EMERGENCY DEPARTMENT SURVEY 2016

Sample Declaration Form

For trusts using an approved contractor

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 ‘Emergency Department 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.**

This declaration is also available to complete online. Trusts wishing to complete the declaration online will need to notify their contractor and provide the names and email addresses for the person drawing their sample and the trust’s Caldicott Guardian. Unique links will be sent to these named individuals by email.

The 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.

**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. 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 and ticking the boxes** and **signing the declaration**:

|  |  |
| --- | --- |
| **Item** | **Fill in:** |
| A sample of up to 1250 patients who attended in September 2016 has been drawn according to the instructions in this sampling instruction manual. | Initials:  ………… |
| **Confirm that you have excluded the following groups:** | **Confirmed**  **(tick box)** |
| * Deceased patients | ☐ |
| * Patients known to be current inpatients | ☐ |
| * Patients under the age of 16 on the date of their attendance | ☐ |
| * Attendances at walk-in centres | ☐ |
| * Patients admitted to hospital via medical or surgical admissions units who have therefore not visited the emergency department | ☐ |
| * Planned attendances at outpatient clinics which are run within the emergency department (such as fracture clinics) | ☐ |
| * Patients attending primarily to obtain contraception, patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at hospital, and patients with a concealed pregnancy. | ☐ |
| * Patients without a UK postal address | ☐ |
| * 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 survey pre-publicity | ☐ |
| **Confirm that you have included the following groups:** | **Confirmed**  **(tick box)** |
| * Patients who attended type 3 department/s in your trust (if applicable) | ☐ |
| * Patients born in 2000 who were 16 on the date of their attendance | ☐ |
| * Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered | ☐ |
| * Patients with an address in the UK, but not England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel | ☐ |
| **Please check your extraction code/data logic,** to ensure you **do not exclude** ANY patients simply because they are missing an item of data or are NULL for a sample data field. | Initials:  ………… |
| **Please check your extraction code/data logic again,** to ensure you have not accidentally excluded any eligible patient groups, or any other patient groups not specified in the sampling instructions. | Initials:  ………… |
| Please check that your sample does not contain duplicate patients. | Initials:  ………… |
| Please check that your data has not become mis-sorted | 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 were removed, please record as 0)** | Number:  ………… |
| The sample has been checked by the Demographic Batch Service (DBS) | Initials & date:  ………………………… |
| How many records were **submitted to DBS** for checking, in total? | Number:  ………… |
| How many records **could not be matched** by DBS? | Number:  ………… |
| The sample has been checked by Trust staff as outlined in the instruction manual. | Initials & Date:  ………………………… |
| Only the final sample file, with 1250 (or fewer) patients is being provided to the contractor. | Initials:  ………… |
| The sample file does **not** contain patients’ NHS numbers | Initials:  ………… |
| The sample file has been prepared and is ready to send to the approved contractor alongside this form for the sample checking.  The only fields within the sample file are:  Patient title and name  Patient address and postcode  NHS trust code  Department type  Patient record number (THIS IS NOT THE NHS NUMBER – it is a unique reference for this survey only)  Year of birth  Gender  Ethnic category  Day, month and year of attendance  Time of attendance  NHS Site Code  CCG code | Initials:  ………… |

**Please note** you will be required to amend or update the sample file if any errors or deviations are identified during the sample check conducted by the Survey Co-ordination Centre.

Declaration by trust staff drawing the sample

**I understand that any errors with the way the sample has been drawn may limit, or prevent, the use of the survey data. Where data cannot be used, this would mean survey results would not be available for my trust in 2016 and may increase my trust's level of risk within CQC’s risk monitoring tools.**

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 Contact 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 Contact 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: