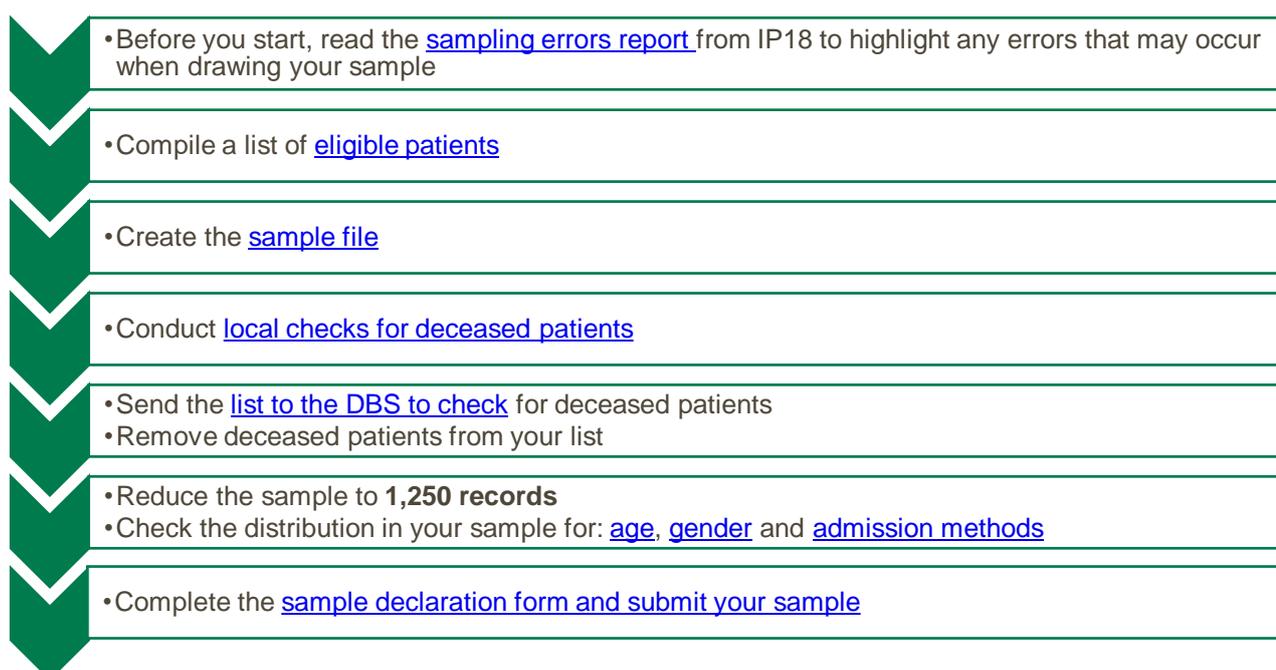
The sample for this survey is a **consecutive discharge** sample of 1,250 patients in July 2019. To draw a **consecutive discharge** sample you need to work backwards from **31<sup>st</sup> July 2019**, including all **eligible** patients until you reach **1,350 patients**. You will reduce this total number down to 1,250 following DBS checks.

A consecutive discharge sample is when you start at 31<sup>st</sup> July 2019 and include all eligible discharges on that day. You then work back through July, including all eligible discharges from each day, until you reach **1,350 patients**. For example:

Date of discharge	No. of eligible discharges	Total discharges/ sample size (cumulative)
31 <sup>st</sup> July 2019	43	43
30 <sup>th</sup> July 2019	27	70
29 <sup>th</sup> July 2019	52	122
.....	.....	.....
15 <sup>th</sup> July 2019	126	1,263
14 <sup>th</sup> July 2019	87	1,350

## 2. Compile a list of eligible patients

The following flowchart shows the **sequential** steps that you must follow to draw your sample. Each step is further described in individual sections below.



Please do not submit any files to the Survey Coordination Centre for Existing Methods with more than 1,250 records. If more than this is submitted, it will be considered a breach of the Section 251 approval for the survey, resulting in follow-up action being taken.

## 2.1. Include eligible 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.**

### Eligibility criteria

The sample for this survey is a **consecutive discharge** sample of **1,250** patients from July 2019. It should include all adult patients (aged 16 and above) who have had at least [one overnight stay](#) within the trust and who have been discharged during July 2019.



**When you draw your initial sample, it should be 1,350 patients. Your final sample will consist of a maximum of 1,250 patients after it has been sent to DBS!**

This sample must include:

- Adult inpatients only (aged 16 or over at the time of drawing your sample); AND
- Must have stayed in a bed in a hospital **overnight** for one night or more; AND
- Must have been **discharged from hospital** during July 2019 (unless you are sampling further back).

### What do we mean by an overnight stay?

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 as an inpatient](#) 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.**

## 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 Adult Inpatient Survey 2019, 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 Table 1: sample construction spreadsheet of patient details, p.17).

## 2.2. Exclude ineligible patients

Please do not include patients in the final sample who fit into **any** of the categories below:

- **Deceased patients:** you should do local checks against trusts records **and** send the file to DBS before you submit your final sample file
- Children or young persons under 16 years old **at the time of drawing your sample**
- **Obstetrics/maternity service users**, including spontaneous miscarriages:

This list is **not exhaustive** but may help you identify patients were who were treated as an obstetric/maternity patient and should be checked with special attention. Please note that patients should not automatically be excluded if they fit these criteria, you may need to cross-reference with notes on the patient's file:

- **Admission Method** codes of **31** (ante-partum) and **32** (post-partum)
  - **ICD-10** chapter codes of **XV** (if ICD-10 codes are available) or ICD-11 chapter code 18; and
  - Treatment function codes of 502 (gynaecology) at discharge
- **Patients admitted for planned termination of pregnancy:** please use trust records to check this including treatment function code and main specialty on discharge

- Psychiatry patients:

Use **Treatment function codes** at discharge to identify psychiatry patients who need to be excluded from the sample. Below is a list of codes to **exclude**:

700	Learning disability
710	Adult mental illness
711	Child and adolescent psychiatry
712	Forensic psychiatry
713	Psychotherapy
715	Old age psychiatry
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

- **Day case patients** (i.e. patients who arrive and leave on the same day)
- Private patients (non-NHS)
- NHS patients treated at private hospitals
- Any patients who are known to be **current inpatients either in your trust or elsewhere (if possible)** at the time of drawing your sample: this is the **only time** in the survey process that you remove current inpatients
- **Patients without a UK postal address** (but do not exclude if addresses are incomplete but useable, e.g. no postcode). Please note:

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

- 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. **This does not include patients who have opted out of having their data used for planning and research purposes via the National Data Opt-out Programme.**
- **Duplicates** (patients who are included in your list more than once): if you find duplicates in your sample, the most recent inpatient stay within the sample period (July 2019) should be included.
- Patients who **ONLY** spent time in a **community hospital**: if a patient has spent time in **both a community hospital and an acute hospital**, they can be included depending on circumstance - please for further advice [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com) or 01865 208 127

## 2.3. Check you have included the correct patients

**Before you run your initial query to extract all the data**, double check the logic/coding using the above criteria and making sure you have removed all patients who are not eligible. You should carry out the following checks **before** you extract the data:

- **Check patient ages:** make sure the sample only includes patients who are aged 16 years old and over at the time of drawing your sample (this means that patients aged 15 on the date of discharge should be included if they are aged 16 when you draw the sample). You should not automatically include or exclude all patients born in 2003.
- **Check treatment function codes:** check first that you have used treatment function codes as **assigned at discharge**, not admission. Make sure you have excluded psychiatry patients and maternity/ obstetric patients
- **Check discharge dates:** make sure you have only sampled **discharges** during July and not admissions
- **Check for duplicates**
- **Check that patients are non-private:** make sure you have removed private patients and those treated at private hospitals (even if they are NHS patients)
- **Incomplete information:** check for records with incomplete information on key fields (surname and full address) and remove these patients. **DO NOT** exclude someone just because you do not have a postcode for them
- **Patients who have indicated dissent:** this only applies to patients who have told your trust that they do not want to have their details used for any other purpose than their clinical care. **Please note the exemption that this survey has from the National Data Opt-out Programme.** If you have concerns about this, please speak to the Survey Coordination Centre for Existing Methods.



## General Data Protection Regulation (GDPR): National Data Opt-out Programme

The NHS Patient Survey Programme has received temporary exemption from the National Data Opt-out Programme. This means that the NHS Adult Inpatient Survey 2019 will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, patients **do not** have to actively consent to the sharing of their data and this is for the purpose of the NHS Adult Inpatient Survey 2019 only.

### 2.4. Add additional data

As part of the final sample list, you will also need to provide additional information on patients. It would be sensible to extract all the data fields you need as part of the extraction query so you do not have to go back and find this information out later.

The fields below are coloured **black for patient identifiable information** and **red for sample information**. These fields are formatted this way in the [sample construction spreadsheet](#). If you are in-house trust you will need to separate your mailing file containing the patient identifiable information from your sample file so that only the sample information is sent to the Survey Coordination Centre for Existing Methods for checking.

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 up to five separate fields (e.g. street, area, town and county). You must use the most **current** address on your system.
- 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 \(HSCIC\)](#). Please note that any patient whose ethnic category is unknown may be coded as “Z” or left blank;

- Ethnicity 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)<sup>1</sup>
- **Month** of admission (1 or 2 digits; e.g. March = 3 or October = 10)
- **Year** of admission (4 digits; e.g. 2019)
- **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. 2019)
- **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/ 2019 and admission date = 14/7/2019, 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 at discharge.** It is recorded in the form NNN as outlined by the Health and Social Care Information Centre (HSCIC).
- **ICD-11 (Chapter Code):** Please enter the ICD-11 [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 codes to chapter codes](#), which will allow you to enter detailed ICD-11 codes (as they are held on your trust's database) and convert them into the broad chapter codes.
- **ICD-10 (Chapter Code):** If your trust has not updated to ICD-11 codes, please instead enter the ICD-10 [chapter code](#) in Roman Numerals (i.e. III, VI, IX etc.), based on the **primary diagnosis at discharge**.

---

<sup>1</sup> The day, month and year of admission and discharge must be entered in separate columns.

- **CCG code:** please provide the three-character CCG code. This should be the CCG which will be billed for the care of the patient. The current list is here:  
<https://files.digital.nhs.uk/assets/ods/current/eccg.zip>
- **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 above.
- **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: **IP19XXXNNNN** where XXX is your trust's three-digit trust code and NNNN is the 4-digit number relating to your sampled patients, e.g., 0001-1350. The PRN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), these numbers will be able to be used 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). Please note that PRN is not a variable present in trust databases, it is created only to allow the monitoring of patient response.

In addition, in order to submit your trace request file to the DBS to check for deceased patients:

- **NHS Number:** Please note that this information SHOULD NOT BE INCLUDED IN THE SAMPLE CONSTRUCTION SPREADSHEET AS IT WOULD CONSTITUTE A BREACH OF SECTION 251 APPROVAL if your approved contractor or the Survey Coordination Centre for Existing Methods were to see this information.

Once you have double checked your extraction logic, run the extraction query and output the data into a single file. This data will need to be transferred into the sample construction spreadsheet used for this survey.

## 2.5. Create the sample file by transferring data into the sample construction spreadsheet

Once you have extracted your data from your trust systems, you will need to enter all the information relating to your sample in the template [sample construction spreadsheet](#) and save this file as **<NHStrustname>\_Inpatients2019**.

Table 1 on the next page shows an example of the spreadsheet. Please use the sample construction spreadsheet provided.

Table 1: Sample construction spreadsheet of patient details

Patient record number	Title	Initials	Surname	Address1	Address5	Postcode	Year of birth	Gender	Ethnic category	Day of admission	Month of Admission	Year of Admission	Day of discharge	Month of discharge	Year of discharge	Length of Stay	Treatment Function code on discharge	ICD 11 (Chapter Code)	ICD 10 (Chapter code)	CCG code	Treatment centre admission	Admission method	NHS Site code on admission	NHS Site code on discharge	Day questionnaire received	Month questionnaire received	Year questionnaire received	Outcome	Comments
IP19RX10001	Mrs	A	Abbot			AB1 1YZ	1934	2	A	5	8	2019	11	8	2019	6	102	XI	XI	12H	0	12	RR115	RR115				3	Informed that patient had died
IP19RX10002	Mr	E	Ahmed			AB2 6XZ	1970	1	J	20	7	2019	12	8	2019	23	101	IX	IX	10Q	1	11	RTE03	RTE03	22	10	2019	1	
IP19RX11249	Ms	K	Yoo			AB4 7MX	1950	2	R	17	6	2019	31	8	2019	75	306	IV	V	09Y	0	21	RR115	RR115					
IP19RX11250	Ms	F	Young			AB9 5ZX	1946	2	A	14	8	2019	31	8	2019	17	107	VII	VII	08L	0	22	RR120	RR117	6	11	2019	1	

**Black column headings:** columns contain information on patients' names, addresses and comments that may allow them to be identified. This information must only be sent to contractors and not appear in any files sent to the Survey Coordination Centre for Existing Methods.

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

**Green column headings (completed by contractors and in-house trusts only):** these columns will be completed by contractors and in-house trusts 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).

## 2.6. Add monitoring variables

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

### 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 = Patient 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.

## 3. Check for deceased patients and submit your sample to the Demographics Batch Service (DBS)

There are several checks you need to carry out on your sample before and after your sample has been approved:

- Once you draw your sample of **1,350 eligible patients**, this list must be locally checked (i.e. by checking your own records) for deceased patients **and** it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any patients who may have died since they were an inpatient at your trust;

- Before mailing two, submitting for DBS checks is not required, however a local check **must** still be conducted;
- Before mailing three, you must do **one of the two** checks – local checks or DBS checks – and it is up to the trust to decide which they would rather do.

DBS & local checks requirements	
Before mailing 1	Local AND DBS checks
Before mailing 2	Local checks (+ optional DBS check)
Before mailing 3	Local OR DBS checks

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.



## Steps for checking for deceased service users

Actions in the blue boxes are for the trust to complete

Checks for deceased service users

Trust to conduct initial checks  
for deceased service users

DBS to check for deceased  
service users

Create a trace  
request file

Submit the trace  
request file

Trust to receive response  
file from DBS

### 3.1. Local 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 for their relative who has recently died.

It is a requirement to carry out both local checks and submit for DBS checks before the first mailings can be sent. You should carry out both checks before sending your sample to your approved contractor for checking (or to the Survey Coordination Centre for Existing Methods if you are an in-

house trust) and, depending on the time lag between submitting your sample and it being approved, at least another local check should be carried out before the questionnaires are mailed out.

It is also a requirement to 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 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.

## 3.2. 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.

Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

## 3.3. Submit 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 at [demographics@nhs.net](mailto:demographics@nhs.net).

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!

## 4. Remove deceased patients following DBS checks

Once your DBS file has been returned, you need to remove any patients identified in the DBS response file from your sample file (the sample construction spreadsheet). **Make sure you cross reference these two files carefully so you are removing the correct patients.**

### 4.1. Identifying deceased patients from the DBS file

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:

A header row.

A 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').

A 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.



## DO NOT include patients' NHS numbers in the sample file!

Remember not to include the patient's NHS number in your sample file. NHS numbers are only required for the purposes of submitting your file to DBS for checking.

It would constitute a breach of Section 251 approval if contractors or the Survey Coordination Centre for Existing Methods were to see this information.

### 4.2. 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 patients starting with the one with **the earliest discharged date** from your sample so that only the 1,250 **most recent patients remain**.

### 4.3. 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 for Existing Methods ([inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com) or 01865 208 127). If possible, the next most recently discharged patients, before those already sampled, will need to be added to create a sample of 1,250 patients, although these must also be checked by DBS.

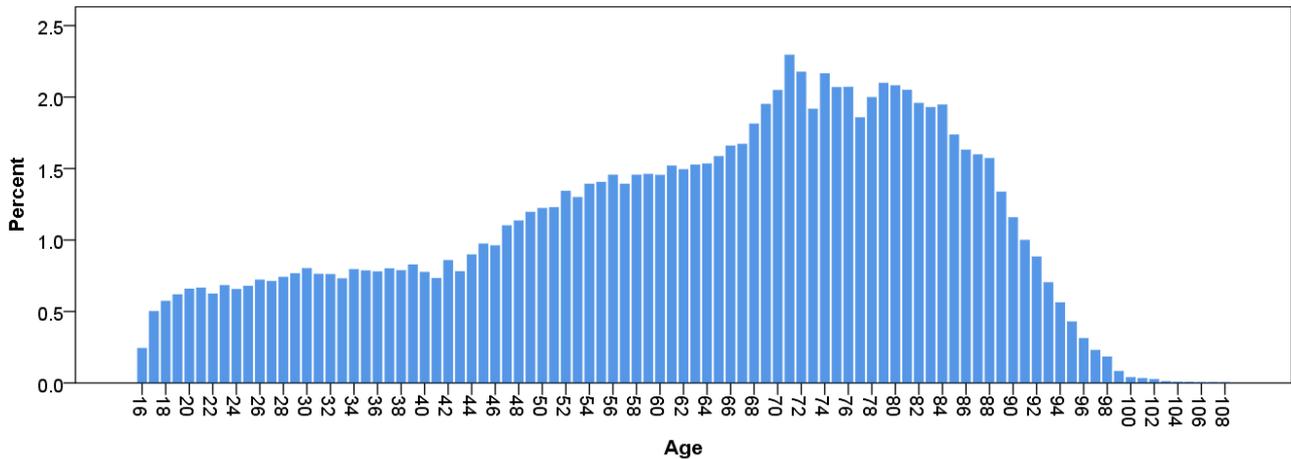
## 5. Check the sample prior to submission for approval

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

### 5.1. Check the age distribution

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 bar chart. The bar chart for your trust should resemble the shape below:



**Figure 1. Bar chart of age from a previous Inpatients sample file**

## 5.2. Check the gender distribution

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).

## 5.3. Check the 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.

## 5.4. Check for other errors

We recommend that you read the [Inpatient Survey 2018 Sampling Errors Report](#) to check for common errors in your sample. In 2018 for example, several trusts made a major error by including ineligible obstetric and maternity patients in their initial sample with one trust repeating the same error twice. Major errors like this mean that the sample has to be redrawn and resubmitted.

Checking your sample carefully will reduce delays caused by incorrect sampling and so improve your trust's response rate to this survey by maximising the length of time in field.

## 6. Prepare and submit the sample declaration form

Before submitting your final sample file, you will need to submit the sample declaration form and wait for confirmation from the Survey Coordination Centre for Existing Methods (in-house trusts) or your Approved Contractor (trusts using an approved contractor). This is a crucial step to reduce the risk of confidentiality breach. A sample declaration form fully and accurately completed can also speed up the sample approval process and therefore allow an earlier start of fieldwork.

### 6.1. Complete the 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.

Instructions on how to complete the sample declaration form are included in the first tab of the document.

**It is important that you use the sample declaration form as an opportunity to make comments on any data issues or changes that have occurred at your trust in the last year.** For example, if your trust has undergone a recent merger then remember to highlight this. Or you may have moved clinical systems that means data is recorded slightly differently. This information will help your approved contractor and the Survey Coordination Centre for Existing Methods to check your sample which might reduce the need of further query which can delay sample approval.

### 6.2. Submit the sample declaration form

#### 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 for Existing Methods on your behalf.

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

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

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

## 6.3. Receiving permission to submit the sample

Once you have completed your sample declaration form, you must send this to either your contractor (if your trust is using a contractor) or directly to the Survey Coordination Centre for Existing Methods if you are conducting the survey in-house.



**You must wait for approval of your form before you can transfer your sample file**

**Trust using a contractor:** once you have approval of your form, please go to [7. Submit the sample](#) on how to upload the data (including mailing information) to your contractor.

**In-house trusts:** once you have approval of your form, please refer to the section below [For in-house trusts only](#) on how to split your file and upload the sample data only to the Survey Coordination Centre for Existing Methods.

## For in-house trusts only



**If you are using a contractor, please skip this section and go to the next section.**

Once you have completed your sample declaration form, 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 ‘**Inpatients2019\_mailing data**’. It should resemble the table below.

You will use this file to:

- 1) Check for deceased patients prior to reminder mailings.
- 2) Cross-reference it with the sample file (<NHStrustname>\_Inpatients2019>) 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). **Do not send the mailing file to the Survey Coordination Centre for Existing Methods.**

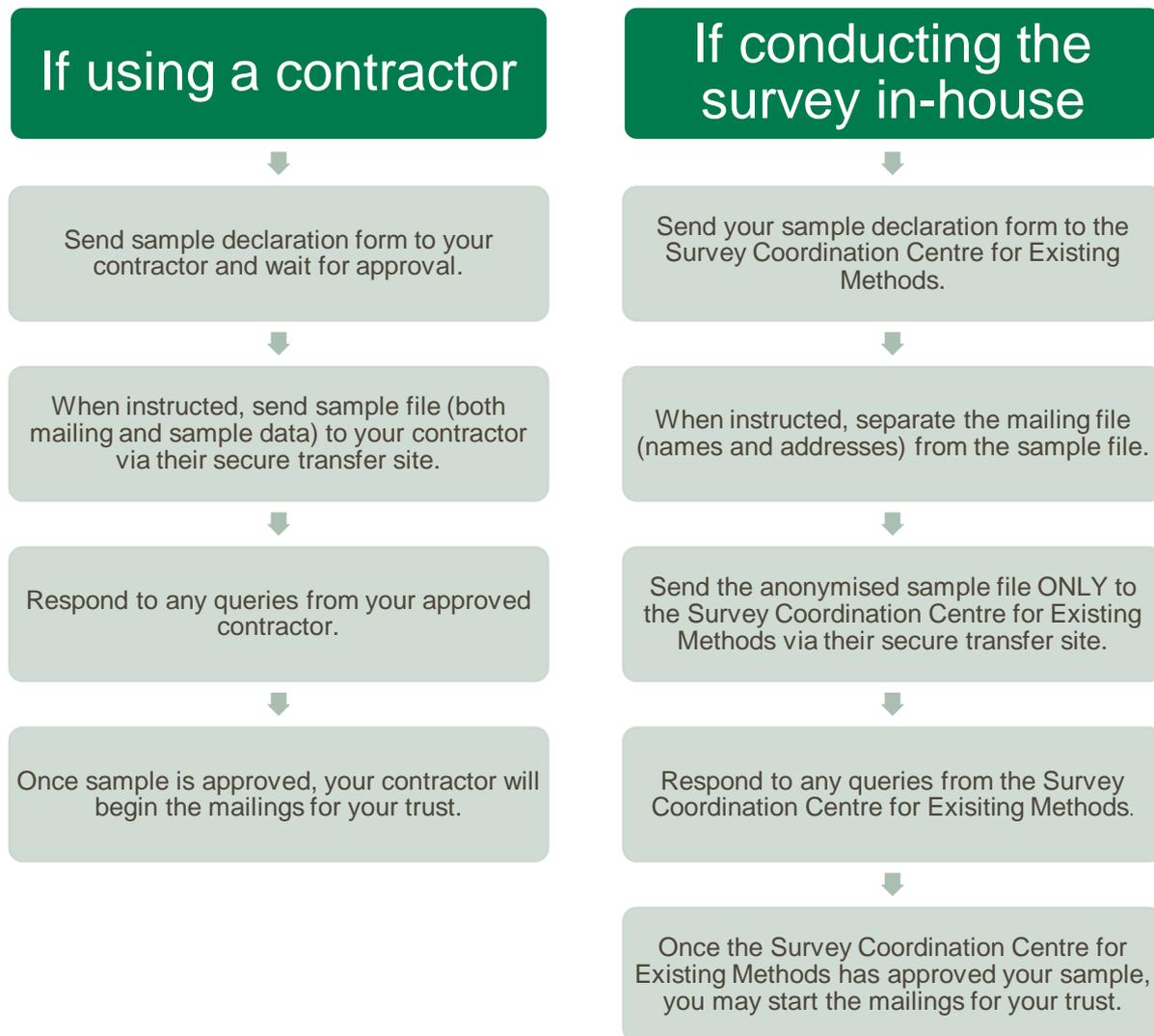
**Table 2. Example of a mailing file**

Patient record number	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
IP19RX10001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
IP19RX10002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
IP19RX11249	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
IP19RX11250	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

<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.

## 7. Submit the sample

After submitting your sample declaration form and **once receiving confirmation** from the Survey Coordination Centre for Existing Methods (for in-house trusts) or the approved contractor (for trusts using an approved contractor) you will be able to submit the sample, following the process described in the chart below



## 8. Checks done on the sample data

After you have submitted your sample data, checks will be undertaken by contractors and the Survey Coordination Centre for Existing Methods. The types of checks that your approved contractor and the Survey Coordination Centre for Existing Methods are as follows:

- Is the age distribution of the sample similar to that in 2018 and 2017?
- Are all patients aged 16 or over at the time the sample was drawn?
- Have patients born in 2003 who are aged 16 or over at the time of drawing the sample been included?
- Is the gender split similar to that in 2018 and 2017?
- Is the ethnic group split similar to that in 2018 and 2017?
- Has the sample been compiled based on date of discharge, starting 31<sup>st</sup> July?
- Is the discharge date range similar to that in 2018 and 2017?
- Is the proportion of patients with a length of stay of 1 similar to that in 2018 and 2017?

It is vital that if any queries are raised on your sample, you respond to these quickly. This will prevent any delays in the mailing of questionnaires for your trust. If there are significant delays, there is a risk that your trust is excluded from the survey altogether.

Please note that the Survey Coordination Centre for Existing Methods will work with you to resolve any queries that we have and to advise you if you have any issues.

**We will be checking samples between 12<sup>th</sup> – 30<sup>th</sup> August 2019. If we have not received a sample from your trust by 23<sup>rd</sup> August, we will be in touch with you directly. If we have not received a sample from your trust by 30<sup>th</sup> August, CQC will be in touch with you directly.**